



**SPECIAL
SUBSECTION**

Suppression – One of the Biggest Culprits of our Crisis? Some Comments on Stephinity Salazar

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Samuel Hahnemann's homeopathy went through various phases, and the development is not finished, not even today. Initially, it was a simple empirical method: Hahnemann observed that medicinal substances taken by volunteers produced symptoms in healthy people. When used for the very symptoms in sick people, the disease could be cured. Often, not always. Hahnemann tested the most common and some less common medicinal substances of his time, some 100 initially, in healthy volunteers. These so-called "provings" established the homeopathic material medica, the symptom collections homeopaths used (Walach, 1994; Walach & Teut, 2015). But even with a much more expanded materia medica, Hahnemann could not cure everyone, as he initially thought he could. Perhaps some megalomania on his part was also what spurred him on. At any rate, later in his career and after much trial and error, he arrived at his miasm theory of chronic diseases. This is what Dr. Salazar presents nicely in her paper. It is an attempt of getting at what I have once called the temporal Gestalt of the disease pattern: how symptoms and diseases are related within a person, and even beyond individual lives across the boundaries of generations into transgenerational patterns (Walach, 1986). Hahnemann observed these patterns and related them to the big infectious or parasitic diseases of his time: scabies (psora), gonorrhea (sycosis), and syphilis. Modern theorizing referred to by Dr. Salazar added tuberculosis and cancer.

These big diseases have one thing in common, Hahnemann thought: They are often treated by treatments which are thought to be curative, but which are, in truth, making problems worse long term. Hahnemann called this process "suppression", namely suppression of symptoms, away from the surface into the core of the organism, where the disease will, in the long run, seek other, usually more severe and more dangerous outlets.

Take a modern example, atopic dermatitis (AD). This would be a paradigmatic psoric disease in Hahnemann's terms, a disease that is due to a "weakness" in the system. In modern terms, it is a systemic overreagibility of the organism, an imbalance between pro-inflammatory and inhibitory immune processes. AD is typically treated with topical steroid creams that normally work well. In more severe cases, systemic steroids are used to treat the inflammation proneness of the organism. The same is true for another atopic disease, *mutatis mutandis*, asthma. A "suppression" of symptoms works well, usually and for a certain time, but does not cure the disease itself. Often, the disposition is passed on to the offspring, who may or may not develop the same or a similar disease. However, often the cost of this "suppressive" treatment is a shifting of the disease. Atopic dermatitis might develop into asthma, after a while. Or a more severe disease might develop. Now it is time to introduce the temporal Gestalt. While modern theorizing would not



normally see a relationship between the long-term suppressive treatment of AD and the later development of asthma, homeopathic miasmatic theory would. It would see a connection between the two, and this is exactly how Hahnemann arrived at his model of chronic diseases in the first place.

It is not always easy to see the relationship between “suppressive treatment” and the development of different or more symptoms developing later on. Suppression causes diseases down the line, but only later. It is very important to realize at this point that this putative relationship stems from clinical observations of homeopaths, and is not a systematic research finding substantiated by long-term observational and longitudinal studies of disease trajectories, at least not to my knowledge. Epigenetic findings have now established the fact that behavioral or environmental influences can both influence the expression of the genome into different phenotypes, i.e., into different appearances of the very same genotype, and can be passed on to the offspring and some generations down the line (Jablunka & Lamb, 2005, 2020). The processes are not at all understood in detail, but they vindicate Hahnemann’s observation of the “heritability” of miasms. Severe diseases can indeed be seen as changing the epigenome, and perhaps even alter the genome, in that viral or bacterial RNA or DNA sequences are included in the genome. More often, it might be epigenetic changes that are responsible for the passing on of “trauma” or disease proneness over generations. This would also give substance to what psychotherapists have known for a while as transgenerational trauma and therapy, where the trauma that happened to a grandfather unbeknownst to a patient might have triggered symptoms of the patient via epigenetic pathways, which are not well understood (Ancelin Schützenberger, 1998). In the same sense “suppression” might lay the foundation for a severe alteration of epigenetic expressions of the genome and thus lead to a shifting of symptoms.

Thus, the theoretical basis of miasm theory is better than many critics think. But is it, in fact, really true? We don’t know. It has not been researched systematically. It makes a lot of sense, yes. It has been derived from clinical observation, yes. But the definitive proof is lacking. During my whole career, I lobbied for a study that would vindicate this concept. It would have necessitated a longitudinal observation of children that are treated with as little intervention as possible, possibly homeopathically, possibly with as few vaccinations as possible, and compare this cohort with a different, conventionally treated cohort,

and then observe the diseases, as they develop or don’t develop. This would be a challenging study, as it would very likely not be possible to randomize children; randomization would forego the choices parents make. To find comparable cohorts, this would necessitate large numbers to produce, at the end, propensity-matched groups that mimic a randomized trial. Such a study, running over 30 or more years, would give us some insight into the temporal Gestalt of diseases and would allow us to judge more informedly, whether the theory has any merit. Currently, we have only indirect data: Children from anthroposophical households who have less exposition to conventional “suppressive” treatment are healthier (Hamre et al., 2014). Children who are naturally exposed to pathogens, for instance, in the country or on farms, have fewer atopic diseases (Lluis et al., 2014; Ventura et al., 1989). My own analysis of a large German cross-sectional cohort of children showed that children that have not been vaccinated are healthier (Walach & Müller, submitted).

But all these data are indirect hints. A final and methodologically convincing proof is lacking. But let us proceed on those grounds. If miasm theory and the model of suppression as a root cause for diseases and symptoms is correct, does it make sense to extrapolate it to the social sphere? Can the suppression of healthy expressions of dissatisfaction, protest, democratic or civic unrest, of diverging opinion, and alternative views create social “disease” and political “symptoms” as well? Can “suppression” be a “root cause”?

I have sympathy with the idea. It is a typical case of analogous reasoning. It takes a case and extrapolates it to a similar systemic structure with different factual realizations. Dr. Salazar correctly points to the principle of homology that is typical for systems thinking. Structures found at basic levels of systems repeat themselves at higher levels. For instance, the fact that systems tend to create boundaries, take in stuff they need and excrete stuff they can’t use, is typical for all living systems, from parameciae to human cells to full organisms. It can also be observed at the sociological group level, where groups tend to take in people they like and chuck out people they see as spoilsports. It can also be observed at a larger social plane, where people supportive of the current system are integrated and those that disagree are disenfranchised or deplatformed. So, what seems to happen on the individual organismic plane might indeed be helpful to understand at least some processes on the socio-political level. I think the distinction is between a useful heuristic and a totalitarian

model. I am not accusing Dr. Salazar of being totalitarian. But I am observing that any system of thought, any theory that claims truth for itself, has a tendency to become an ideology, and in that has a totalitarian ring to it.

So, my suggestion is to see Dr. Salazar's idea as a useful heuristic to understand processes. And as such, it can be really helpful. It would help understand why the suppression of divergent opinion is not a good idea. It might work short-term: The disturbance is gone, peace re-established, it seems. Dr. Salazar uses the Covid-19 pandemic as an example. We could use the current trend in the EU to censor divergent opinion as another temporally more independent example. Dr. von der Leyen, the president of the European Commission, has said in one of her recent addresses to the European Parliament that she is not afraid of the Ukraine war, nor of climate change, nor of pandemics, but only about disinformation. Meaning: we have to install censorship. Meaning: We know what is right, and whoever disagrees is a greater danger than all war, climate change, and bugs together. Meaning: We need to suppress this. Here we see that Dr. Salazar's hunch is quite insightful. If such widespread ownership of purported truths engenders suppression of divergent views of reality, if a simplistic understanding of truth ignores the complexity of our social circumstances and political environments, then suppression is the only method. And in that case, "social disease" in the form of unrest, psychological disturbances, and the whole gamut of what Dr. Salazar describes is rife.

Anything that claims universality of truth, really, is dangerous in that sense, because it needs to suppress or fight any opposition. This happens very rarely with open methods of discourse. More often than not, it happens with ideologies, via censorship, ostracizing, bullying, and similar methods. The current scientific mainstream view that allows only for materialistic views of nature and the human being is an example. Alternative views are ousted from discourse, from academic papers, from universities, and from funding. In that sense, I find Dr. Salazar's analysis very helpful.

But is suppression really the only mechanism, or even the most important one? I am not so sure. I am always wary of any type of monocausal explanation. During the Covid-pandemic many critical voices were quick to find culprits: the "elite", the "globalists", the "deep state", philanthropists like Bill Gates, foundations, and the Chinese Communist Party, were supposed to be responsible. Such simplistic models rarely fit the complexity of reality. It is probably more likely that things like the Zeitgeist, i.e.,

an ideological undercurrent that has many faces and some core commonalities, is responsible. And one of the commonalities might be an overly strong orientation to material goods and a materialistic ontology, which entails fear of death and a strong motive to avoid anything that might endanger lives, a quasi-religious belief in the power of science, derived from a lack of real understanding of scientific processes. These are only a few elements of what I see as a mainstream ideology. I have developed a questionnaire that taps into transhumanist beliefs. I presented it to a representative group of 1051 German respondents (Walach et al., submitted). I was quite surprised that between 20% and 48% assented to any one of the nine items. This shows that this materialistic-transhumanistic ideology has pervaded modern mentalities quite deeply.

I think it is not only "suppression" of divergent voices, but also the positive influence of an ideology that neglects a lot of our human reality, for instance, all spiritual and transcendent aspects of human lives. It goes without saying that adhering to a certain ideology, for instance, such a transhumanist mindset, will normally also come with the tendency to not only ignore, but also actively suppress other views. That tendency to suppression is likely associated with a drive to proselytize. And such a strong impulse of proselytization is probably inherent in any ideology. It might be dependent on the character of the person, and not necessarily part of the ideology as such. I know some people who buy into a naturalist world-view, with whom I can perfectly well and to a mutual benefit discuss divergent views. They do not have any tendency to proselytize. And I know the opposite situation as well: Scientistically minded people, often seen in organized skeptics groups, that are more ardent fighters for rationality than puritans of old were fighters for the correct faith.

So, it is likely a combination of a certain type of ideology, materialistic-scientistic-transhumanist thinking, together with a fanatic mindset that leads to the problems described by Dr. Salazar. The suppression might be an important factor. But, adhering to a certain ideology does not mean having a fanatic mindset that drives one to suppressive actions against others. In that sense, Dr. Salazar has identified an important factor in our current social malaise. It is perhaps a necessary, but not a sufficient cause. It is one important aspect and deserves serious consideration. But now the work would start. What is it that enacts suppression or encourages it? What type of personality is prone to follow that path? Is power necessarily associated with it, or are there instances and persons of power

where suppression was not a logical consequence? These and many more questions would follow. It is always the sign of a good hypothesis that it engenders fruitful discussions and a rich research program. This is what I see in this hypothesis.

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