

Rima Handley

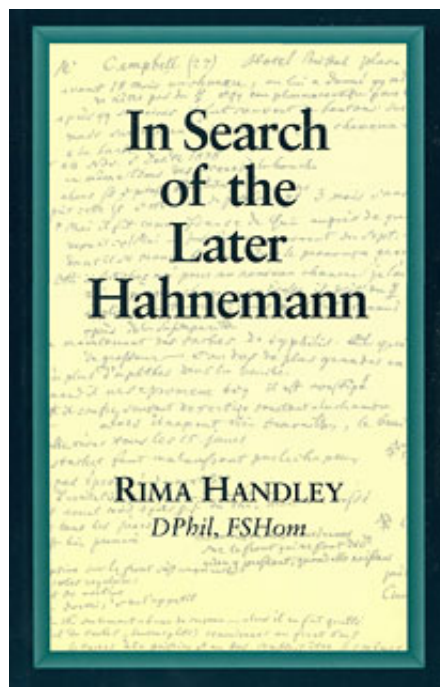
In Search of the Later Hahnemann

Leseprobe

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von [Rima Handley](#)

Herausgeber: Beaconsfield



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Chapter 6 *The* *Venereal Miasms*

We have now seen the full range of remedies to which Hahnemann had access to combat the disease symptoms remaining after he had 'cleared' the psoric miasm with Sulphur. What emerged after the administration of Sulphur was frequently a layer of venereal disease. As has already been remarked, Hahnemann himself wrote very little about the venereal miasms syphilis and sycosis, though he had been one of the first to identify them as sources of chronic disease.¹ It remained for later homeopaths to flesh out his theory with respect to the influence of these two great chronic diseases, which appear to have been almost as out of control in mid-nineteenth century Paris as is Aids in the late twentieth century.

In the 1840s Georg Jahr wrote of his surprise that his teacher had not completely developed his theories with regard to the chronic effect of venereal diseases, and conjectured that this was because he had not seen the widespread devastation they wrought in a large city.² This was indeed probably true until Hahnemann went to Paris, but through his casebooks we can see for ourselves how much he was confronted there with the misery these diseases brought to patients. Despite his not having developed the theory completely, much of Hahnemann's practical work in Paris was devoted to freeing his patients from the symptoms of venereal disease, which often overlay or exacerbated the simpler symptoms of psora.

Countless patients appear suffering either from what is now identified as gonorrhoea, with its well-known burning urine and gleet discharge, or from the chancres and ulcerations of syphilis, or from the far more subtle effects of latent syphilis related to the chancre which they confessed to having once had. In fact, the two diseases were not adequately differentiated at this time and tend to merge into one in patients' descriptions.

SYPHILIS AND SYCOSIS

We can already discern the active presence of syphilitic and sycotic miasms from the frequency with which remedies associated with these conditions were prescribed, even in the absence of a fully developed theory with respect to these two miasms. Once Hahnemann had cleared the psoric miasm with Sulphur, he often found waiting there a ready-made syphilitic layer, a layer of venereal disease, or a layer of the mercurial treatment for it. (It is frequently hard to distinguish between disease and treatment.) In nearly every case he was obliged to use one of the major antimercurial or syphilitic remedies. The remedies he used most frequently therefore were not the polychrests we know so well today, but remedies like Alumina, Asafoetida, Aurum, Cinnabar, Clematis, Hepar Sulph., Mercurius Solubilis, Nitric Acid, Platina, Staphysagria - remedies given in response to ulceration, caries, necrosis of the bone, paralysis and suicidal despair. Next came Agnus Castus, Cannabis, Cantharis, Copaiva, Petroselinum, Senega, Selenium and Thuja, remedies to combat the endemic gonorrhoea and the endless genito-urinary disturbances which were its heirs. These are the remedies with which Hahnemann treated many of his cases.

The frequent use of Hepar Sulph., Mercurius Solubilis and Cinnabar is particularly marked. Hepar Sulphuris Calcareum was in some respects a remedy which bridged the psoric and syphilitic states. Nowadays the remedy seems to be thought of as predominantly psoric, containing, as it does, elements of the two great antipsorics Sulphur and Calcareo Carbonica. However, in this early period of homeopathy it was clearly perceived as a major remedy for the syphilitic/mercurial miasm. Inflammation, swelling, suppuration, buboes, ulceration, drawing pains and bleeding are prominent in its contemporary symptom picture, and it was known as being useful for 'evil consequences from the abuse of mercury'.³ It was a remedy with which Hahnemann might sometimes open a case in preference to Sulphur.

Dr Quin, for instance, who had already taken a lot of remedies for his arthritis and asthma by the time he consulted Hahnemann, was given first Hepar Sulph., then Sulphur, then Cinnabar. Mr William Leaf had, amongst other remedies, Hepar Sulph., which considerably ameliorated his skin eruption. Dr Des Guidi had Hepar Sulph. followed by Mercurius Solubilis, for his digestive problems accompanied by copious diarrhoea.

The suppurative qualities of Hepar Sulph. were well appreciated. It was repeatedly prescribed to Mme Deville, who was suffering from

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a chronically swollen and painful arm caused by the application of leeches. It was also a remedy frequently indicated for the suppurative stage of phthisical complaints. M. Lascour had been coughing and spitting for a long time when he first visited the Hahnemanns. When he developed pain and inflammation in all the joints, suffocating feelings on walking and ascending, along with difficult respiration, Hahnemann prescribed Hepar Sulph. M. Lecoite, another young man suffering from phthisis, was given a lot of Hepar Sulph., with some success, as the disease entered its suppurative stage. The remedy was also used in less serious cases: when Mile Saussarde came with swollen and suppurating sub-maxillary glands and painful glands in the breast, Hahnemann began prescribing with Hepar Sulph. and continued with this, despite the patient's feeling no better. Eighteen days later there was a slight improvement and after five weeks the glands had improved and remained better. Mme Aubertin was told to alternate the remedy with Nux Vomica when she had a catarrhal fever.⁴

Mercurius Solubilis was also commonly used, and given what we have seen about the extent of syphilis and mercury poisoning in Hahnemann's day, it is clear why it should have been needed frequently. Hahnemann had, in fact, noted the similarity of its symptoms to those of syphilis a year before he made the same connection between the symptoms of malaria and china. Its symptom picture is one that was commonly seen among his patients: general restlessness, nightly tearing pains, debility and weakness, ulceration and inflammation generally, inflammation and induration of glands, copious saliva, sweating and discharges, painful bones. He often prescribed it when a lot of allopathic mercury had been used in a case, or when the patient admitted to having had, and suppressed, a syphilitic chancre. Hahnemann seemed to have preferred, however, to wait until such a suppressed chancre reappeared in the course of treatment, rather than to prescribe for it automatically as he did with Sulphur. It was also used in response to transient and acute symptoms from its picture: Mme Grisenoi, for instance, was given Mercurius Solubilis when she had a fever with a little frisson every other night without thirst or sweat but with heat.

Very occasionally other mercurial remedies were used. Mercurius Corrosivus (called Mercurius Sublimatus by Hahnemann) was preferred in the case of Mme Leloir, who suffered from sporadic paralysis of larynx, throat and eyelids and the fingers of the right hand. Mme Leloir was given Mercurius Sublimatus when a stubborn sore throat, itching in the ears and swollen tonsils developed. This condition

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persisted and eventually over a long period the symptoms of paralysis appeared; Mercurius Sublimatus was prescribed quite frequently, intercalated among other remedies having symptoms of paralysis. From Boenninghausen's contemporary *Materia Medico* it is clear that the paralytic symptoms of Mercurius Corrosivus were much more appreciated at the time than those of Mercurius Solubilis. Mercurius Vivus was used very occasionally and was given, for example, to Marion Russell, deliberately substituted for Merc. Sublimatus.

Cinnabar was frequently used although it was not a well-known remedy at this time. Boenninghausen does not include it in his *Materia Medico*, and Jahr reports that it had only been employed against 'sycotic excrescences'. Hahnemann however had proved it, and his use of it anticipates Clarke's later comment that it 'corresponds to sycosis as well as to syphilis'.⁵ Prominent symptoms are ulceration, bleeding warts and chancres, severe shooting pains, especially around the eye, and redness of the whole eye.

Hahnemann prescribed the remedy for Dr Quin, on the basis of the specific Cinnabar symptom of 'rheumatic pain in right knee joint, worse when walking, better at rest',⁶ despite having repertorised four other symptoms which did not produce a single mention of this remedy. Here he was presumably also responding to Quin's history of venereal disease. When Hahnemann prescribed Cinnabar to Mr Campbell, the 'venereal' pustules on his face began to clear. Mme Leloir was given Cinnabar on the basis of the repertorised symptom of leucorrhoea (*fleurs blanches*). However, by the time it was prescribed for her she was suffering from intermittent semi-paralysis of various parts, including the eyelids, and her gums had begun to bleed. The Cinnabar improved the paralysis a little (though it did not affect the leucorrhoea), and the remedy was continued for a while. Some time later Hahnemann again began to prescribe it in a sequence with Mercurius Solubilis and Phosphoric Acid when the paralysis had become the dominant symptom in her condition.

Mr. Lyster was prescribed Cinnabar extensively in a number of different potencies. The initial prescription was made on the basis of lancinating pains in the heart, although he also suffered greatly from some of the effects of venereal disease — gouty arthritis and amaurosis; the remedy helped. M. Musard was prescribed it at one point and temporarily, at least, the pain in his liver went away 'because of the Cinnabar', as Hahnemann noted with pleasure in the casebook (page 187). Mme Deville was given Cinnabar for quite some time, probably on account of the lancinating pain associated with the nodes

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in her swollen arm. Mme Durien had suffered from *tic douloureux* for a long time and finally improved on the remedy. The casebook notes say that 'she is less well on the days when she does not take the Cinnabar'.

Many of the other remedies which Hahnemann used frequently in these casebooks also have a symptom picture which strongly reflects the effects of syphilis or mercury poisoning: remedies with affinities to the nervous system were probably far more commonly used then than now. Frequently encountered are: Agaricus, Alumina, Ambra Grisea, Arnica, Camphor, Causticum, Cocculus Indicus, Conium, Cuprum Metallicum, Guaiacum, Laurocerasus, Oleander, Platina, and Zincum Metallicum.

Because 'nervous' conditions were so common, Hahnemann had often to call on unusual, rare or new remedies to deal with intractable conditions, so we also find the following remedies occasionally used in this context: Aethusa, Argentum, Chelidonium, Colchicum, Colocynthis, Indigo, Magnetis Polus Arcticus, Magnetis Polus Australis, Manganum, Menyanthes, Mezereum, Spigelia and Valerian.

Lord Elgin (of Marbles fame) had been one of Hahnemann's earliest patients, and he remained so until he died in 1841. He suffered from serious damage to his nervous system as the result of mercury treatment. He was given a great number of remedies over the years, including Ambra Grisea, Asafoetida, Camphor, Causticum, Conium, Nux Vomica, Oleander, Opium, Platina, Ruta, Stannum, Staphysagria and Zincum, as well as the newer remedies: Aethusa, Indigo and both poles of the magnet.

Lord Elgin seems to have been one of the few patients to whom Hahnemann prescribed Indigo in the casebooks. He also resorted to the use of magnets with this patient alone. In desperation over his neuralgic pain, Lord Elgin was instructed to apply the magnet in the region of the fourth to sixth dorsal vertebrae at a distance of four or five finger breadths from the body, touching the painful place with one of the poles for as long as was necessary. He had an unhelpful aggravation from the North Pole but got some relief from the South Pole on the following day. Although a faithful follower of homeopathy, Lord Elgin does not seem to have done its cause much good - the disposition of his symptoms to aggravate under treatment attracted attention, and a contemporary memoir notes how he was in constant pain due to the action of homeopathic remedies!

Mme Leloir, the early stages of whose case we have already looked at (see pages 54-6), was another frequent visitor on whom Hahnemann had the opportunity to try out a number of remedies. When she had

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consulted the Hahnemanns early in their time in Paris she complained of digestive problems. Under treatment, it seems that an old suppressed condition gradually began to re-establish itself, in which her gullet, eyelids and fingers became paralysed for differing lengths of time. Sometimes she could not lift things, sometimes she could not talk because she lost the use of her tongue, frequently she had difficulty in swallowing.

Hahnemann gave Sulphur of course, intermittently, but also prescribed Arnica, Phosphoric Acid, Mercurius Sublimatus, Phosphorus, Cinnabar, Carbo Animalis, Antimonium Crudum and Oleander in succession. He also tried Laurocerasus. He prescribed Arnica with some success after repertorising the single symptom of 'paralysis', which yielded: 'Caust, kali phos, stannum, sulphur, ambra, arnica, colchicum, lachesis, laurocerasus, oleand, plumbum, pall, ruta.'

Wherever possible, Hahnemann sought confirming characteristic symptoms, so, for example, when he prescribed Oleander to the same patient, he did so on the confirmatory symptom of 'frequent eructations ameliorate: Oleand, natrum mur'. He later prescribed Phosphoric Acid on the more particularising symptom of 'opening of the eyelids' and 'belching of air in the night', and also on the symptom of 'her ear often hurts while eating'. Alumina was prescribed when, in addition to her apparent paralytic symptoms, Mme Leloir disclosed that her stool, always difficult, was now like sheep-droppings.

Of course these remedies had other applications. They were not confined to use in this area of 'nervous' complaints whose general characteristics most clearly matched the generals of the remedies. Hahnemann would frequently use them in quite other conditions where a characteristic symptom gave him the clue to do so.

Yet other commonly used remedies reflect the sycotic patterns laid down by gonorrhoea. Hahnemann was already beginning to use Thuja in situations where there was a more generalised sycotic picture than the mere presence of gonorrhoea. He often succeeded with it where Cinnabar had seemed indicated but was not completely effective. For example, Mme Bournichon, whose symptoms had improved only a little on Cinnabar, improved hugely on a long sequence of prescriptions of Thuja, and she remained well for several months. M. Dupont, who had a black spot in front of his eye, had been treated with Cinnabar and Nitric Acid without effect, but improved considerably in himself after Thuja (although the black spot got bigger).

Other 'sycotic' remedies displayed the well-known symptoms affecting the urinary tract: Agnus Castus, Cannabis Saliva, Cantharis,

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Clematis, Copaiva, Petroselinum, Sarsaparilla and Selenium. Many patients had problems of this kind and were treated with a sequence of appropriate remedies. We have already met Mr Lyster, who had long-standing problems arising from a venereal disease suppressed by mercury. He suffered from attacks of gout which were normally presaged by gonorrhoea! discharges. Hahnemann customarily treated the discharge phase of the attack with a number of different remedies, including Clematis and Selenium.

There were many other patients in a similar state. M. Rauert was treated with Cannabis, Thuja and Selenium for his recurrent gonorrhoea! discharge. Mr Charles French, a 29-year-old English teacher, had a fissure in the urethra which had been cauterised. He also had a history of gonorrhoea. He had had hydrotherapy, leeches and various medications. He was prescribed Selenium and Clematis. Lady Elgin was given Petroselinum when she was suffering from burning urine, and M. Framin was successfully prescribed Agnus Castus.

Although such remedies were commonly prescribed for conditions affecting the genito-urinary system, it would be a mistake to think that their use was entirely restricted to such conditions. Selenium, for instance, was used in toothache, while Cannabis was frequently effective in respiratory affections. Sarsaparilla was used in cases of rheumatism.

Rheumatism, arthritis and gout were common after-effects of venereal disease and remedies with affinities to joints and muscles were therefore constantly called upon. Chief among these were: Bryonia, Causticum, Colocynthis, Conium, Guaiacum, Platina, Spigelia, Rhus Tox. and Ruta. Other remedies were also needed though less frequently: Antimonium Crudum, Aurum Metallicum, Camphor, Clematis, Colchicum, Dulcamara, Ledum Palustre, Manganum, Oleander, Saponinum and Senega.

The sculptor M. Auguste was given a succession of such remedies. Hahnemann opened with Hepar Sulph. and then proceeded to prescribe remedies more specifically related to his condition, including Sepia, Platina, Causticum and Rhus Tox., until he gradually improved. Once more Mr Lyster's case provides us with numerous examples of the use of such remedies. He had gout and amaurosis as a consequence of syphilis and its treatments, and was given a succession of remedies including Guaiacum, Strontium, Cannabis, Conium, Lachesis, Ruta, Colchicum, Spigelia, Oleander, Selenium, Cinnabar, Thuja and Calcarea Carbonica. General Baudraud, aged 68 when he first came, had gout worse for walking and for riding at faster than walking pace.

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He had benefited from allopathic colchicum and taken other allopathic remedies. Hahnemann treated him basically with Sulphur, Rhus Tox. and sac lac and an occasional dose of Aconite whenever the pain was acute and severe. In the later stages he occasionally gave him Staphysagria, Causticum and Rhododendron.

Once again we must be clear that, although these general states might be those which most commonly called for such remedies, the remedies would be used in quite other conditions if the symptoms agreed. So for instance, as we have seen earlier, Mme Leloir had a pain in her kidneys which improved on Rhus Tox. It was a right-sided pain, better lying on the left side. It improved if she walked about for part of the night. After taking Rhus Tox. for a while she developed an erysipelatous eruption with a burning face, but felt very well in herself with a general amelioration of symptoms.

Respiratory complaints were extremely common among Hahnemann's patients, and even in the absence of what might be called firm diagnoses it is clear that these had become increasingly prevalent. There is scarcely a single patient who does not have problems to do with throat, chest or lungs. These complaints ranged from the sore throats and strained vocal chords of the many actors and singers among the patients, through asthma and bronchitis to florid phthisis (or consumption), as that disease took a stronger hold on the community (in Hahnemann's time it had not yet reached its peak).

Phthisis and the related scrofula are now regarded as separate diseases, the former deriving from infection by *Mycobacterium tuberculosis* and the latter from infection by *Mycobacterium bovis*. The entry point for the former is normally through the respiratory tract, for the latter through the alimentary tract. Scrofula, once called the King's Evil, was characterised by swellings of the lymph nodes or glands, which seemed to distinguish it from phthisis with its cough, fever and emaciation. However scrofulous children were observed often to develop tuberculosis, and autopsies sometimes revealed that patients with phthisis had extensive swelling of the lymph glands, so there was assumed to be a relationship between the two conditions. Diseases that we call cancer were also included in the definition of phthisis at this time. The swollen glands, difficult respiration, bloody sputum and eventual death which was the common fate of consumptive patients are often met with in these casebooks, and often in patients with a scrofulous history (scrofula was normally a disease of childhood).

A variety of remedies was called upon to treat patients with such conditions. Common were: Ammonium Carbonicum, Ammonium

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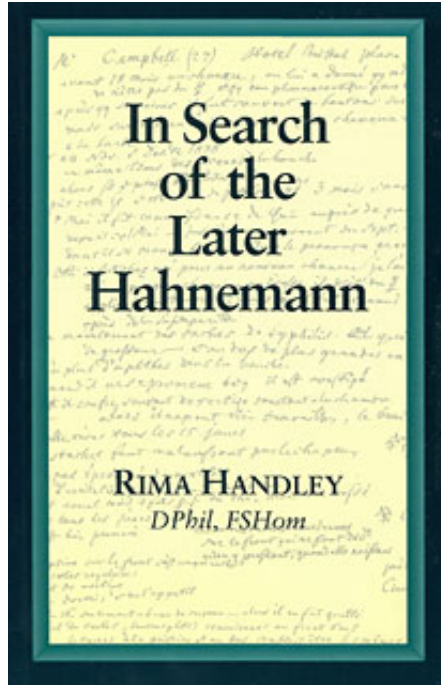
Muriaticum, Arsenicum Album, Bryonia Alba, Camphora, Cannabis, Capsicum, Causticum, Drosera, Dulcamara, Ipecacuanha, Lycopodium Clavatum, Mercurius Solubilis, Phosphorus, Rhus Tox., Spongia Tosta and Stannum.

Newer remedies were tried occasionally, often in otherwise hopeless cases: Auto, Isopath, Orpiment (Auripigmentum), Oxymuriatic Acid, Ozaena and Phellandrium. Psoricum was given once; Ranunculus Bulbosus and Ranunculus Sceleratus were both used occasionally, as were Rhododendron, Squilla, Sulphuric Acid and Verbascum.

Mile St. Ouen was given Arsenicum, Lycopodium and Stannum in succession for her chronic chest condition. After the Stannum she developed a great sensitivity in the chest. She felt better, had little expectoration and cough, but still had a little fever at night. After Orpiment 30c she was much better, to Hahnemann's surprise (he put '!!!' in the margin). Her fever, expectoration and sensitivity of the chest all diminished. Hahnemann continued to prescribe Orpiment in the 24th potency and she continued to make good progress until she developed a fever, whereupon he administered Aconite until the fever subsided, followed by Causticum, prescribed when his patient mentioned that she coughed much more while talking. Causticum improved the cough a little.

M. Lecointe was an engaging young man about town who had clearly succumbed to phthisis. He was prescribed Hepar Sulph. for a long time, then Causticum, then China. He was much improved after China for a while, but then flagged and developed a corneal ulcer. Hahnemann turned to Isopath twice daily, which effected a temporary improvement. He also used Oxymuriatic Acid 30c, sac lac and Phosphorus. There was some improvement and Hahnemann reverted to the use of Isopath in several different potencies. M. Lecointe continued to improve, but eventually stopped coming while still incompletely cured.

Looking at the remedies in this way brings into focus the relationship between phthisis and syphilis, because we see repeatedly a relation between those remedies which are indicated in mercurial or syphilitic affections and those which are indicated in phthisis. The tubercular miasm can be seen clearly emerging.



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246 Seiten, kart.
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