TEN

The Status of Homoeopathy Today

So far in this book I have been concerned almost exclusively with the history of homoeopathy, and this may have given the impression that the system is a kind of medical coelacanth, an anachronism that has survived from an earlier age. And to a certain extent this is the case. The whole intellectual climate of homoeopathy does derive from the nineteenth century, and any modern doctor who tries to study it will quickly find himself in an unfamiliar world, struggling with concepts, terms, and medicines that he has never heard of. And yet homoeopathy today is very much alive and kicking.

Homoeopathy does not stand alone as a newly fashionable object of public interest; it shares the limelight with a number of other forms of alternative medicine, such as acupuncture, osteopathy, chiropractic, and herbalism. Although these unorthodox systems naturally differ among themselves they do have certain things in common.

In the first place they have all spent many years in the medical wilderness. Until quite recently it was unethical for an orthodox doctor to refer a patient to a lay practitioner of any of these systems, and since very few doctors had studied them most patients had to make their own arrangements if they wanted unconventional treatment. Even today the number of doctors who have personal experience of practising such methods is very small though it is increasing.

The second common feature of these systems arises from the first: although there is a minority of medically qualified

people who practise them, the majority of practitioners are lay and frequently are suspicious of the few medically qualified exponents. This sometimes leads to a divergence between the assumptions and methods of the two groups, even though both nominally practise the same system.

Thirdly, the various unorthodox medical systems almost invariably claim that, in contrast to orthodox medicine, they 'treat the whole person'. This is an important point that I shall return to later (pp. 142). For the moment, however, we may note that the general trend among practitioners of any of the unorthodox systems is to avoid concentrating on particular symptoms or diseases and to encourage patients to be responsible for their own health by improving their diet and life-style. There is usually much emphasis on prevention of disease and on teaching patients methods of helping themselves.

Until very recently it was impossible to form any idea of the extent to which these practices had spread. In 1978, however, the Threshold Foundation was set up in Switzerland to study this question among others. The Foundation is a non-profit-making organization which has been recognized by the Swiss Federal Authority as a charity. Among the projects supported by the Foundation so far have been studies of the development of solar energy, the conservation of whales, and the protection of tropical rain forests.

Between July 1980 and September 1981 the Foundation made a detailed study of the extent and significance of the trend towards unorthodox medicines throughout the world. Some of the findings for the United Kingdom are as follows.

The largest number of consultations per annum was for osteopathy (1.8 million), with massage (1.3 million) and acupuncture (1.1 million) lying fairly close in second and third places. Homoeopathy was fairly low on the list, at 0.42 million. These figures are probably fairly inaccurate (for example they only cover therapists who belong to professional bodies) but they do give some idea of the present situation.

The position in the world as a whole varies a good deal from country to country. In general, Third World and Asian countries are preserving and expanding their systems of traditional medicine, with WHO encouragement, but in many EEC countries (though not in Britain) the practice of unorthodox medicine is formally illegal for lay practitioners. A poll in the Netherlands, however, showed 80 per cent of the population in favour of freedom of choice of medicine, and as a result the Dutch Ministry of Health set up a commission on alternative medicine which has recommended legal changes and immediate government funding for training, research and information.

Homoeopathy is thus part of a very broad wave of interest in unorthodox medicine of all kinds, and seems likely, along with the other systems, to increase in importance and general acceptance. This may be particularly the case in Britain, which is unique in having homoeopathy officially recognized as part of the National Health Service.

Nevertheless this trend is not unopposed. Many doctors are still indifferent, suspicious, or downright hostile. Which raises the interesting and important question: why?

Many homoeopaths have been tempted to attribute all such hostility to a psychological defence reaction – the instinctive rejection of anything new, reinforced by professional jealousy and conservatism. When the hostility is really intense there is probably a good deal to be said for this kind of explanation. After all, if homoeopathy does no good, at least it is unlikely to do any harm, so why not tolerate it? Yet from its inception it has attracted attacks of intense virulence and these continue today (though with reduced frequency) as can be seen in this extract from a letter to *The Listener* from a Fellow of the Royal College of Physicians; it was published in 1980.

> Homoeopathy is a pseudo-science based on nonsensical beliefs and it has gained a spurious respectability from royal association. Like many other cults, it must be admitted that it can banish neurotic and hysterical symptoms by suggestion and placebo effect, and its infinitesimal dosage of drugs can do no

harm in the absence of organic disease. It is dangerous, however, in that its practitioners, from the very nature of their indoctrination, have no diagnostic ability. Symptoms, whether real or imaginary, are to be treated by mumbo-jumbo and not as pointers to a diagnosis. The results of the homoeopathist's disregard or ignorance of scientific pathology and physiology may be disastrous.

It is difficult to avoid the suspicion that sentiments expressed with this degree of vehemence have roots that are not wholly rational. But there are other, more reasonable, grounds for gentle scepticism about homoeopathy that are less easy to dismiss out of hand. Let us look at some of them.

ORTHODOX MEDICAL OBJECTIONS

In the past, the main grounds on which the medical profession has rejected homoeopathy have been two-fold. The first has been the assertion that the idea of treating like with like is self-evidently illogical and absurd. How, it has been asked, can a medicine that produces the patient's symptoms possibly relieve them? The idea is obviously nonsensical and not worth considering.

The second objection concerned the potency idea. From Hahnemann's time onwards, critics have objected that potentization is the equivalent of throwing an aspirin into the Atlantic and giving the patient a spoonful of the resulting 'medicine'.

In more recent years these objections, though still raised by critics, have to some extent been replaced by a third. Where, it is asked, is the objective scientific evidence that homoeopathy does anything at all? After all, modern orthodox treatments have to earn their keep by proving their efficacy; why should homoeopathy be an exception?

Let us now see what answers homoeopaths have made to these charges.

REPLIES BY HOMOEOPATHS

a. The illogicality of the similimum principle

This is probably the easiest charge to rebut today. On the whole, modern drugs are not prescribed because of their effects on symptoms (except in psychiatry) but for their effects on biochemistry or on cells. Much of the older debate between homoeopaths and allopaths about 'primary' and 'secondary' actions of drugs and so forth, which takes up a lot of space in nineteenth-century homoeopathic textbooks, is irrelevant and incomprehensible to modern doctors. Nowadays homoeopaths have simply to admit that they do not know how their medicines work. However, they can at least point to examples of what is in effect the use of the similia principle in orthodox medicine.

For example, vaccination is very close to homoeopathy, and was in fact regarded in this light by Hahnemann. Some modern drugs are used in a homoeopathic way. Thus, over-active children are sometimes treated, *not* with tranquillizers (allopathy) but with stimulants (homoeopathy). Again, an uncommon disease called diabetes insipidus, in which the patient passes enormous quantities of dilute urine, often responds to diuretics. A third example comes from the treatment of cancer: many of the 'cytotoxic' drugs used in cancer chemotherapy are themselves capable of *causing* cancer, and it is well-known that X-rays, also used to treat cancer, also cause it.

It would be going too far to claim that any of these forms of treatment are examples of homoeopathy as Hahnemann described it, nevertheless the parallels are suggestive, and help to bridge the gap between the two schools.

b. The potency question

The potency idea, though still very difficult for orthodox doctors to accept (especially in its Kentian form), is perhaps not quite so big a problem today as it was a hundred years ago. As with the similia principle, orthodox practice does provide parallels, at least for the use of dilutions up to about the 6th centesimal. It is known that allergic patients can

respond to solutions of the substances to which they are sensitive in concentrations of a few parts per million, and certain drugs and poisons (LSD, botulinus toxin, ricin) are also effective at about the same level. We are here coming close to the dosage levels at which homoeopathic medicines are typically used.

Admittedly problems do begin in earnest when we move into the realm of dilutions above the 12th centesimal – that is, to the range where physics would predict that there are none of the original molecules left at all. How can a 'solution' that contains nothing except water have any effect on anyone?

Oddly enough, scattered reports of the effects of such very dilute preparations can be found in the general scientific literature, quite unrelated to homoeopathy. These remain unexplained but are usually attributed to faulty technique on the part of the experimenters. Homoeopaths have made a number of attempts to demonstrate the effect themselves over the years. The quality of the research has varied, but a notable exception was the series of studies carried out by Dr W. E. Boyd, of Emanometer fame, in Glasgow during the 1940s and 1950s. Using the most elaborate precautions to avoid errors and self-deception, Boyd studied the effect of potencies of mercuric chloride on the rate at which an enzyme, diastase, digested starch. By this means he was able to show definite effects with potencies up to 30c (10^{-60}); he also showed that succussion was an essential part of the process of preparation.

At present a very interesting study is being carried out at the Research Unit of the Royal London Homoeopathic Hospital, where various homoeopathic substances are being tested for their ability to influence the growth rate of wheat seedlings and yeast. Once again, preliminary results indicate a definite effect, and the method shows every sign of being practical and reproducible.

If all the research that has been carried out in this difficult area over the last eighty years or so is considered as a whole, certain things stand out. Firstly, there does seem to

be *something* there, though exactly what, is less easy to say. Secondly, the succussion (shaking) is important – perhaps more so than the degree of dilution.

Thirdly, there is an interesting tendency for the effects to wax and wane alternately as dilution and succussion proceed. That is, the effects show a succession of peaks and troughs to give what is called a sinusoidal pattern. For instance, in the case of the effect on growth of wheat seedlings, a given substance may enhance growth at 7c, diminish it at 9c, and again enhance it at 11c. This phenomenon has appeared again and again in studies carried out over the years, by different experimenters using quite different methods, and to my mind it is one of the strongest indications that the effects are real and not an artefact.

To a certain extent, then, Hahnemann's claims can be said to have been vindicated; there is some evidence, no matter how sketchy, to show that potencies *do* something. What has not been shown, however, is a progressive *increase* in activity as dilution continues. Rather, the alternation of peaks and troughs appears to continue (up to what level is still unclear) but the effects do not become more pronounced.

All this work, I repeat, is at an early stage. So far it has certainly not caused a scientific revolution, nor is it likely to do so in the near future. The main reason for this is the sheer improbability of the results and the apparent impossibility of explaining them within the known limits of physics and chemistry.

Modern molecular theory is much too well established to be easily overthrown, and there is no real doubt that homoeopathic medicines above the 12th centesimal dilution can contain only water. If, therefore, they do have a measurable effect, we have to conclude that in some unexplained way the substance they originally contained has somehow impressed itself *on the water*. That is, the water itself must have been modified in some way; it must, as it were, carry a ghost image of the original substance. The only alternative would be to speculate rather wildly about

the influence of 'cosmic fields of force' or something of the kind, but such ideas, though entertained by some homoeopaths, are at present unacceptable to mainstream scientists.

Unfortunately it is very difficult to imagine how water could preserve traces of the original substance in the way I have suggested. Theories of this kind have been proposed but they depend on ideas about the nature and structure of water that are not universally accepted among physicists. All that homoeopathic researchers can do, therefore, is to put forward their results in the hope that their scientific colleagues will sooner or later find a way of explaining them. Unless and until this happens, it seems unlikely that much progress will be made.

Even if this research fails to convince orthodox scientists, however, it may still have a good deal of practical importance for homoeopaths themselves. There are at least two ways in which it could be applied.

Firstly, there is at present no means of demonstrating that a given homoeopathic medicine is active. So far as orthodox chemistry is concerned there is nothing in most homoeopathic medicines except water or milk sugar. If it proves possible to demonstrate their activity by a simple reliable method, such as their effect on yeast growth, this will provide a means of verifying that they are in fact doing something. At present homoeopaths can never avoid the sneaking suspicion that some of their failures may be due, not to the shortcomings of homoeopathy or of their own prescribing, but to the medicines themselves. How can you tell a dud homoeopathic medicine from a good one?

Secondly, there is the question of choice of potency. At a late stage in his career Hahnemann laid down the rule that all medicines must be given in the 30th potency. Prior to this he had been much more flexible, advising a wide range of dilutions (for he had not yet thought of dynamization) for different medicines; one might work best at the 15th, another at the 12th, still another at the 3rd or even undiluted, in tincture. His late change to insistence on the

use of the 30th in all circumstances was made, as he himself admitted, for the sake of uniformity, but some homoeopaths, such as Hughes, regretted that he took this step.

It certainly is conceivable that a more flexible attitude to potency choice might give better results, and modern research methods might give some clues about the best potencies to try. The most commonly used potencies today in Britain and America are – apart from the 30th – the 6th, 12th, and 200th centesimal, together with the 'M' range advocated by Kent. The intermediate potencies are virtually never used – indeed most of them are not commercially available except by special prescription. But might not some of them work much better? The implication of the modern research, so far as it goes, is that they might.

c. The question of efficacy

Homoeopathy has been with us for a long time, and to many people this longevity is in itself evidence that it works. For most orthodox doctors, however, the mere survival of a system or a method of treatment is not enough. After all, the treatments that Hahnemann attacked so strongly, such as blood-letting, had been in use for many years, and doctors of the time quoted the number of patients they had cured to prove that their methods worked.

The fact is that almost any kind of treatment you care to think of will appear to work at least some of the time. Most patients get better by themselves, without the benefit of medicine, and even those who do not recover often experience fluctuations in the course of their disease that may lead them for a time to think they are getting better. It follows that any worthwhile treatment must do better than unaided nature – no mean feat.

A further complication arises from the so-called placebo effect. For many patients the mere fact of receiving treatment – any treatment, even coloured water – will be beneficial. This phenomenon is well known to modern doctors though there is little agreement about how it works.

Thus in trying to assess the efficacy of any form of treatment the question we have to ask is not *whether* spontaneous recovery, the placebo effect, and so on play a part – there is no doubt they do – but rather *how big* a part they play. In other words, does the treatment do something over and above what would be expected to happen if the patients received either no treatment or a placebo?

Put like this, the question may seem an obvious one to ask, but only in comparatively recent times has any serious attempt been made to answer it systematically. Until about the end of the Second World War nearly all medical writing was 'anecdotal'; doctors described their experiences but made little or no attempt to verify their claims objectively. One of the main developments in medicine since that time (a largely British innovation, by the way) has been the devising of methods of doing this. These techniques are essentially statistical, and depend on the comparison of *groups* of patients (rather than single individuals). The essential point about these 'clinical trials', as they are called, is that they are 'controlled'. That is, the group receiving the treatment to be investigated is compared with another (control) group receiving either a different treatment or a placebo. The design of clinical trials has become increasingly sophisticated but the underlying idea is simple.

Nowadays no serious medical journal is likely to publish an investigation of any form of treatment unless it has been 'controlled' in the way I have described. (The only exceptions or rare cases in which it is felt that a controlled trial would be unethical for some reason.) Nevertheless, some doubts about the validity of these methods have crept in. It has become increasingly apparent that to carry out a good clinical trial demands an enormous investment of time, money, and expertise, and even then the results are often not as clear-cut as might be wished. The findings of well-planned clinical trials carried out at different centres often seem to conflict with one another, and final proof or disproof of the efficacy of any given treatment sometimes appears to be unobtainable, a kind of medical Holy Grail.

But in spite of these difficulties the general principle continues to be accepted that treatments must be tested, and indeed it is difficult to see on what other basis medicine could advance.

Homoeopathy was largely unaffected by the new critical attitude that came to predominate in orthodox medicine after the Second World War. There were several reasons for this. British homoeopathy was mainly Kentian by this time and was pretty well isolated from orthodox medicine (in spite of having been incorporated into the new National Health Service). In any case, few homoeopaths of the time, with the notable exception of William Boyd, were greatly interested in science; most were simply convinced of the truth of homoeopathy and wished to practise it without troubling to try to prove it to the unconvinced. Moreover, the new methods were essentially statistical and therefore concerned with groups of patients rather than individuals; but it had always been a basic article of homoeopathic faith that treatment must be tailored to the individual. Many homoeopaths therefore maintained that it was in principle impossible to apply statistical methods to homoeopathy. If half a dozen patients suffering from the same disease might receive as many different medicines, how could the outcome be compared?

Nevertheless some attempts to verify homoeopathy statistically were made. One of the most interesting was the mustard gas trial carried out during the war. Mustard gas is an irritant poison that causes severe blistering of the skin, and people may become sensitized to it so that on a subsequent exposure they suffer a serious inflammation of the skin. In this experiment volunteers received burns from the gas. Some were protected by taking a potentized preparation of the gas by mouth while others were unprotected and acted as controls. The results appeared to show a definite protective effect from the medicine, while a few subjects who suffered more severe generalized effects on a second exposure responded well to homoeopathic *Rhus* (poison ivy).

There was a dearth of clinical studies after the war, but in the last few years a group of homoeopathic doctors in Glasgow published a two-part trial in which the homoeopathic treatment of rheumatoid arthritis was studied. In the first part of the trial 54 patients received homoeopathy and 41 received aspirin over a year; 66 per cent of those treated homoeopathically improved compared with 14.6 per cent of those treated with aspirin. Both these groups were compared with a third group of 100 patients at another centre who received placebo only; 60 of these dropped out after three weeks and all had done so after six weeks.

This study could be criticized on the grounds that the patients knew what kind of treatment they were getting. In the second part this effect was eliminated by making the trial 'double blind', so that neither patients nor doctors knew what kind of treatment was being given. Forty-one patients took part in a three-month trial. The patients who received active treatment improved compared with those who received placebo and the difference was 'statistically significant' for all the criteria of improvement used; that is, the differences were unlikely to have happened by chance.

A fascinating and potentially very important study has recently been reported. It concerns the currently topical question of lead poisoning. It has shown that it is apparently possible to remove lead from the tissues of rats by means of homoeopathically prepared lead (*Plumbum metallicum* 200c).

Twenty-four rats were experimentally poisoned with lead. Six of them then received Plumbum 200c in alcohol daily for a week, 6 received a drug (penicillamine) which is known to remove lead from the body, and the remainder (controls) received either alcohol or water. The animals' urinary lead excretion was measured during the trial and for a further week after it ended; then they were killed and their tissues were analysed for lead content.

As expected, the two control groups excreted very little

lead. The animals treated with Plumbum 200c excreted slightly more lead than those treated with penicillamine, though the difference was not 'statistically significant'.

This was a preliminary study and will need to be repeated and extended before any conclusions can be drawn. If the results are confirmed, however, they will be important in two ways. First, they will show that very dilute substances do have a measurable effect on living mammals; this would be relevant to the potency question. Second, they may have application to the treatment of lead poisoning in human beings, and that would certainly bring homoeopathy into the limelight overnight.

The fact that trials such as those I have described have been carried out shows that it is quite possible to investigate homoeopathy by generally accepted scientific methods. However, shortage of money and of people able to carry out research has resulted up to now in very little being done, and of course the design and execution of clinical trials in homoeopathy is subject to all the difficulties and drawbacks that attend such research in orthodox medicine. In spite of this it seems certain that more trials will be performed; indeed some are at present under way.

It might appear from what I have written so far that, for homoeopathy to be accepted by the medical profession at large, all that is needed is for homoeopaths to prove their point with a few clinical trials, after which the walls of Jericho will come tumbling down. I think that this idea is an illusion, for in addition to questions about potency, the effectiveness of treatment, and the rest, there is also a deeper philosophical problem preventing the acceptance of homoeopathy by orthodox medicine.

THE PHILOSOPHICAL PROBLEM

Hahnemann regarded the similia idea as a law of nature, and in this he has been followed by many, though not all, subsequent homoeopaths, especially those influenced by

Kent. A modern (lay) teacher of Kentian homoeopathy, Harris L. Coulter, contrasts homoeopathy with 'allopathy' thus:

> The principal difference is that homoeopathy is a *precisely structured doctrine* (my italics.) Even though most of its ideas find their parallel in allopathy, it differs from the latter in that the homoeopathic ideas are mutually consistent and coherent . . . Allopathy, in contrast, lacks a precisely defined and delineated set of ideas. It accepts concepts, principles, and procedures from any number of sources, with the result that the various parts of allopathic doctrine are at times inconsistent, and even incompatible, with one another . . .
> (*Homoeopathic Science* and *Modern Medicine*, pp. 93–94)

For the orthodox physician, however, the very thing that troubles him about homoeopathy (Kentian homoeopathy, anyway) is its claim to be a 'precisely structured doctrine'. Doctrines have their place in religion but not in science, and Coulter's view brings homoeopathy uncomfortably close to religion.

What is at issue here is the question of what science really is. Most modern scientists seem to accept the view of the philosopher Karl Popper, according to whom science is not a body of sure knowledge established once and for all but rather an evolving system of hypotheses that are always, in principle, provisional and subject to refutation. If a theory is truly scientific there must be some way of testing it, and this means of trying to prove it wrong.

This point is quite fundamental. No matter how many facts you collect that seem to support a theory, this does not make it scientific. For that, you need to look for possible ways of *disproving* the theory – of putting it on its mettle, as it were. It follows that *all* scientific theories – even so-called 'laws' – are in the last resort temporary and open to challenge. And this sometimes happens in practice: for example, Newton's laws of motion, for so long regarded as fundamental, have in our own day had to be modified in the light of Einstein's ideas.

If you attend a scientific meeting you will hear speakers

putting forward ideas and hypotheses which are then challenged by critics. This is also true of modern medicine; theories and treatments are continually being questioned, and sometimes they are rejected and replaced by others. Coulter is therefore right in saying that 'allopathy' lacks a coherent body of doctrine, but from the scientific point of view this is a strength not a weakness. Coulter's conception of science is mediaeval or Aristotelian. In so far as homoeopathy is the kind of system he claims it is, it must be regarded as unscientific or, in Popper's term, 'metaphysical'.

If homoeopathy is presented to orthodox doctors in this way, becoming a homoeopath looks to them uncomfortably like undergoing a religious conversion. As we know, however, there is another way of presenting homoeopathy, or at least there was in the days of Richard Hughes. And it is possible today to describe what might be called a neo-Hughesian homoeopathy which would be more congenial to most doctors. Its main characteristics would be as follows.

1. The similia principle is not a law of nature but is merely a rule of thumb that seems to work in practice. It could be compared to a skeleton key or to a spelling rule (i before e except after c); something worth trying in practice but not the only method of selecting medicines, nor even always the best one.

2. The potency idea is something to be investigated scientifically and modified or rejected according to the evidence that turns up. Neo-Hughesian homoeopaths will probably tend to use the lower dilutions mainly though not exclusively.

3. Vitalism, the psora doctrine, and other 'metaphysical' ideas will not form an intrinsic part of homoeopathy but will be regarded as of largely historical interest.

4. Modern scientific and medical knowledge will be brought into homoeopathy where relevant, and will be taken into account in prescribing. This may entail a change in attitude to the provings. A good deal of the older

literature on which homoeopathy is based is of doubtful validity. At the same time, an enormous amount of knowledge exists today about the side-effects of modern drugs. Modern textbooks of pharmacology contain numerous reports of such effects, yet these are almost wholly neglected by homoeopaths, who continue to base their practice on the nineteenth-century material. If the similia principle is valid, it certainly ought to be possible to apply it to modern pharmacology.

In practice, I think, some medically qualified homoeopaths, especially the newer recruits from the ranks of orthodoxy, would accept most of these ideas, perhaps with certain modifications or changes of emphasis. A version of homoeopathy presented on these lines would probably be fairly acceptable to many uncommitted doctors, since it would not compel them to make major changes in their ideas or practice. Indeed, it does not seem at all impossible that some elements of such a neo-Hughesian homoeopathy might eventually even find their way into the orthodox medical curriculum and be taught at medical schools.

It is safe to say, however, that almost all lay homoeopaths, and probably a majority of medically qualified homoeopaths as well, would feel that this version of homoeopathy was too much of a compromise and missed the real essence of the subject. Certainly it is easy to imagine what Hahnemann would have said about it. The fact is that a 'scientific' homoeopathy of this kind would – as Hughes clearly foresaw – eventually become indistinguishable from mainstream medicine. (Indeed, this is exactly what happened in America, where the distinction between the two schools in the end disappeared.) Such a merging between homoeopathy and allopathy would be abhorrent to many homoeopaths, for whom it is precisely the anti-scientific characteristics of homoeopathy that constitute its appeal.

This is a most interesting and important fact, and in my final chapter I want to examine what I take to be some of the reasons for it.