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## Patients' Motives for Using Homeopathy in Germany, 1800-2010

メタデータ	言語: English 出版者: 公開日: 2014-09-17 キーワード (Ja): キーワード (En): 作成者: マーチン, ディンゲス メールアドレス: 所属:
URL	<a href="https://doi.org/10.15021/00000866">https://doi.org/10.15021/00000866</a>

## Patients' Motives for Using Homeopathy in Germany, 1800–2010

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This paper addresses the question of whether or not there has been continuity in patients' motives for using homeopathy in Germany since the times of the physician Samuel Hahnemann (1755–1843), the founder of this “healing art.” One fundamental aspect of a homeopathic treatment is the intensive history-taking at the first consultation, which can last up to an hour, but normally takes less time. It leads to an intensive exchange with the physician. The physical examination plays a comparatively minor role.

Nowadays the central role of the homeopathic GP as a person one talks to distinguishes his approach from that of the allopath, even if we concede that the consultation room of the GP is one of the last sites of “personal medicine” (as opposed to “high-tech medicine”). The extensive homeopathic examination of the patient is considered by many customers in Germany as a form of being more acknowledged as a person than during an ordinary treatment. At first sight we might doubt whether this appreciation was the same in the early years of homeopathy, when all medicine was still much more based on the oral communication between the doctor and the patient, but I come back to this point.

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### **1 Introduction: The Role of Homeopathy in Germany since Its Inception**

To start with this paper<sup>1</sup>, I would like to give a short sketch of the role of homeopathy in Germany from its inception until its renaissance which started in

the 1980s. Nowadays its role in primary healthcare is more important than ever: Two thirds of all General Practitioners in Germany — whether they are homeopaths or not — prescribe homeopathic medications from time to time (Jütte 1986: 64). Physicians with a special training in homeopathy are better for the patient. This is actually organized in Germany as a specialist training that physicians can take up after passing their state exam.

In 2007, 15 % of all General Practitioners in Germany were trained homeopaths as compared to 8.2 % in 1997. Doubling the market share in only a decade shows a recent rapid growth. However, their proportion of the total number of physicians — including specialists of all disciplines, physicians in research and in administration — is much lower at 1.5%. But after some decline in the middle of the century up until the 1980s it has reached a historical peak.

**Table 1** Number of homoeopathic physicians as percentage of all physicians

Country	1860	1904	1937	1982	1992	1997	2000	2007
India				13.7				13.4
Germany	1.4	0.6	1.4		0.9	1	1.4	1.5

1.5 % in the new millennium is much better than the 0.6% at the beginning of the 20th century, but it is not much more than the 1.4% of the 1930s. The actual peak is relative. In conclusion one has to acknowledge that the role of homeopathy in Germany was always quite marginal. Only in the specific field of primary healthcare in the GP practice has it recently become quite important.

## **2 Patients Attending Homeopathic Physicians during the 19th Century**

Let us now look closer at the patients attending homeopathic physicians from Hahnemann’s time to the present. One must evidently keep in mind the changing medical context and the medical market. Both impact heavily on the patients’ choices and the meaning of choosing homeopathy during this long period of time.

The sociology of the patients is a first approach. It is easy to establish for the founder of homeopathy as 54 of Hahnemann’s patient journals survived. In these registers he noted down every visitor who attended his surgery in more than forty years. As he practiced first in various smaller towns, then for a decade in Leipzig, a large commercial city, afterwards for 15 years in a residential city before moving to Paris for the final eight years of his life, the social composition of his clientele changed according to these places. More artisans attended in the smaller towns, more merchants and academics in Leipzig, more noblemen and — women in Koethen and quite a high-brow clientele in Paris, the rich cultural capital of Europe during that era. Even during his decade in Leipzig a gentrification of his practice

is evident: more and more better-off people consulted him.

All in all, he received a broad range of middle and upper class patients, but also a number of lower class people — which was nevertheless lower compared to their share of the overall society. The gender proportion of the patients was in balance on the long run: sometimes more men consulted Hahnemann, sometimes more women. All this took place under favorable conditions for the patient: Hahnemann received between one and two new patients a day for the time — consuming first examination, and between three and fifteen other persons for a follow up.

**Table 2** Patients in Hahnemann's Practice: New patients and total number of consultations per day

	New patients	Consultations
Eilenburg (1801–1803)	1.5	4.6
Torgau (1806–1807)	1	4
Leipzig (1811–1821)	2	6.8
Leipzig (1821)	0.4	7
Köthen (1821)	1.5	9
Köthen (1830)	1.5	8
Köthen (1831/2)	1.2	5.6
Paris (1835–43)		16

Compared to other surgeries of the time this is definitely a low rate. The average physician treated twice if not three times as many patients (Dinges 2010: 1359). This quantitative evidence suggests that it is well possible that, even in the early days of homeopathy, patients appreciated the generous amount of time Hahnemann could dedicate to them.

Looking at the range of illnesses, one can say that the homeopath treated all sorts of ailments including mental symptoms and venereal diseases (Fischbach-Sabel 1998: 20seq., 251–261; Papsch 2007: 50 seq., 64 seq.; Brehme 2006; Brockmeyer 2009). We must not forget either that homeopathy had its public breakthrough when it achieved good results during the times of the cholera in the 1830s: homeopathic medicines were more efficient — or less noxious — than the allopathic treatment. This fact was statistically proven for a number of hospitals in various countries (Scheible 1994). All in all, patients did not yet have specific expectations from the homeopath in terms of his specialization on certain illnesses.

Other sources such as patients' personal correspondence show that patients appreciated the small homeopathic doses. They were considered as being less noxious and were less expensive than the strong medications customarily used in allopathic practices (Dinges 2004: 109 seq.). Patients also praised the focus on dietetics, which Hahnemann stressed even more than most of the contemporary doctors, who knew all about the importance of a healthy lifestyle and advised their

patients accordingly (Busche 2008; Kunkle 2011: 18, 36).

Moving on into the 19th century we can base our observation on a couple of other homeopathic practices which have been analyzed. Clemens von Boenninghausen (1785–1864) was a lay healer (and a good friend of Hahnemann's) and practiced during the second third of the 19th century in Münster, Westphalia. His son Friedrich was an academically trained physician and continued the practice during the last third of the century (Baschin 2010, 2014). In both cases an extensive quantitative analysis of the patients' social profile and the illness spectrum confirms the results about Hahnemann's surgery: patients had no specific expectations from the homeopathic GP concerning certain illnesses but attended his surgery for a wide range of ailments (Baal 2008). Again, the daily number of patients is below the average of the allopathic competitors. They were between five and eleven in the father's practice, but only five per day in Friedrich's practice; two of them were newcomers (Baschin 2014). All in all, the relatively lower patient load of the homeopaths seems to be a long-term feature.

Only one thing begins to change: around the middle of the century the proportion of women begins to rise slightly higher than their percentage of the population. Looking at Friedrich's practice, which is best documented between 1864 and 1889, confirms this trend (Baschin 2014). But this does not mean that in all homeopathic practices women dominated the clientele: during the mid-1880s the physician Georg Rapp (1818–1886) treated more men than women, as did the lay practitioner Eugen Wenz (1856–1945) — in Stuttgart (Held 1999: 83; Faltin 2000: 271). But earlier on, in the country, women predominated in his consultation room. Therefore we must recognize that local conditions seem to have an influence on the social composition of the patients and the gender gap. This leads to an astonishing conclusion: in the homeopathic practices the development towards a clear cut gender gap is less evident than with allopathic GPs, where the predominance of women seems well established since the 1860s, in many countries from Germany to Canada (Dinges 2007). In general this is interpreted as a result of the medicalization of the female body.

The women who attended a homeopath were accompanied by a growing number of children (Baschin 2014). As it was observed also in New York around 1900 and other places this was a typical chance for the homeopaths to recruit patients. Already in the surgery of the older Boenninghausen children began to play quite an important role, which was not yet the case with Hahnemann (Baschin 2010: 157). In Boenninghausen's practice male babies were overrepresented, which might point to a preference of their families and mothers for male heirs, but there is no such general tendency during the 19th century (Baschin 2010: 159; but cf. Unterkircher 2012). Nevertheless, the evidence does not yet allow for the conclusion that the homeopath as the preferred physician for children was already created

around the middle of the 19th century. But this is an interesting hypothesis which should be studied further.

Thanks to my colleague Marion Baschin we also know that most of the patients (53%) consulting Friedrich von Bönninghausen between 1864 and 1889 had tried other healthcare providers before (Baschin 2012b; Kunkle 2011: 21). Their choices covered the entire medical market from lay healers to all sorts of allopathic medications and physicians. This patient behavior might indicate that homeopathy was a second-line treatment already during the 19th Century. But we have to take into account that most patients used other possibilities of medical care — from self-medication to lay healers — before attending any physician (Ritzmann 2002). And there is a gap in the research on allopathic surgeries concerning the question of prior treatments, whereas homeopaths tend to underline the fact that the first thing they do is insist that patients throw away and stop taking any other medicines (Kunkle 2011). This might somehow bias the picture towards homeopathy as a second choice.

Minor surgery and attendance at childbirths belonged to the normal allopathic tasks of a physician since they were an integral part of their university training. But not all academically trained physicians provided these services — and we do not really know whether the homeopaths were particularly reluctant to do so. Both Bönninghausens certainly did not practice the minor surgery, for which at least the trained physician Friedrich had been prepared at university. But both were to an extent concerned with the problematic outcome of such small operations: they accompanied patients, who suffered from bad results, with homeopathic treatment. Friedrich was not active as an obstetrician either but he treated female patients during childbed.

Another trait is confirmed even for the two lay practitioners considered: if and when the homeopath is the sole and only provider in the area people consult him for all ailments. This puts him into the role of a real General Practitioner, even if he is lacking academic training and even if he has a preference for a medical minority system such as homeopathy.

### **3 Patients Attending Homeopathic Physicians during the 20th Century**

The actual state of research does not yet allow describing the development of the patients' attitude and their consultation of homeopaths during the first half of the 20th century in similar detail (cf. Schultz 1944: 8, 36 seq.; cf. Schwabe 1939). We only know that the natural-scientific school of homeopathy had become completely dominant at that moment in Germany. This meant for the patients that their physicians used only medications which were slightly diluted (low potencies). This practice was in accordance with the general preference for a significant

concentration of substance in the medicament. The so-called high potencies which were very much more diluted (up to several ten thousand times) were completely out of the question. Hahnemann had discovered them late in his life, and they were controversial even in his lifetime among colleagues.

According to the overall statistics, the attendance of homeopathic practices reached a certain peak in 1937, probably as a result of two trends. Firstly, homeopathy resisted the wave of innovations of the so-called scientific medicine, because the bacteriological discoveries took some time to produce effects in the practice of everyday medicine. Secondly, the Nazis advocated alternative healing methods for various reasons: substances from German fields were less expensive than imported ones and were as such instrumental for the commercial policy of autarky. Furthermore, homeopathy was presented as a “German healing art” which differentiated its image from the presumably “Western” allopathic medicine. But we do not really know how much these ideological ascriptions affected the patients’ choices (cf. for pharmacists, Haug: 2009). We may even doubt that they had a real impact.

Anyway, during three or four decades after the Second World War homeopathy was on the decline (Schlich and Schüppel 1996: 217, 221). During that historical period the allopathic physicians seemed to be omnipotent and able to cure almost everything with antibiotics and highly invasive surgery. New medications were developed every year. At the same time dietetics went much out of fashion. People believed in the technical feasibility of health — and preferred to leave the responsibility to the physician who was seen as the acknowledged and venerated specialist. A healthy life-style was not yet on the public agenda.

This changed fundamentally during the 1970s with the green movement which insisted on “nature” as a positive idea. Specialists were criticized in general and the physicians in particular. They were accused of having created a dominance over the female body by excessively medicalizing its natural functions such as the first menstruation, birth-giving and menopause to establish their dominance. The participation of the German physicians in the atrocities of the Nazi-regime added to this general critique of medicine (Jütte and Eckart 2011: 75 seq.). Eventually the secondary effects of the highly efficient allopathic medications became an issue not only because of their real effects but also for reasons of principle: people no longer liked to continue to burden their bodies with all sorts of unknown pharmaceuticals because some of the scandals around dangerous medications had made it clear that this type of chemistry might be harmful.

All in all, this debate in society created good ground for the search for “alternatives”. Homeopathy was considered such an alternative. It is not astonishing that the patients looking for alternatives were mainly women. Since around 1860 the gender proportion of people attending all sorts of physicians had changed

altogether. Since then and up to today the rule has been a ratio of 60% women and only 40% men in the consultation room. But this disequilibrium is even slightly more accentuated with the homeopaths than it is in general (Sharma 1992: 20; Köntopp 2004: 76).

Further elements were new: the better educated, better-off, and the younger, who tended to be more critical towards allopathic medicine populated the waiting rooms of homeopaths in higher numbers; the teaching, caring and medical (!) professions were also overrepresented: choosing a homeopath became an element of the lifestyle of the upper middle classes during the 1980s (Particularly in Günther and Römermann 2002: 283). This fact can in part be explained by the German health insurance system: 90% of the population subscribed to the obligatory general scheme, which only hesitatingly refunded expenses for “alternative” medicine such as homeopathy, whereas the 10% of the population that is best off changed to private insurance which used the refunding of homeopathy as part of their public relation strategy. As a consequence the better-off had easier access to homeopathy.

Inquiries as to patients' motives for choosing or preferring homeopathy show first their confidence in its efficacy. Another argument recurs time and again: the doctor takes more time with the patient than in the ordinary surgery (Günther and Römermann 2002). This leads to the feeling to be much more appreciated as a person by the homeopath than elsewhere. This service of a more personalized relation to the homeopathic physician is now in reach for everybody. In 1996 a much better rate of refunding the time-consuming homeopathic anamnesis was introduced into the general tariff for physicians. Since 2005 contracts between the physicians and a majority of health assurance companies led to further improvements in refunding. Homeopathy as a sort of “speaking medicine” has nowadays a much better standing than a decade or two ago.

A secondary argument is the fewer side-effects of the homeopathic medications. Some studies underline that health has a higher value for patients of homeopathy than for the general population. Some studies show also that the subjective personal assessment of the person's health status is higher than average. This should not be over-generalized. In representative studies on Norway the opposite had been shown: Patients with a lower health status and self-assessment were dominant there. One should therefore refrain from concluding that the patients of homeopaths have less ailments or only lighter ailments. Apparently patients attending a homeopath in Germany are often more interested in their health and more content with their situation.

At the beginning of the 21st century things seem to change again — towards a certain “normalization” of homeopathy: The alternative or post-materialist lifestyle and the postmodern open attitude towards alternatives in many fields has become an important element of the mainstream: This can easily be proven by the

fact that more and more men, more customers of the obligatory general insurance scheme, more people in the Eastern part of the country (former GDR), and — with the ageing of the population — more and more elderly people also turn to homeopathic physicians as recent market research data suggests (FAZ 20.8.2009: 11). All these social groups or regions that used to be more reticent now also try homeopathy.

This coincides with a growing readiness to consult the homeopath for most ailments. Nevertheless some specific expectations do also play a role: homeopaths are considered to be particularly adequate as physicians for children. They are also the preferred choice in case of all kinds of chronic pain and allergies, which play an ever more important role in the illness spectrum of post-industrialized societies. Nowadays a third of German children has allergies and the ageing population has more and more chronic ailments. This illness spectrum is favorable for patients choosing homeopathy.

I think it is impossible to know whether these patients are just shoppers or convinced of homeopathy. Most of them probably choose their physician in quite a pragmatic manner. They are at least sufficiently convinced by their treatment to return and to do mouth-to-mouth propaganda for homeopathy. Their number is certainly growing. Beyond this, market inquiries show the widespread and growing importance of homeopathic medications sold over the counter (OTC) (Böcken and Braun 2012: 60). This is the case despite public attacks on homeopathy which are led and financed by its competitors, the allopathic pharmaceutical industry (Dinges 2013).

In conclusion, the 20th century has seen homeopathy become an integral part of the medical system before it took a backseat during the 1950s and 60s. After a renaissance with some aspects of a lifestyle medicine during the 1980s, it is now again inside the mainstream — and more important than ever in German healthcare at GP level.

## **4 Patients of Homeopathy: The Collective Side**

### **4.1 A Gendered Approach**

To finish I would like to add some short remarks on another way in which patients approach homeopathy. It is the collective approach of the homeopathic lay associations. They are well known here in Japan, thanks to the publications of Prof. Osamu Hattori. Unfortunately most of these texts are in Japanese, and therefore I do not exactly know what he has written and what you know about it.

I shall just stress one point here: the collective self-help which was the reason for founding these associations. To understand this, one must imagine Germany in the 1870s: people were reading in papers for the cultivated classes about homeopathy as one of the medical systems of the time (Mildenberger 2012). These readers might

also have bought a copy of a health book called the “homeopathic home physician”. This was one of the many health books of the time, which was full of practical advice on how to use homeopathy in case of illness. If these readers were convinced to give homeopathy a try two problems remained, especially if they lived in a small town: the first was: how to get hold of the medications, if they were not to be found in the local pharmacy. Normally, if there was a pharmacy at all, homeopathic medications were not stocked because they did not pay: huge numbers of medications in many different dilutions at a low price were not interesting for the pharmacist.

This problem could be solved by buying a homeopathy chest containing all the medications from a mail-order company. But such a chest was quite an investment. Therefore it was a good idea to put the money of various persons together and to buy a larger chest which was cheaper in comparison. Once the medications arrived, appropriate advice from more experienced users could be very helpful for new users. And it could avoid frustrations which might lead the person in question to turn away from homeopathy (Baschin 2012a).

Considering this situation, one can easily imagine the good reasons for founding an association: such an institution would allow people to organize self-help, to help each other with the choice of medication by studying health books together when necessary and to improve the common knowledge about health and homeopathy by listening to lectures of invited specialists.

The second problem was to get a doctor or another healthcare provider. This was also easier to organize in association with others: If there were a sufficiently large number of patients interested in homeopathy, be it in a small town or even a large village, this could become an interesting place for a physician to practice. Associations tried to convince homeopathic physicians to cover also the rural areas at various points in time.

Especially since the 1870s many such lay associations were founded (Staudt 1998; Wolff 1989). There were regional strongholds such as Hahnemann’s earlier main place of activity in Saxony and in the south of Germany where some of the most efficient homeopaths were active. These lay associations worked very publically, organizing health conferences and other activities such as training courses in wound-dressing and field trips to collect herbs as raw material for some of the homeopathic medications.

The activities of these associations were fostered by the burgeoning homeopathic pharmaceutical industry. The principal company Schwabe sent out medications from Leipzig when people ordered them because they were not available where they lived. Regional companies did the same. The best way of advertising homeopathy was to add brochures to the products mailed. Later the company Schwabe published a patient journal which provided health information

and advertisements for their products. In the German Southwest the umbrella organization of the lay associations published its own journal.

With time these associations became a political lobby which fought for a better representation of homeopathy at the faculties of universities — where this medical system had been almost absent since 1860 (Lucae 1998). They also advocated the right of the physicians to dispense homeopathic medications, a privilege always very much defended by Samuel Hahnemann. The founder of homeopathy suggested that medications prepared by pharmacists often lacked quality and therefore insisted on the physicians' right to dispense. At the same time this was economically very interesting for the doctor, a fact that Hahnemann knew well (Vigoureux 2001). Patients' associations lobbied in Parliament for these rights and for the public recognition of homeopathy in general.

The further history of these associations after 1870 was that of a generation and a half of constant strong growth until the First World War. At that moment one must imagine hundreds of associations all over the German Reich with tens of thousands of members. At the same time there was an even larger and faster growing movement of lay associations for naturopathy which advocated open air exercises under the sun and with bear chest to harden the body and strengthen the immune defense (Regin 1995).

The growth of the homeopathic associations slowed down slightly during the Weimar Republic which saw some women's lay associations founded in very large cities as an expression of the new self-confidence of the "modern German woman." At the same time eugenic discourses filtered into the talks about health organized by these associations everywhere in the public realm. During the Nazi period the associations were forced to conform. After the Second World War they experienced a period of survival.

But times were changing. Allopathy was triumphing and the decline of homeopathy and the patients' associations was one of the consequences of this development. There were now pharmacists and doctors everywhere. The initial reason for founding lay associations no longer existed — apart from the need for self-medication in a group.

Therefore it is all the more interesting that a certain renaissance of the associative movement was observed and even new associations developed during the 1980s. Since that decade the associations have had mainly the task to inform the larger public about the possibilities of homeopathy in contributing to healthcare and in organizing medical-cultural events. Interestingly enough, these associations are surviving and still active, but a further decline is probable with people's general tendency to not engage seriously on the longer term. With the complete commodification of health, an efficient system of pharmacies, a lot of information on the web and a tendency towards individualization, the association as a form of

the social life is confronted with many challenges at a time.

## 5 Conclusion

The image of homeopathic physicians changed over time: he was consulted as a general practitioner throughout the 19th century up to the 1950s. Maybe his role as a specialist for children emerges already during the latter half of the 19th century. After the rise of the antibiotics, a certain decline in demand is evident to many observers and an ageing of the professional group of homeopathic physicians as a result. Eventually, homeopathy reappears as a lifestyle medicine during the 1980s, preferred to a larger extent by women than by men, by the better-off than by the lower classes. Around the turn of the millennium homeopathy becomes more and more a medical system for everybody at GP level. Some particular advantages that are ascribed to homeopathy became clearly visible: homeopathy is considered to be particularly suitable for children, for chronic diseases and allergies. Collective forms of spreading homeopathy in lay associations do subsist and continue to impact on the public opinion.

The most important continuity could be the patients' interest in being taken seriously, which is better possible when allowing more space for oral interaction between the physician and the patients. Homeopaths apparently tend to take more time per patient than their competitors. The role of the homeopath changes from that of a generalist for all ailments and all patients up to the 1960s towards that of a specialist for particular ailments and the better-off during the 1980s. Actually the trend tends to combine both these ascriptions.

## Note

- 1) This paper is based on my lecture presented in the international symposium, "Healing Alternatives: Care and Education as a Cultural Life-style" on November 11, 2012 at the National Museum of Ethnology (NME). The symposium was held to publicize the results of a core research project of NME for FY11–13: "The Anthropology of Care and Education for Life" and co-organized by Institute for the Study of Humanities and Social Sciences, Doshisha University.

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