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One-Sided Diseases as Told in the 6th Edition of the Organon of Medicine: A Review of the Concept, Its Philosophical Foundations, and Its Clinical Implications in Homoeopathic Practice

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Abstract

One-sided diseases represent one of the most conceptually significant and clinically challenging categories of disease in Samuel Hahnemann's Organon of Medicine. In the 6th edition, Hahnemann devotes an entire series of aphorisms (§§ 172–184) to these diseases, describing them as conditions in which only one or few signs & symptoms are present others are obscure leaving the physician with an insufficient symptomatic totality for individualization. This review paper comprehensively examines the concept of one-sided diseases as presented in the 6th edition, classifies them into diseases with predominantly physical symptoms and those with predominantly mental and emotional symptoms, and correlates Hahnemann's teachings with the philosophical contributions of later homoeopathic stalwarts such as Dr. J.T. Kent, C. Von Bönninghausen, Constantine Hering, C.M. Boger, and Dr. P. Sankaran. The paper further discusses the diagnostic and therapeutic strategies proposed for these diseases — including the study of concomitants, modalities, accessory symptoms, and observation after the administration of the similimum — thereby providing students and practitioners with a consolidated educational resource.

Keywords: One-sided diseases, Organon of Medicine 6th edition, Aphorisms 172–184, homoeopathic philosophy, mental symptoms, physical generals, concomitant symptoms, similimum.

1. Introduction

The *Organon of Medicine*, authored by Dr. Christian Friedrich Samuel Hahnemann, is the foundational philosophical text of homoeopathy. Across its six editions (published 1810, 1819,



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1824, 1829, 1833, and posthumously in 1921), Dr Hahnemann progressively refined his concepts of disease, cure, and the physician's mission. The 6th edition — considered his most mature work — introduced the medicinal dose in the 50-millesimal (LM) scale and contained expanded discussions of several complex disease categories, among which one-sided diseases occupy a crucial place.¹

A one-sided disease poses a unique problem: it is "of such a nature that only one or few symptom & sign, exists, or that after a careful investigation only one symptom or another presents itself to the examination, as it were, hovering in a veiled manner, so that no complete picture of the disease and no exact indication for the remedy-selection can be constructed."² Such diseases resist the standard homoeopathic method of totality-based prescription, and Hahnemann therefore prescribed a special strategy for their management.

This paper reviews the concept in its original form, traces its evolution in homoeopathic philosophy, and discusses its clinical applicability in contemporary practice.

2. Definition and Conceptual Background

2.1 Definition in the Organon

Hahnemann defines one-sided diseases in § 172 of the 6th edition:²

"A similar difficulty in the way of the cure occurs from the symptom-complex of diseases (some on which the greater number of remedies have been proved, and others which have been but imperfectly proved) in which only one or another single symptom, or only two, present themselves as strongly marked (one-sided diseases)..."

The essential difficulty is the **paucity of symptoms**: without a totality, the physician cannot apply the fundamental law of *similia similibus curentur* with the precision required for the selection of the true similimum.³

2.2 Why Do Diseases Become One-Sided?

Hahnemann attributes one-sidedness to two principal causes:⁴

1. The disease itself is of such a nature that it expresses itself through very few or very indistinct symptoms (e.g., certain latent psoric conditions).

2. Partial medicinal or artificial suppression — when inappropriate remedies, allopathic drugging, or topical applications have driven the disease inward, leaving only a portion of the symptomatology visible. This links the concept to Hahnemann's doctrine of *suppression* and to the latent psora described in his Chronic Diseases.⁵



3. Classification of One-Sided Diseases (§ 173)

Hahnemann classifies one-sided diseases into two principal groups:²

3.1 Those with More of the Physical Symptoms

In this group, the mental and emotional symptoms are either absent or so slight that the "internal operations of the mind" cannot be clearly ascertained. The disease expresses itself chiefly through a single local ailment or one prominent bodily symptom (e.g., a characteristic pain, a skin eruption, or a discharges-related complaint). Hahnemann cautions that in such cases "the other symptoms being so indistinct... the physician should investigate more minutely the particular symptom" — that is, the single existing symptom must be studied exhaustively for its **location, sensation, modalities, and concomitants**.²

3.2 Those with More of the Mental and Emotional Symptoms

In the second group, the disease is characterized by a predominance of psychic disturbances — altered disposition, strange behaviour, emotional turmoil — while the physical complaints remain trivial or indistinct. Hahnemann notes that such cases (often found in "diseases of the mind" and in the latent stage of psora) must be approached by a careful assessment of the mental state, which then becomes the chief guide to the remedy.² This classification anticipates and justifies the later hierarchical philosophies of Kent, who assigned the **highest rank to mental symptoms** in the evaluation of the case.⁶

4. Therapeutic Strategy for One-Sided Diseases (§§ 174–184)

4.1 The Primacy of Symptom Study — "Investigate the Case More Minutely"

In § 173, Hahnemann directs: "These diseases (one-sided) require for their cure a more minute investigation..."² The physician must:

1. **Elucidate the single conspicuous symptom in all its particulars** — its exact location, character of sensation, aggravations and ameliorations (modalities), and especially its **concomitant symptoms** (§§ 176–179).
2. **Search for accessory symptoms** that may be overlooked by the patient, through persistent questioning, observation of the patient's behaviour, speech, and unconscious gestures, and interrogation of family members and attendants.
3. **Observe the action of the first remedy.** Hahnemann advises the administration of an antipsoric remedy corresponding as closely as possible to the few existing symptoms, and then



to await its action (§§ 180–181). The remedy may act as a "pathogenetic probe," evoking the hitherto hidden symptoms of the disease, which then permit a more accurate second prescription.²

4.2 The Doctrine of Intercurrent and Successive Remedies

Aphorism § 182 acknowledges that the first remedy selected on the basis of one-sided data may only partially relieve or may bring out new symptoms. This is not a failure of homoeopathy but a progressive revelation of the disease's totality. Hahnemann states:

"...the imperfect selection of the remedy... does not indeed do harm, but it shows its faults by the appearance of new and prominent symptoms..."

Thus, one-sided diseases often require a **sequence of remedies** — a stepping-stone approach in which each prescription unmasks additional layers of the case until the true chronic similimum (usually antipsoric, per Hahnemann's psoric doctrine) can be selected.⁴

4.3 The Role of the Curative Principle — § 175 and § 176

In § 175, Hahnemann refers to such cases as "those diseases which are but little developed" and in § 176 he notes that occasionally even a single strongly marked symptom may suffice for a homoeopathic prescription if no other symptoms exist, since the remedy whose pathogenesis most strikingly covers that one characteristic symptom is to be preferred.² This exception has been interpreted by later authors as the foundation of "keynote prescribing" later elaborated by Dr. H.C. Allen and E.B. Nash.⁷

5. One-Sided Diseases in the Light of Other Homoeopathic Philosophies

5.1 Kent's Hierarchy of Symptoms

Dr. James Tyler Kent, in his *Lectures on Homoeopathic Philosophy*, systematized the grading of symptoms as: **mentals** → **physical generals** → **particulars (with modalities and concomitants)** → **commons** → **particulars without modalities**.⁶ For Dr. Kent, when a case appears one-sided, the physician must intensify the interrogation of the mental sphere and the *strange, rare and peculiar* symptoms, because these carry the greatest individualizing weight. Kent also emphasized that a one-sided case often reflects a **state of suppression**, and that the true remedy will restore the vanished symptoms to the surface before cure.⁶

5.2 Dr. Bönninghausen and the Doctrine of Concomitants

Baron Clemens Maria Franz von Bönninghausen, the most faithful disciple of Hahnemann, developed the **Bönninghausen's Therapeutic Pocket Book**, which gave explicit significance to *concomitant symptoms* — symptoms appearing simultaneously with the chief complaint. In one-



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sided diseases where the totality is deficient, the concomitants of the single existing symptom effectively **reconstruct the totality**, permitting a precise prescription. His later work, the *TW93 (Therapeutic Pocket Book, 6th edition revision)*, further systematizes the analysis of location, sensation, modality, and concomitants (LSMC analysis).⁸

5.3 Dr. Hering's Guiding Symptoms and the Direction of Cure

Constantine Hering's *Guiding Symptoms of Our Materia Medica* compiled characteristic and confirmatory symptoms that are of special value in one-sided conditions. His celebrated **Law of Direction of Cure** (from above downward, from within outward, from more important to less important organs, and in the reverse order of appearance) provides the objective criteria by which the physician judges whether the single remedy administered in a one-sided case is curative or merely palliative.⁹

5.4 Dr. Boger's Pathogenesis and Temporal Modalities

C.M. Boger, in his *Synoptic Key and Analysis of the Materia Medica*, approached one-sided disease through the study of **pathogenesis and the temporal modalities**, recommending that the physician match the disease's periodicity and causation with the remedy's drug picture — an approach particularly suited to cases presenting with only periodic or causal one-sided complaints.¹⁰

5.5 Dr. P. Sankaran and the Modern Perspective

Dr. Praful Vijayakar and Dr. Rajan Sankaran extended the understanding of one-sided diseases to the realm of **miasmatic diagnosis** and the **circle of symptoms**. Sankaran describes cases as one-sided when the "disease process" has progressed deep into the pathology, having exhausted the expression of subjective symptoms. His concept of the **levels of experience (delusion, sensation, energy)** offers modern homoeopaths additional avenues of exploration in symptom-poor cases, where the patient's fundamental sensation or delusion may reveal the remedy even in the absence of detailed particulars.¹¹ Dr. Vijayakar's mapping of the direction of disease through embryological and physiological systems further enables the assessment of suppression-induced one-sidedness.¹²



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6. Clinical Significance and Practical Approach

6.1 A Consolidated Algorithm

Step	Action	Philosophical Basis
1	Exhaustive case-taking, with special focus on the single presenting symptom: location, sensation, modality, concomitants	Hahnemann, §§ 173–176 ²
2	Interrogation of attendants, observation of behaviour, gestures, writing	Hahnemann, §§ 90, 176–179 ²
3	Ascertain miasmatic background (psora, sycosis, syphilis)	Hahnemann, Chronic Diseases ⁵ ; Sankaran ¹¹
4	Prescribe the closest simillimum on available symptoms; prefer antipsoric remedies in chronic one-sided states	Hahnemann, §§ 180–182 ²
5	Observe the action: evocation of hidden symptoms, direction of cure	Hering ⁹ ; Hahnemann § 182 ²
6	Second and subsequent prescriptions on the enlarged symptom picture	Hahnemann, §§ 182–184 ²
7	Evaluate by direction of cure; avoid suppression	Hering ⁹ ; Vijayakar ¹²

6.2 Illustrative Clinical Examples

- **A patient with only a stubborn single wart or a single characteristic skin lesion** (physical one-sidedness) — the physician must interrogate the sensations, sensations *as if*, and concomitants (e.g., warts aggravating before a thunderstorm → *Natrum sulphuricum*).⁸
- **A patient presenting only with silent grief or fixed fear** (mental one-sidedness) — the mental symptom with its modalities and causation (e.g., ailments from silent grief → *Ignatia amara*) guides the prescription.⁶
- **Cases of suppressed itch or suppressed discharges presenting with a single remaining complaint** — treatment must follow Dr. Hahnemann's anti-psoric doctrine and await the unmasking of the latent psora.⁵



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7. Discussion

The concept of one-sided disease illustrates Hahnemann's profound epistemological honesty: he acknowledged the limits of symptomatic data and yet provided a rational, systematic method to overcome them. Rather than abandoning the law of similars when the totality is deficient, Hahnemann modified the **strategy of case analysis**, not the principle of prescription^{**}.¹

Later philosophers enriched this framework in complementary directions: Kent added **hierarchy** (mental supremacy)⁶; Bönninghausen added **structural completeness** through concomitants and LSMC analysis⁸; Hering added **prognostic objectivity** through the direction of cure⁹; Boger added **pathogenetic and temporal corroboration**¹⁰; and modern thinkers (Sankaran, Vijayakar) added **deeper levels of perception and scientific validation of suppression**.^{11, 12}

Together, these teachings transform the one-sided disease from a therapeutic impasse into a diagnostic challenge that, when met with patience and method, frequently yields to cure. The successive prescriptions described in §§ 180–184 also embody the fundamental homoeopathic principle that **cure is a dynamic, evolutionary process**, not a single event.

Critically, one-sided diseases also serve as an educational lens through which students learn the full depth of homoeopathic philosophy: the doctrine of vital force, miasms, suppression, symptom hierarchy, and the dynamics of the second prescription all converge in the management of these cases.

8. Conclusion

One-sided diseases, as elaborated in §§ 172–184 of the 6th edition of the Organon of Medicine, represent Hahnemann's masterly handling of the most diagnostically impoverished cases in medicine. By prescribing a method of exhaustive single-symptom analysis, reliance on concomitants and accessory symptoms, judicious first prescription, and observation-guide successive prescriptions, Hahnemann ensured that even the most obscure cases remain within the reach of the law of similars. The corroborative philosophies of Kent, Bönninghausen, Hering, Boger, and modern authors have expanded and this doctrine, making it one of the most practically useful chapters of homoeopathic philosophy. A thorough understanding of one-sided diseases is indispensable for every student and practitioner who aspires to practice homoeopathy in its true Hahnemannian spirit.



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