

# The concept of constitution in homœopathy

ANTHONY CAMPBELL, MRCP, FFHOM

## ***Introduction***

Until very recently it has been customary, at least in this country, to present the homœopathic approach to chronic disease largely in terms of “constitution”. Newcomers to the subject often find the idea of constitution hard to grasp, but this has not usually deterred its advocates from insisting on its fundamental importance.

The generally accepted version of the constitutional idea appears to be something as follows. In selecting a remedy to treat a case of chronic disease, the prescriber should endeavour to identify certain physical and dispositional characteristics of the patient and should then match these with a “drug picture” (usually a polychrest). This is the patient’s “constitutional remedy”, which is given in high potency as a single (or “split single”) dose.

In recent years there has been a good deal of discussion about the notion of constitution—whether it can be verified objectively, whether different prescribers will see the same constitutional picture in a given individual, and so forth. Some homœopaths have suggested that research into these questions should be carried out by means of questionnaires to measure personality profiles and the like. It seems to me, however, that before embarking on elaborate research projects of this kind we ought first to ask ourselves some much simpler and more fundamental questions, such as:

- 1 How did the constitution idea get into homœopathy in the first place?
- 2 Is it really as central to homœopathy as seems to be believed by many modern homœopaths?
- 3 Is the idea a coherent one anyway?

In this paper I propose to try and answer these questions. I must emphasize at the outset that what I shall be talking about is the concept of constitution in *homœopathy*. The constitution idea has of course a very long history outside homœopathy; it goes back at least as far as Aristotle and in more recent times there have been various typological schemes such as those of Sheldon and of Jung. To discuss these would take far too long and would not shed much light on the peculiar nature of the problem in homœopathy.

## ***The history of constitution in homœopathy***

The term “constitution” has been used by homœopaths in at least two ways. It has been used in a pathological context, to refer to the miasm theory and other attempts to account for chronic disease, and it has been used in a pharmacological context, to refer to the “drug pictures” of Kent and his disciples. In

recent times these two usages have become somewhat confused, so that the modern idea of constitution is really a blurred mixture of both. Here I shall consider them separately.

#### CONSTITUTIONAL SCHEMES BASED ON PATHOLOGY

##### *Von Grauvogl*

The basis of much of the early discussion of homœopathic constitution was Hahnemann's miasm theory. However, Hahnemann himself does not use the term constitution in this (or any other) context, and indeed he regards the miasms as acquired, not congenital, so they could not be considered to be constitutional in the true sense of the word.

A genuinely constitutional theory, however, was put forward by a slightly later German homœopath, von Grauvogl, whose *Textbook of Homœopathy* was published in 1865<sup>1</sup>. Von Grauvogl's scheme was based on pathological ideas that were then just coming into vogue, and he adopted the "modern" view that the teachings of the "physiological school, commonly called allopathy" were both useful and necessary, and that homœopathy and allopathy were not mutually incompatible but were indeed complementary. This broadmindedness would have earned him Hahnemann's undying enmity had the Master still been alive at the time. (He was, nevertheless, a firm advocate of high potencies.)

Von Grauvogl's scheme is based on a classification into three categories, as follows:

- 1 Hydrogenoid, characterized by an excess of hydrogen, and therefore of water, in the tissues.
- 2 Oxygenoid, characterized by an excess of oxygen.
- 3 Carbo-nitrogenoid, characterized by an excess of carbon and nitrogen.

The hydrogenoid constitution corresponds roughly to Hahnemann's sycosis, oxygenoid to syphilis, and carbo-nitrogenoid to psora. Rather surprisingly, von Grauvogl regards the hydrogenoid constitution (rather than the carbo-nitrogenoid, as one might expect) as the most important of the three, and most of his discussion concerns it.

The clue to recognizing the hydrogenoid constitution is its modalities. A hydrogenoid patient feels worse in cold or damp weather, or when living near water. The principal remedy called for in these cases is *Natrum sulphuricum*, though many others may also be indicated. Clarke presents a large number of illustrative cases from the writings of von Grauvogl and his Russian disciple Bojanus.

Patients of oxygenoid constitution are underweight and like to eat fats and carbohydrates because—according to von Grauvogl—these substances oxidate slowly. Such patients are worse before storms, and before and during windy weather, and improve when it begins to rain or snow "and the electrical equilibrium is restored". The essential feature, it seems, is the concentration of atmospheric ozone, and the main remedy is *Kali iodatum* "since it absorbs all the ozone". Oddly enough, neither von Grauvogl nor Bojanus provide any examples of this constitution.

The carbo-nitrogenoid constitution is characterized by *insufficient* oxygenation,

which results in increased liability to disease and “perverted nutrition”. The general symptoms are “Great frequency of respiration with shallowness; short breath, frequent pulse, blood charged with melanotic [*sic*] cellulæ. Constipation or diarrhoea, flatulence, urinary troubles, gouty pains in the head, gouty swellings, vertigo, ataxia, dullness of the head, somnolence, yawning, hypochondriasis, irritability, and extraordinary impatience.” These patients are made worse by rest, sexual excesses, over-feeding, confined air, chagrin, and loss of blood or blood-letting. The chief remedy is ozone or ozonated water, and a number of homœopathic medicines are said to “facilitate the splitting up of hydrocarbons and the discharge of oxygen chemically into the heart of the tissues.”

As you will see from this outline, von Grauvogl’s scheme represents an early attempt to incorporate pathology and biochemistry into homœopathy. Since the ideas on which it is based have today fallen into oblivion it is at best of merely antiquarian interest, but its echoes can often be detected in the writings of later homœopaths.

### *Hering*

Hahnemann’s miasm theory was expanded considerably by Constantine Hering in America. Hering made two innovations: firstly, he considerably enlarged the concept of miasms, to include the residual effects of almost any illness, and secondly he lent his authority to the practice of isopathy. If a patient says that he “has never been well since . . .”, mentioning a particular episode of illness, we can, according to Hering, presume that he is suffering from the “miasm” of that illness, and we can give him a homœopathic preparation derived from the disease in question. Hering himself advocated eradicating lice by feeding them potentized lice (how this extract is to be administered is not made clear) and advised farmers that they could eliminate weeds by means of a potentized solution of the offending seeds,<sup>2</sup> while some of his contemporaries made even more extraordinary claims. From this line of thought derives the idea of treating the “tuberculous constitution” by means of *Tuberculinum*, the gonorrhoeal (sycotic) constitution by means of *Medorrhinum*, and so on. In the two instances I have mentioned, the “taint” is supposed to be hereditary and therefore truly “constitutional”, but by a piece of confused thinking the same concept has also been applied to acquired diseases such as measles and whooping cough.

### CONSTITUTIONAL SCHEMES BASED ON PHARMACOLOGY

As is well known, Hahnemann—like Paracelsus—rejected in theory (though not always in practice) the idea of labelling diseases according to their pathology and insisted instead on regarding the case as an individual instance. Such an attitude leads quite naturally to the view that patients can be classified, not according to the disease from which they are suffering, but *according to the remedy they require*. Thus instead of speaking of a case of lobar pneumonia one might speak of a *Bryonia* case or a *Lycopodium* case. (Notice in passing that this is the very antithesis of Hahnemann’s own miasm theory, which is essentially pathological.)

Hahnemann also made another observation that was to have profound implications for later generations of homœopaths. He remarked that *Nux vomica*

is particularly well adapted for very anxious, fiery, or violent people, or when the disposition is malicious, wicked, or easily angered. *Pulsatilla*, on the other hand, is specially suited to timid, anxious people, disposed to tearfulness, and mild and yielding in disposition, who when in good health are good humoured and gentle.<sup>3</sup>

This is as much as Hahnemann says on the matter: just a few “typological” indications for two remedies. And yet on this flimsy basis has been erected the whole impressive-looking edifice of homœopathic “constitution”.

How has this come about? Who is responsible? At first glance it might seem that we have Kent to blame (or thank, depending on one’s point of view); for Kent’s *Lectures on Homœopathic Materia Medica*<sup>4</sup> are full of “constitutional” indications. *Pulsatilla*, for example, is said to be good for *blonde* women, *Sepia* for “tall slim narrow women with narrow pelvis and lax fibres and muscles; such a woman is not well built as a woman.” (This last remark probably tells us as much about Kent as it does about *Sepia*.) It is from Kent that we have the fastidiousness of *Arsenicum*, the untidiness of *Sulphur*, the solitariness of *Lycopodium*—the list could go on and on. Clearly we have here gone far beyond the scope of provings, for it can hardly be supposed that *Pulsatilla* can bleach a girl’s hair or *Sepia* alter her build. These are, in fact, constitutional indications in the true sense of the word. And yet, it seems, Kent decisively rejected the notion of constitution, as the following passages make quite clear.

#### “CLASSIFICATION OF CONSTITUTIONS USELESS IN HOMŒOPATHY

Why should we attempt to classify constitution as an aid in prescribing? Every individual is a constitution, and no two sick persons can be classified as of the same class to the satisfaction of any clear, observing, and thinking homœopathist. It is a fatal error to classify constitution, as no two are sufficiently similar, when observed by a genuine homœopathician, to form even a common class. Human beings are a thousand times more complex than the chess board in the hands of most skilful players.”<sup>5</sup>

It is not very clear exactly what Kent understands by constitution in this passage; conceivably he is referring to the pathological rather than the pharmacological concept. In any case, however, he evidently rejects the whole notion of grouping patients according to their innate characteristics. And elsewhere in his writings we find passages that condemn quite explicitly the modern, pharmacological, idea of constitution. One of these is so important that, in spite of its length, I shall quote it in full.<sup>6</sup>

#### “TEMPERAMENTS

We see many absurd statements in our homœopathic literature. Many of these statements are the ex-cathedra statements of our ablest men. These are quoted and handed down as accepted and demonstrated wisdom. Our clinical reports are full of these traditional whims. The clinician reports a case that is clear and strong in the reasons for the use of the remedy that cured, but he ends his reasoning by saying that, in addition to the symptoms, he favored the remedy because her hair was auburn, or blond, or dark, according to the remedy selected, which is fully approved by the guiding symptoms.

“A man who is given to asking questions will naturally desire to know if *Pulsatilla* ever produced light-colored hair, or has ever changed dark hair to blond. If the former, then it is pathogenetically related to the case; if the latter, it is clinically related to the case. If neither, then why give such reasons for selecting the remedy.

“If *Pulsatilla* has cured fifty consecutive cases in blondes, when the symptoms were such as were produced in healthy people, is that an iota of proof that it will not cure just as speedily in brunettes? And if it is not a reason that it will not cure in brunettes when the symptoms call for it, does it appear a fallacy to give *Pulsatilla* to a woman because she is a blonde?

“If dark hair is not a symptom of disease, how can any physician use it as even one symptom in any given prescription? If it is a natural condition, why think of it as one of the elements to be considered in making a prescription. If the hair must be red to be a distinguishing symptom in any given case, how red must it be to make the remedy clearly indicated; or if only slightly red what other remedies would shade in because of this slight difference in the color of the hair?

“*The true basis of a homœopathic remedy is the collection of signs and symptoms, and these must be morbid*, has been the teaching of Hahnemann and his ablest followers. And such teaching is the only teaching that conforms to law.

“What benefit is it to pursue the study of biology to discover the difference in the natural constitutions of human beings, when it must be the sick (*morbid*) condition in the constitutions of human beings that must be fully and extensively evolved to guide the physician in healing sick people?

“The color of the hair and eyes, the form or shape, the tall or short, are not generally considered morbid, nor do they take any part whatever in the sick image of any given totality of symptoms. The bilious temperament is too vague and too variable, even when morbid, to guide to a remedy; for he may be better or worse from motion, cold air, warm air, changes of weather, exertion, and so on to the end of our modalities. No two observers mean the same thing when they speak of a bilious condition or temperament.

“If the mental predominates, it would mean half the remedies in our *materia medica*, even if he is morbid in the mental make-up. The motive temperament is found in a large number of our most active and steady workers in both mental and physical employment. The sanguine temperament is found in many who are sound in body and mind, and the words do not recall a single proving. Temperaments are not caused by provings, and are not changed in any manner by our remedies, however well indicated by symptoms found in persons of marked temperamental make-up. To twist these temperaments into our pathogenesis, symptomatology, or pathology is but a misunderstanding of our homœopathic principles.

“One who knows how to find a homœopathic remedy for sick people does not pause long to take the measure of the normal constitution of his patient, who has changed from the normal to the abnormal constitution. This morbid condition of body or mind, or both, is composed of signs and symptoms not belonging to the health of the patient, no matter how recent or long-standing they may be. The study of general and particular symptoms so clearly defines and outlines this

morbid constitution that the study, from first to last, becomes a positive and scientific problem. It is not something fanciful, but can be demonstrated at the bedside as a positive and certain procedure from beginning to ending, and it is entirely based upon facts, omitting all opinions and theories.”

### **Discussion**

It is, I think, impossible to disagree with Kent that the concept of constitution, whether based on pathology or on pharmacology, is alien to the *similimum* idea as formulated by Hahnemann. According to Kent, the person responsible for the importation of constitution into homœopathy was Hering: “Temperaments which are natural demand no consideration. Hering introduced temperaments into the *materia medica*, but temperaments are not in the *proving*s.”<sup>7</sup>

On the other hand, Kent himself, as I have already remarked, gives a large number of constitutional indications in his very influential “drug pictures”, and he must therefore stand convicted of inconsistency on this score. And Kent’s disciples, especially Margaret Tyler, made constitution into a central tenet of homœopathy, a position it has held until the present.

Some years ago Foubister\* pointed out a number of limitations of the constitutional idea in a valuable paper; however, he did not question the historical and philosophical basis of constitution. I think it is time that this be done. The modern notion of constitution, it appears to me, is a confused residue of ideas, part mystical, part philosophical, part pathological, and part pharmacological. It certainly has no foundation in the *similimum* principle, and any justification it has must therefore be empirical and clinical.

I would not go so far as to reject the idea of constitution *in toto*. We know today that heredity plays an important part in determining susceptibility to many diseases and influencing the metabolism of many drugs. There is therefore nothing inherently improbable in the suggestion that certain types of person may respond particularly well to certain medicines. This, however, is a far cry from the doctrine that in every case of chronic disease there lurks a constitutional remedy waiting to be unearthed by the astute prescriber and certain, like the Philosophers’ Stone, to effect a miraculous cure if only it can be discovered. In this semi-magical sense the constitutional remedy is, I believe, an utter chimera.

### REFERENCES AND NOTES

- 1 An English translation of this work, by Shipman, GW, was published in America in 1870. Von Grauvogl’s ideas on constitution are discussed in detail in Clarke JH, *Constitutional Medicine*, New Delhi, Jain (n.d.). Quotations are from this book.
- 2 Dudgeon RE. *Lectures on the Theory and Practice of Homœopathy*, p. 143 seq., London, 1854.
- 3 Hahnemann S. *Materia Medica Pura*, 3rd Edition.
- 4 Kent JT. *Lectures on Homœopathic Materia Medica*. Roy, Calcutta, 1966.
- 5 Kent JT. *Lesser Writings*, p. 376.
- 6 Kent JT. *Lesser Writings*, p. 451 seq.
- 7 Kent JT. *Lesser Writings*.

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\*Reprinted on page 197 ff. of this issue.