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Hegel on Physical Health and Illness: A Brunonian Influence and a Metaphysical Approach

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Abstract: Physical health and illness according to Hegel is a topic that has been largely overlooked. To understand its importance in Hegel's philosophy, one must first understand its medical context, which begins with the crisis of German medical theory in the late 18th and early 19th centuries. This crisis facilitated the entry of Brunonianism into German medicine. Hegel was influenced by this context but also introduced ideas of his own into his conception of health and illness. According to Hegel, health is related to fluidity and solidification, which are two metaphysical notions. Using the Brunonian vocabulary of his time alongside his own metaphysical framework, Hegel elaborated a metaphysical theory of physical health and illness.

Keywords: Brunonianism; Hegel; German Idealism; health; illness; medicine.

I. Introduction

Hegel's philosophy of nature has historically been the least studied part of the system, compared to logic and the philosophy of spirit. However, it is the first of the real philosophies and, therefore, the Concept must also be actualised in the philosophy of nature. In his *Encyclopaedia*, Hegel's philosophy of nature contains a considerable number of notions that deserve investigation, but these require sufficient understanding of the scientific context of his time. His ideas on physical health and illness are no exception, appearing towards the end of his philosophy of nature in §§ 371–374. Nevertheless, they remain largely overlooked in Hegel scholarship.

If we compare mental health and physical health as research topics in Hegelian studies, the interest is clearly unbalanced. Mental health and mental illness have become a burgeoning field of research, with Hegel's philosophy of psychiatry slowly gaining prominence. In general, since the publication of *Hegel's Theory of Madness* (Berthold-

Bond 1995)[1], significant research on mental health in Hegel's philosophy has emerged. In fact, over the past five years, it has become one of the most prominent themes in Hegelian research, as attested by the extensive bibliography. The notion of 'madness' [*Verrücktheit*], Hegel's term for mental illness, has been the subject of numerous studies in recent years. From a historical and textual perspective, notable contributions include the studies by several scholars (Caldeira 2019, 73–80; de Laurentiis 2021, 153–175; de Laurentiis 2024, 63–87; Prestifilippo 2024, 31–39; Ricci 2024, 107–130). From a more conceptual and philosophical standpoint, the volume edited by Iannelli and Failla (Ianelli & Failla 2024) has also appeared, focusing on Hegel's conception of madness and its philosophical implications. Additionally, regarding the relationship between madness and objective spirit, recent contributions by Gregson (Gregson 2023) and Battistoni (Battistoni 2024) have further expanded the discussion. If mental health and mental illness have garnered such attention – despite occupying only a note to § 408 in the *Encyclopaedia* – why has physical health not generated the same level of interest, even though it spans four full paragraphs with notes?

This lack of interest in physical health in Hegel's philosophy can be attributed to three main reasons. First, the medical context of the time is highly complex, and not everyone is familiar with it. Consequently, providing a well-contextualised analysis of the paragraphs on physical health and illness is a challenging task. Secondly, it is true that Hegelian philosophy has historically had a strong influence in metaphysics, particularly through his *Science of Logic* and his *Phenomenology of Spirit*. His philosophy of Absolute spirit, as presented in his *Encyclopaedia*, also gained considerable popularity. However, Hegel is not typically studied for his philosophy of nature, leading many scholars to simply omit it. Third, physical health and illness fall within his philosophy of nature, which, as Houlgate has noted, has been the subject of mockery and ridicule since the nineteenth century (Houlgate 1999, xi).

Although it is not a topic that has been at the centre of philosophical discussions on Hegel, that does not mean nothing has been written about it. Von Engelhardt was in charge of this issue throughout his life (von Engelhardt 1975, 1984a, 1984b). Also, in his last work, von Engelhardt wrote a chapter on health and illness in Hegel's philosophy in his *Medizin in Romantik und Idealismus: Darstellung und Interpretation* (von Engelhardt 2023, 63–88). His contribution is highly commendable, but there are important issues that remain overlooked in his chapter. Complementing von Engelhardt's explanation with ideas he has not considered would already provide sufficient reason to write a research paper. However, there is an even more important reason.

Pirmin Stekeler-Weithofer, in his *Hegels Realphilosophie* (Stekeler-Weithofer 2023), provides a series of commentaries on each paragraph of the second and third parts of the

1 This is not to say that Berthold-Bond's study was the first, but it is the one that popularised the field of Hegel's philosophy of psychiatry. Although with less impact, there was an earlier monograph on madness in Hegel's philosophy by Severino (Severino 1987).

Encyclopaedia. Despite the fact that Stekeler-Weithofer's work is typically highly rigorous, it is surprising that, when addressing the paragraphs on physical health (*Enz C*, §§ 371–374), he does not hesitate to remark that "almost everything Hegel says here is outdated, it is not relevant in general" (Stekeler-Weithofer 2023, 460). He goes even further. His only comment on the extensive and interesting note to § 373 of the *Encyclopaedia*, where Hegel formulates key ideas about the nature of physical health and illness, is the following: "Basically, you can or should forget the whole passage. Everything is time-conditioned [*zeitbedingt*] and irrelevant for us" (Stekeler-Weithofer 2023, 463). Comments such as those constitute yet another important reason for a rigorous investigation into physical health and illness in Hegel's philosophy.

My purpose in this paper is to explain physical health and illness according to Hegel in order to understand their importance. Hegel was influenced by the Brunonian medical conception, which presents an added difficulty: ignorance of this context may lead one to believe that the paragraphs on health and illness contain nothing of significance. To clarify §§ 371–374, I will first outline the medical context of Hegel's time, explaining who John Brown was and how Brunonian medicine entered late eighteenth-century Germany. I will then develop Hegel's notion of physical health and illness. As we shall see, the ideas of health [*Gesundheit*] and illness [*Krankheit*] in his philosophy of nature are closely related to the notions of fluidity [*Flüssigkeit*] and solidification [*Festgeworden*] in his *Science of Logic*. Consequently, health represents the fluidity of the whole in relation to its parts, while illness corresponds to the solidification of the part that prevents reconciliation within the whole. We will explore the implications of this further. Finally, in addressing illness and physical health, we will briefly examine Hegel's discussion of medicines, which serves as evidence of both his Brunonian influence and his original conception of health and physical illness.

II. The Introduction of Brunonian Medicine in Germany

II.1. On the Crisis of German Medicine

At the end of the 18th century, Germany faced a medical crisis due to the difficulty of conceptualising terms such as 'health', 'illness', and 'life'. It is no coincidence that, at the beginning of 1795, *Der neue Teutsche Merkur*, the famous German journal, published a text that criticised – and even satirised – the challenges medicine faced in defining its own terms. The text, widely read at the time, was titled *Ueber die Medizin. Arkesilas an Ekdemus* (1795, 337–378). The piece was written by the German physician Johann Benjamin Erhard but was published anonymously. In it, Erhard introduces two characters engaged in dialogue to illustrate the medical crisis of the period. Ekdemus is a young man unsure about studying medicine, while Arkesilas, his interlocutor, continuously presents him with doubts and criticisms about the field. Arkesilas invokes the Kantian spirit to

properly define what can be considered *Wissenschaft*[2]. In the end, this dialogue concludes that medicine lacked a rigorous theoretical foundation. It explicitly states that medicine is so unfamiliar with its own concepts that "it has no right to the honour of being called science, neither by what it finds in the way of inference nor by what it finds in experience" (Erhard 1795, 364).

Erhard's writing quickly gained popularity, and his contemporaries did not hesitate to respond to the provocation. Christoph Wilhelm Friedrich Hufeland, a physician considered by many of his peers to be "the greatest defender of the reputation of clinical medicine in his era" (Zammito 2018, 325), was quick to reply to Erhard's work in August of the same year (see Hufeland 1795, 138–156). Additionally, C. M. Wieland (1795, 153–155) responded to Erhard's criticism in an attempt to reinforce Hufeland's ideas, though with little impact[3]. Beyond the medical dispute caused by Erhard's text, it must be acknowledged that German medicine was in crisis. Within this crisis, two distinct currents emerged. On the one hand, there were the 'iatrochemists', who, in their context, were chemical reductionists. Their main representative was Johann Christian Reil. They can be understood as heirs of the scientific approach of Albrecht von Haller (Padial 2022, 464–467). For them, medicine was a branch of chemistry. From their perspective, reality was entirely material, and everything that is matter could be understood through chemical analysis. Therefore, the task of medicine was none other than to chemically analyze patients to provide a reliable and accurate diagnosis of their illness. Thanks to this chemical analysis, physicians could then prescribe the appropriate drugs for recovery. On the opposite side were physicians who adhered to the concept of *Lebenskraft* (life force, vital force), which was a non-empirical principle. These followers of Georg Ernst Stahl's medical animism believed in a supra-empirical principle that animated living organisms (called *anima*, a non-empirical substance, and finally, in Germany, called *Lebenskraft*)[4]. Moreover, this principle explained why people became ill: *Lebenskraft*, though an obscure notion, referred to a certain 'balance' within the living (Arquiola & Montiel 1993, 161 and 315–316).

Reil's late 1795 text *Von der Lebenskraft* bears witness to this dispute. In it, he set forth several criticisms of the idea of *Lebenskraft*. According to Reil – citing Kant's *Kritik der reinen Vernunft* in his favour – there can be no true knowledge of a reality that lies

2 In general, Kant's critical philosophy in the 1790s became the defining criterion for the "epistemological conditions of academic *Wissenschaft* in Germany" (Broman 1996, 131).

3 Sometime later, however, Erhard responded (Erhard 1796, 76–94), insisting that his writing was based on the Kantian philosophy and that, if one were to be rigorous, the medicine of his time did not meet the necessary conditions to be considered medicine in the strict sense of the term. How these physicians applied Kant's philosophy is a topic I am currently working on, and my findings will be published in a few months. See also the article by Wiesing (Wiesing 2008) for a better understanding of how Kant's conception of science was received at the time.

4 Stahl's concept of "anima" would later give rise to *Lebenskraft* in Germany, opposing the chemical reductionism that came from the followers of Boerhaave's medicine. However, Stahl's most important influence would be in France, giving rise to the vitalists of Montpellier (Zammito 2018, 19–20).

beyond the limits of human experience. That which transcends the categories of space and time cannot be cognisable. Therefore, to postulate the existence of a vital force, which is suprasensible, is, according to Reil, an implausible argument (Reil 1795, 132–133). For him, this supposed vital force is nothing more than the union of chemical elements, which alone makes life possible (Reil 1795, 24–25). Moreover, he presents a second criticism: *Lebenskraft*, in his view, misuses the concept of force or capacity [*Kraft*]. He observes that *Kraft* is used merely as "the form with which we think of the connection between cause and effect" (Reil 1795, 46). For Reil, the fact that this capacity is only a connection between cause and effect allows the proponents of *Lebenskraft* to understand life as an effect and, consequently, to attempt to 'deduce' that there must be a cause. Thus, *Lebenskraft* is framed as the 'cause' of life. According to Reil, this is a fundamental error in the very approach to the concept.

From these two medical positions, a third position emerged, popularly known as that of 'the Kantian Physicians'. Prominent figures from this third group included Karl Wilhelm Nose, Immanuel Meyer, Johann Stoll, Johannes Köllner, Karl Friedrich Burdach, and Andreas Röschlaub (Wiesing 2008, 224). All of them, to some extent, sought to apply a Kantian approach[5]. Kant, in his *Critique of Pure Reason*, had already formulated his well-known statement criticizing both dogmatism and empiricism: "Thoughts without content are void; intuitions without conceptions, blind" (KrV A 51 / B 75; CPR, 61). This same dispute "took on a similar form in medicine" (Wiesing 2008, 224). For the Kantian physicians, the debate between iatrochemistry and life force echoed the philosophical debate between empiricism and rationalism. The former focused solely on the empirical, undervaluing anything that did not derive from experience, leaving little room for rational interpretation. The latter, on the other hand, relied on metaphysical principles (the vital force) but tended to undervalue sensory evidence (Wiesing 2008, 224–225). Therefore, these Kantian physicians generally aimed to represent a moderate position.

Among these Kantian physicians, one – Röschlaub – also attempted to introduce Brown's medicine to Germany, where it had not yet gained widespread recognition[6]. In Röschlaub's view, Brown's medicine had the potential to resolve the ongoing theoretical crisis in medicine. Brunonian medicine soon came to be held in high regard throughout Germany, which is why, as we shall see later, Hegel would conceive of health and illness within the Brunonian framework, albeit incorporating his own ideas. Now, let us turn to a brief overview of the medical context of the time.

5 This topic would require a separate investigation, as "medical Kantianism" largely depends on each individual's approach (for an overview, see Wiesing 2008).

6 Prior to Röschlaub there was another physician in France, Christoph Girtanner, who published several of Brown's ideas as his own. He did this in 1790, in his publication *Mémoires sur l'irritabilité considérée comme principe de vie dans la nature organisée* (Girtanner 1790). Years later, scholars denounced this case of plagiarism (Zammito 2018, 333).

II.2. Brown's Theory in Germany

Brown's medicine was primarily explained in his *Elementa medicinae*, published in 1780 in Latin and subsequently translated into English in 1788. In Germany, his medical ideas were well received. However, it was not his entire work that gained popularity, but rather his key concept, 'excitability', which was translated into German as *Erregbarkeit*. This concept was not entirely original to Brown but stemmed from an existing medical tradition.

Brown's concept of 'excitability' originates from von Haller's 1752 work *De partibus corporis humani sensilibus et irritabilibus*. According to von Haller, there were two key notions: sensibility [*sensibilitas*] and irritability [*irritabilitas*]. He employed these concepts in a physiological sense – sensibility referring to the relationship between the nervous system and the soul, while irritability was used to describe muscular contraction (Padial 2022, 458–467). Von Haller's famous disciple, the physician William Cullen, adopted these same concepts. Some years later, Brown, who was a disciple of Cullen, inherited the notions of sensibility and irritability. However, Brown believed that both referred to the same fundamental idea, as the nervous system (linked to sensibility) was not far removed from muscular contraction (irritability). He therefore coined a single term to encompass both sensibility and irritability: 'excitability', or the quality of what is excitable [*excitabilis*].

Brown used his concept of excitability for medical purposes beyond purely physiological ones. According to Brown, excitability is the inherent quality of organisms that enables them to live by reacting – through their nervous system and, consequently, their muscular contractions – to the environment. As such, it is not merely a chemical principle, nor is it exclusively physical; rather, for Brown, it is the biological principle. Thus, every organism perceives external stimuli and reacts to them (Brown 1804, Vol. 2, 138). What is innovative about Brown's approach, as Perkins-McVey reports, is that his medical proposal "was the suggestion that the level of vital force, called 'excitability', could be quantified by tracking and attributing weighted scores to a patient's activities and inputs" (Perkins-McVey 2023, 362). Thus, there is room for a vital force, but also for chemical stringency.

The Scottish physician divided medicine into two main different approaches to understanding illness. On the one hand, there is asthenia [*asthenic*], which occurs when the organism does not receive sufficient excitation and falls ill. In fact, Brown found that 97% of cases recovered through excitation using his medical method, hence the need to administer drugs and opiates (Perkins-McVey 2022, 46). On the other hand, stenia (*sthenic*) arises when the organism becomes overexcited, also leading to illness (Brown 1804, Vol. 2, 145–166; Vol. 3, 169–171). This division was novel at the time. In the 18th century, numerous classifications of illness proliferated, recalling the classification of T. Sydenham (1848, 12–14) or G. Bagliyi (1704, 210–230). As G. Risse (1971, 5–6) comments, these classifications were widely used across various countries, differentiating between

genera and species of illness by detailing their causes and symptoms. This is why Brown's proposal was innovative in its outlook: he reduced illness to only two major branches, based on a single biological principle – excitability.

Since, according to Brown, every organism possesses excitability, this explains why every living being can become ill. Consequently, health consists in a 'balance' of excitability. He expresses it as follows: "The degree of stimulus, when moderate, produces health; in a higher degree, it gives occasion to illness of excessive stimulus; in a lower degree or ultimately low (m), it induces those which depend upon a deficiency of stimulus or debility" (Brown 1804, Vol. 2, 145). Excitability is not absolute, but relative to the age of each living being. For example, children remain healthy when they receive a high level of excitation, while adults require less stimulation. In contrast, senescence is the stage of human life in which the least excitation is needed to maintain health (Brown 1804, Vol. 2, 147–148).

However, the cure for an illness involves the excitation or relaxation of an organism to achieve this 'balance'. For Brown, treatments can vary greatly, including warm water baths – either cold or hot, depending on the case – or even walking to stimulate the heart properly. The only necessary condition is that it responds to excitability. In fact, Brown does not hesitate to state that:

> the origin of illness and predispositions, just mentioned, is the only true one, as proven by the fact that the same powers that produce any illness or predisposition also generate the entire form of illness to which it belongs (Brown 1804, Vol. 2, 181).

This origin, which is "the only true one is excitability." Therefore, any illness can be classified as either asthenic or sthenic. Consequently, excitability is easily controllable if appropriate drugs are administered. Thus, for example, the Scottish physician advocates the use of opiates and opioids as a means of regulating excitability. He also notes that, along with these drugs, certain foods may have stimulating or distending effects (Brown 1804, Vol. 3, 1–3, 125–137). One important consideration is that the dosage must be carefully calculated so as not to overdo it, for in attempting to stimulate an asthenic illness, an excessive amount of excitants may provoke *sthenia*.

As other researchers have already pointed out, Brunonian medicine became very popular in several countries, such as Denmark (Hansen 2016), France (Risse 1971), and Germany, particularly when linked to Romanticism (Neubaer 1967). In Germany, at the end of the 18th century and during the first two decades of the 19th century, medicine generally had a Brunonian orientation, thanks to the work of Röschlaub, who served as the German interlocutor of the Scottish physician. As Tsouyopoulos notes: "It was Röschlaub's interpretation that made Brown's principle acceptable" (Tsouyopoulos 1988, 67).

It should also be noted that this popularity lies in the fact that Brunonianism emerged as an intermediate theory between iatrochemism and the vital force, as it posits a principle that makes living beings alive – one that is not extrinsic to them but

inherent to their nature. At the same time, however, Brown's medicine did not disregard chemical analysis; rather, the cure for asthenic or sthenic illnesses largely depended on correct medication that underwent rigorous chemical analysis. For this reason, Röschlaub saw Brunonianism as a satisfactory response to the crisis in German medicine, as it represented an intermediate position between the two dominant medical currents of the time (Zammito 2018, 325).

Brown's ideas spread rapidly through Germany, causing many physicians and scholars of the time to admire the Scotsman's ideas. For example, Melchoir Adam Weikard (1795) translated much of *Elementa medicinae* in a volume called *John Browns Grundsätze der Arzneilehre aus dem Lateinischen übersetzt*, published in late 1795. A few months later, a second translation, *John Brown's System der Heilkunde* by Christoph Heinrich Pfaff (1795), appeared, and two years later Joseph Frank's *Erläuterungen der Brownischen Arzneylehre* (1797) was published. Additionally, other figures of the time, such as Erasmus Darwin, James Mackintosh, and Thomas Beddoes, helped to popularise Brunonian medicine (Vickens 1997, 48–49). Brown's *Erregungstheorie* soon took root among other physicians, as evidenced by Christian Friedrich Oberrech (1804) in his *Versuch einer neuen Darstellung der Erregungstheorie*, and also by Joseph Frank (1804) in his *Versuch einer theoretisch-praktischen Arzneymittellehre nach den Grundsätzen der Erregungstheorie*. Of course, the most prominent Brunonian was Röschlaub, known for both his practice at Bamberg's hospital and his writings. The work that became most influential in his context was *Von dem Einflusse der Brown'schen Theorie in die praktische Heilkunde* (1798). This book explained the general ideas of Brunonian medicine[7], their medical application, and, with respect to the theory of excitability, promised that "far beyond, this theory heralds a formal revolution such as medicine has not undergone since the time of Hippocrates" (Röschlaub 1798, XII). In fact, Röschlaub admired Brown so much that he went as far as to edit Brown's complete works, compiling them into three volumes (Röschlaub, 1806–1807). As Goethe summarised the entry of Brunonianism into Germany, the "Brunonian dogma" had already "taken hold of old and young physicians" (Goethe 1949, 767).

Brown's prominence was not limited to medicine but also extended to philosophy. Kant refers to Brunonian medicine in his letters (Cassirer 2009, 368)[8]. Novalis did not hesitate to assert that "Fichte's *Doctrine of Science* is the theory of excitability" (Novalis 1929, 383). Even Röschlaub himself made it clear that his purpose was to relate Brown's medicine to Fichte's philosophy[9]. Schelling took Brown seriously, as he was the most

7 This Brunonian theory is not exactly the same as Brown's original theory; rather, Röschlaub developed his own theory of excitability based on Brown's ideas. He called it *Erregbarkeitstheorie* to distinguish it from Brown's *Erregungstheorie*, although Röschlaub always insisted that it was rooted in Brown's work.

8 Also, in the biography of Kant's last secretary, Ehregott Andreas Christoph Wasianski, entitled *Immanuel Kant in seinen letzten Lebensjahren*, it is recorded that Kant regarded the Brunonian system as the greatest invention in medicine (Wasianski 1804, 42; Perkins-McVey 2022, 4).

9 This appears in the first edition of the *Magazin zur Vervollkommnung der theoretischen und*

obvious philosopher influenced by Brunonianism and a close friend of Röschlaub. The presentation of iatrochemism[10] and vital force, as well as the introduction of Brunonianism as an intermediate position, was addressed by Schelling in his *Erster Entwurf eines Systems der Naturphilosophie*, which provided Brunonian ideas with a philosophical basis (Ortigosa 2023; for further discussion, I refer the reader to von Engelhardt 2023, 48–62 and Ortigosa 2023)[11]. In fact, Schelling, who opposed both iatrochemism and the doctrine of "vital force" [*Lebenskraft*], remarked on the Scottish physician's theory as follows:

> I have to say *that Brown was the first to understand the only true and genuine principles of all theories of organic nature*, insofar as he posited the ground of life in excitability (...). He was the first to understand that life consists neither in absolute passivity nor in absolute activity, but rather as a product of a potency higher than the merely chemical – yet without being supernatural (Schelling, SW 3, 90–91/2004, 68).

In this quotation, Schelling points out that Brown was the first physician to understand the truth of life, which resides in excitability. Furthermore, he notes that Brown falls neither into iatrochemism nor into the doctrine of vital force but instead represents an intermediate and moderate theory. As Tsouyopoulos summarises Brown's entry into Germany, "this new combination of Brown's and Röschlaub's theory of excitability with Schelling's *Naturphilosophie* was enthusiastically received and was very influential not only in German universities but also in practical medicine" (Tsouyopoulos 1988, 65).

Over the next two decades, German medicine absorbed Brunonian terminology and many of its approaches. Thus, it is not surprising that Hegel was deeply influenced by the German medical context. He refers to health, as well as the use of drugs, within the framework of Brunonian theory. This is what I will demonstrate in the following section.

III. Hegel on *Flüssigkeit*: Health and Pharmaceuticals

III.1. Health and Illness: Fluidity and Solidification

As discussed in the introduction, the themes of physical health and illness in Hegel's philosophy have received relatively little scholarly attention compared to other subjects.

praktischen Heilkunde (Röschlaub 1799, XI), a journal founded by Röschlaub to report on advances in Brunonian medicine. As summarised by Perkins-McVey, it is noted there that "Röschlaub's conceptual innovations on Brown's system were emergent from an effort to bring Brown into agreement with Fichte's 1794/1795 *Wissenschaftslehre*" (Perkins-McVey 2022, 3).

10 In general, Schelling's chemical ideas were influenced by Lavoisier, although his philosophical foundation at the time was primarily Kantian. This combination of Lavoisier's chemistry and Kant's philosophy lead to a unique notion of chemistry known as 'dynamic chemistry' (given the length of this explanation, it is not possible to explore the topic further, so I refer to the brilliant text by L. F. Garcia 2024).

11 Regarding the third medical system in Germany, as opposed to iatrochemism and *Lebenskraft*, Schelling states clearly: "The third system posits the organism as subject and object, activity and receptivity at once, and this reciprocal determination of receptivity and activity, grasped in one concept, is nothing other than what Brown called 'excitability'" (SW 3, 90/2004, 68).

Here, I will pause to examine what health and illness are in order to ultimately discern the role of pharmaceuticals. As we shall see, Hegel follows ideas influenced by Brunonian theory, although his originality lies in his metaphysical foundation. Furthermore, the concepts of health and illness described in his philosophy of nature correspond to the notions of fluidity and solidification in his Logic.

One of the best recent definitions of health in Hegel has been provided by Maurer. She defines it as follows: "Illness therefore arises when an organic function becomes isolated from the others, interrupting that interconnection of the parts with the whole that characterises the healthy state of the organism" (Maurer 2021, 240–241). Similarly, von Engelhardt (2023, 72) also defines illness and health in terms of harmony: "Health and illness are, from a philosophical point of view, the harmony and disharmony of organic functions." However, neither Maurer nor von Engelhart in his last work[12] have addressed the metaphysical foundation of this harmonic interconnection between the parts and the whole. To do so, we must briefly turn to the *Science of Logic* to understand the notion of *Flüssigkeit*. It is through this concept that Hegel later examines physical health and illness.

A few years ago, Khurana highlighted an idea that has gone unnoticed by many scholars but is key to understanding health. In his article, he explicitly discusses the role of fluency in Hegel's Logic. There, he points out that it is thanks to *Flüssigkeit* that:

> the existence of self-maintaining [*selbständigen*] forms – such as organs or living beings – is mediated here in the movement of life with subjection to the infinity of difference – that is, a vital process that is articulated in various organs or beings, yet never fully exhausted in any of them (...) (Khurana 2010, 30).

In logic, forms are ontologically maintained as self-sufficient because life acquires an infinity of differences. This infinitude of differences necessarily occurs within the immanent activity of the Concept, that is, in the process of self-differentiation through the dynamism of reality (Nuzzo 2016, 128). Each differentiation stands on its own, yet at the same time, all belong to a totality that manifests its reality. That is why Khurana gives the example of organs: organs exist by themselves, but their truth is found only in the organism. The organism, in turn, is composed as a totality of different particularities, distinct from one another yet engaged in a dynamic, fluid relationship. *Flüssigkeit* is therefore key, as it refers to the 'vital process', as Khurana describes it: a complex and moving articulation between the particularities. The impossibility of exhausting the vital process within each organ is the reason why Hegel identifies health with fluidity. Let us now examine this further.

For Hegel, health consists in 'fluidity' (*Enz C*, § 371)[13]. Fluidity is not a biological notion, nor is it related to the natural sciences in general[14]; rather, it is a metaphysical

12 Von Engelhardt mentioned the role of *Flüssigkeit* in his previous work (von Engelhardt 1984b, 134).

13 For the *Encyclopaedia,* I am following A. V. Miller's translation.

14 It is true that one could argue that fluidity is so important in Hegel´s Logic because he derives

concept, as Khurana has pointed out. Hegel makes this clear in his *Science of Logic*, where he defines fluidity as the harmony of particularity in the organic and dynamic totality. That is why fluidity explains the very meaning of living: if there were no fluidity between an organism's organs, it would be dead. In his *Science of Logic*, Hegel himself had already noted that the work of the Concept is fluidification. He expressed it thus:

> for the logic of the Concept, there already exists a fully established and well-entrenched structure – one may even say a materially ossified one – *and the task is to make it fluid again, to revive the concept within such dead matter* (GW 12, 5/2010, 507)[15].

The contrast between solidification and fluidity is evident, but these terms are not mere metaphors. Reality unfolds through a processual development – an ongoing fluidisation. That is why settling in the Concept means fluidifying: understanding the concept as something living, as opposed to a dead or ossified reality. To understand the living is to grasp what exists in fluidity as a processual whole – to see reality as dynamism. If we were to attempt to understand reality in isolated fragments, separately, without attending to its fluidity as a processual whole, we would end up reducing life to mere chemical elements and mistaking these elements for life itself (*Enz C*, § 359 N). Now that we understand fluidity, what happens if we turn to health and illness in § 371 of the *Encyclopedia*?

Health is fluidity; the life of an organism exists in the complex dynamic relationship among its organs. As long as there is fluidity, or a dynamic process, there is health. In contrast, anything that hinders fluidity is, consequently, an illness. Thus, in his *Encyclopaedia*, Hegel defines physical illness as follows:

> It [an organism] finds itself in a state of *illness* when one of its systems or organs, *stimulated* into conflict with the inorganic power [*Potenz*], isolates itself and persists in its particular activity against the activity of the whole. In doing so, it obstructs the fluidity and all-pervading process of the organism (*Enz C*, § 371).

We fall ill when a particularity hinders the fluidity of the whole[16]. This particularity has solidified. To solidify means that the particularity disrupts the harmony of the whole, causing an imbalance at the organic level. As von Engelhardt (2023, 72) points out, "in the case of physical illnesses, [they are] a *decompensation* of the organic forces

his idea of Concept from that of living beings and therefore ascribes to the Concept the qualities of living beings. Therefore, biology would come first and logic second. However, it does not matter whether Hegel took it from biology to characterise the Concept because the importance is in the place it occupies. In Hegel's system, metaphysics (Logic) comes first, followed by *Realphilosophie*. For this reason, *Flüssigkeit* is a concept that, appearing first in Logic, is therefore a metaphysical concept for Hegel, and not biological. If Hegel takes this idea from biology is a secondary issue because the main role of "fluidity" is metaphysical.

15 Italics for emphasis are mine. The translation has also been modified.

16 In § 374, Hegel insists that "in illness, the animal is entangled with a non-organic power [*Potenz*] and is held fast in one of its particular systems or organs in opposition to the unity of its vitality" (*Enz C*, § 374).

and body systems"[17]. This is an obstruction of the activity of the whole, which, as the paragraph highlights, is characterised by its fluidity. When an organ interrupts the dynamic functioning of the organism, illness ensues. Let us note that Hegel uses the term 'excited' [*erregt*] in § 371 to describe the excited (stimulated or relaxed) organ, reflecting a Brunonian influence characteristic of his time[18]. This provides an initial clue to Hegel's engagement with the Brunonian conception of health (Maurer 2021, 104). The affected organ 'hardens' against the fluidity of the whole, disrupting the fluid interrelations among organs. This occurs in any physical illness, such as when someone catches the flu. In this case, an infection in the respiratory system – primarily the nose, throat, and lungs – acts as a particularity that obstructs the fluid functioning of the whole. Thus, it is evident that illness arises from what has 'hardened' (or solidified) in the body – that which resists the fluidisation of the whole.

The question that arises, then, is how something that has solidified can be 'fluidised'. Hence, in § 373, Hegel reflects on the use of drugs, as I shall now discuss.

III.2. Pharmaceuticals and Fluidisation

In § 373, Hegel goes on to explain how drugs aid in the recovery of health[19]. In our present day, this may seem self-evident, but Hegel's explanation is highly contextual. In discussing how drugs help restore health, he follows the Brunonian theory of his time. As will be recalled, according to Brown, drugs and medicines played a therapeutic role by virtue of their ability to either excite or relax the ill person. Thus, if the illness was asthenic, it had to be excited, whereas if it was sthenic, it had to be relaxed. The key always lay in excitability – that is, the capacity of a living organism to become excited.

When Hegel discusses drugs, he begins by pointing out the following: "The medicine provokes the organism to put an end to the *particular* irritation in which the formal activity of the *whole* is fixed and to restore the fluidity of the particular organ or system within the whole" (*Enz C*, § 373). It is evident that Hegel presupposes a Brunonian framework in his conception of drugs by resorting to the idea of excitation. In fact, Hegel sees in drugs

17 Despite von Engelhardt's elaborate argumentation, his reasoning here feels somewhat forced, as there is still no human self in nature – this will only emerge in Anthropology, as the author points out. By using the explanation of the additions of Anthropology as a frame of reference, von Engelhardt loses sight of the characteristic Brunonian terminology of the paragraph, as well as the notions of fluidity and solidification in relation to health and illness. However, in one of his previous work, von Engelhardt (1984a, 19–20) explained that Hegel (and Schelling) try to reformulate Brown's ideas in a metaphysical way.

18 Hegel is also a critic of Brown's ideas. He criticises him alongside Schelling in the note to § 359. In this research, I focus solely on the "positive" influence Brown had on Hegel in conceiving his ideas on health and illness. Hegel's criticisms of Brown, his "negative" view of him, have been discussed at length in Ortigosa (2025b, forthcoming).

19 In his *Vorlesungen über die Philosophie des subjektiven Geists*, Hegel also discusses the use of drugs in the treatment of mental illnesses. However, psychic therapeutics – Hegel's method for healing mental illnesses – devotes only one line to the use of drugs. In this regard, he states that the therapy of a mentally ill person "is, in the first place, medicinal" (GW 25/2, 718; for more on Hegel's approach to psychic therapy, see Ortigosa 2025a).

the means to overcome a particular excitation – the 'hardened' state – in order to restore fluidity to the organism as a whole, that is, to restore health. In his note to § 373, we find robust evidence that Hegel is referring to the Brunonian framework of the time in his conception of health and drugs. In this note, he points out that "Now this theory of Brown, regarded as a complete system of medicine, was simply an empty formalism; but, on the other hand, it did also serve to direct attention beyond what was merely particular and specific both in illness and remedies, to the *universal* in them as the essential element" (*Enz C*, § 373 A). Here, Hegel first presents a criticism of Brunonianism, regarding the difference between asthenia and stenia. A system of medicine needed to be more elaborate, and Brown's nosology did not convince him because it was overly simplistic. For this very reason, Maurer (2021, 104) argues that Hegel distanced himself from Brown. However, Hegel does not hesitate to acknowledge the usefulness of this medical conception, as Brunonianism enables illness and medicines to be understood in their universality – that is, it brings us closer to their essence. This implies that Brown's medical approach has helped prevent us from getting lost in the particularities of each illness and its cure, offering a broader perspective that better captures the nature of illness. In other words, distinguishing between, on the one hand, signs and symptoms – such as fever and cold feet – and, on the other hand, the underlying cause – such as a viral infection – represents a significant breakthrough for medicine in understanding the nature of illness. Thus, the praise for Brown's medical theory is obvious.

After such praise, it becomes even more evident that Hegel's conception of illness and medication – where he employed the concept of 'excitation' [*Erregbarkeit*] – is influenced by Brunonianism. However, this influence is not only evident in his technical use of vocabulary; Hegel also applauds this medical approach for contributing to a deeper understanding of what constitutes illness, health, and medicine.

In short, the Hegelian conception of health stems from his notion of *Flüssigkeit* in the *Science of Logic*. *Flüssigkeit* is what allows the parts to form a harmonious whole – this is the health of an organism. The opposite of fluidity, namely solidity, is identified with illness – that is, the moment when a part is not reconciled with the whole, producing disharmony in the organism. To restore health, medicines are, as is evident, of immense help. Hegel's conception of medicines, as we have seen, is influenced by Brunonian ideas, as he approaches them from the perspective of excitability. Moreover, his conception of illness reflects a debt to Brunonianism, which has brought us closer to understanding the true nature of health, illness, and the role of drugs.

IV. Conclusion

In contrast to mental health, which in recent years has become an emerging field in Hegelian research, physical health has not received the same level of attention. Recently, two scholars have commented on Hegel's perspective on physical health. The first,

Stekeler-Weithofer, quite simply – as quoted in the introduction – considers the subject entirely irrelevant. The second, von Engelhardt, takes a far more respectful approach to Hegel and has elucidated fundamental ideas on physical health in his work. However, von Engelhardt did not explore the Brunonian context of Hegel's medical era, nor did he examine the relationship between physical health and fluidity or between illness and solidification. Hence, this paper complements von Engelhardt's ideas while also aiming to demonstrate, in contrast to Stekeler-Weithofer, that physical health and illness in Hegel are neither minor nor negligible subjects.

Hegel's theory of physical illness and health was at the forefront of the medicine of his time. To demonstrate this, the introduction of Brown's medicine into Germany has first been explained. It was necessary to outline the crisis in German medicine, exemplified by Erhard's writing *Ueber die Medizin: Arkesilas an Ekdemos*. This led to three medical positions: the adherents of iatrochemism, the proponents of *Lebenskraft*, and, finally, the adoption of Brunonianism as a middle path. The popularity of Brunonian medicine owes much of its success to this context. As has been shown, the primary concept that entered German medicine and philosophy was 'excitability'. Hence, Brown's theory became widely known as *Erregungstheorie*.

To show the widespread influence of Brown's medical theory, the impact of the *Erregungstheorie* on both medicine and philosophy has been documented. Philosophers such as Kant, Fichte, Novalis, and Schelling, as well as physicians like Pfaff, Weikard, and Röschlaub, among others, commented on Brunonianism. Given this, it is not surprising that Hegel was familiar with such a widely known medical theory in his time.

To elucidate the notions of *Gesundheit* and *Krankheit* in Hegel's philosophy of nature, it was essential to address two challenges: understanding their relation to the *Science of Logic* and accurately contextualizing Hegel within his historical period. According to Hegel, physical health is characterised by fluidity [*Flüssigkeit*], whereas illness corresponds to solidification [*Festgeworden*]. This fluidity ensures harmony between the whole and its parts, allowing each healthy organ to integrate seamlessly into the dynamic, flowing totality of the organism. Conversely, illness arises when an organ or part of the organism fails to harmonise with the whole; it solidifies against the fluid totality, disrupting the organism's proper functioning. In contemporary terms, conditions such as heart or kidney problems, or infections – whether viral or bacterial – can be viewed as instances where an affected (excited) organ's malfunction impacts the body's overall harmony. For Hegel, this represents the solidification of a part that impedes the harmony of the fluid totality.

Going a little further, it was also necessary to make explicit that Hegel conceived his theory of physical health and illness thanks to the Brunonian context of the time. As we have seen, this idea was supported on three grounds. The first is the context of the medicine of the time, in which the *Erregungstheorie* had taken root. The second is the vocabulary used by Hegel, which refers to health and illness as adequate or inadequate 'excitations' of the organs, revealing a Brunonian terminological influence. Thirdly, Hegel's

praise for the Scottish physician when, after criticizing his nosology, he nevertheless celebrates the progress made by Brunonian medicine in bringing us closer to the essence of health, illness, and the use of drugs. In fact, as already explained, drugs help an ill organism – a prisoner of a solidification – return to health – fluidity to wholeness. This being so, Brunonian medicine had a deeper penetration into Hegel's philosophy than other researchers had previously thought.

Finally, I would like to suggest that this paper opens up new possibilities for research on Hegel. By approaching Hegel's ideas on physical health and illness in their context and in relation to his metaphysics, it is now possible to better conceive what 'living' is for Hegel following his Brunonian inspiration. It will be interesting to reflect in the future on these conceptions of the notion of life [*Leben*], which permeates the whole system, and also to consider what is meant by the Living Concept [*lebendinger Begriff*], taking into account Brown's influence on Hegel. By understanding the notion of 'the living' as something that has a *healthy* life within the Brunonian context, perhaps new readings in his metaphysics can be developed.

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