

**THE DEVELOPMENT OF HOMEOPATHY AND  
HOMEOPATHIC PHARMACY  
IN THE UNITED STATES**

*A Historical Survey from the Founding of Homeopathy  
to the Emergence of the Modern Consumer Market*

2025

## INTRODUCTION

Homeopathy emerged in the late eighteenth century as a systematic reform movement within European medicine and, within a generation, established a substantial institutional presence in the United States. As a therapeutic system, homeopathy generated a distinctive pharmaceutical infrastructure—encompassing specialized pharmacies, manufacturing laboratories, medical schools, hospitals, professional societies, and an official pharmacopoeia—that set it apart from all other sectarian medical movements of the nineteenth century. The persistence of that infrastructure, through periods of both triumph and severe institutional contraction, constitutes one of the most instructive episodes in the history of American pharmacy and medicine.

By the late nineteenth century, the United States had become one of the principal centers of homeopathic medicine worldwide, with an estimated fifteen thousand homeopathic physicians, twenty-two homeopathic medical colleges, more than one hundred hospitals, and thousands of pharmacies supplying remedies according to the Hahnemannian method.<sup>1</sup> This elaborate edifice was built in large part upon the contributions of a close network of German-born immigrant physicians, pharmacists, and publishers who transplanted European homeopathic practice into fertile American soil.

The decline of institutional homeopathy during the first half of the twentieth century—accelerated by the Flexner Report of 1910, the policies of the American Medical Association (AMA), and the withdrawal of philanthropic support from proprietary medical schools—reduced but did not extinguish the pharmaceutical infrastructure of the field.<sup>2</sup> Companies such as Boericke & Tafel, the Luyties Pharmacal Company, the Standard Homeopathic Company, and Borneman and Sons continued to manufacture and distribute homeopathic medicines across decades of

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<sup>1</sup>Martin Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy* (Baltimore: Johns Hopkins University Press, 1971), 49–76; Harris L. Coulter, *Divided Legacy: A History of the Schism in Medical Thought*, vol. III (Washington, D.C.: Wehawken Book Company, 1973), 171–174. Coulter estimates approximately fifteen thousand homeopathic physicians in the United States by 1900.

<sup>2</sup>Abraham Flexner, *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching* (New York: Carnegie Foundation, 1910); John P. Swann, "FDA's Origin," *FDA Consumer Magazine* (1998). See also J.M. Schmidt, "200 Years Organon of Medicine—A Comparative Review of Its Six Editions," *Homeopathy* 99, no. 4 (2010): 271–277.

adverse professional and regulatory conditions, thereby preserving the technical capacity necessary for the subsequent revival of homeopathic practice.<sup>3</sup>

The explicit recognition of the *Homeopathic Pharmacopoeia of the United States* (HPUS) under the Federal Food, Drug, and Cosmetic Act of 1938, followed by the clarifying enforcement guidance provided by FDA Compliance Policy Guide 7132.15 (CPG 400.400) in 1988, created the regulatory framework within which the homeopathic pharmaceutical industry was able to survive, reorganize, attract foreign investment, and ultimately expand into consumer retail channels on a nationwide scale.<sup>4</sup>

This article surveys the history of homeopathy and homeopathic pharmacy in the United States from the founding of the movement by Samuel Hahnemann in Germany through the emergence of the modern consumer homeopathic market in the late twentieth century. It pays particular attention to the pharmaceutical firms, professional organizations, and regulatory developments that shaped the industry over nearly two centuries.

## **I. ORIGINS OF HOMEOPATHY: SAMUEL HAHNEMANN AND THE FOUNDING PRINCIPLES**

Homeopathy was founded by the German physician Christian Friedrich Samuel Hahnemann (1755–1843), who is among the most consequential figures in the history of pharmacy and alternative medicine. Born in Meissen, Saxony, Hahnemann demonstrated exceptional linguistic gifts from an early age, eventually mastering English, French, Italian, Greek, Latin, Arabic, Syriac, and Hebrew—skills that would later enable him to translate and critique the major medical literature of his era.<sup>5</sup>

After completing his medical degree at the University of Erlangen in 1779, Hahnemann embarked on a conventional practice but grew increasingly dissatisfied with the therapeutic

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<sup>3</sup>Julian Winston, *The Faces of Homeopathy: An Illustrated History of the First 200 Years* (Tawa, New Zealand: Great Auk Publishing, 1999), 89–110, provides comprehensive coverage of institutional continuity through this period.

<sup>4</sup>Federal Food, Drug, and Cosmetic Act of 1938, Pub. L. 75-717, 52 Stat. 1040, section 201(g)(1); FDA Compliance Policy Guide 7132.15, "Conditions Under Which Homeopathic Drugs May be Marketed," 53 Fed. Reg. 21728 (June 9, 1988).

<sup>5</sup>Encyclopaedia Britannica, s.v. "Samuel Hahnemann," accessed 2025; Mazal and Waddell, "The Life and Legacy of Samuel Hahnemann: Founder of Homoeopathy and His Medical Philosophy," PMC (2024), <https://pmc.ncbi.nlm.nih.gov/articles/PMC11524651/>.

methods of his day. The standard treatments of the late eighteenth century—profuse bloodletting, the administration of large doses of toxic substances such as arsenic and mercury compounds, and aggressive purgation—struck Hahnemann as more likely to injure patients than to cure them.<sup>6</sup>

The pivotal event in Hahnemann's intellectual development occurred in 1790, while he was translating William Cullen's *Materia Medica* into German. Unconvinced by Cullen's explanation that cinchona bark (the source of quinine) cured malaria through its tonic effect upon the stomach, Hahnemann ingested a trial dose of cinchona to investigate its actual physiological properties. He observed that the drug produced in his healthy body symptoms resembling the intermittent fever it was used to treat—chills, muscular weakness, and a rapid pulse. This observation became the empirical foundation of his emerging system of therapeutics.<sup>7</sup>

From this initial finding, Hahnemann formulated his first and most fundamental therapeutic principle: *similia similibus curentur*—"like cures like." According to this principle, substances capable of producing a characteristic set of symptoms in healthy individuals could serve as curative agents for sick individuals manifesting similar symptoms. Hahnemann first articulated this principle formally in an essay published in Hufeland's Journal in 1796, subsequently designated as the founding document of homeopathy.<sup>8</sup>

Hahnemann elaborated these ideas more comprehensively in his landmark work *Organon der rationellen Heilkunde* ("Organon of Rational Medicine"), first published in 1810 and ultimately revised through six editions, the final version completed in manuscript in 1842 but not published until 1921 in Germany. The *Organon* systematically set forth the theoretical and

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<sup>6</sup>Lester S. King, *The Medical World of the Eighteenth Century* (Chicago: University of Chicago Press, 1958); Charles E. Rosenberg, "The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth-Century America," *Perspectives in Biology and Medicine* 20 (1977): 485–506.

<sup>7</sup>New York Medical College, Library Research Guide: Christian Friedrich Samuel Hahnemann, M.D., 1755–1843; Samuel Hahnemann, *Versuch über ein neues Prinzip zur Auffindung der Heilkräfte der Arzneisubstanzen* (1796). In 1790, while translating William Cullen's *Materia Medica*, Hahnemann "unconvinced by Cullen's theory that cinchona was a specific for malaria because of its tonic action on the stomach, decided to take a small dose of cinchona over several days to observe its effects."

<sup>8</sup>Samuel Hahnemann, "Essay on a New Principle for Ascertaining the Curative Powers of Drugs," *Hufeland's Journal* (1796); Linn J. Boyd, *A Study of the Simile in Medicine* (Philadelphia: Boericke & Tafel, 1936).

practical foundations of homeopathic medicine, including Hahnemann's doctrines of the vital force, the law of similars, and the minimum dose.<sup>9</sup>

## A. Potentization and the Pharmaceutical Doctrine

Central to Hahnemann's system—and to homeopathic pharmacy—was the process of potentization (also called dynamization), in which medicinal substances were serially diluted in water or alcohol and subjected to vigorous mechanical agitation, or succussion, at each stage of dilution. Hahnemann believed that this process did not diminish but actually enhanced the therapeutic power of the substance, releasing what he described as its "spirit-like medicinal power."<sup>10</sup>

Hahnemann developed two principal scales of dilution that remain in use today. In the centesimal (C) scale, each dilution step involves a ratio of one part substance to ninety-nine parts diluent. In the decimal (X or D) scale, each step involves a ratio of one to nine. Thus a preparation designated 6C has undergone six successive centesimal dilutions, equivalent to a dilution factor of one part per trillion ( $10^{-12}$ ). Higher potencies—30C, 200C, 1M (one thousand centesimal dilutions)—involve dilution factors so extreme that, beyond approximately the 12C or 24X level, the probability of even a single molecule of the original substance remaining in the preparation is negligible according to Avogadro's number.<sup>11</sup>

These pharmaceutical procedures were further systematized in Hahnemann's multi-volume *Reine Arzneimittellehre* ("Pure Materia Medica," 1811–1821) and in his later work *Die chronischen Krankheiten* ("Chronic Diseases," 1828–1830), in which he introduced the concept of the LM (or Q) potency scale, involving dilutions of one to fifty thousand at each step. These

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<sup>9</sup>Samuel Hahnemann, *Organon der rationellen Heilkunde* (Dresden: Arnold, 1810); 6th ed. edited posthumously (Leipzig: Schwabe, 1921); trans. William Boericke as *The Organon of Medicine* (Philadelphia: Boericke & Tafel, 1922). The sixth edition manuscript, completed in 1842, was not published until 1921, nearly eighty years after Hahnemann's death.

<sup>10</sup>Samuel Hahnemann, *Organon of Medicine*, trans. William Boericke, §§ 246–285; Harris L. Coulter, *Homeopathic Science and Modern Medicine* (Berkeley: North Atlantic Books, 1980).

<sup>11</sup>L.R. Milgrom, "Toward a New Model of the Homeopathic Process," *Journal of Alternative and Complementary Medicine* 12, no. 1 (2006): 43–47; Edzard Ernst, "A Systematic Review of Systematic Reviews of Homeopathy," *British Journal of Clinical Pharmacology* 54, no. 6 (2002): 577–582. Beyond the 12C dilution level (equivalent to approximately  $10^{-24}$ ), the mathematical probability of retaining even one molecule of the original substance in the preparation falls below the threshold defined by Avogadro's number ( $6.022 \times 10^{23}$ ).

works collectively constituted the technical foundation of homeopathic pharmacy as it would be practiced in Europe and North America throughout the nineteenth century.<sup>12</sup>

A third element of Hahnemann's system with significant pharmaceutical implications was the process of drug proving (*Prüfung*), through which medicinal substances were administered to healthy volunteer "provers" who systematically recorded all observed symptoms. The accumulated symptom profiles constituted the homeopathic materia medica—the empirical database of remedy actions upon which homeopathic prescribing was based. Hahnemann's *Reine Arzneimittellehre* documented the provings of sixty-seven substances, and subsequent generations of homeopaths expanded this corpus to encompass thousands of substances over the following two centuries.<sup>13</sup>

## II. INTRODUCTION OF HOMEOPATHY TO THE UNITED STATES

### A. Hans Burch Gram and the First American Practice

Homeopathy was introduced to the United States in 1825 by Hans Burch Gram (1786–1840), a Boston-born physician of Danish descent who had traveled to Copenhagen and studied Hahnemann's system under the Danish physician Hans Christian Lund, himself a student of Hahnemann. Gram returned to the United States in the spring of 1825 and established the first homeopathic practice in New York City.<sup>14</sup>

Shortly after his return, Gram published the first work on homeopathy to appear in America—a letter constituting a translation of Hahnemann's *Spirit of Homoeopathy*, distributed gratuitously to colleagues. The work attracted limited interest among his allopathic contemporaries but brought Gram into contact with a small network of receptive physicians. Among these early

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<sup>12</sup>Samuel Hahnemann, *Reine Arzneimittellehre*, 6 vols. (Dresden: Arnold, 1811–1821); Samuel Hahnemann, *Die chronischen Krankheiten*, 5 vols. (Dresden and Leipzig: Arnold, 1828–1830). The LM (or Q) scale, introduced in the sixth edition of the *Organon*, employs a ratio of one to fifty thousand at each dilution step, producing a gentler therapeutic action that Hahnemann regarded as his most refined pharmaceutical achievement.

<sup>13</sup>Timothy Field Allen, *The Encyclopedia of Pure Materia Medica*, 10 vols. (New York: Boericke & Tafel, 1874–1879), vol. I, Preface. Allen's ten-volume work consolidated provings conducted by Hahnemann, his immediate circle, and subsequent generations of European and American practitioners, organizing the symptom database by substance in a format designed for systematic clinical reference.

<sup>14</sup>P. Thomas, "Homeopathy in the USA," *British Homoeopathic Journal* 90, no. 2 (2001): 99–103, <https://doi.org/10.1054/homp.1999.0474>; T.L. Bradford, *Pioneers of Homeopathy* (Philadelphia: Boericke & Tafel, 1897), 98–107. Gram (1786–1840) was Boston-born of Danish descent, trained in Copenhagen, and returned to the United States in the spring of 1825 to establish practice in New York City.

converts were Drs. Folger, Wilsey, Hull, Gray, Vanderburg, and Stearns—physicians who had received conventional training at Yale, Rutgers, Columbia, and other respected institutions.<sup>15</sup>

The growth of homeopathy in its first American epoch (conventionally dated 1825–1835) was closely tied to the large German immigrant communities of New York and Pennsylvania, where familiarity with European homeopathic literature facilitated early adoption of the new system. The cholera epidemics of the 1830s and 1840s provided homeopathy with an important opportunity for comparative clinical demonstration: homeopathic practitioners reported substantially lower case fatality rates than orthodox physicians employing the standard heroic treatments of the day, a claim that won considerable public attention and professional converts.<sup>16</sup>

## **B. Constantine Hering and the Institutionalization of American Homeopathy**

If Gram was the pioneer of American homeopathy, Constantine Hering (1800–1880) was its organizational architect, the figure most responsible for transforming an informal network of immigrant practitioners into a structured professional movement with its own educational institutions, societies, journals, and pharmaceutical supply chain. Hering's path to homeopathy was itself notable: he had initially been commissioned to write a scientific refutation of Hahnemann's system but instead found himself persuaded of its merits through his own investigations, and became one of its most passionate advocates.<sup>17</sup>

Hering emigrated to Suriname in 1827 under the auspices of a German scientific expedition and subsequently made his way to the United States, arriving in Philadelphia in 1833. In the same year, he and his colleagues established the Hahnemannian Society, the first formal homeopathic

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<sup>15</sup>American Institute of Homeopathy, "History of the AIH: Our Heritage, Our Future," <https://homeopathyusa.org>, citing Forrest J. Murphy, "Anthology: 150 Years of the American Institute of Homeopathy"; Bradford, *Pioneers of Homeopathy*, 98. Gram published the first work on homeopathy in America—a letter constituting a translation of Hahnemann's *Spirit of Homoeopathy*—gratuitously distributed to colleagues. His Masonic connections provided an important social network for early recruitment.

<sup>16</sup>Naomi Rogers, "The Proper Place of Homeopathy: Hahnemann Medical College and Hospital in an Age of Scientific Medicine," *Pennsylvania Magazine of History and Biography* 108, no. 2 (1984): 179–201; William G. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore: Johns Hopkins University Press, 1972), 152–174. Homeopathic physicians reported substantially lower case fatality rates during the cholera epidemics of the 1830s and 1840s, providing important comparative clinical evidence that attracted both professional and public attention.

<sup>17</sup>Hahnemannhouse.org, "Constantine Hering and Homeopathy," <https://www.hahnemannhouse.org/constantine-hering-and-homeopathy/>; Immigrant Entrepreneurship, s.v. "Hering, Constantine," <https://www.immigrantentrepreneurship.org/entries/constantine-hering/>. Hering was originally commissioned by the publisher Baumgartner to write a scientific refutation of Hahnemann's system, but his own investigations converted him to a convinced advocate.

society in America. On January 1, 1834, a meeting at Hering's home laid plans for a dedicated homeopathic medical college, and on April 10, 1835—Hahnemann's eightieth birthday—the North American Academy of the Homoeopathic Healing Art was formally founded in Allentown, Pennsylvania, with Hering as its first president and principal instructor.<sup>18</sup>

The Allentown Academy was the first homeopathic medical school in the world. Its curriculum was conducted entirely in German—a reflection of the ethnic composition of its founders and the language in which the primary homeopathic literature was then available. Instruction began formally on November 1, 1836. The institution was forced to close in 1843 following the financial crisis of 1837, but its graduates had by then disseminated homeopathic practice widely among German immigrant communities in both the Eastern states and the Midwest.<sup>19</sup>

Hering's most important scientific contribution to homeopathic theory was the articulation of his "Law of Cure"—the principle that healing progresses from above downward, from within outward, and in reverse order of the appearance of symptoms—which remains a guiding principle of classical homeopathic practice to the present day. He was also a prodigious researcher and materia medica author, compiling his findings in the ten-volume *Guiding Symptoms of Our Materia Medica* (1879–1891), published posthumously in its final volumes.<sup>20</sup>

### **C. The American Institute of Homeopathy and the Founding of Professional Standards**

The institutional growth of American homeopathy culminated in the founding of the American Institute of Homeopathy (AIH) in April 1844—not only the first national homeopathic

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<sup>18</sup>Immigrant Entrepreneurship, "Constantine Hering"; Bradford, *Pioneers of Homeopathy*, 131–159; Sue Young Histories, "Constantine Hering 1800–1880," <https://www.sueyounghistories.com>. The Academy was formally founded on April 10, 1835—Hahnemann's eightieth birthday—and Hahnemann was named as honorary member. The cornerstone was laid on May 27, 1835, in a festive ceremony featuring an inaugural address by Hering.

<sup>19</sup>American Institute of Homeopathy, "History of the AIH"; Bradford, *Pioneers of Homeopathy*, 141. Formal instruction at the Allentown Academy began November 1, 1836. The financial crisis of 1837 ultimately forced the closure of the Academy in 1843, but its graduates had by then spread homeopathic practice widely among German immigrant communities in the East and Midwest.

<sup>20</sup>Constantine Hering, *Guiding Symptoms of Our Materia Medica*, 10 vols. (Philadelphia: American Homeopathic Publishing Society, 1879–1891). Hering's "Law of Cure"—the principle that healing progresses from above downward, from within outward, and in reverse order of symptom appearance—remains a foundational clinical guideline in classical homeopathic practice to the present day.

medical society but the first national medical society of any kind in the United States, predating the founding of the American Medical Association (AMA) by three years.<sup>21</sup>

The founding convention, held in New York, elected Hering as its first president and immediately constituted a Central Bureau for the Augmentation and Improvement of the Materia Medica. This bureau's mandate underscored a defining preoccupation of the AIH from its inception: the standardization of drug provings and the compilation of a reliable and comprehensive homeopathic materia medica. The concern was partly scientific and partly professional—the proliferation of poorly trained practitioners and inadequately proven remedies threatened both the public reputation of homeopathy and the professional standing of qualified homeopathic physicians.<sup>22</sup>

By the 1860s and 1870s, the AIH had also turned its attention to pharmacopeial standardization. In 1868, it constituted a Committee on Pharmacy, initially chaired by Carroll Dunham, tasked with preparing a formal dispensatory. Progress was slow, but the effort eventually produced the foundational documentation upon which the HPUS would be built.<sup>23</sup>

### **III. THE BROADER CONTEXT: MEDICAL REFORM MOVEMENTS IN NINETEENTH-CENTURY AMERICA**

The rise of homeopathy in the United States is best understood in relation to the broader landscape of nineteenth-century American medical reform. Orthodox medicine in the early nineteenth century was dominated by the "heroic" therapeutic paradigm associated with Benjamin Rush and his followers, which relied heavily on aggressive depletion therapies—bloodletting, blistering, purging, and the administration of calomel (mercurous chloride) and other potent

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<sup>21</sup> AIH, "History of the AIH"; Rothstein, *American Physicians in the Nineteenth Century*, 162. The American Medical Association was founded in May 1847, three years after the AIH's founding at its organizing convention in April 1844.

<sup>22</sup> AIH Proceedings, 1844, First Year, as reproduced in American Association for Homeopathic Pharmacists, "The History of the American Institute of Homeopathy (AIH)," <https://theaahp.org/articles/the-history-of-the-american-institute-of-homeopathy-aih/>. The Central Bureau's first three provings, conducted in 1844–1845, were of Oxalic acid, *Podophyllum peltatum*, and *Kalmia latifolia*.

<sup>23</sup> HPCUS, "Publication History," <https://www.hpus.com/document/publication-history/>. The AIH Committee on Pharmacy was constituted in 1868 under the chairmanship of Carroll Dunham; progress was slow, and the committee was reorganized and reactivated several times before producing the pharmacopeial text published in 1897.

mineral compounds. These treatments were widely and credibly criticized as causing more harm than the diseases they were intended to treat.<sup>24</sup>

## A. The Thomsonian Movement

Among the most politically successful of the early reform movements was Thomsonian botanical medicine, founded by Samuel Thomson (1769–1843), a New Hampshire farmer with no formal medical training who developed a system of herbal therapy based on six botanical remedies and the theoretical premise that disease was fundamentally caused by "cold" and that health required the restoration of bodily heat.<sup>25</sup>

Thomson patented his system in 1813 and promoted it aggressively through a network of "Friendly Botanic Societies" and the sale of "Family Rights"—licenses permitting purchasers to practice the Thomsonian system within their own households. At its peak, the Thomsonian movement claimed an estimated three million adherents and enjoyed its greatest success in the South and Midwest, where access to conventionally trained physicians was limited and suspicion of credentialed medical authority was widespread.<sup>26</sup>

Although Thomsonian medicine differed substantially from homeopathy in its theoretical foundations—Thomson rejected dilution and potentization entirely, and his botanical preparations were administered in physiologic doses—historians have identified several structural parallels between the two movements. Both emerged from dissatisfaction with heroic orthodox practice; both appealed to patient autonomy and self-treatment; and both achieved their greatest success

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<sup>24</sup>John S. Haller Jr., *American Medicine in Transition, 1840–1910* (Urbana: University of Illinois Press, 1981); James C. Whorton, *Nature Cures: The History of Alternative Medicine in America* (New York: Oxford University Press, 2002), 13–41. Benjamin Rush's therapeutic philosophy, dominant in American medicine through the early nineteenth century, explicitly defended aggressive depletion as corrective of constitutional imbalance.

<sup>25</sup>Samuel Thomson, *New Guide to Health; or Botanic Family Physician* (Boston, 1822); Whorton, *Nature Cures*, 42–68. Thomson patented his system in 1813 and marketed it through the sale of "Family Rights" permitting purchasers to practice the system within their households.

<sup>26</sup>John S. Haller Jr., *The People's Doctors: Samuel Thomson and the American Botanical Movement, 1790–1860* (Carbondale: Southern Illinois University Press, 2000). The Thomsonian movement reportedly claimed three million adherents at its peak and achieved its greatest success in the South and Midwest.

during the "democratic medicine" era of the 1820s–1850s, when popular hostility to professional medical monopoly was particularly acute.<sup>27</sup>

The botanical materia medica of the two traditions also overlapped considerably. Many plant-derived substances that appear in homeopathic materia medica—*Lobelia inflata*, *Capsicum annuum*, *Veratrum viride*, and others—were also staples of Thomsonian and later Eclectic practice. The critical difference lay not in botanical source but in preparation and theoretical framework: Thomsonian and Eclectic practitioners employed concentrated botanical extracts with measurable pharmacological activity, whereas homeopaths employed potentized preparations in which the original substance was present in extreme dilution.<sup>28</sup>

## B. Eclectic Medicine

A more formally organized and academically sophisticated botanical reform tradition was Eclectic medicine, which emerged from the Thomsonian movement in the 1820s and 1830s under the leadership of Wooster Beach and others. Eclectic physicians operated numerous medical colleges, most prominently the Eclectic Medical College of Cincinnati founded in 1845, and developed a systematic botanical pharmacopoeia drawing on indigenous North American medicinal plants alongside European herbal traditions.<sup>29</sup>

The relationship between Eclectic and homeopathic medicine was occasionally syncretic: a number of practitioners moved between the two systems, and the career of James Tyler Kent—who trained in Eclectic medicine before converting to homeopathy—illustrates the permeability of these sectarian boundaries in the late nineteenth century. The Eclectic movement, like homeopathy, would be fatally damaged by the Flexner Report and the consolidation of orthodox

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<sup>27</sup>Whorton, *Nature Cures*, 42–68; Coulter, *Divided Legacy*, vol. II, 95–142. Both movements also benefited from the Jacksonian-era popular hostility to licensed professional monopoly and the associated movement for the repeal of state medical licensing laws during the 1830s and 1840s.

<sup>28</sup>Coulter, *Divided Legacy*, vol. II; John Uri Lloyd, *Origin and History of All the Pharmacopoeial Vegetable Drugs* (Cincinnati: Caxton Press, 1921). The overlap in botanical sources between Thomsonian, Eclectic, and homeopathic practice reflected a shared North American materia medica drawn from both European tradition and indigenous knowledge, but the preparation methods and theoretical frameworks governing their use were entirely distinct.

<sup>29</sup>Whorton, *Nature Cures*, 69–98; Harvey Wickes Felter and John Uri Lloyd, *King's American Dispensatory*, 18th ed. (Cincinnati: Ohio Valley Co., 1898). The Eclectic Medical College of Cincinnati, founded 1845, was the principal Eclectic institution and published extensively on botanical pharmacology.

medical education in the early twentieth century; by 1940 all Eclectic medical colleges had closed.<sup>30</sup>

#### **IV. INSTITUTIONAL DEVELOPMENT: PHILADELPHIA AS THE CENTER OF AMERICAN HOMEOPATHY**

Philadelphia emerged during the 1840s and 1850s as the preeminent center of American homeopathy, a position it maintained through most of the nineteenth century. The city's large German immigrant community, its established infrastructure of medical education, and the presence of Constantine Hering and his circle of colleagues created conditions uniquely favorable to the development of homeopathic institutions.

In 1848, following the closure of the Allentown Academy, Hering and his colleagues established the Homeopathic Medical College of Pennsylvania in Philadelphia—the first enduring homeopathic medical college in the United States. The institution subsequently expanded, eventually being reorganized and renamed Hahnemann Medical College of Philadelphia, which became one of the leading homeopathic educational institutions in the world and an important training center for physicians throughout the second half of the nineteenth century.<sup>31</sup>

The associated Hahnemann Hospital of Philadelphia developed as a major clinical facility, providing both patient care and teaching facilities. At its height, Hering and his students treated an estimated fifty thousand patients annually, and the College trained approximately 3,500 homeopathic physicians over the course of his tenure—a remarkable institutional productivity that shaped the professional landscape of American homeopathy for generations.<sup>32</sup>

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<sup>30</sup>Jay Yasgur, "An Historical Timeline of Homeopathy," <https://homeopathycenter.org>; Whorton, *Nature Cures*, 220–245. James Tyler Kent studied at the Eclectic Medical College of Cincinnati before converting to homeopathy following his wife's illness; his subsequent career represents one of the most significant intellectual transitions in nineteenth-century American medical history. The last Eclectic medical college closed in 1939, the same year that homeopathic instruction was discontinued at the University of California, San Francisco.

<sup>31</sup>Hahnemannhouse.org, "Constantine Hering and Homeopathy"; Kaufman, *Homeopathy in America*, 77–103. The Homeopathic Medical College of Pennsylvania was established in 1848, subsequently reorganized as Hahnemann Medical College of Philadelphia. Hering served as a professor there from 1848 until founding the separate Hahnemann Medical College of Philadelphia in 1867, where he was Dean from 1867 to 1871.

<sup>32</sup>Hahnemannhouse.org, "Constantine Hering"; Kaufman, *Homeopathy in America*, 88. At its height, Hering and his students treated an estimated fifty thousand patients annually and trained approximately 3,500 homeopathic physicians over the course of his tenure.

Philadelphia's importance to homeopathic pharmacy was equally central. The city housed the headquarters of Boericke & Tafel and later Borneman and Sons, two of the most significant American homeopathic pharmaceutical firms; it was the seat of the AIH; and it served as the principal locus for the compilation, debate, and eventual publication of the standardized homeopathic pharmacopoeia that would achieve federal legal recognition in 1938.

## **V. THE EMERGENCE AND DEVELOPMENT OF HOMEOPATHIC PHARMACY**

### **A. From Physician-Prepared Remedies to Specialized Pharmacies**

During the earliest years of American homeopathy, practitioners typically prepared their own medicinal preparations, following the manufacturing protocols prescribed by Hahnemann in the *Organon* and the *Reine Arzneimittellehre*. This pattern of physician-pharmacy was economically and practically unsustainable as the number of practitioners grew and as the materia medica expanded to encompass hundreds of substances requiring potentization across multiple scales and dilution levels.<sup>33</sup>

By the 1840s and 1850s, specialized homeopathic pharmacies had emerged in the major urban centers to supply standardized remedies to practitioners. The characteristic offering of such an establishment included diluted liquid potencies of individual remedies (most commonly in 30C and 200C), medicated pellets (typically sugar of milk pellets impregnated with the diluted preparation), and "pocket cases"—small portable sets of frequently used remedies carried by practitioners for their rounds.<sup>34</sup>

### **B. Boericke & Tafel: The Institutional Foundation of American Homeopathic Pharmacy**

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<sup>33</sup>AIH Proceedings, 1844–1870, passim; Winston, *Faces of Homeopathy*, 76. The transition from physician-prepared to commercially prepared remedies paralleled developments in conventional pharmacy during the same period, when the expansion of proprietary medicine manufacturing similarly shifted pharmaceutical production from practitioner to commercial settings.

<sup>34</sup>Boericke & Tafel, "The Story of Boericke & Tafel," <http://homeoint.org/cazalet/boericke/story.htm>; Winston, *Faces of Homeopathy*, 78–80. Standard pocket cases typically contained between thirty and sixty remedies in corked glass vials, each labelled with the remedy name and potency, arranged alphabetically or by therapeutic indication.

The firm that would become Boericke & Tafel traces its origins to 1835, when William Radde—who had been employed as a head clerk at a homeopathic establishment in Philadelphia—relocated to New York to manage a branch operation offering homeopathic remedies and literature. The 1835 date has been consistently claimed by the company in its advertising and letterhead as its founding year, representing the continuous institutional lineage that culminated in the Boericke & Tafel partnership formally constituted in 1869.<sup>35</sup>

The immediate institutional predecessor of Boericke & Tafel was a bookstore founded in 1853 in Philadelphia by Francis Edmund Boericke and Rudolph Leonhard Tafel, specializing initially in Swedenborgian theological literature—a reflection of the significant overlap between the Swedenborgian religious community and the early American homeopathic movement, many of whose leaders, including Gram and Hering, were Swedenborgians. Upon the personal encouragement of Constantine Hering, the firm began manufacturing and selling homeopathic remedies in addition to books.<sup>36</sup>

The formal Boericke & Tafel partnership was established in 1869, when Francis Edmund Boericke united with Adolph Julius Tafel (1839–1895), brother of Rudolph, to acquire the pharmacy and book-publishing business of William Radde in New York City. From its Philadelphia and New York bases, the firm expanded rapidly over the following decades, opening branch pharmacies in Chicago, New Orleans, San Francisco, Washington D.C., Minneapolis, Pittsburgh, and Cincinnati.<sup>37</sup>

By the final decade of the nineteenth century, Boericke & Tafel had become the largest manufacturer and distributor of homeopathic medicines in the United States, operating what was described as the most advanced homeopathic production facility in the country. The firm served

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<sup>35</sup> Julian Winston, "The History of Boericke and Tafel," [https://julianwinston.com/archives/bt/bt\\_history.php](https://julianwinston.com/archives/bt/bt_history.php); Boericke & Tafel, "The Story." The 1835 founding date claimed in Boericke & Tafel's advertising refers to the establishment of William Radde's pharmacy in New York, which was subsequently purchased by Boericke in 1862 and whose institutional lineage was traced by the partnership to that date.

<sup>36</sup> Wikipedia, s.v. "William Boericke," [https://en.wikipedia.org/wiki/William\\_Boericke](https://en.wikipedia.org/wiki/William_Boericke); Boericke & Tafel, "The Story." The association between Swedenborgianism and American homeopathy was noted by multiple contemporary observers; see also Sue Young Histories, "Constantine Hering 1800–1880" (documenting that both Gram and Hering were practicing Swedenborgians).

<sup>37</sup> Julian Winston, "History of Boericke and Tafel"; Yasgur, "Historical Timeline," entry 1869. The formal Boericke & Tafel partnership was established at Fifth Street above Chestnut in Philadelphia and expanded to include pharmacies in New York, Chicago, New Orleans, San Francisco, Washington D.C., Minneapolis, Pittsburgh, and Cincinnati within twenty years of the 1869 partnership formation.

an estimated 2,400 homeopathic physicians in the United States, with over 700 practitioners in New York and more than 325 in Pennsylvania alone.<sup>38</sup>

Boericke & Tafel's publishing division was equally consequential for the development of the profession. The company was responsible for issuing over one hundred titles comprising approximately eighty-five percent of all homeopathic books published in the United States. Its publishing catalogue included fundamental reference works by the leading figures of nineteenth-century American homeopathy, including Constantine Hering's *Guiding Symptoms*, Adolph Lippe's *Keynotes of the Materia Medica*, Timothy Field Allen's *Encyclopedia of Pure Materia Medica*, James Tyler Kent's *Repertory of the Homeopathic Materia Medica*, and William Boericke's *Pocket Manual of Homeopathic Materia Medica*. In 1892, the firm published the *American Homoeopathic Pharmacopoeia*, an early effort to standardize pharmaceutical preparation methods across the American homeopathic community.<sup>39</sup>

## VI. LEADING FIGURES IN AMERICAN HOMEOPATHIC PHARMACOLOGY

### A. Adolph Lippe (1812–1888)

Adolph Lippe was among the most clinically influential American homeopaths of the nineteenth century and a leading exponent of the "high potency" prescribing tradition—the practice of employing extreme dilutions such as 200C and above that distinguished classical Hahnemannian prescribers from the "low-potency" school favoring decimal and low centesimal preparations. Lippe emigrated to the United States in 1836, settled in Philadelphia, and became closely associated with the Hahnemann Medical College circle.<sup>40</sup>

Lippe's *Keynotes of the Materia Medica* provided a concise clinical summary of the characteristic symptoms and therapeutic indications of the most commonly used homeopathic

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<sup>38</sup>Boericke & Tafel, "The Story"; Winston, "History of Boericke and Tafel." By the early 1890s, Boericke & Tafel served over 2,400 homeopathic physicians in the United States, with over 700 in New York and more than 325 in Pennsylvania.

<sup>39</sup>Boericke & Tafel, "The Story"; Boericke & Tafel, *American Homoeopathic Pharmacopoeia* (Philadelphia: Boericke & Tafel, 1892). James Tyler Kent recorded his direct collaboration with the firm regarding the Skinner potentizer in a letter dated July 30, 1903, reproduced in Boericke & Tafel's corporate history: "I am the one who urged the firm of Boericke & Tafel to put in a Skinner potentizer...I have a full set of Skinner potencies—they work well—I know how they are made."

<sup>40</sup>Bradford, *Pioneers of Homeopathy*, 381–399; Winston, *Faces of Homeopathy*, 117–119. Lippe emigrated to the United States in 1836 and became closely associated with the Hahnemann Medical College circle in Philadelphia.

remedies, a format that proved highly practical for clinical prescribing and that influenced subsequent reference works. His insistence on the strictest possible adherence to Hahnemannian principles—including single-remedy, minimum-dose prescribing—placed him at the center of ongoing debates within the homeopathic community about the proper scope and limits of the system.<sup>41</sup>

## **B. Timothy Field Allen (1837–1902)**

Timothy Field Allen was a physician and botanist who served on the faculty of the New York Homeopathic Medical College and pursued extensive research in homeopathic materia medica. His monumental ten-volume *Encyclopedia of Pure Materia Medica* (1874–1879), published by Boericke & Tafel, compiled the results of hundreds of drug provings and clinical observations organized by substance, providing the most comprehensive systematic survey of the homeopathic materia medica yet attempted in the English language.<sup>42</sup>

## **C. James Tyler Kent (1849–1916)**

James Tyler Kent stands as the most influential figure in the history of American homeopathic prescribing practice. Originally trained in Eclectic medicine, Kent converted to homeopathy following what he regarded as the miraculous cure of his seriously ill wife by a homeopathic physician, and subsequently became one of the most rigorous and philosophically sophisticated proponents of classical Hahnemannian prescribing.<sup>43</sup>

Kent's *Repertory of the Homeopathic Materia Medica* (first edition 1897, substantially enlarged through subsequent editions) organized the symptom database of the homeopathic materia medica in a cross-referenced index format that made systematic individualized prescribing practicable on a clinical scale. Kent's Repertory has remained the standard reference for classical

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<sup>41</sup>Adolph Lippe, *Keynotes of the Materia Medica* (Philadelphia: Boericke & Tafel, 1887). Lippe's insistence on single-remedy, minimum-dose prescribing placed him at the center of persistent debates within the homeopathic community about the legitimacy of polypharmacy and low-potency prescribing.

<sup>42</sup>Timothy Field Allen, *The Encyclopedia of Pure Materia Medica*, 10 vols. (New York: Boericke & Tafel, 1874–1879); Allen, *A Handbook of Materia Medica and Homeopathic Therapeutics* (Philadelphia: Boericke & Tafel, 1888).

<sup>43</sup>Yasgur, "Historical Timeline," entry 1849; Winston, *Faces of Homeopathy*, 232–245; P. Thomas, "Homeopathy in the USA." Kent trained in Eclectic medicine and converted to homeopathy following what he described as the miraculous cure of his seriously ill wife by the homeopathic physician Richard Phelan.

prescribers from his day to the present, having been digitized and incorporated into modern computer repertorization software used worldwide.<sup>44</sup>

Kent's influence extended directly into the pharmaceutical sector: in a letter dated July 30, 1903, he wrote to Boericke & Tafel documenting his personal collaboration with the firm in developing the Skinner potentizer used to manufacture high-potency preparations—a direct illustration of the close practical relationship between leading clinicians and homeopathic pharmaceutical manufacturers throughout this period.<sup>45</sup>

#### **D. William Boericke (1849–1929)**

William Boericke—nephew of Francis Edmund Boericke, co-founder of the original Boericke pharmacy—became the most widely read homeopathic materia medica author in the English-speaking world. After graduating from Hahnemann Medical College in Philadelphia in 1880, he established himself in San Francisco, where he took over the Pioneer Homeopathic Pharmacy on Sutter Street and simultaneously developed a distinguished academic career at the Hahnemann Medical College of the Pacific, later absorbed into the University of California, San Francisco.<sup>46</sup>

Boericke's *Pocket Manual of Homeopathic Materia Medica* (1901, with many subsequent editions) became the single most widely used homeopathic reference work in the United States, combining materia medica and repertory in a compact format accessible to both practitioners and educated lay persons. The work remains in print and in active use. Boericke also produced the authoritative English translation of Hahnemann's sixth and final edition of the *Organon* (1922),

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<sup>44</sup>James Tyler Kent, *Repertory of the Homeopathic Materia Medica* (Chicago: Ehrhart & Karl, 1897; subsequent editions Philadelphia: Boericke & Tafel). Kent's Repertory has been digitized and incorporated into multiple modern computer repertorization programs, including MacRepertory, RadarOpus, and Synthesis, used by practitioners worldwide.

<sup>45</sup>James Tyler Kent, letter to Boericke & Tafel, July 30, 1903, reproduced in Boericke & Tafel, "The Story," <http://homeoint.org/cazalet/boericke/story.htm>.

<sup>46</sup>Wikipedia, s.v. "William Boericke"; Winston, *Faces of Homeopathy*, 258–265. William Boericke graduated from Hahnemann Medical College in Philadelphia in 1880, returned to San Francisco, and was appointed to the Hahnemann Medical College of the Pacific. When that institution was absorbed by the University of California, San Francisco, in 1918, Boericke was appointed as UCSF's first homeopathic lecturer, a position he held until 1922.

which introduced Hahnemann's LM potency scale to English-language practitioners for the first time.<sup>47</sup>

## VII. CREATION OF THE HOMEOPATHIC PHARMACOPOEIA OF THE UNITED STATES

### A. Proto-Pharmacopoeial Antecedents

The effort to create a standardized pharmacopoeia for homeopathic medicines in America had antecedents both European and American. The earliest proto-pharmacopoeia for homeopathic products was Caspari's German work of 1825; this was followed by a more formal German pharmacopoeia produced by Buchner and Gruner in 1841. In 1850, the first American text in this tradition was published: the *New Homeopathic Pharmacopoeia and Posology*, which drew on Buchner and Gruner's German source, Jahr's French contributions, and the editorial work of Charles Hempel. The British Homeopathic Pharmacopoeia appeared in 1870.<sup>48</sup>

Boericke & Tafel's *American Homoeopathic Pharmacopoeia* of 1892 represented a significant private-sector standardization effort that preceded the official AIH pharmacopoeia by five years. It provided a practical reference point for manufacturers regarding preparation methods and standards, though it lacked the authoritative professional endorsement that would subsequently be conferred by the AIH.<sup>49</sup>

### B. The Homeopathic Pharmacopoeia Convention and the HPUS of 1897

The impetus for an official national pharmacopoeia gathered steam in the mid-1890s, culminating in the first publication of the *Pharmacopoeia of the American Institute of Homeopathy* in 1897, produced by the Committee on Pharmacy of the AIH. This publication antedated the

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<sup>47</sup>William Boericke, *Pocket Manual of Homeopathic Materia Medica* (Philadelphia: Boericke & Tafel, 1901); Samuel Hahnemann, *Organon of Medicine*, 6th ed., trans. William Boericke (Philadelphia: Boericke & Tafel, 1922). Boericke's translation introduced Hahnemann's LM potency scale to English-language practitioners for the first time.

<sup>48</sup>HPCUS, "Publication History," <https://www.hpus.com/document/publication-history/>; Charles Hempel, *New Homeopathic Pharmacopoeia and Posology, or The Mode of Preparing Homeopathic Remedies and the Administration of Doses* (New York, 1850). Hempel's work drew on Buchner and Gruner's German pharmacopoeia (1841) and Jahr's French contributions.

<sup>49</sup>Boericke & Tafel, *American Homoeopathic Pharmacopoeia* (1892); HPCUS, "Publication History." The Boericke & Tafel pharmacopoeia represented the most comprehensive private-sector standardization effort in American homeopathic pharmacy prior to the 1897 AIH publication.

Federal Pure Food and Drug Act of 1906 by nine years, establishing its independent scientific authority prior to federal pharmaceutical regulation.<sup>50</sup>

A second edition in 1901 was the first to bear the title *Homœopathic Pharmacopeia of the United States*—a designation that implicitly claimed national authority and positioned the document in parallel with the United States Pharmacopoeia. Three further editions appeared between 1901 and 1938. The publication was supported by formal AIH proceedings, which articulated the governing principle of pharmaceutical standardization in terms that echoed throughout subsequent HPUS editions:

*"The preparation of medicines for the homœopathic school must be governed by exact and uniform rules..."*

In 1980, responsibility for the publication and maintenance of the HPUS was transferred from the AIH to a newly constituted independent corporation, the Homœopathic Pharmacopœia Convention of the United States (HPCUS), a 501(c)(3) tax-exempt charitable and educational institution specifically organized for this purpose. The HPCUS continues to maintain and publish the HPUS, which now encompasses over 1,300 official monographs.<sup>51</sup>

## **VIII. GEOGRAPHIC EXPANSION AND THE NATIONAL PHARMACEUTICAL NETWORK**

### **A. The Standard Homeopathic Company**

While Philadelphia and New York dominated the early history of American homeopathic pharmacy, the rapid expansion of homeopathic practice into the Midwest, South, and West created market demand that East Coast manufacturers could not fully supply. The Standard Homeopathic

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<sup>50</sup>HPCUS, "Publication History"; American Association for Homeopathic Pharmacists, "What is the HPUS and Who Creates It?," <https://theaahp.org/compliance/what-is-the-hpus-and-who-creates-it/>. The first edition of the HPUS (1897) was produced by the Committee on Pharmacy of the AIH under the title *Pharmacopoeia of the American Institute of Homeopathy*; the second edition (1901) adopted the current title *Homœopathic Pharmacopeia of the United States*.

<sup>51</sup>HPCUS, "HPCUS and HPUS Basics," <https://www.hpus.com/document/hpcus-and-hpus-basics/>; HPUS homepage, <https://www.hpus.com>. Responsibility for publication was transferred from the AIH to the newly incorporated HPCUS in 1980. The HPUS now encompasses over 1,300 official monographs and is available as an online subscription reference.

Company, founded in Los Angeles in 1902 by George W. Hyland, filled a critical gap in the western market by establishing manufacturing and distribution operations on the Pacific Coast.<sup>52</sup>

The Standard Homeopathic Company developed into a significant regional manufacturer serving practitioners and retail pharmacies throughout California and the western states. It has operated continuously in Los Angeles since its founding and remains, among current American homeopathic manufacturers, one of the oldest companies in continuous operation.

## **B. The Luyties Pharmacal Company**

The Luyties Pharmacal Company, founded by Hermann Luyties in St. Louis, served as a critical midwestern anchor for the national distribution network of homeopathic medicines. Operating from St. Louis—a city with a substantial German immigrant population and a long tradition of homeopathic practice—Luyties developed a mail-order and wholesale distribution model that supplied practitioners and retail pharmacies across the central United States.<sup>53</sup>

Luyties was particularly identified with the cell salt (tissue salt) preparations associated with the work of Wilhelm Schuessler (1821–1898), a German homeopathic physician who proposed a simplified therapeutic system based on twelve inorganic mineral salts regarded as essential constituents of human tissue. Cell salts—prepared in low decimal potencies (typically 6X)—occupied a distinct therapeutic niche within the broader homeopathic market.<sup>54</sup>

## **C. Borneman and Sons**

The firm of Borneman and Sons, founded in Philadelphia in 1910 by John Alexander Borneman, represents one of the most historically significant instances of twentieth-century continuity in American homeopathic pharmacy. Borneman was a pharmacist by training, having graduated from the Philadelphia College of Pharmacy in 1902 with the degree of Graduate in

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<sup>52</sup>Standard Homeopathic Company, corporate history records; Yasgur, "Historical Timeline," entry 1902. The Standard Homeopathic Company has operated continuously in Los Angeles since 1902 and is among the oldest homeopathic manufacturers in continuous operation in the United States.

<sup>53</sup>Winston, *Faces of Homeopathy*, 108–110. The Luyties Pharmacal Company operated from St. Louis, Missouri, which had a substantial German immigrant community and a long tradition of homeopathic practice dating to the mid-nineteenth century.

<sup>54</sup>Wilhelm Schuessler, *An Abridged Therapy* (London, 1874); Robin Murphy, *Homeopathic Medical Repertory*, 3rd ed. (Pagosa Springs: HANA Press, 2004). Schuessler's twelve tissue salts—prepared in low decimal potencies (typically 3X or 6X)—were widely used in self-care and occupational medicine contexts and remain a significant product category in the contemporary homeopathic market.

Pharmacy (PhG). His graduate dissertation addressed the naturalization of German botanical species used in homeopathic pharmacy into cultivation in the United States—a subject that foreshadowed both his professional vocation and a remarkable contribution to the national war effort. Known throughout his professional career as "Dr. Borneman," he served as a professor at Hahnemann Medical College of Philadelphia, where he taught homeopathic pharmacy and *materia medica* and maintained close institutional ties with the physician community trained there.<sup>55</sup>

Borneman's expertise in botanical cultivation proved directly consequential during the First World War. When wartime conditions severed American access to European sources of atropine—derived from *Atropa belladonna*—and military demand for the alkaloid as a pharmacological agent sharply increased, Borneman undertook a systematic campaign to teach Pennsylvania Dutch farmers in the region surrounding Philadelphia to cultivate belladonna as a domestic source of atropine for the United States Army. This episode illustrates with particular force the intersection of homeopathic botanical expertise with mainstream pharmaceutical supply in a moment of national need, and it stands as one of the most consequential practical contributions made by a homeopathic pharmacist to American public health.

Borneman and Sons operated as both a manufacturing laboratory and wholesale distributor of homeopathic medicines, producing a comprehensive range of remedies prepared according to HPUS standards and supplying practitioners, retail pharmacies, and distributors across the country. The firm maintained consistently high manufacturing standards—a point of particular importance during the long period of institutional decline following the Flexner Report, when the quality of homeopathic pharmaceutical production was under little external oversight.

The company remained in family hands through four generations of the Borneman family. John Alexander Borneman Jr. assumed leadership following his father's death and continued the firm's operations through the mid-twentieth century. A third generation, John A. Borneman III, sustained the enterprise through the period of the firm's greatest commercial expansion and its

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<sup>55</sup>Borneman and Sons corporate history; Philadelphia College of Pharmacy records; Yasgur, "Historical Timeline," entry 1910. John Alexander Borneman graduated from the Philadelphia College of Pharmacy in 1902 with the degree of Graduate in Pharmacy (PhG). His dissertation addressed the naturalization of German botanical species used in homeopathy into domestic cultivation in the United States. The founding of Borneman and Sons in 1910 coincided with the publication of the Flexner Report—a juxtaposition that encapsulates the divergent trajectories of institutional medicine and homeopathic pharmacy in the early twentieth century. The honorific "Dr. Borneman" was customary for holders of the PhG degree in this period and reflected both his academic distinction and his professorial role at Hahnemann Medical College.

eventual acquisition. The fourth and final generation of family involvement was represented by Dr. John P. Borneman, lineal great-grandson of the founder, who maintained the family's continuity with the homeopathic pharmaceutical tradition into the modern era. This span of four generations across more than seven decades constitutes one of the most remarkable dynastic continuities in the history of American pharmacy.

Borneman and Sons was headquartered in suburban Norwood, Pennsylvania, near Philadelphia—a geographic continuity with the institutional heart of American homeopathy dating to Constantine Hering's arrival in Philadelphia in 1833. During the decades when homeopathic medical schools were closing and the number of active practitioners fell to a few hundred nationwide, companies such as Borneman and Sons constituted the "remnant infrastructure" of American homeopathic pharmacy, maintaining the technical capacity, pharmacopeial standards, and supply chains essential to any subsequent revival of the practice.<sup>56</sup>

## **IX. THE FLEXNER REPORT AND THE CONTRACTION OF INSTITUTIONAL HOMEOPATHY**

No single event did more to accelerate the decline of institutional homeopathy in the United States than the publication of Abraham Flexner's *Medical Education in the United States and Canada* (Carnegie Foundation Bulletin Number Four, 1910)—the "Flexner Report"—which became the founding document of the modern American biomedical educational system and the instrument by which most proprietary and sectarian medical schools were eliminated.<sup>57</sup>

To understand how an educator with no medical degree came to wield such sweeping authority over American medicine, the relationship between Abraham Flexner and his older brother Simon is indispensable. Simon Flexner (1863–1946)—born three years before Abraham

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<sup>56</sup>Boiron USA, "Our Story"; Winston, *Faces of Homeopathy*, 110. The Borneman firm's Norwood, Pennsylvania, location—just southwest of Philadelphia—maintained the geographic continuity with the institutional heart of American homeopathy that dated to Constantine Hering's arrival in Philadelphia in 1833.

<sup>57</sup>Abraham Flexner, *Medical Education in the United States and Canada* (New York: Carnegie Foundation, 1910); Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 118–127. Flexner visited all 155 medical schools then operating in the United States and Canada during 1908–1909 and published his findings as Carnegie Foundation Bulletin Number Four in 1910. Abraham's elder brother Simon Flexner (1863–1946), director of the Rockefeller Institute for Medical Research (1901–1935), was a trustee of the Rockefeller Foundation and a close personal adviser to John D. Rockefeller Jr.; his prominence in the Rockefeller philanthropic network created the institutional context within which Abraham's commission and subsequent career on the General Education Board became possible.

in the same Louisville, Kentucky household—had risen by the turn of the twentieth century to become one of the most powerful figures in American biomedical science. A self-taught microbiologist who secured a fellowship in the laboratory of the pathologist William Henry Welch at Johns Hopkins, Simon parlayed that connection into a professorship at the University of Pennsylvania and then, in 1901, into the directorship of the newly founded Rockefeller Institute for Medical Research in New York—a position he would hold for thirty-four years. Through this role, Simon became a close friend and adviser to John D. Rockefeller Jr. and a trustee of the Rockefeller Foundation itself. The bacteria species *Shigella flexneri* was subsequently named in his honor.<sup>58</sup>

The fraternal connection between Simon and Abraham was not merely biographical background—it was the mechanism by which Abraham received his commission. In 1908, Henry Pritchett, president of the Carnegie Foundation for the Advancement of Teaching, was searching for an investigator to conduct a systematic survey of American medical schools. According to accounts of the period, Abraham Flexner was himself puzzled by the summons, privately suspecting that he was being confused with his more celebrated brother. He had, after all, never set foot inside a medical school. Pritchett's choice of a non-physician was, however, deliberate: the Carnegie Foundation viewed the problem of medical education fundamentally as a problem of *education*, and believed that a professional educator unburdened by institutional loyalty to any school or sect would be better positioned to deliver the candid and systemic critique they sought. Abraham's 1908 book *The American College: A Criticism* had come to Pritchett's attention and convinced him of the younger Flexner's analytical independence and reforming temperament.

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<sup>58</sup>Flexner, *Medical Education*, 161 ("The ebbing vitality of homeopathic schools is a striking demonstration of the incompatibility of science and dogma."); T.P. Duffy, "The Flexner Report—100 Years Later," *Yale Journal of Biology and Medicine* 84 (2011): 269–276 (noting that Abraham "suspected he was being confused with his brother" when summoned by Pritchett); Wikipedia, s.v. "Simon Flexner" (noting his role as first director of the Rockefeller Institute, 1901–1935, trustee of the Rockefeller Foundation, and friend and adviser to John D. Rockefeller Jr.); Wikipedia, s.v. "Abraham Flexner" (noting his service on the Rockefeller General Education Board 1912–1925, as secretary after 1917); Harald Walach, "The Flexner Report of 1910 and Its Impact on Complementary and Alternative Medicine and Psychiatry in North America in the 20th Century," *PMC* (2013); Carlo Leget, "Rockefeller, the Flexner Report, and the American Medical Association," *Cureus* (2025). The reciprocal influence of the two brothers is noted in the secondary literature: with Abraham's early help, Simon secured a fellowship in William Welch's laboratory at Johns Hopkins; years later, Simon's institutional prominence in the Rockefeller sphere provided the network context within which Abraham received the Carnegie commission and his subsequent General Education Board appointments.

Simon's prominence in the Rockefeller sphere, however, almost certainly opened the door through which Abraham walked.<sup>59</sup>

The institutional triangle formed by Abraham Flexner, the Carnegie Foundation (which commissioned and published the Report), and the Rockefeller philanthropic apparatus (which funded its implementation) is essential context for understanding the Report's impact. While Abraham carried out the survey and wrote the critical text, the financial power to enforce its recommendations lay with the Rockefeller General Education Board. Between 1912 and 1925, Abraham himself served on the General Education Board—after 1917 as its secretary—directing tens of millions of dollars in Rockefeller funds toward medical schools that adopted the biomedical model and away from those that did not. Simon, meanwhile, remained at the Rockefeller Institute in close proximity to the philanthropic machinery that gave his brother's report its transformative force. The result was that a single immigrant family from Louisville had placed one brother at the head of the nation's foremost biomedical research institution and the other in effective control of the philanthropic funds reshaping American medical education.<sup>60</sup>

Flexner's report was deeply critical of schools that taught sectarian or "dogmatic" medicine, and his characterization of homeopathic schools was especially dismissive: in his own words, "the ebbing vitality of homeopathic schools is a striking demonstration of the incompatibility of science and dogma." Flexner's recommendations for the closure or consolidation of inadequately equipped schools were implemented with remarkable speed, facilitated by the complementary policies of the AMA's Council on Medical Education and the coordinated withdrawal of Rockefeller philanthropic funding from schools that did not conform to the biomedical model.<sup>61</sup>

The consequences for homeopathic medical education were catastrophic. In 1900, there had been twenty-two homeopathic medical colleges in the United States; by 1923, only two remained, and both had begun to de-emphasize homeopathy in their curricula under professional and financial pressure. The last institution offering a regular course in homeopathic medicine, the

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<sup>59</sup> Henry S. Pritchett, *The Carnegie Foundation for the Advancement of Teaching: First Annual Report* (New York: Carnegie Foundation, 1908); Abraham Flexner, *The American College: A Criticism* (New York: Century Company, 1908).

<sup>60</sup> Steven C. Wheatley, *The Politics of Philanthropy: The Rockefeller Foundation and Medical Education Reform* (New York: Rockefeller Archive Center, 1988); Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 118–127.

<sup>61</sup> Abraham Flexner, *Medical Education in the United States and Canada* (New York: Carnegie Foundation, 1910), 161–165.

University of California, San Francisco (which had absorbed the Hahnemann Medical College of the Pacific), dropped homeopathy from its curriculum in 1939.<sup>62</sup>

Scholars have since noted that the Flexner Report's impact on homeopathic schools, though severe, was not the sole cause of their decline. Many homeopathic colleges had been financially precarious even before 1910, and the internal divisions within the homeopathic community between high-potency and low-potency prescribers had undermined institutional cohesion. Nevertheless, the Report catalyzed and decisively accelerated a process of decline that might otherwise have been slower and partially reversible.<sup>63</sup>

## **X. FEDERAL REGULATION AND THE RECOGNITION OF THE HPUS**

### **A. The Federal Food, Drug, and Cosmetic Act of 1938**

The most consequential legislative event in the history of American homeopathic pharmacy was the recognition of the HPUS under the Federal Food, Drug, and Cosmetic Act of 1938 (FD&C Act). The Act defined "drug" to include "articles recognized in the official United States Pharmacopoeia, official Homoeopathic Pharmacopoeia of the United States, or official National Formulary"—thereby placing homeopathic medicines on equal legal footing with conventionally pharmaceutically regulated drugs as a distinct and recognized category.<sup>64</sup>

The inclusion of the HPUS in this definition was not accidental: it was primarily the work of Senator Royal S. Copeland (D-NY), a homeopathic physician who was the principal Senate sponsor of the FD&C Act legislation and the former president of the New York City Board of Health. Copeland had been an advocate for homeopathic medicine throughout his political career, and his influence in the drafting process ensured that homeopathic medicines would be afforded

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<sup>62</sup>Wikipedia, s.v. "William Boericke"; Kaufman, *Homeopathy in America*, 161–175; P. Thomas, "Homeopathy in the USA." The last homeopathic medical college—the Hahnemann Medical College of Philadelphia—dropped homeopathy from its curriculum during the 1920s under pressure from the AMA's Council on Medical Education, though it retained its historic name. The University of California, San Francisco, discontinued homeopathic instruction in 1939.

<sup>63</sup>Constellations, University of Alberta, "The Impact of the Flexner Report on Sectarian Medical Schools" (2021), <https://journals.library.ualberta.ca/constellations>; Walach, "The Flexner Report." The study by Constellations notes that financial records of homeopathic schools reveal precarious operating conditions even prior to 1910, and cautions that "the impact of the Flexner Report should not be over-stressed" as the sole cause of institutional decline.

<sup>64</sup>Federal Food, Drug, and Cosmetic Act of 1938, section 201(g)(1), 21 U.S.C. § 321(g)(1); Federal Register, "Homeopathic Product Regulation: Evaluating the Food and Drug Administration's Regulatory Framework After a Quarter-Century," 80 Fed. Reg. 16327 (March 27, 2015).

explicit legal recognition. Copeland died on June 17, 1938—four days after the FD&C Act was passed by Congress, and before President Franklin D. Roosevelt signed it into law.<sup>65</sup>

The Act did not exempt homeopathic drugs from all FDA regulatory requirements: drugs labeled as homeopathic remained subject to the Act's provisions regarding adulteration, misbranding, and labeling. However, the explicit recognition of the HPUS as an official compendium created a regulatory framework within which homeopathic manufacturing could operate and provided a legal basis for the continued marketing of HPUS-listed products.<sup>66</sup>

## **B. The First Decades Under Federal Regulation (1938–1988)**

For the first five decades of the FD&C Act's existence, the FDA's regulatory approach to homeopathic medicines was characterized by relative forbearance. The agency neither aggressively pursued enforcement actions against homeopathic manufacturers nor issued formal guidance clarifying the precise conditions under which homeopathic drugs could be marketed. This regulatory ambiguity, while creating some uncertainty for manufacturers, had the practical effect of leaving the modest surviving homeopathic pharmaceutical sector largely undisturbed.

During this period, the handful of surviving homeopathic manufacturers—Boericke & Tafel, Standard Homeopathic Company, Luyties Pharmacal Company, Borneman and Sons, and a small number of others—operated primarily in the practitioner-centered market, supplying remedies to the dwindling community of actively practicing homeopathic physicians. Consumer retail distribution was minimal, and the homeopathic pharmaceutical industry remained small, specialized, and largely invisible to the broader pharmaceutical marketplace.<sup>67</sup>

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<sup>65</sup>HPCUS, "HPCUS and HPUS Basics," <https://www.hpus.com/document/hpcus-and-hpus-basics/>; Americans for Homeopathy Choice, "Historical Timeline Review," <https://homeopathychoice.org/historical-review-homeopathic-drug-regulation/>. Senator Copeland (1868–1938) served as Commissioner of Health for New York City (1918–1923) and was elected to the United States Senate in 1922. He died on June 17, 1938, four days after the FD&C Act was enacted by Congress.

<sup>66</sup>Federal Register, "Homeopathic Product Regulation" (2015), 80 Fed. Reg. 16327; Americans for Homeopathy Choice, "Historical Timeline Review." The FD&C Act did not exempt homeopathic drugs from the Act's provisions regarding adulteration, misbranding, labeling, or current good manufacturing practice.

<sup>67</sup>Winston, *Faces of Homeopathy*, 108–115. By the mid-twentieth century, the number of actively practicing homeopathic physicians in the United States had declined to an estimated few hundred, and the homeopathic pharmaceutical market was correspondingly small and specialized.

## **XI. THE AMERICAN ASSOCIATION OF HOMEOPATHIC PHARMACISTS**

In 1923, against the backdrop of severe institutional contraction in American homeopathy, leaders of the homeopathic pharmaceutical industry established the American Association of Homeopathic Pharmacists (AAHP). The organization was co-founded by John Alexander Borneman, Roger Ehrhart, and Gustav Tafel—representing the three major Philadelphia-area firms of Borneman and Sons, Ehrhart & Karl (Chicago), and Boericke & Tafel—along with other pharmacists and manufacturers engaged in the preparation and distribution of homeopathic medicines.<sup>68</sup>

The AAHP was established with a mandate to promote professional standards in homeopathic pharmacy, support the work of the Homeopathic Pharmacopoeia Convention of the United States, provide a professional forum for homeopathic pharmacists and manufacturers, and defend the interests of the homeopathic pharmaceutical industry in dealings with regulatory authorities and the broader professional medical community. Its founding in 1923—a time when homeopathic medical colleges were rapidly closing and the number of practitioners was falling sharply—reflected the pharmaceutical sector's determination to maintain professional identity and standards independent of the declining medical educational infrastructure.

The AAHP has continued as the principal trade and professional association of the American homeopathic pharmaceutical industry to the present day, playing an important role in regulatory advocacy, pharmacopeial development, and public education regarding homeopathic medicines. Today known as the American Association for Homeopathic Pharmacists, the organization represents a direct institutional continuity from the founding generation of American homeopathic pharmacy to the twenty-first century.<sup>69</sup>

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<sup>68</sup>American Association of Homeopathic Pharmacists historical publications; Yasgur, "Historical Timeline," entry 1923. The founding membership of the AAHP included John Alexander Borneman, Roger Ehrhart (Ehrhart & Karl, Chicago), and Gustav Tafel (Boericke & Tafel), along with other pharmacists and manufacturers engaged in the preparation and distribution of homeopathic medicines.

<sup>69</sup>American Association for Homeopathic Pharmacists (AAHP), organizational history, <https://theaahp.org>. The AAHP has represented the homeopathic pharmaceutical industry in regulatory proceedings before the FDA, provided educational programs for pharmacists, and maintained close collaboration with the HPCUS on pharmacopeial standards.

## **XII. EUROPEAN ENTRY INTO THE AMERICAN MARKET: THE BOIRON ACQUISITION OF BORNEMAN AND SONS**

A decisive turning point in the modern history of American homeopathic pharmacy occurred in 1983, when the French homeopathic pharmaceutical company Laboratoires Boiron acquired Borneman and Sons of Norwood, Pennsylvania.

Boiron had been founded in 1932 in Paris by twin brothers Jean Boiron (1906–1996) and Henri Boiron (1906–1994), both of whom held doctoral degrees in pharmacy and had trained in the natural sciences and microbiology. The brothers were recruited by the pharmacist René Baudry to found the Laboratoire Central Homéopathique de France in Paris; the enterprise subsequently merged with other laboratories to form Laboratoires Boiron in 1967, relocated its principal manufacturing to Sainte-Foy-lès-Lyon in 1974, and grew to operate twenty-nine production facilities worldwide by 1983.<sup>70</sup>

Boiron's international expansion had begun in 1979 with the establishment of a subsidiary in Italy. The 1983 acquisition of Borneman and Sons—a company with four generations of family ownership, established manufacturing capacity, HPUS-compliant production protocols, and existing distribution relationships with American practitioners and pharmacies—provided Boiron with an immediate operational platform in the United States. The newly formed entity was initially designated Boiron-Borneman, Inc., subsequently renamed Boiron USA, Inc., and established its headquarters in suburban Philadelphia in direct continuation of the Borneman firm's geographic location.<sup>71</sup>

The Boiron acquisition marked the beginning of a period of significant European participation in the American homeopathic pharmaceutical market. European manufacturers—Boiron in France, the Willmar Schwabe Group in Germany (which acquired Boericke & Tafel in 1988), and others—brought substantially greater capital resources, manufacturing scale, and

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<sup>70</sup>Boiron S.A., "About Boiron," <https://www.boironusa.com/about-boiron/>; Encyclopedia.com, s.v. "Boiron S.A.," <https://www.encyclopedia.com/books/politics-and-business-magazines/boiron-sa>. In 1953, Henri Boiron was elected president of the Syndicat National des Pharmaciens Homéopathes; in 1965, he secured the inclusion of homeopathy in the Pharmacopée Française—a landmark recognition of homeopathic medicine within the French national pharmaceutical regulatory framework.

<sup>71</sup>Boiron USA, "Our Story," <https://www.boironusahep.com/about-boiron/our-story/>; Encyclopedia.com, "Boiron S.A."; Vitamin Retailer Magazine, "Janick Boudazin, President & CEO, Boiron USA" (March 2023). The acquired Borneman firm had four generations of family ownership and well-established HPUS-compliant manufacturing protocols; these were described by Boiron USA's published history as having a staff of seven employees at startup, shipping an average of twenty-five orders per day.

distribution infrastructure to the American market than the legacy domestic firms had been able to develop during the long period of post-Flexner contraction.

### **XIII. FDA COMPLIANCE POLICY GUIDE 7132.15 (1988) AND MARKET EXPANSION**

#### **A. The 1988 Compliance Policy Guide**

On June 9, 1988, the FDA issued Compliance Policy Guide 7132.15 (subsequently renumbered CPG 400.400), entitled "Conditions Under Which Homeopathic Drugs May be Marketed." This document was the first comprehensive statement of the FDA's enforcement policy toward homeopathic drugs since the passage of the FD&C Act fifty years earlier, and it significantly clarified the regulatory environment in which homeopathic manufacturers operated.<sup>72</sup>

The CPG defined a homeopathic drug as "any drug labeled as being homeopathic which is listed in the HPUS, an addendum to it, or its supplements" and set forth the agency's conditions for permitting the marketing of such products. These conditions addressed labeling requirements, prescription versus over-the-counter status, current Good Manufacturing Practice (cGMP) compliance, and the requirement that all marketed products be referenced in the HPUS.<sup>73</sup>

The practical significance of the CPG was to define, with unprecedented clarity, a regulatory pathway within which the homeopathic pharmaceutical industry could operate and expand with reduced risk of arbitrary enforcement action. By clarifying that products listed in the HPUS could be marketed as over-the-counter products without pre-market approval (subject to the CPG's other conditions), the agency effectively opened the consumer retail channel to homeopathic manufacturers for the first time on a nationally scaled basis.

#### **B. Expansion into Consumer Retail Markets**

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<sup>72</sup>FDA, Compliance Policy Guide 7132.15 (CPG 400.400), "Conditions Under Which Homeopathic Drugs May be Marketed," 53 Fed. Reg. 21728 (June 9, 1988).

<sup>73</sup>Federal Register, "Homeopathic Product Regulation" (2015), 80 Fed. Reg. 16327; AAHP, "What is the HPUS?"; Americans for Homeopathy Choice, "Historical Timeline Review." The CPG's conditions distinguished between OTC and prescription-only homeopathic products: products indicated for self-limiting conditions were generally permissible as OTC, while those indicated for serious conditions not amenable to self-treatment were classified as prescription-only.

Following the issuance of the CPG, the homeopathic pharmaceutical industry experienced a period of rapid growth during the late 1980s and 1990s that transformed it from a practitioner-centered specialty trade into a significant segment of the consumer health marketplace. Manufacturers expanded distribution beyond specialty homeopathic pharmacies and physician supply channels into natural food stores, health food retailers, national pharmacy chains, and food/drug/mass (FDM) retail channels.<sup>74</sup>

This expansion was driven by several converging factors beyond regulatory clarification: growing consumer interest in natural and alternative health products, the expansion of the natural foods retail sector, increasing dissatisfaction with conventional pharmaceutical approaches among health-conscious consumers, and the relative safety profile of highly diluted homeopathic preparations. All of these factors contributed to rapid adoption across retail channels.

The trajectory of the industry's growth is illustrated by Boiron USA's experience: established in 1983 with a staff of seven employees fulfilling approximately twenty-five orders per day, the company grew within a decade to employ over one hundred twenty staff and fulfill thousands of orders daily during peak season. The global homeopathic market, valued at approximately \$9.4 billion in 2023, represents a transformation almost unimaginable from the perspective of the beleaguered remnant industry of the mid-twentieth century.<sup>75</sup>

### **C. Hyland's and the Transformation of the American Homeopathic Consumer Market**

No single American-owned company more vividly illustrates the transformation of the homeopathic pharmaceutical industry in the decades following the 1988 CPG than Standard Homeopathic Company and its Hyland's brand. Founded in Los Angeles in 1903 by eight physicians seeking a local supply of homeopathic medicines for California practitioners, and acquired in 1910 by George H. Hyland—who built the compounding pharmacy into a manufacturing operation serving the western United States—the company had evolved by the mid-

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<sup>74</sup>Boericke & Tafel, "The Story"; Winston, *Faces of Homeopathy*, 116–118. The expansion of homeopathic products into natural food stores, pharmacy chains, and FDM channels in the late 1980s and 1990s transformed the industry's commercial model, shifting from a practitioner-dependent specialty trade to a consumer-driven retail market.

<sup>75</sup>Boiron USA, "About Boiron," <https://www.boironusa.com/about-boiron/>; global market valuation cited in Boiron corporate reporting (2023–2024). The global homeopathy market was estimated at approximately \$9.4 billion in 2023, with Boiron holding an estimated 18% global market share.

twentieth century into a specialized manufacturer supplying the practitioner market under the Standard Homeopathic name. Its consumer brand, Hyland's, had been established through products such as the Hyland's Teething Tablets (first catalogued in 1925) and Calms Forté, a sleep remedy that became the company's signature consumer product and the best-known homeopathic OTC preparation in the American retail market.<sup>76</sup>

The strategic pivot that transformed Standard Homeopathic into a major consumer health company began in 1987, when John P. (Jay) Borneman—great-grandson of the founder of Borneman and Sons and himself the fourth generation of his family's professional engagement with homeopathic pharmacy—joined the company as Marketing Director. Borneman's primary objective was to break Hyland's products out of the specialty pharmacy and natural food channel and into the mainstream chain drug store market, and his chosen vehicle was Hyland's Teething Tablets. The product's familiar profile, its long history of consumer trust, and its suitability for self-selection by retail consumers made it an effective bridgehead into the OTC drug aisle. What followed was, in the words of company president Les Hamilton, a transformation driven by a "big jump in sales" beginning in the mid-1980s as Hyland's moved from specialty stores into traditional retail outlets. Walmart became the company's first major mass-market retailer in the early 1990s—a landmark in the normalization of homeopathic products within the mainstream American consumer marketplace.<sup>77</sup>

The growth of the 1990s was sustained and accelerated by several strategic initiatives. In 1990, Hyland's began selling products in Canada, extending its North American distribution footprint. In 1995, Standard Homeopathic acquired the Luyties Pharmacal Company of St. Louis—

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<sup>76</sup>Crunchbase, "Hyland's," <https://www.crunchbase.com/organization/hyland-s>; Drug Store News, "Focus On: Time to Shine for Hyland's," <https://drugstorenews.com/focus-time-shine-hylands>; Standard Homeopathic Company, corporate history; AAHP member directory. Jay (John P.) Borneman joined Standard Homeopathic as Marketing Director in 1987 with the explicit goal of breaking Hyland's products into the chain drug store channel; the vehicle for this expansion was Hyland's Teething Tablets, one of the company's oldest and most recognized products. The acquisition of Luyties Pharmacal Co. in 1995 added both a Midwestern manufacturing facility and the Luyties-branded single-remedy line to Standard Homeopathic's portfolio. The founding of 1-800 Homeopathy in 1998 as a direct mail-order operation expanded the company's reach to the home consumer market, growing its customer base from 2,500 to 150,000 in a short span of years.

<sup>77</sup>Drug Store News, "Focus On: Time to Shine for Hyland's" (Les Hamilton, president of Hyland's, quoted: "Our big jump in sales came in the mid-1980s with our first foray into mass market retailers... Walmart was actually our first major retailer when they started to stock our products in the early 1990s"); Seattle Times, "Herbal, homeopathic treatments share space with cold medicines" (March 2005) (J.P. Borneman quoted: "By 2000, we had a half-dozen products solidly in that class. Then Cold-Eeze and Zicam came on the market and suddenly homeopathy was ubiquitous"); SourceWatch, s.v. "Hyland's" (noting double-digit annual growth since 2000). Drug Store News reports that Hyland's has enjoyed solid double-digit annual growth rates for nearly all of the last two and a half decades as of 2020.

one of the oldest surviving homeopathic manufacturers in the United States, and itself a company of considerable historical significance—bringing Luyties's single-remedy line and Midwestern manufacturing capacity under the Standard Homeopathic umbrella. In 1998, the company founded 1-800 Homeopathy as a direct mail-order catalog operation, building a direct-to-consumer customer base that grew from 2,500 to over 150,000 in a matter of years, reflecting both the scale of latent consumer interest in homeopathic products and the effectiveness of the brand's marketing approach.<sup>78</sup>

By 2000, Hyland's had established a presence across every major retail channel: the drug store, the mass market, the natural food channel, and the emerging internet and direct-mail consumer market. As Jay Borneman later described the dynamic of that period, the company had by 2000 placed a half-dozen products solidly in the mainstream OTC category—and then, he noted, the breakout commercial success of Cold-Eeze and Zicam made homeopathy ubiquitous as a consumer concept, dramatically expanding the pool of consumers who were at least aware of and open to homeopathic products. The company reported solid double-digit annual growth rates for nearly all of the two and a half decades following the mid-1980s entry into mass-market retail, a growth trajectory that placed Hyland's among the most successful OTC consumer health brands in the natural health sector.<sup>79</sup>

The company's portfolio expanded in parallel with its distribution reach, growing to over 3,500 products by the early 2010s—a range spanning infant care, sleep and stress, pain relief, women's health, cough and cold, digestion, and first aid categories. Calms Forté stood as the leading homeopathic sleep product in the American OTC market. The company's state-of-the-art manufacturing facility in Los Angeles maintained full compliance with FDA current Good Manufacturing Practices and HPUS standards, and a licensed on-site pharmacy continued to fill physicians' homeopathic prescriptions—maintaining a direct institutional continuity with the practitioner-supply mission with which the company had been founded in 1903.<sup>80</sup>

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<sup>78</sup> Boiron USA corporate history; Janick Boudazin, “Boiron USA and the Expansion of Homeopathy in the American Market,” Vitamin Retailer (March 2023).

<sup>79</sup> National Center for Complementary and Integrative Health (NCCIH), “Homeopathy: What You Need to Know,” National Institutes of Health.

<sup>80</sup> Willmar Schwabe Group corporate history records; Julian Winston, *The Faces of Homeopathy: An Illustrated History of the First 200 Years* (Tawa, New Zealand: Great Auk Publishing, 1999), 114–118.

The confluence of the Borneman family lineage with the leadership of what had become America's largest domestically owned homeopathic manufacturer represents an arresting historical coincidence—or, perhaps, something more than coincidence. The family that had founded Borneman and Sons in Philadelphia in 1910, maintained it through four generations, and seen it acquired by Boiron in 1983, had sent a fourth-generation descendant to Los Angeles, where he presided over the explosive growth of Standard Homeopathic Company into a nationally recognized consumer health enterprise. The homeopathic pharmaceutical tradition, in this respect as in others, displayed a capacity for continuity and renewal that its adversaries in the early twentieth century had not anticipated.<sup>81</sup>

## CONCLUSION

The history of homeopathy and homeopathic pharmacy in the United States is a history of remarkable institutional resilience. From the introduction of the system by Hans Burch Gram in 1825 through the construction of an elaborate professional infrastructure during the nineteenth century, the severe contraction imposed by the Flexner Report and the policies of organized orthodox medicine during the early twentieth century, and the subsequent revival beginning in the 1970s and 1980s, the homeopathic pharmaceutical tradition demonstrated a capacity for institutional survival and renewal that distinguishes it from virtually all other sectarian medical movements of the nineteenth century.

Central to this survival was the work of the specialized pharmaceutical firms—Boericke & Tafel, the Standard Homeopathic Company, Luyties Pharmacal Company, and above all Borneman and Sons—that maintained manufacturing capacity, pharmacopeial standards, and distribution networks through the decades of greatest adversity. Equally important was the institutional framework provided by the American Institute of Homeopathy, the Homeopathic Pharmacopoeia Convention of the United States, and the American Association of Homeopathic Pharmacists, which collectively preserved the professional identity, technical standards, and regulatory engagement of the field.

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<sup>81</sup> Standard Homeopathic Company corporate archives; J.P. Borneman, “The Development of Homeopathy and Homeopathic Pharmacy in the United States.”

The recognition of the HPUS under the FD&C Act of 1938—secured largely through the legislative efforts of Senator Royal Copeland—and the subsequent regulatory clarification provided by FDA CPG 400.400 in 1988 provided the legal and commercial framework within which the industry was able to expand from a small practitioner-supply trade into a consumer health marketplace of global dimensions. The acquisition of Borneman and Sons by Boiron in 1983 and the entry of other European manufacturers facilitated this transition by bringing international capital and manufacturing scale to bear on an American market made accessible by regulatory clarity and growing consumer demand.

For practitioners, pharmacists, and scholars engaged with homeopathic medicine today, the history surveyed here provides essential context for understanding the institutional, pharmaceutical, and regulatory foundations upon which contemporary practice rests—and for appreciating the extraordinary persistence of those who maintained that foundation during the long decades when its survival was far from assured.

## **ABOUT THE AUTHOR**

Dr. J.P. Borneman has been active in the homeopathic profession for nearly fifty years and represents the fourth generation of the Borneman family engaged in the practice and profession of homeopathic pharmacy. He is the former Chairman and Chief Executive Officer of Standard Homeopathic Company and Hyland's. He currently serves on the Board of Directors of Hyland's and maintains a financial interest in the firm. Dr. Borneman also serves as Chairman of the Homoeopathic Pharmacopoeia Convention of the United States (HPCUS).