2 The Competing Structures of Signification in Samuel Hahnemann's Homeopathy: Between 18th-Century Semiosis and Romantic Hermeneutics

Published by

Lehleiter, Christine.
Fact and Fiction: Literary and Scientific Cultures in Germany and Britain.
University of Toronto Press, 2016.
Project MUSE. muse.jhu.edu/book/109071.

➤ For additional information about this book
https://muse.jhu.edu/book/109071
In his essay “Lehre vom Ähnlichen” (Doctrine of the Similar) Walter Benjamin speaks of the “moment of birth” in the perception of similitude: correspondences appear to one in an instant – “im Nu” – and arise at an ingenious spark of inspiration that is “in every case bound to an instantaneous flash” (206; 66). He compares this occurrence to the flash of insight that comes to the astrologist who, upon seeing the conjunction of two stars, perceives a third term or special meaning in their constellation. This magical, unanticipated instant leads Benjamin to work out a concept of a nonsensical similarity (“Begriff einer unsinnlichen Ähnlichkeit” [207; 66]). In other words, in counterpoint to the establishing of similarities stands the pivotal but paradoxical idea that what actually grounds comparison is something absurd, unexpected, arbitrary, and merely coincidental. Benjamin offers the examples of onomatopoeia and graphology as beliefs in an innate but nonsensical correspondence between a sign and that to which it refers.

This concept of a third, absurd element unexpectedly relating two separate entities is one that invites investigation in reference to one of the most renowned applications of a theory of similarity: Samuel Hahnemann’s medical practice of homeopathy. Hahnemann, the founder of homeopathy, came up with the idea that “like could cure like,” namely, that something producing symptoms similar to an illness could in fact cure this very illness. Homeopathy indeed seems to be an absurd, nonsensical proposition; and no less a poet than Goethe made fun of it in Faust, Part Two when Mephisto, in response to an old woman’s complaint about a sore foot, cruelly says he’ll step on it, which she initially misinterprets as a sexual advance or playing footsie. But the devil’s stomping on her foot is a joke, not only on her but on Hahnemann’s Law of Similars: “Zu
Competing Structures of Signification in Hahnemann’s Homeopathy

Alice Kuzniar

Competing Structures of Signification in Hahnemann’s Homeopathy

Gleichem Gleiches, was auch einer litt; / Fuß heilet Fuß, so ist’s mit allen Gliedern” (Hair of the dog, whatever ill you pick. / Foot for a foot, all parts are cured like that) (195; 181). Goethe’s parody aside, as a holistic medical practice, homeopathy is suspiciously seen to be effective based on the placebo effect rather than on scientific testing. But the semiotic system or tabling of symptoms that Hahnemann set up actually endeavoured to be thoroughly systematic, based on close observation and the recording of data, as well as a contribution to the compiling of facts. If we return to Walter Benjamin, though, we see undergirding Hahnemann’s system of comparisons a third, nonsensical element: the moment that clinches the diagnosis for Hahnemann in determining which remedy to offer a patient is both what enables the comparison and, at the same time, threatens to disrupt the symmetrical order.

To state it differently, what I hope to pursue in this chapter are two divergent tendencies in ways of making meaning in Hahnemann’s medical poiesis. The one strives to list and catalogue symptoms based on their similarity; it is indebted to an eighteenth-century belief in taxonomical organization. The second tendency, running counter to the first, is a principle of the absurd, chaotic, and exceptional, in other words, Benjamin’s nonsensical moment that grounds the comparison. The problem is that this pivotal moment also threatens to unhinge and unravel the system. This second tendency resembles less eighteenth-century collecting than a Romantic theorization of chaotic, fragmentary, and individualistic reading. It can be traced in Hahnemann’s concepts of the unusual symptom, disease as unique to each patient, even in the piecemeal note taking of his case studies. The first requires a semiotic comparison of signs based on evident parallels, while the second depends on the ingenuity of the individual reader to single out the pertinent sign. That both “ways of knowing” – to use the phrase coined by John Pickstone – existed simultaneously is not surprising. Samuel Hahnemann straddles the eighteenth and nineteenth centuries. Extremely learned and fluent in several languages, he embodies the eighteenth-century savant. And yet he also reflects beliefs in organicism and vitalism that we have come to associate with Romanticism. In sum, he borrowed from contradictory paradigms to construct his own salient and unique philosophy of medical treatment.

The word *homeopathy* stems from the Greek *homoios* (similar) and *pathos* (sickness or feeling). Although the term gained currency only with the publication of Hahnemann’s major work, the *Organon der Heilkunst* (Organon of the Art of Healing) in 1810 (a work that underwent various revisions up to 1842), as early as 1796 in his “Versuch über ein neues
Prinzip zur Auffindung der Heilkräfte der Arzneisubstanzen” (Essay on a New Principle for Ascertaining the Curative Powers of Drugs), Hahnemann laid down his Law of Similars, which was to guide all his subsequent findings: “We should imitate nature, which sometimes cures a chronic disease by superadding another, and employs in the (especially chronic) disease we wish to cure that medicine that is able to produce another very similar artificial disease, and the former will be cured; similia similibus” (Lesser Writings 265). Giving vivid examples from everyday life of similia similibus currentur, Hahnemann colourfully writes: “Why does the brilliant planet Jupiter disappear in the twilight from the eyes of him who gazes at it? Because a similar but more potent power, the light of breaking day, then acts upon these organs. With what are we in the habit of flattering the olfactory nerves when offended by disagreeable odours? With snuff, which affects the nose in a similar manner, but more powerfully … In the same manner, mourning and sadness are extinguished in the soul when the news reach us (even though they were false) of a still greater misfortune occurring to another” (Organon 106). For Hahnemann, the homeopathic remedy exercises a “more potent power” that allows the body to regain equilibrium and overcome the initial corporeal affliction.

Hahnemann arrived at the principle of similia similibus via his contention that the conventional medicine of his day operated via the principle contraria contrariis. For example, constipation is treated by purgatives, pains by opium, or acidity in the stomach by alkalis (Lesser Writings 261). To comprehend the significant difference that Hahnemann offered with his concept of the minimal dose and its appeal to patients who were otherwise at the mercy of radical treatments, it is important to understand medical practice around 1800. The notion of counteracting the cause or source of an illness was prevalent because of widespread belief that one needed to “expel from the body that imaginary and supposed material cause of disease” (Organon 29). This expelling took the form not only of diuretics, emetics, and purgative medicines but also of bloodletting that was commonly prescribed for various manifestations of inflammation. Hahnemann writes: “They recommend diaphoretics, diuretics, venesection, setons, and cauteries, and above all, excite irritation of the alimentary canal, so as to produce evacuations from above, and more especially from below, all of which were irritatives” (Organon 41). He refers to “the old school of medicine … [that] still imagined they could arrest disease by a removal of the supposed morbid material cause” (Organon 29). He even mentions the incidence of a “young girl, of Glasgow, eight years of age, having been bitten by a mad dog, the surgeon immediately cut out the part,
which, nevertheless, did not save the child from an attack of hydrophobia” (Organon 36). Citing new experiments with the voltaic column in curing nervous affictions that were the rage at the time, Hahnemann rhetorically asks: “Have electric and galvanic shocks ever produced, in such cases, any other results than those of gradually increasing the paralysis of the muscular irritability and the nervous susceptibility and finally rendering the paralysis complete?” (Organon 53).

Hahnemann was deeply opposed to such drastic, heroic treatments. Medication that aims at producing the opposite condition, he claimed, was not only merely temporary but, in fact, injurious and destructive precisely because of its temporary nature, which could result in the aggravation of the original condition when the latter returned. After a brief period of apparent relief, the original illness would break forth again. The reason the disease returned more grievous than before, Hahnemann argued, was that “the ill-advised evacuations have lessened the energy of the vital powers” (Organon 45). He offered as a clear example of the rebound effect the case of opium: at first it induces a “fearless elevation of spirit, a sensation of strength and high courage, an imaginative gaiety,” only to be followed by “dejection, diffidence, peevishness, loss of memory, discomfort, fear” (Lesser Writings 266).

It was this secondary, indirect action, following upon the antagonistic, direct action that led Hahnemann in his 1796 essay to conceive of the notion of similia similibus. If a drug could be administered in small doses, it could produce the counter-effect of the strong dose: for example, “valerian (valeriana officinalis) in moderate doses cures chronic diseases with excess of irritability, since in large doses … it can exalt so remarkably the irritability of the whole system” (Lesser Writings 269). Another example he gives, among many, is coffee, which can produce headaches in large doses but can cure them in smaller doses (Lesser Writings 271–2). He adds that “other abnormal effects it occasions might be employed against similar affections of the human body, were we not in the habit of misusing it” (Lesser Writings 272). He was to later write in the Organon: “Strong coffee in the first instance stimulates the faculties (primitive effect), but it leaves behind a sensation of heaviness and drowsiness (secondary effect), which continues a long time if we do not again have recourse to the same liquid (palliative)” (Organon 131). Indeed, coffea cruda circulates today among the many homeopathic remedies that were invented by Hahnemann and is used to counteract insomnia based on this after-effect of “lassitude and sleepiness.”

In his 1805 essay “Heilkunst der Erfahrung” (The Medicine of Experience), Hahnemann refines the notion of there being two incompatible
responses residing simultaneously in one body, the primary effect and the after-effect. Harris Coulter explains Hahnemann’s complicated line of reasoning as follows: “Discovery of the biphasic action of drugs immediately raised the question: does the ‘similarity’ necessary for cure lie between the primary or the secondary drug symptoms and those of the patient? For Hahnemann … experience showed similarity to lie between the patient’s symptoms and the primary symptoms of the drug; then the secondary symptoms of the drug (i.e., the symptoms of the patient’s reaction) remove the disease” (Progress and Regress 364–5). Unlike with the effects of drugs working according to the principle of contraria contrariis, which can aggravate the original disease, the cure according to similia similibus would produce a slight aggravation only resembling the original disease. This slight aggravation would cause the body’s own vital force to overcome the original illness, resulting in a permanent cure. Hahnemann writes in “The Medicine of Experience”: “In order therefore to be able to cure, we shall only require to oppose to the existing abnormal irritation of the disease an appropriate medicine, that is to say, another morbific power whose effect is very similar to that the disease displays,” and “it is only by this property of producing in the healthy body a series of specific morbid symptoms, that medicines can cure diseases, that is to say, remove and extinguish the morbid irritation by a suitable counter-irritation” (Lesser Writings 451). In the Organon Hahnemann rephrased this curative action by noting that “a remedy … closely resembling the natural one against which it is employed … excites … the artificial disease … [and], by reason of its similitude and greater intensity, now substitutes itself for the natural disease” (171). In the Organon the term “secondary effect” comes to also mean the reaction and reassertion of the vital life force in the living organism: “Our vital powers tend always to oppose their energy to this influence or impression [of the medicine or primary effect]. The effect that results from this, and which belongs to our conservative vital powers and their automatic force, bears the name of secondary effect, or re-action” (130).

Hahnemann then set about reading the reactions that substances produced in a healthy person, reasoning that, when this reaction mimicked a true disease, the homeopathic remedy was found. The task he undertook over the course of his life was to determine via close observation of healthy individuals, most often himself, what symptoms drugs produced. The reason he offers in the Organon for self-experimentation is that “a thing is never more certain than when it has been tried on ourselves” (168); moreover, the self-testing helped to “exercise our powers of observation, an indispensable talent in a physician” (168). Hahnemann then recorded
and catalogued these reactions, so as to determine subsequently how they could be used to cancel and exterminate symptoms in the sick. Hahnemann’s procedure was one of extremely close observing and comparing of indicators – in both the healthy and the ill as well as provoked by the primary and secondary action of drugs – and matching them so as to come up with the appropriate homeopathic remedy. His idea was that one could not truly know what occurred in the human body, but that it presented external signs to be read: “The internal essential nature of every malady, of every individual case of disease, so far as it is necessary for us to know it, for the purpose of curing it, expresses itself via the symptoms” (Lesser Writings 443). For him, it was not that a drug would overpower a disease, but that one symptom would overcome the other. As he writes in the Organon: “The particular medicine whose action upon persons in health produces the greatest number of symptoms resembling those of the disease which it is intended to cure, possesses, also, in reality (when administered in convenient doses) the power of suppressing, in a radical, prompt, and permanent manner, the totality of these morbid symptoms – that is to say – the whole of the existing disease” (105).

To restate the issue, it was not that at the root of symptoms was a disease that needed to be fought off via drugs: homeopathy operated instead according to a translation and comparison of symptoms. The underlying principle of homeopathy was thus a semiotic one, based on an association and compilation of signs. Hahnemann’s process was to first distinguish indications of illness in recording what he observed and subsequently constitute them as signs by comparing them to other signs. He then formulated a law that governed how they operated. One can compare his method to what Michel Foucault categorized as typical of the scientific method in the classical age: Foucault argues that, for instance, natural history as it arises in the seventeenth and eighteenth centuries is “established within the apparent simplicity of a description of the visible” (Order of Things 137). The object is constituted or “provided by surfaces and lines, not by functions or invisible tissues. The plant and the animal are seen not so much in their organic unity as by ... visible patterning” (ibid.). To be sure, Hahnemann did regard the human body as an organic unity whose equilibrium, once disturbed, would result in malady. But it was not the internal circulatory, muscular-skeletal, digestive, or nervous systems that, according to homeopathy, could break down under disease so that the physician could analyse its etiology and development and then treat it; rather the external symptoms, or what Foucault calls “visible patterning,” were the solution to the cure. Key here is that the somatic and psychic
manifestations of disequilibrium do not reference the body – conceived as a unity of organs, tissues, and organic systems – and hence do not reference a disease that can be named. As a new science, in its self-generating productivity, homeopathy creates its own encyclopedia of symptoms and its own pharmacopeia that its practitioner consults. To be precise, Hahnemann is not involved in charting pathologies, in other words, tracking the origin, nature, and course of an illness. He does not classify diseases, as in nosology; nor for that matter does he even organize symptoms: he compiles symptoms. Homeopathy, much like natural history, thus “traverses an area of visible, simultaneous, concomitant variables, without any internal relation of subordination or organization” (Order of Things 137). Hahnemann would therefore see the role of his Materia medica pura, inasmuch as it is a compilation, “as [a] contribution to the collective store of observations” (Pickstone, Ways of Knowing 68).

In order to better situate Hahnemann’s discovery in terms of scientific and medical practice before the rise of hospitals and institutionalized medicine in the nineteenth century, a mode that is still dominant today, one can compare and contrast his semiotic system to that of Paracelsus (1493–1541). In referring to Paracelsian thought, Foucault notes that “the world of similarity can only be a world of signs” (Order of Things 26); this world view would also be true of Hahnemann. But whereas Paracelsus ascribed to the signature of things, according to which “even though he has hidden certain things, [God] has allowed nothing to remain without exterior and visible signs in the form of special marks” (cited ibid.), Hahnemann does not refer to a magical analogy that reveals the workings of God. His system of analogy is without reference to the sympathy between microcosm and macrocosm. Hahnemann did not read the medicinal purpose of a plant by virtue of how it looked. In other terms, it is no longer the plant itself via its appearance that suggested an affinity with the cure it could bring about; it was solely the effect of the plant on the human body that Hahnemann examined and recorded. Thus, one does not find in Hahnemann, as in Paracelsus, a belief in a vast system of signatures that revealed the invisible workings of a divinely inspired and created universe. And certainly planetary movement was not aligned, as it was in Theophrastus von Hohenheim, with processes of healing. Hahnemann believed that he was documenting observable empirical positivities; thus, he was thoroughly Kantian in his conviction that you could know phenomena but not substances. To repeat, he created a closed system, typical of eighteenth-century thought, whereby signs referred to other signs, not to the macrocosm and its divine order.
Most of the homeopathic remedies sold today stem from Hahnemann’s experimentations. Harris Coulter summarizes the results of his findings as follows: “Fragmenta de Viribus Medicamentorum Positivis (1805) ... have the symptoms of 27 medicines ... The Reine Arzneimittellehre (1811–21) enlarged on the Fragmenta, presenting the symptomatology of 62 substances. By the end of his life Hahnemann had conducted or supervised the provings of 99 substances” (363). These substances are enumerated and discussed in great length in the compendium Materia Medica Pura. For each remedy Hahnemann lists a vast number of symptoms of the body, mind, and disposition which it can treat and often the time of day in which these symptoms appear. The patient portrait for each remedy is based on an accumulation of symptoms, which is to say that Hahnemann neglects either to exclude or to prioritize them. His method is synchronic in the sense that the duration, succession, frequency, and cessation of symptoms – their diachronic aspect – is not noted. For instance, more than forty pages are devoted to the remedy nux vomica and its various indicators such as vertigo, headache, smarting in the eyes, swelling of the gums, ringing in the ears, toothache, looseness of the teeth, heartburn, nausea, prickling pain in the hepatic region, flatulence, burning or itching while urinating, erection of the penis after the midday sleep, nocturnal cough, bloody nasal mucus, asthma, sudden powerless of the arms, frightful visions in dreams, and yawning accompanied by weepy eyes. Quite understandably if suffering from all these symptoms, the nux vomica patient also exhibits extraordinary anxiety, crossness, sadness, reproach of others, even mistakes in speaking and writing. This exhaustive coverage as well as listing, in which no detail is omitted of Hahnemann’s investigations into nux vomica over several years, gives the impression of an intentional lack of hierarchy of symptoms as well as an asystematic presentation. Conceivably, there is no limit to the potential listing of symptoms, because it is not the goal of the physician to arrive at a diagnosis, pathology, or nosology. In other words, there never arrives the instant at which the doctor determines that enough symptoms have been recorded to ascertain the reason for an illness, its chronological progression, or its prognosis; these objectives or targets are not his intent.

Such a structure of asystematicity is derived in large part from the practice of “biographical” medicine current in Hahnemann’s day. John Pickstone describes biographical medicine as “a continuing tradition of seeing illnesses as disturbances of individual lives” (10). Before the time of medical care conducted in hospitals, the physician was devoted to hearing out the patient’s maladies. To be sure, Hahnemann was not so much a “bedside”
physician as a practitioner who, given his renown, saw patients in his own consultation room or received long letters from them minutely detailing an illness. (In fact, he was opposed to doctors making house calls for he thought it lessened the respect that patients would have for their healers.) Nonetheless, like the bedside doctor he heard out his patients thoroughly. His philosophy, in fact, required a precise procedure for the physician to follow in sessions with his patients in order to diagnose their maladies: the physician writes down accurately all that the patient and his friends have told him in the very expressions used by them. The examination is “for the most part, to be confined to listening to his narrative” (Organon 167). Keeping quiet, the physician allows the patient to say all he has to say, and refrains from interrupting, even to ask questions. He should not indulge in making conjectures or suppositions (ibid.).

The result of this prescribed procedure, as amply evidenced in the vast compilation of the Materia Medica Pura, is a concept of the body as fragmented. In Hahnemann’s patient notebooks, the Krankenjournale, which document the patient interviews, one clearly sees how he jots down symptoms, starting with the head and descending to the rest of the body, with notations about the disposition of the patient at the close. The only thread that joins the symptoms is this sequence, not any interpretation of the symptoms or their relation to one another. Put succinctly, this accumulation of several disjointed moments of a body in disequilibrium threatens to collapse the Law of Similars. This law attempted to create order by drawing parallels between signs in two separate human bodies, rather than between warning signs in one body. The single body thus houses chaotic, isolated, non-stratified symptoms that in fact tyrannize it as incomprehensible illness. Whether one consults the Krankenjournale or the Materia Medica Pura, each individual body presents a bewildering, cacophonous encyclopedia of symptoms. The bodily and psychic indicators of illness that are catalogued and recommended for each remedy seem infinite and unrelated, as if we were truly speaking here of a Deleuzian “body without organs,” that is to say, of a body without any unifying systems, be they digestive, nervous, circulatory, etc. Such a body not only expresses its uniqueness through a plethora and mingling of affects or what Deleuze and Guattari in A Thousand Plateaus call “intensities,” it is also exquisitely sensitive to response from the minuscule homeopathic dosage, which sets off a flow or wave of resonances. Operative in Hahnemann’s system, in his note taking, and in his own patient’s letters is thus less a regulatory, disciplinary monitoring of the body than a dissolving of self in the proliferation of discrete symptoms and the resonances of the remedies.10 The
coordinates are incalculable, and the results are unverifiable. Important instead are the responses of the physiological and psychological bodies, infinitely diverse from each other.

Hahnemann’s schizoid practice necessarily entails revision of a belief in organic, natural wholeness that is all too quickly ascribed to homeopathy to the exclusion of this other corporeal model. In conclusion to his book *Experiencing Illness and the Sick Body in Early Modern Europe*, Michael Stolberg uses the rise in homeopathy as an example of how the body was conceived differently starting around 1800. In the early modern era, the unhindered stream of bodily fluids was considered integral to health, which meant that the body was seen as permeable and open and, when ill, required such treatments as leeching, bloodletting, drastic emetics, and laxatives in order to abet such flow. According to such a model, for instance, menopause with its cessation of menses gave rise to great concern. This medical tradition, Stolberg argues, was “superceded and replaced by a compact, internally firm body mass that was largely sealed off from the outside. The vital basis for maintaining good health was no longer the unobstructed flow of humors but the integrity and orderly performance of the solid parts and the strength of the ‘life force’ of the organism as a whole” (214). Bodily excretions were then seen as dangerous rather than beneficial, as the nineteenth-century anti-masturbation discourse illustrates. Stolberg continues:

Life force became the pivotal concept in medical guidebooks, of which Hufeland’s *Makrobiotik* is the most famous example. The strong response that early homeopathy earned at the beginning of the 19th century, particularly in genteel circles, is a good illustration of the positive lay response to this new view. Homeopathy’s great attractiveness, according to its followers, was the fact that it “was based on the principle of temperance” … With homeopathic treatment, human nature was not so easily deprived of the force it needed to fight the disease. (214)

Although Stolberg’s insight helps explain both why homeopathy arose at the time it did and why it garnered popularity, he overlooks how Hahnemann failed to participate in the new model of science that saw “fibers and organs … as the principal material substrate of human physiology and pathology” (214) that was instrumental in conceptualizing the body as a unified, integral whole. At the very least, it is important to recognize in homeopathy two competing hypotheses about the body: Hahnemann’s symptomology, that is to say, his vast compiling of symptoms, unrelated
to each other within the body and to bodily organ systems, runs counter to his notion of the body as a whole, governed by a vital life force.

But if the homeopath merely jots down the symptoms that a patient relates to him and is even encouraged to refrain from interpreting them, how then is the cure to the maladjustment in the body to be found? What results in the selection of a cure is, I would like to argue, comparable to Benjamin’s concept of the nonsensical similarity. What enables the decision about what remedy to select is the bizarre, unanticipated moment. The lynchpin in deciding upon a treatment was based on Hahnemann’s notion that each individual patient was unique, hence, that, despite similarities with other patients, what singled out for the physician the choice of a cure is what made the patient stand out from all other cases. In short, paradoxically only the dissimilar could enable the workings of the Law of Similars.

Hahnemann criticized allopathic medicine for attempting to reduce all individual cases to one disease, whereas he saw each individual case as unique. Diseases are infinite in number, he wrote, “as diverse as the clouds in the sky” (Lesser Writings 504). In striking contrast to medicine as practised today, he insisted that it was always the person with the disease who was treated, not the disease itself. “Each case of the disease that presents itself must be regarded (and treated) as an individual malady that never before occurred in the same manner and under the same circumstance as in the case before us, and will never happen precisely in the same way” (Lesser Writings 442). On the one hand, this unique view of the patient was indebted to the “bedside” and “biographical” medical practice mentioned earlier. On the other hand, Hahnemann here parts ways with prevalent medical theories of his day, notably those of the Scottish doctor John Brown. According to the medical theory of Brown widely adopted in Germany around 1800, especially by Schelling, there were two types of illness into which a variety of maladies could fit, what he termed the asthenic and sthenic, if you will, hypo-stimulated and hyper-stimulated states. The medicinal treatment also corresponds to either one of these groupings, and the physician was encouraged to test on his patient several of the drugs that belonged to either of the two categories. Hahnemann considered Brownian medicine a simplistic reduction of illness, one that also unfortunately required the use of strong medication, such as opium, in order to reverse or palliate the condition. Novalis, too, criticized Brownian medicine for not attending to the individualization of illness in each patient, noting that Brown treated the body as a pure abstraction (Werke 2: 796). The poet wrote, for instance, that every person has their
own sicknesses (2: 500), indeed, that most sicknesses seem to be very individual, like a human, or a flower or an animal (2: 797, no. 268). He goes on to observe: “Therefore interesting is their natural history, their relations (out of which complications arise), their comparison.”¹⁴ Noteworthy in this passage are two salient points. First, despite the individualization of illness, in fact paradoxically because of it, Novalis, like Hahnemann, recognizes the importance of searching out affinity and analogy between disparate entities. For both poet and physician this search was conducted intuitively and idiosyncratically – if you will, poetically. Second, it is not merely that disease and its course are uniquely manifested in each individual but that disease is specific to each individual. Moreover – and here he goes beyond Hahnemann – because of this specificity, Novalis also conjectured that illness must lead to the development of individuality; it furthered Bildung. Indeed, because of this potential to heighten character, he idealized illness over health: “The ideal of perfect health is only scientifically interesting. Sickness belongs to individualization.”¹⁵

It now becomes clear why, as mentioned above, Hahnemann recommended the intent listening to the patient, the seemingly disorganized note taking in the Krankenjournale, as well as the copious accumulation of symptoms compiled in the Materia Medica Pura: if the manifestations of a malady are in each case different, the diseases infinite in number, and the arrival at a diagnosis of a disease impossible, the oddest symptoms need to be recorded. They, in actuality, became the key to ascertaining what made the patient unique and distinct; in Novalis’s words, “sickness belongs to individualization.” In determining “what kind of symptoms ought chiefly to be regarded in selecting the remedy,” Hahnemann thus prescribes that

we ought to be particularly and almost exclusively attentive to the symptoms that are striking, singular, extraordinary, and peculiar (characteristic), for it is to these latter that similar symptoms, from among those created by the medicine, ought to correspond … On the other hand, the more vague and general symptoms, such as loss of appetite, headache, weakness, disturbed sleep, uncomfortableness, &c., merit little attention, because almost all diseases and medicines produce something as general. (Organon 173–4)

To restate, for Hahnemann the notion that illness was unique to each patient meant that the physician needed to read for what Benjamin termed the exceptional, bizarre, or dissimilar moment. Only then could the precise remedy that would exactly fit that patient be found. It was not that, as in allopathic medicine either in its Brownian variety or as practised in
the nineteenth century until today, a disease would express itself in symptoms common to a host of patients, but that precisely the aberrant symptoms proper to the patient required closer attention. In terms of its new, Romantic definition that Jocelyn Holland investigates in her contribution to this volume, the “fact” (or what I have called here the symptom) gains individual, unique significance. To this effect, Holland cites Friedrich Schlegel’s Athenäum fragment: “What a fact should be has to have strict individuality, being at once a secret and an experiment, namely, an experiment of formative nature.”

The reason for Hahnemann’s counterintuitive procedure was, as mentioned above, that, without believing in an underlying disease, the homoeopath only had symptoms to analyse. Specifically, in the search for finding the right homoeopathic remedy, in other words, the Gegenbild (antitype) that would illicit the same overt symptoms but not be the original disease, the physician needed to read between the lines. For example, these indicators had to appear intermittently in the course of an infirmity. Harris Coulter offers this illustration: “In the treatment of malaria (intermittent fever) Hahnemann notes that the paroxysms of fever (communia) are of little use in the selection of the remedy, since they are experienced by everyone. Instead, the physician should look to the patient’s symptoms between the seizures of fever (propría), since these differ greatly from one patient to the next” (381). Determining the aberrant, random symptoms meant individualizing the patient and establishing a patient profile that was attentive to such things as on which side of the body a pain came, what the general disposition of the patient was, or what other signs on other parts of the body were present that seemed to be unrelated to the malady.

To give an example of how Hahnemann desired to pay attention to the peculiarity of each symptom, one can turn to how he recommended testers record their medicinal trials. He prescribes that the experimenter place himself successively in various postures, and observe the changes that ensue. Thus he will be enabled to examine whether the motion communicated to the suffering parts by walking up and down the chamber, or in the open air, seated, lying down, or standing, has the effect of augmenting, diminishing, or dissipating the symptom, and if it returns or not upon resuming the original position. He will also perceive whether it changes when he eats or drinks, or by any other condition, when he speaks, coughs, or sneezes, or in any other action of the body whatsoever. He must also observe at what hour of the day or night the symptom more particularly manifests itself. All these
That Hahnemann was attentive to the defining, bizarre symptom does not mean that all the diverse markers did not need to be recorded and taken into account. Indeed, the above passage suggests as much. He specifies that the totality of all the indicators also needed to be addressed, for they too would help select the proper remedy, for each remedy would elicit several, diverse symptoms in the healthy test case; these could not be ignored. In particular, Hahnemann recognized that the affects of “continued grief, anger, injured feelings, or great and repeated occasions of fear and alarm [i]n the course of time … have an influence over the health of the body, and often compromise it in a high degree” (Organon 196). He thus exhorts the homeopathic practitioner to pay special attention to the state of mind of the patient: “The moral state of the patient is often that which is most decisive in the choice of the homeopathic remedy; for this is a symptom of the most precise character, and one that, among the mass of symptoms, by no means can escape the notice of a physician accustomed to make precise observations” (Organon 192).

Finally, one needs to stress the conclusion to which Hahnemann came – that is to say, the law he devised – on the basis of each patient’s peculiarity. In his “Law of the Single Remedy” Hahnemann, unlike subsequent homeopaths, stipulated that only one remedy was to be tried at a time: he matched the single remedy to the singular patient. “In no instance is it requisite to employ more than one simple medicinal substance at a time” (Organon 218).17 In short, the Benjaminian paradox is that the “Law of the Single Remedy,” based as it is on the dissimilarity between patients, enables the workings of the “Law of Similars.”

If the law of similia similibus curantur and the extensive listing evident in the Materia Medica Pura resembled a Foucauldian eighteenth-century semiosis, then this genial interpretation of the singular, unexpected, yet portent sign was thoroughly Romantic. Around 1800 there is a shift from a regulatory, normative poetics to the belief in individual, idiosyncratic interpretation.18 Romantic reading is, if anything, non-predictable. “There is no universally true kind of reading, in the ordinary sense. Reading is a free operation. No one can prescribe for me how I am to read something or what,” writes Novalis. The genres that come to the fore in Romanticism are non-prescriptive. Strangely enough, one could even call them non-genres – the fragment, the essay, and the mixed genre of the novel with its embedded fairy tales and digressions. Friedrich Schlegel in the
most famous of the Athenäum fragments (nos. 116 and 238) states that modern, Romantic literary production is dynamic and reflects upon itself in ever greater exponentiation.\textsuperscript{20} Although Hahnemann, too, used this Romantic notion of \textit{Potenzieren} (see discussion below), what it means for Schlegel is that Romantic writing is always an after-effect, involved in the constant production of marginalia on itself or on another text. Novalis exhorted that the true reader must be an extended author (2: 282, no. 125), and Friedrich Schlegel similarly wrote that the true critic is an author to the second power (18: 106, no. 927). If the reader is an extended author, then there is no regularization of reading: \textit{Witz}, with its attention to the unexpected, plays the more important role.\textsuperscript{21} As we have seen, the same is the case for homeopathy. In this medical practice there is no point in running experiments, as in contemporary pharmaceutical trials, for one can’t predict outcomes. The homeopath is as inventive, imaginative, and idiosyncratic as the Romantic reader: both hone in on the odd, dissimilar sign.

What is further important about the Romantic fragment is that it remains a \textit{Bruchstück}, that is, it resists closure. It alludes (\textit{hindeuten}) without offering up definitive interpretation (\textit{Deutung}). It revels in surface, extraneous, or marginal observations; and it hides more than it reveals. The oracular quality of Jena Romantic writing seems to gloss the pre-Socratic fragment by Heraclitus: “The master to whom the oracle of Delphi belongs, does not speak, does not hide, he makes signs” (Fragment 93). When nature speaks, it does so via infinite signs, the key to which cannot be ascertained. In the renowned passage at the start of \textit{Die Lehrlinge zu Sais} (The Apprentices of Sais), Novalis writes that one can see marvellous figures everywhere that seem to belong to the great script of ciphers – in the designs of bird wings, egg shells, clouds, snow, crystals, in the filings around a magnet, and in strange, chance conjunctures. This magical script would seem to resemble Paracelsus’s belief in the signature of things, except that for Novalis the key to the mystery is not to be found: “Intuition alone does not allow itself to conform to particular patterns and does not seem to provide the ultimate answer.”\textsuperscript{22} The signifying abundance in nature cannot be authoritatively deciphered. This search for the perplexing signification in nature,\textsuperscript{23} however, is just as ambivalent in Hahnemann as it is in Novalis. That is to say, the Romantic theory of fragmentary, incomplete signification sub-tends Hahnemann’s own fragmentary, voluminous writing. Although the \textit{Organon der Heilkunst} in its various versions is a concise treatise on the principles of homeopathy, the \textit{Materia Medica Pura}, where Hahnemann assembles the homeopathic remedies and gives the patient profile for each, is a bewildering, cacophonous encyclopedia of symptoms.
Novalis then establishes parallels between Romantic writing and the writing in nature: when Hardenberg compares the fairy tale to nature, it is because of the chaotic ensemble they share, their unendingly accidental conjunctures, and their infinite possibilities: “A fairy tale is really a dream picture – devoid of all coherence – An ensemble of wondrous things and happenings – a musical fantasy for instance – the harmonious effects of an Aeolian harp – Nature herself.” Again, Novalis compares nature to associative but lawless Romantic literary production: “Anecdotes, without coherence, though with association, like dreams. Poems – purely melodious and full of beautiful words – but also without any meaning or coherence – are at the most comprehensible as single stanzas … At the most true poetry can … have an indirect impact like music – nature is thus purely poetic – and so is the parlour of a magician – of a physicist – a child’s room – a jangle and repository.” The reason why nature herself is poetic is that she is not only beautiful, but, as the passage above from Die Lehrlinge zu Sais similarly indicates, ultimately without coherence and meaning. This lack of apparent cohesion does not exclude the workings of association and analogy. On the contrary, the powers of association play a significant role for Novalis, but, as in Benjamin’s “Lehre vom Ähnlichen,” the similarities established are sheerly coincidental, free, and unforeseeable.

In sum, what links Hahnemann to Romantic theories on language, nature, and interpretation and what allows one to speak of a homeopathic poesis are their shared beliefs in (1) the geniality of the gifted interpreter attentive to the marginal and surprising, (2) the chaotic, unpredictable ensemble of impressions, as well as (3) the wave of resonances or harmonies that unite life and subtend the chaos. It is this last concept of vibrational dynamism that I want, in conclusion, to touch upon briefly in respect to the second law of homeopathy about which I have said very little up to this point – the Law of Minimum. Developing his 1796 notion of the peculiar effect of the small dose, Hahnemann announced in 1799 his principle of the infinitesimal dose: then, after 1800, respecting what was to be termed homeopathy’s “Law of Minimum,” he gradually reduced dose sizes (Coulter 400). The impact of the catalyst was present even though the toxicity of the substance had disappeared. Hahnemann postulated that a substance would be not just still present but in fact activated after exponential dilution, as well as by trituration (grinding an insoluble ingredient with milk sugar) and succussion (vigorous shaking). This belief that the elemental, essential action of a substance could be extracted and transmitted places Hahnemann squarely in the realm of
Romantic, divinatory science, especially since Hahnemann claimed that the mysterious vital force in the remedy was somehow present in purer form once it had been so diluted that the original substance was undetectable. Homeopathy resembles the medical practice of mesmerism at the time, as well as the investigations into animal magnetism and galvanism. Like homeopathy, these experiments sought to provide evidence of an otherwise unseen, ubiquitous current of energy in both organic and inorganic life. Paradoxically, the more imperceptible it was, the more omnipresent, energetic, and effective the vital life force in a homeopathic remedy would be. Like the third, nonsensical term of the unique symptom, the notion that the active ingredient of a substance is not just present after several dilutions, but even more dynamically functional, demonstrates what is typical for Romanticism – an embracing of what Novalis termed “magic idealism” (2: 550, no. 399).

The law of *similia similibus curentur* operates on the eighteenth-century classification of phenomena based on a system of correspondences, whereas Hahnemann’s later notion of the infinitesimal dosage capable of inversely powerful and exponential effect on the body resembles a dynamic, developmental model of life that is characteristic of the nineteenth century. As we have seen, Hahnemann thus straddles both eighteenth-century semiosis, based on the accumulation of analogies between signs, and the early-nineteenth-century Romantic hermeneutics, with its models of unpredictability, individuality, and organic dynamism. As Jocelyn Holland points out, the “fact” for the Romantics becomes involved in an open-ended process. But regardless of whether it is seen as an Enlightenment or Romantic science, the medical practice of homeopathy arises from theories of signs and how they are interpreted. In short, the therapeutic discipline cannot be separated from the fictional, poetic structures of signification that give rise to it.

NOTES

1 Here and in the rest of my article when citing a German original, the first page reference is to the German, the second, following the semi-colon, to its English translation. If no second reference is given, the translation is my own.

2 In his short study, *Der Akt der Ähnlichkeit*, art historian and homeopath Claus Just mentions Benjamin’s study in the larger context of homeopathy.

3 It is amusing to see websites extolling homeopathy quoting this passage out of context so as to make it seem Goethe advocated homeopathy.

Pickstone writes: “For 18th-century philosophers, such a method [hierarchies based on maximal numbers of ‘characteristics’ – all treated as equally important] approximated the mental processes of ‘association’ which were fundamental to learning” (Ways of Knowing 70).

See also Bergengruen’s subchapter “Natürliche Signaturen” where he discusses Paracelsus alongside Ficino, Croll, and other Renaissance thinkers on the signature of things. For instance, he writes that “Giovanni Pico della Mirandola [hegte] den Astrologie-unabhängigen Gedanken, dass die Philosophen die ‘invisibilia [mysteria] dei’ durch die ‘visibilibus naturae signis’ (‘die unsichtbaren Geheimnisse Gottes durch die sichtbaren Zeichen der Natur’) erkennen könnten” (Nachfolge Christi 167).

Gantenbein focuses on several parallels rather than fundamental differences between Hahnemann and Paracelsus in order to suggest that Paracelsus functions as a dark Jungian shadow to the founder of homeopathy, who resisted acknowledging direct influences.

Foucault refers to this post-1800 system as the anatomical-clinical method based on the study of cases in institutionalized settings: “a new structure in which the individual in question was not so much a sick person as the endlessly reproducible pathological fact to be found in all patients suffering in a similar way” (Birth of the Clinic 119). “The patient has to be enveloped in a collective, homogenous space” (242).

See Stolberg’s subchapter “The Doctor–Patient Relationship” (64–76).

For an account of how the body is monitored and the self constituted by the homeopathic patient, see Brockmeyer, Selbstverständnisse.

Foucault also documents in the Birth of the Clinic how the early nineteenth century saw the rise of the anatomical study of tissues and organs that allowed physicians to localize and find the seat of disease.

On Brownian medicine, see Coulter, Progress and Regress; Schwanitz, Homöopathie und Brownianismus; and Neubauer, Bifocal Vision.

Hahnemann’s observations on Brown are recorded in his essays “Fragmentarische Bemerkungen zu Browns Elements of medicine” (Fragmentary Observations on Brown’s Elements of Medicine [1801]) and “Monita über die drey gangbaren Heilarten” (Observations on Three Current Methods of Treatment [1809]).

“Daher ist ihre Naturgeschichte, ihre Verwandtschaften (woraus die Complicationen entstehen) ihre Vergleichung so interessant” (2: 797, no. 268).


“Was ein Faktum seyn soll, muss strenge Individualität haben, zugleich ein Geheimniss und ein Experiment seyn, nämlich ein Experiment der bildenden Natur” (2: 249, no. 427).
As early as 1797 in the essay “Sind die Hindernisse der Gewißheit und Einfachheit der praktischen Arzneykunde unübersteiglich?” (Are the Obstacles to Certainty and Simplicity in Practical Medicine Insurmountable?), Hahnemann recommended against mixing compounds into a single prescription.

I am adapting somewhat the terms that Peter Szondi used: he uses the category of the normative Poetik, but refers in the second instance to a “speculative poetics.”

“Es gibt kein allgemeingeltendes Lesen, im gewöhnlichen Sinn. Lesen ist eine freye Operation. Wie ich und was ich lesen soll, kann mir keiner vorschreiben” (2: 399, no. 398).

See Neubauer, “Zwischen Natur und mathematischer Abstraktion.”

See the section “Witz” in Lacoue-Labarthe and Nancy (The Literary Absolute 52–8) and its entry in their topical index to Friedrich Schlegel’s fragments (164).

“Allein die Ahnung will sich selbst in keine feste Formen fügen, und scheint kein höherer Schlüssel werden zu wollen” (1: 201).

Novalis writes of “das seltsame Verhältnißspiel der Dinge” (the peculiar relational play of things) (2: 438; Schulte-Sasse, Theory as Practice 146).


See also the fragment from Das Allgemeine Brouillon, in which Novalis speaks of poetic association of ideas based on intentional production of chance relations (2: 692, no. 953; translation by Wood, 168).

See the works by Aesch, Barkhoff, Eppenich, Holland, Steigerwald, Tatar, and Wetzels.

WORKS CITED


