Vitalism and vital normativeness: Hahnemann and Canguilhem

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ABSTRACT

The present paper reviews Vitalism as the basis for S. Hahnemann’s initial formulation of Homeopathy through the lens of the notions of Vitalism and vital normativeness formulated in the 20th century by French physician and historian of science Georges Canguilhem. Hahnemann described disease as a disarrangement of the organism as a whole, carrying the mark of the individual affected. Similarly, Canguilhem stated that symptoms only have meaning within their specific context and express a global disturb. Hahnemann gave health a positive definition as the state of equilibrium of the vital force—the latter understood as an essential quality of matter composing living beings and corresponding to a conception of Vitalism that holds totality as self-organized. Canguilhem would define Vitalism as the simple acknowledgement of the originality of life regarding lifeless matter, and described life as a dynamic polarity. In this context, illness is seen as a way to compel the organism to seek a new equilibrium to maintain homeostasis, health and healing are both integral parts of the self-organization of living beings and dichotomy of the process health/disease is a mere linguistic artifact.

Keywords: Vitalism; Medical rationalities; Homeopathy; Vital normativeness; Georges Canguilhem

Introduction

To physician and historian of science, Georges Canguilhem (1904-1995), medical thought historically oscillates between two representations of disease: one, ontological, organicist and linked to (mechanistic) efficient causes, and the other, dynamic and totalizing, according to which illness is the manifestation of an alteration in equilibrium or harmony [1]. Both conceptions understand the “experience of illness” as a conflictive condition, where a struggle is established between an organism and opposing forces or agencies.

The ontological conception—regardless whether study must go from normality to pathology (Claude Bernard) or the other way around (Auguste Comte)—holds that “pathological phenomena in living organisms are nothing but quantitative variations, upwards or downwards, of the corresponding physiological phenomena. As the ill state is continuous with the normal state, the elimination of the former (healing) implies also the restoration of the latter [1].

This view affirming identity between normal and pathological vital phenomena became a kind of uncontested dogma from the 19th century onwards, grounded on modern scientific reason. This is the origin of so-called scientific Medicine, or Biomedicine, whose mechanistic and reductionist approach attempts to relate each and every emotion or thought to a given mechanism.

Studies within this framework focus on the knowledge of parts, isolating them from a larger and more complex context, effecting a break in the network of relationships. Materialism gains strength from the demonstration that all natural phenomena can be explained as a function of matter and its properties. According to Canguilhem, materialism asserts that there is continuity between life and death, organic and lifeless matter, therefore, material identity among all physical and chemical phenomena, regardless of their localization and behavior [1].

It is on these grounds that Biomedicine analyzes the vital processes involving form (Morphology) and
function (Physiology), leading to a fragmentary and reductionist view on the components of a biological system. It cannot be denied that this view resulted in immense advancement in diagnosis, prognosis and therapeutics, reinforcing unilateralism in the judgment of the efficacy of medicine. However, at the same time, it contributes to an approach to medical practice where disengagement and dissatisfaction prevail in the doctor-patient relationship.

Canguilhem’s thought, grounded conversely on the dynamic representation of the process health/disease/healing, brings him closer to postmodern sciences (systems theory, complexity theory), where illness is seen as a way to compel the organism to seek a new equilibrium to sustain homeostasis: health and healing are both integral and inseparable parts of the self-organization of a living being. Cure means the recovery of the state of stability of physiological norms. It does not mean a return to “biological innocence”, but “to heal is to create for oneself new ways of life, sometimes even superior to the previous ones”. Therefore, the process health/disease, is basic in the development of a human being. Artificial dichotomy of health/disease is a linguistic artifact, rather than a characteristic of the process itself. This conception is at the basis of both the vitality/energy paradigm and vitalistic medical rationalities, when Vitalism is understood as “the simple acknowledgment of the originality of the vital facts” [2].

Consistently, from these two conceptions, two different models of approaching health and medicine arise, presenting basic differences in their way of understanding the ill human being and consequently also their therapeutic practices. The present paper focuses on the notions of life, vital normativeness and the health/disease process in the medical vitalistic thought of Samuel Hahnemann (1755-1843), the founder of Homeopathy, and Canguilhem.

**Homeopathy**

According to Madel T. Luz, modernity was “always” divided between two postulates: reason as the single principle of knowledge, whereas nature is merely an object of study; and empirical experience as the single criterion for truth. This polarity gave rise to series of dualities, marked by the rupture between nature – human being, which progressively broadened to the most significant rupture in modern reason: the one affecting the subject of knowledge itself, “fragmented into compartments” – reason, passions, senses, will [3].

In this way, the subject was neutralized and became an object of scientific inquiry – something liable to intervention, shaping, production. The best example is the description given by physician and philosopher Julien Offray de La Mettrie (1709-1751) in his *L’Homme Machine* (Machine Man): the human being becomes a soulless automaton, without free will, and the human body, a set of springs and gears [4].

Homeopathy emerged at the end of this era, systematized by Hahnemann from 1796 onwards, as a movement opposing the reductionist approach of contemporary European medicine. His ideas were developed simultaneously with Romanticism – a philosophical – literary movement that reinstated the subject to the center of the stage, giving particular value to his/her feelings and emotions. Surrounded by this atmosphere, Hahnemann established the ill individual as the axis of his approach to Medicine, looking for individualizing criteria which would express what was pathognomonic of a particular individual. Therefore, Hahnemann’s approach had no links to the notion of “mean” (average) nor to common and generalizing evidences, which shunned individuality and transformed Medicine into a practice where listening to the patient would gradually come to hinder the objectivity of “scientific” thinking and where disease, instead of the ill individual, would become the main object of study [5].

According to Jane D. Sayd [6], in the light of Michel Foucault’s *Birth of Clinic*, Hahnemann was a clinician who used the categories and methods of his time. In this context, he would state that the only way to know a disease was through the symptoms manifested by the ill individual, i.e. disease was fully exposed to the doctor’s eyes. Nevertheless, the affinity between the founder of Homeopathy and his contemporary physicians ended when the latter shifted to a focus on death and pathological Anatomy. To Hahnemann, autopsy was useless, as the dead body was meaningless:

> “The material organism, without the vital force, is capable of no sensation, no function, no self-preservation, it derives all sensation and performs all the functions of life solely by means of the immaterial being (the vital principle) which animates the material organism in health and in disease [7].”

According to Luz, the notion of vital force marks a “radical difference in the object and the objective of knowledge between both clinical approaches”: modern clinics, turned its eyes to “the cause of
disease (pathogenic agent) and its spatial – temporal origins (organic localization and symptoms history), whereas homeopathic clinics focuses on the deranged (ill) individual, in order to repair his/her life energy (heal him/her) [3].

Hahnemann’s ideas and methods were described in his main book, *Organon of the Healing Art*, where he defined the human being as a part of a universe in constant motion, “a motion which is the essence of life itself, infinite dynamis”, in a process characterized by constant interactions [7]. Human beings are more than a simple manifestation of nature as they are a “indissoluble unity, composed of material organism, vital energy or force and spirit”, where “no single part by itself represents the human being nor can manifest itself independently [from the others]” [8]. Hahnemann used terms common at that time [9], such as Lebenskraft (vital force) and Lebensprinzip (vital principle) to name an immaterial force that animated the material body and in the state of health, maintained the harmony of the organism in its feelings and functions; a force without which the organism was dead and that under the influence of a morbid agent, conferred to the organism adverse feelings and irregular functions, i.e. disease [7].

These statements allow to infer that, according to Hahnemann, health is a quality exclusive of living beings, defined by the state of equilibrium of the vital force that keeps the individual in harmony; disease is the disarrangement of the vital force, fully manifested through symptoms; and cure – the single purpose and highest ideal of Medicine - is “the rapid, gentle and permanent restoration of health, or removal and annihilation of the disease in its whole extent, in the shortest, most reliable, and most harmless way, based on easily comprehensible principles” [7], in order to eliminate all manifestations indicating disturbs in the sensations and functions of the ill individual.

Hahnemann postulated that disease is not located in any particular organ nor system, but is configured as a disarrangement of the organism as a whole. As disease, then, would be a new physiological order which, on the other hand carries the mark of the individual, Therapeutics would have as its goal to adapt the ill individual to this new order through the stimulus most similar as possible to the symptoms – mental, physical, emotional – that represent the suffering of the individual as a whole. A new harmony is then attained: there is no return to the same previous state of equilibrium, as new, emergent, properties arise, promoting a state of higher freedom – higher creativeness – for “our indwelling reason-endowed spirit to attain the highest purposes of existence” [7]. Therefore, it is not possible to approach the process of human health/disease exclusively from a localizing and uniform perspective.

In the same vein, Canguilhem states that what makes a symptom pathologic is “its insertion in the indivisible totality of individual behavior [...] a symptom only has pathological meaning within its clinical context, expressing a global disturb” [1]. In this way, the origin of disease must be sought for “in the experience human beings have of their overall relationship to the environment”, whereas it is not medically proper to speak of sick organs or tissues, as it is the living being as a whole that is ill:

“To look for disease at the level of cells is to confound the realm of concrete life – where biological polarity establishes a difference between health and disease – and the realm of abstract science – where the problem is solved [...] here the problem of individuality is contested. A same biological fact may be considered as a part or as a wholeness. We believe that it is as a whole that it must be considered ill or not [1].”

Consequently, according to Canguilhem, laboratory and other exams cannot lead to diagnosis by themselves: clinical examination, interview and observation of the patient’s behavior are also needed. It is Clinics that has the first and the final word. And Clinics “is not a science and will never be, no matter that it employs means of ever more scientifically warranted efficacy [...] Clinics cannot be separated from Therapeutics, and Therapeutics is a technique to institute and reinstitute normality, whose goal is beyond the jurisdiction of objective knowledge” [1]. To ignore this may lead to severe philosophical confusions, dangerous from the therapeutic point of view.

These reflections also appear in homeopathic Medicine, which focuses on the human being in continual interaction with the environment it is inserted in. It is possible to conclude that homeopathic Medicine, grounded on Vitalism, affirms health as a positive notion, viz. the state of equilibrium of the vital force. The latter is understood as an essential quality of matter composing living beings, a principle diffused to each and every body [3]. It corresponds to a conception of Vitalism holding totality as self-organized, that is, self-organization would not represent a third principle in Hahnemann’s thought, besides body and soul.
This observation leads us back to Canguilhem, as he considers that life is a dynamic polarity: the organism has defensive reactions and resists multiple causes of destruction. For this reason, he affirms, quoting Émile Guyenot, that the organism is “the first physician”. That is, in his view, pre-human vital activity (an equivalent of the ancient expression *vis medicatrix naturae*) does not seek goals nor uses means comparable to the human ones, but:

“[…] human techniques prolong vital impulses, for the sake of which [it] tries to develop a systematic knowledge to release them from the attempts and errors of life, with are numberless and, frequently, demand a high price. Expressions such as natural selection or natural medical activity inconveniently seem to inscribe vital techniques within the framework of human techniques, whereas the opposite is the truth. Every human technique, including life, is inscribed in life, i.e. in an activity of information and assimilation of matter […] for this reason] life is the root of all technological activity [1].”

Moreover,

“It is life itself, instead of medical judgment, that establishes biological normality as a value rather than a notion of statistical reality. To a doctor life is not an object but a polarized activity, whose spontaneous efforts of defense and struggle against all which has a negative value is prolonged by Medicine, which brings the enlightenment supplied by human science into it, indispensible, although relative [1].”

**Vital force and normativeness**

The notion of vital force was one among the central categories of Hahnemann’s medical theory, different from other vitalistic theories at the turn of the 18th century. According to Luz [3], Homeopathy was not introduced as a system aiming at the explanation of disease and its causes, as it was the case of animal magnetism (Mesmerism), animism and spontaneous generation. That is, Homeopathy’s is not a physiological Vitalism affirming the spontaneous generation of life (and *disease*) but a Vitalism stressing the equilibrium (and disequilibrium) of the vital force of an individual, becoming a “rational and experimental system of the art of healing the ill”, where knowledge aims at “grasping and explaining the (ontological) principle of illness processes in living beings, the (historical) origin of disease (instead of their cause) and the main types of being ill (instead of the main diseases) of human beings”.

Rosenbaum explains that “Hippocratic *vis medicatrix naturae* is not a synonym of vital force, but merely one of its properties”, inferring, thus, that “there cannot be possibilities for recovery, regeneration or compensation without the energy required to fulfill these tasks [9]”. Energy, to Hahnemann and 19th century vitalists, “corresponded to the *primum movens* of activity in living beings, ruling over sensation and function”. In spite of Newtonian influences, the founder of Homeopathy did not subsume the vital phenomena under the laws of Physics and Chemistry:

“Human life is in no respect regulated by purely physical laws, which only obtain among inorganic substances […] Here a nameless fundamental power reigns omnipotent, which suspends all the tendency of the component parts of the body to obey the laws of gravitation, of momentum, of the *vis inertiae*, of fermentation, of putrefaction, etc., and brings them under the wonderful laws of life alone…” [10]

Hahnemann acknowledged, even when *a priori* ignoring its mechanisms of action, the existence of an “entelechy, an uniform motor power that reached and recreated all living beings, whose influence cannot be distorted nor minimized in any systematic research seeking to understand morbid and healing phenomena [9]”. For this reason, in Homeopathy the ill individual is the “clinical starting point and the basic epistemological object”. Hahnemann dismissed the notion of disease as an entity and, consequently, “he also dismissed the substantial notion of morbid entity, which was the main concept in medical
thinking from the beginning of the 17th century on [3]. Luz stresses that the founder of Homeopathy:

“Prefers to state that the morbid occurrences known as diseases are nothing but the symptomatic, visible, expression of the disequilibrium (or “disharmony”) of life. This symptomatic expression corresponds to no entity. The task of Medicine is to focus on that visible external Gestalt, mutating and varying among individuals (and within a same individual in the course of his/her life), in order to eliminate the morbid process as a whole, without looking for causes nor entities [3].”

This author compares René Lériche’s (1879-1955) definition of health as “life in the silence of organs” to the homeopathic vitalistic view stating that health is the state of equilibrium of the vital energy which corresponds to the silence of symptoms. For this reason, she states that Homeopathy at the beginning of the 19th century was “a medical system centered on the conception and observation of life through its principle – the vital force – manifested in its disequilibria – morbid events. In last instance, disease and death are stages in life”.

Canguilhem shared this dynamic understanding of life and described it as a polarity. This means that life is a normative activity, as there is no biological indifference: “life is not indifferent to the conditions under which it is possible”. Therefore, it involves normativeness, choices where a value is preferred over another. When possibilities of choice are restricted, pathology is expressed. To be ill is a restriction of normativeness, life becomes a less fecund process, less open to creativeness, resulting in a reduction in the level of activity in both the internal and external environments, leading to its limitation [1]. That is to say, disease shakes and threatens existence representing an oscillating state of deviations regarding an established norm, but at the same time, it is privation and reformulation.

Norm, according to Canguilhem, is not derived from an average or mean value, but it translates into it. A mean is not a specific stable equilibrium, but “the unstable equilibrium of norms and modes of life, more or less equivalent, and momentarily confronted”. An organism seemingly becomes stable when it succeeds, through sets of compensations, in conciliating opposite demands. Canguilhem translates these concepts within the context of the organism to state that “physiological constants are not constants in the absolute meaning of the word”, as “for each function and for functions as a whole there is room for the ability for functional adaptation of the group or species”. That is to say, ideal conditions establish

“[…] a population area, where the uniformity of human characteristics translates, not the inertia of determinism, but the stability of a result sustained by collective effort, subconscious, but real […] Constants appear with a frequency and mean values in a given group which gives it the value of normality, and this normality is indeed an expression of normativeness [1].”

Normality, therefore, is defined by the normativeness of the living being, where norms are predictable ways of acting and functioning. The human being, as a normative being, is able to break the norms and create new ones, impressing his/her individual mode of acting and reacting to different, internal and external, stimuli. To be in good health, to Canguilhem, is “to be normative”, it is the possible to become ill and to recover: a “biological luxury”. Therefore, “health is the possibility to exceed the norm defining momentary normality, the possibility to stand infractions to the usual norm and to institute new norms under new conditions”, as “life does not know reversibility, but admits reparations, which are physiological innovations [1]”. Health, thus, is the full unfolding of vital normativeness.

On the other hand, to explain life through mechanist – reductionist theories that cannot account for the abilities of self-construction and self-sustenance of the organism, led to point out, as Canguilhem did, that the subject at issue: “[…] is no longer, naturally, to ask how much an organism might be consider a machine, regarding both its structure and its functions. But it is necessary to investigate why the opposite, Cartesian, view was able to emerge [1].”

Final remarks

As Canguilhem stressed, Vitalism is no metaphysics, but a rejection of all metaphysical theories addressing the essence of life, “it is the rejection of two metaphysical interpretations on causes and organic phenomena, Animism and Mechanism”. 18th century vitalist biologists “were
Newtonians, men who rejected hypotheses on the essence of phenomena and who thought they were merely describing and coordinating, directly and without prejudice, effects as they perceived them. Vitalism is the acknowledgment of the originality of vital facts [2]."

In the 18th century, Vitalism was a medical and biological philosophy, an approach stating that the phenomena manifested by living beings follow laws different from those ruling over lifeless things. Vitalism was the main theoretical axis for the construction of the homeopathic medical system, which makes operative a clinic of the vital phenomena, “both in the dimension of its experimentalism, as in the distinction between a mechanistic interpretation of clinical phenomena and their interpretation in the context of comprehensive totalities, which are the narratives of each individual trajectory [11]”.

We can agree with Canguilhem when he states that Medicine “exists as an art of life […] because there are people that feel ill and not because there are doctors that tell them what their diseases are (Pathos is anterior to Logos). A doctor explicitly sides with the living being, he/she serves life, and it is the dynamic polarity of life that he/she expresses upon speaking about normality and pathology [1]". The art of healing does not merely seek to keep or reestablish natural equilibrium, but is also characterized by its object: human beings that need treatment. It is an art whose works are not demonstrable, “as it is the case of architects or tailors”, and although the patient’s health is “the goal of medical action, it is not properly “made” by the doctor […] Health is rather a fact established by natural science, but it is also a psychological – moral fact [12]”.

As Hans G. Gadamer stated,

“Regardless of all progress made by natural science in our knowledge on disease and health, regardless of all applications into rationalized diagnostic and therapeutic technology developed in this area, the field of the non rationalized is particularly wide. This becomes evident as, even in our days, as it always was, the notion of the good or even genial doctor contains much more of the value resonance that we think of when characterizing an artist than a man of science [12]”.

The work of a doctor is manifested, therefore, in his/her contribution to the recovery of the patient, rather than in his/hers own actions and productions. To “master the art” basically means “to know and to be able to direct” the course of a disease, “instead of being the master of ‘nature’ to the point of being able to simply ‘remove’ disease [12]”.

In Homeopathy, the singular individual is the center and source of knowledge regarding the process health/disease/healing. In this context, singularity and similarity have the main role, in opposition to the accent on generalization and regularity characteristic of Biomedicine [13]. It presupposes the actualization of the whole, holon, which in Greek “also means 'healthy', that which by virtue of its own vitality, closed in itself and always self-regenerating, was inserted within the whole of nature” [12], positing a collective relationship with the existence of the individual.

Acknowledgment of human normativeness, according to Canguilhem, “established by both its organic-ecologic complex norm – which subjects human beings to the ’law of necessity’” and the norm that institutes his/hers specific autonomy, making him/her free, responsible for his/her actions and linked to a “imaginary-symbolic” dimension, will allow to widen the scope of studies and approaches to human life. It will also promote a natural ethics, pointing out to paths away from the usual alternatives between good and evil, health and disease, that Cartesian dualism made us grow accustomed to, when it separated subject and object, values and facts [14].

References


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