Reply to Hahnemann's position on vaccination: A call to rethink.

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Abstract
There is a debate on the merits of modern vaccination in relation to Hahnemann's position regarding this practice in his time. The authors of a recent Letter to the Editor argue that Hahnemann was in favour of vaccination and that we need to assess vaccination objectively. I agree with both of these positions, but disagree as to the details regarding what is meant by these two conclusions. I argue that Hahnemann made clear that vaccination did not provide immunity, and never can. I further argue that there are better alternatives to vaccination in terms of boosting the immune system, and that there are also remedies that provide actual immunity.

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Dear Editor,

I thank the authors for their article. The issue of vaccination is a critical one, especially at this time, when COVID vaccine is a highly recommended vaccine by healthcare delivery persons. It is, thus, important for those who follow Hahnemann’s teachings to know to what extent this practice accords with those teachings.

They begin by noting that there is some debate about whether Hahnemann supported vaccination or not. An article I wrote is cited in a footnote to the ‘not.’ It is not clear if I am being cited as the sole source of this ‘not’ side of the debate, or only as a representative of the position ‘that Hahnemann did not support vaccination.’ In any case, I feel an obligation to provide a response if only to clarify my position.

There are two issues at hand: 1. What exactly did Hahnemann say and hold regarding vaccination? The authors start by asserting that ‘there is no scope for any ambiguity regarding Hahnemann’s position on vaccination.’ I agree with this statement. It only remains, of course, to ascertain what exactly that position is. 2. What does this have to do with the modern practice of vaccination? The authors conclude their article with the statement that ‘Hahnemann was in favour of vaccination.’ Again, I agree with this statement. Again, it remains to determine what this means.

Everything hinges on the very term ‘vaccination.’ It is impossible to have a rational discussion and arrive at any meaningful answer without clear terms. And these terms must be grounded historically and etymologically.

The term ‘vaccination’ was first used by Edward Jenner in 1796, though coined by a friend. Jenner is famous for having introduced the practice of inoculating a healthy person with the pus from a cowpox pustular eruption (pock). The term ‘inoculation’ comes from horticulture where the bud or eye of one plant was grafted onto another, coming from the Latin in + oculus (eye).

Inoculation involved grafting, but of disease-engendering material onto a healthy person, specifically and historically, pus from a smallpox pustule onto the skin of a healthy person. Jenner’s innovation was to replace smallpox with a similar, yet less virulent disease, cowpox, after noticing that milkmaids who contracted cowpox seemed to be protected from smallpox, or at least the serious form of it.

It is this that drew Hahnemann’s interest. In his essay of 1805, Medicine of Experience, the pre-cursor to the Organon of 1810, Hahnemann set down the main principles of action of disease, these forming the basis for their use therapeutically in his new system of medicine based on the law of similar.

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The law of similars involves the principle of introducing into a patient a second disease to cure the one the patient was already suffering from. Hahnemann presents two situations where two diseases are involved: where they are similar and where they are dissimilar. In the case where the two diseases are similar, the result depends on which one is stronger and which is the weaker. It is here that he illustrates his maxim with the case of small-pox and cow-pox, this being an immediate and well-known situation at the time.

**Second maxim of experience**

When the two irritations greatly resemble each other, then the one (the weaker) irritation, together with its effects, will be completely extinguished and annihilated by the analogous power of the other (the stronger).

Illustration of the second maxim: ‘*If the two abnormal corporeal irritations are of a similar nature, then the weaker will be entirely removed by the stronger, so that only one (the stronger) completes its action, while the weaker was quite annihilated and extinguished. Thus, the small-pox becomes an eradicator of the cow-pox; the latter is immediately interrupted in its course whenever the miasma of the small-pox that was previously latent in the system breaks out, and after the small-pox has run its course the cow-pox does not again appear.*’[2]

Thus, it is clear, according to the law of similars and logic, that the stronger disease (e.g., smallpox) eradicates (cures) the weaker (e.g., cowpox). Hahnemann reprises this understanding of natural law principles in the subsequent more formal Organon (Aphorism 46 and footnotes in the 6th edition). Here he adds the observation that the intervening smallpox in an existing case of cowpox, while it remains as the stronger, nonetheless ‘greatly diminished (homeopathically) and made more benign by the cowpox.’ That is, the similarity of the two diseases has two results: one, the eradication of the weaker by the stronger, and two, the reduction of the severity of the subsequent expression and progression of the stronger by the presence of the weaker, the battle between the two diseases having served to diminish the power of the stronger somehow. It is here that Hahnemann in a new footnote to the 6th edition of the Organon provides us with a rational basis for the positive results of Jenner’s then new practice of inoculation using cowpox, a similar yet weaker disease to smallpox.

‘*This seems to be the reason for this beneficial remarkable fact namely that since the general distribution of Jenner’s Cow-pox vaccination, human small-pox never again appeared as epidemically or virulently as 40–45 years before when one city visited lost at least one-half and often three-quarters of its children by death of this miserable pestilence.*’[3]

Jenner termed his procedure ‘vaccination’ as cowpox was also commonly referred to as ‘the vaccine disease’ (OED), derived from the Latin term for cow, *vaca*, female *vaccina* and *vaccinus* meaning ‘pertaining to a cow.’[4]

Jenner coined the term vaccination in 1796 to describe inserting cow pus from cowpox lesions into open cuts on human patients to prevent smallpox.[1]

To summarise, any pox-producing disease was referred to as variola and the cow-pox was referred to as Variolae Vaccinae or vaccinia, of the vaccine disease. Variola was generally used to refer to smallpox. The method initially used to protect against Variola was the scarification of variola pus from the pock of an infected person into a non-infected person, known as *variolation*. Jenner noted that milk-maids infected by cowpox did not seem to contract smallpox. He then decided to use cow-pox pus as the inoculating or scarification agent. This was because the use of small-pox itself was quite risky, causing death and also the spread of small-pox itself.[6]

Thus, there is no scope for ambiguity here regarding Hahnemann’s position on ‘vaccination,’ that is, to be clear, Jenner’s inoculation method using cowpox. Hahnemann is also clear that where the introduced disease is weaker (here cowpox); however, it cannot cure, but it can serve to reduce the severity of the stronger disease to a greater or lesser extent (here smallpox). Thus, Hahnemann regards ‘vaccination,’ that is the use of cowpox to protect against smallpox, in the sense of diminishing the severity of the latter, as beneficial. This he reiterated in the Organon.

Thus, the statement by the authors that Hahnemann supported the idea of vaccination and recognised its ‘excellent value’ in smallpox epidemics is generally correct, if by ‘excellent value’ we understand ‘greatly diminished and made more benign.’

Hahnemann’s letter to a Dr. Schreeter in 1831 usefully brings up the recognition by Hahnemann of the potential harmful effects by ‘vaccination.’ Here Hahnemann raises the idea of attenuating the cowpox taken from a cow by passing it first through another child (presumably one healthier than the child here intended to receive the ‘vaccination,’ namely, ‘the dear little Patty.’ The authors rightly add ‘that Hahnemann was keen to develop remediation methods to curtail the adverse effects of vaccination rather than shunning it completely.’

And while the authors correctly point out that Compton Burnett stated at the start of his book on vaccine disease caused by inoculation of cowpox, which he terms *vaccinosis*, that he did sometime use this method, as he felt it was needed (*au besoin*), his entire book is a testament to the problem caused by ‘*that profound and often long-lasting morbid constitutional state engendered by the vaccine [cowpox] virus.*’ That the book also provides a cure for that disease, *Thuja*, is the only good news therein.

The authors conclude that vaccination today must be looked at objectively. We can agree with this statement.

They also state that this must be done in light of Hahnemann’s views on vaccination, namely that it provides a benefit. First, Hahnemann’s views relate to the use of cowpox to protect against, that is, reduce the severity of smallpox, not prevent. This is grounded in his maxim elucidated in 1805 (Medicine of Experience) that where two similar diseases meet in an organism, the stronger disease (in his example, smallpox) cures the weaker (cowpox) and then remains in the organism to unfold, though the weaker does act to diminish its morbid
power. To the extent that vaccination as such introduces a weaker disease, Hahnemann’s positive comments apply.

The authors also support a ‘cost-benefit’ analysis. This is reasonable given that any vaccine is the introduction of another disease agent, which can engender itself in an organism, creating an internal disease we can call *vaccinosis*, borrowing the term from Compton Burnett.

The result of such a cost-benefit analysis depends critically on two factors: one, the strength of the vaccine, and two, on alternatives.

Regarding the first factor, the stronger, the more likelihood of *vaccinosis*, or vaccine-engendered disease; but conversely, the weaker, the less likelihood of reducing the severity of the stronger disease one is concerned about (again, there is no question of cure here, only ‘protection,’ that is, possible reduction of severity of the effects of a given disease).

Thus, it has to be recognised that vaccination, as understood generally, is the use of a weaker disease to provide some protection against the severe effects of a stronger disease. There cannot be any question of actual prevention of the stronger disease if we are to go by Hahnemann’s understanding, and there cannot be any question of the creation of a new disease in the one vaccinated (for my part, born out by extensive clinical experience). Vaccination is not the same as immunisation, though it is often presented as such, and then the only such method. Both positions are false.

This brings us to the second factor, the existence of alternatives. If there are alternatives that weaken the stronger disease without creating another disease, these should be favoured. If there are alternatives that even provide an immunizing effect, these are all the more to be favoured.

Both these alternatives exist. The first is to be found in natural methods of boosting one’s natural immune system, through a healthy lifestyle, specific foods, herbs and nutritional supplements (vitamins and minerals), fasting, detoxification, etc. The second is to be found in homeoprophylaxis. The discussion of the latter is worthy of a treatise in its own right, but suffice it to say that it exists and is highly effective.

In conclusion, the support that Hahnemann gave, in a restricted way, to vaccination using cowpox to protect against (lessen the severity of) smallpox, and the rational grounds for that support, at least up to the early 1830s, does not necessarily argue for supporting vaccination today (using all sorts of adjuvants, which Hahnemann would consider ‘irritants’ and disease-engendering agents in their own right), all the more that an alternative exists.

**Reference**

4. Turley PK. Vaccine: From vacca, a cow. AJO-DO Clinical Companion. 2021; 1:5-6
Réponse à "La position d'Hahnemann sur la vaccination: Un appel à la réflexion"

Il existe un débat sur les mérites de la vaccination moderne par rapport à la position d'Hahnemann concernant cette pratique à son époque. Les auteurs d'une récente Lettre à la rédaction ont fait valoir qu'Hahnemann était favorable à la vaccination et que nous devons évaluer la vaccination de manière objective. Je suis d'accord avec ces deux positions, mais je ne suis pas d'accord sur les détails de ce que l'on entend par ces deux conclusions. Je soutiens qu'Hahnemann a clairement indiqué que la vaccination ne procurait pas d'immunité, et ne le pourra jamais. Je soutiens également qu'il existe de meilleures alternatives à la vaccination en termes de renforcement du système immunitaire, et qu'il existe également des remèdes qui procurent une véritable immunité.

Antwort auf “Hahnemanns Position zur Impfung: Ein Aufruf zum Umdenken’

Es gibt eine Debatte über die Vorzüge des modernen Impfens im Verhältnis zu Hahnemanns Haltung zu dieser Praxis zu seiner Zeit. Die Autoren eines kürzlich erschienenen Leserbriefs argumentieren, dass Hahnemann für das Impfen war und dass wir das Impfen objektiv bewerten müssen. Ich stimme diesen beiden Positionen zu, bin aber nicht einverstanden mit den Details, was mit diesen beiden Schlussfolgerungen gemeint ist. Ich vertrete die Auffassung, dass Hahnemann deutlich gemacht hat, dass Impfungen keine Immunität verleihen und dies auch nie können. Ich behaupte auch, dass es bessere Alternativen zur Impfung gibt, wenn es darum geht, das Immunsystem zu stärken, und dass es auch Heilmittel gibt, die tatsächlich Immunität verleihen.

‘टीकाकरण पर हैनिमैि की स्थिति: पुिन्विचार के लिए एक कॉि’ का जबाब

आधुनिक टीकाकरण के गुण-दोष के संबंध में हैनिमैि के समय में इस प्रथा की स्थिति प्रत्यक्ष-वितर्क चल रहा है। हाल के एक संपादक की पत्र के लेखकों ने तरह दिया कि हैनिमैि टीकाकरण के पक्ष में थे और हमें टीकाकरण का निष्पक्ष मूल्यांकन करने की आवश्यकता है। मैं इन दोनों स्थितियों से सहमि हं, लेकिन इन दो निष्क्षेपों से क्या अर्थ है, इसके विवरण से असहमि हं। मेरा तर्क है कि हैनिमैि ने स्पष्ट किया था कि टीकाकरण प्रतिरक्षा प्रदान नहीं करता है, और कभी नहीं कर सकता। मैं यह भी तर्क देता हूँ कि प्रतिरक्षा प्रणाली को बढ़ावा देने के मामले में टीकाकरण के बेहतर विकल्प हैं, और ऐसे उपाय और भी हैं जो वास्तविक प्रतिरक्षा प्रदान करते हैं।

Respuesta a “La posición de Hahnemann sobre la vacunación: Un llamado a repensar”

Hay un debate sobre los méritos de la vacunación moderna en relación con la posición de Hahnemann respecto a esta práctica en su tiempo. Los autores de una reciente Carta al Editor argumentaron que Hahnemann estaba a favor de la vacunación y que necesitamos evaluar la vacunación objetivamente. Estoy de acuerdo con ambas posiciones, pero no estoy de acuerdo con los detalles de lo que significan estas dos conclusiones. Sostengo que Hahnemann dejó claro que la vacunación no proporcionaba inmunidad, y nunca puede hacerlo. También sostengo que hay mejores alternativas a la vacunación en términos de estimular el sistema inmunológico, y que también hay remedios que proporcionan inmunidad real.

对 “哈尼曼对疫苗接种的立场 “的答复。呼吁重新思考’

对于现代疫苗接种的优劣, 与哈尼曼在他那个时代对这种做法的立场相比，存在着争议。．最近一封致编辑的信的作者认为，哈尼曼赞成接种疫苗，我们需要客观地评估疫苗接种情况。 我同意这两个立场，但对这两个结论的具体含义有不同意见。．我认为哈尼曼明确指出，接种疫苗并不能提供免疫力，而且永远不能。 我还认为，在提高免疫系统方面，有比接种疫苗更好的替代品，而且还有提供实际免疫力的补救措施。