

## ELEVEN

# Homoeopathy as a Philosophy

To some people – certainly to many doctors – popular interest in alternative medicine looks like a step back towards the Middle Ages. Alternative systems of medicine seem to be linked with astrology, macrobiotics, and occultism of all kinds – as indeed they sometimes are, if only because those interested in one of these things are quite often interested in others as well. Increasingly, however, doctors are coming to recognize the strength of the attraction of the alternative system for patients, and this has prompted some of them to look more critically at their own ideas and practices.

In order to understand what is happening we must first identify the main reasons why many people are dissatisfied with orthodox medicine. Only then can we begin to see what it is that the alternative systems offer.

### THE NATURE OF THE PROBLEM

Enthusiasts for alternative medicine usually talk a great deal about the ineffectiveness and the dangers of orthodox medicine. Often, I cannot help feeling, such critics have very little historical knowledge. You have only to read a few accounts of what it was like to be ill – even within living memory – in the pre-antibiotic era to realize how far we have come. And of course it is not only infectious diseases that have changed radically in the last few decades; so too, among others, have common deficiency diseases like sugar diabetes. Preventative medicine, too, has made amazing progress. Within our own lifetimes smallpox has been all

but eradicated *throughout the world* – something that would have been beyond the wildest imagining of our grandparents – and poliomyelitis, that terror of children and young people in my own childhood, has almost disappeared, at least in affluent countries. The same is true at least to some extent of many other epidemic diseases.

Surgery, like medicine, has changed almost out of recognition. Above all it has, since the nineteenth century, been rendered pain-free. I wonder how many of those who hanker after the ‘good old days’ of pre-scientific medicine would relish being operated on without anaesthesia. It is so easy to fall into romantic illusions about the past.

Yet many people today do feel dissatisfied with modern medicine. There seem to be a number of reasons for this, some intellectual and rational, others more instinctive and unconscious.

Probably the most obvious cause of disillusionment is simply the lack of effective treatment for many diseases. I am not thinking here so much of the headline catchers like cancer as of the very commonest afflictions such as arthritis, backache, asthma, and eczema – to name just a few almost at random. In many of these disorders orthodox medicine has depressingly little to offer and the treatment that does exist is usually palliative rather than curative.

Another important problem is the high incidence of side-effects. As modern drugs have become more powerful they have also become more capable of producing unwanted results, so that in some cases the cure is indeed worse than the disease. The risk of inducing side-effects is something that often worries doctors even more than patients.

To some patients, scientific medicine is the god that failed, and an increasing number of doctors today appear to agree with them. In this respect we are all victims of a sense of disappointment consequent on a wave of optimism that began to rise in the late nineteenth century – soon after the birth of homoeopathy – and broke about ten or fifteen years ago.

In the second half of the nineteenth century men such as Koch, Pasteur, and Virchow were applying the scientific method to ancient problems of disease and coming up with new and exciting answers. Progress now seemed to be assured. Microbes had been shown to cause some illnesses; why not all? And if microbes were the cause of disease, surely something could be done about it. Pasteur's anti-rabies vaccine worked, and saved lives. Would it not be possible to devise a 'magic bullet' to kill microbes without injuring the patient? Sure enough, Paul Ehrlich invented salvarsan and used it to treat syphilis; no doubt other magic bullets would soon follow.

Matters did not progress as fast as had been hoped, but the twentieth century saw the discovery first of sulphonamides and then of penicillin, which was to be followed by a number of other antibiotics (though none was to prove as safe or effective as penicillin). The original hope that all disease would be found to be due to microbes was not fulfilled but other discoveries were made. Insulin was isolated and used as a treatment, though not a cure, for sugar diabetes. Other hormones were also discovered, isolated chemically, and used in the treatment of disease; in particular a new era dawned after the war with the introduction of cortisone and its various synthetic derivatives. At first cortisone seemed like a miraculous answer to the problem of rheumatoid arthritis, until it was realized that its prolonged use led to all kinds of unwanted effects.

As time went on the pharmaceutical industry produced an enormous and ever-increasing array of drugs. If you open a modern pharmacopoeia you will find hundreds of drugs listed according to their effects and the body systems on which they act. There are drugs for the heart, the lungs, the skin, the nervous system; there are drugs to treat infections, to control allergies, to prevent conception. The contents of this cornucopia are constantly changing, and keeping up with it all is a full-time task for specialists, even though in many cases 'new' additions to the list are not really new but are only modifications or reformulations of

existing drugs. Really new drugs appear at rather long intervals – perhaps once or twice in a decade.

At present, then, doctors have at their disposal an immense range of drugs, some of which are remarkably effective. But many common disorders are still not amenable to treatment and most of the available drugs are capable of causing serious side-effects. These are major drawbacks. There is, however, another reason why some patients dislike modern medicine; I mean an emotional repugnance for the whole of its scientific and technological basis.

Perhaps it is hardly surprising that this should be so. Science and technology have given us penicillin and heart transplants, but they have also given us industrial pollution and nuclear weapons, and it is at least questionable how far the bargain has been worth while. There is today a widespread nostalgia for older, more 'natural', therapies – herbs and simples gathered by the light of the full moon from the fields and hedgerows by wise women of the villages.

It would be easy to conclude that the rejection of scientific medicine is mere medical Ludditism, lacking real social significance. There are orthodox doctors who see it in that way, but I think they are making a mistake. Patients who protest against scientific medicine by seeking alternative therapies are saying something of real importance about what they feel that the role of the physician should be, and doctors ought to care about this, if only because in the end it is the public who pays the bills.

The alternative medical systems are often described as 'holistic' by their defenders, in contrast to orthodox medicine which is said to be 'reductionist'. To some extent, I think, this is a phoney distinction. For one thing, nearly all 'holistic' medicine is also private medicine, and it is a great deal easier to enter deeply into a patient's problems when you know that there are not a dozen more patients drumming their fingers outside the surgery door. For another, good orthodox doctors do take into account the wider aspects of their patients' problems in just the same way as

unorthodox practitioners. Still, it has to be admitted that there is an important difference in some of the assumptions that underlie the two kinds of approach.

What, then, is 'holistic' medicine? Often it seems to be thought of as an approach that includes advising patients about lifestyle, diet, and avoidance of 'harmful' drugs and food additives. I think, however, that these things are incidental. What really makes a medical system holistic is that it is based, implicitly and sometimes explicitly, on a 'spiritual' view of human nature.

Orthodox medicine, in contrast, is founded on materialism. This is not to deny, of course, that individual doctors may have religious beliefs just like anyone else, but these are extra, so to speak; it is no part of a medical training to inculcate students with any kind of religious or spiritual view of human nature. Indeed, the usually unspoken implication of the modern scientific attitude is that human beings are complicated physiological mechanisms and nothing more.

Medical training today is based on science. Even to get into medical school a young man or woman is expected to have obtained good marks in science subjects, and science will continue to predominate throughout his or her medical training. The more able students may well take a year off their main medical course to work for a BSc degree, and those who hope for a consultancy after qualifying will find themselves more or less obliged to do some research, whether or not they have any aptitude for it; one of the first things that appointment committees usually do is to look at the length of a candidate's publications list.

Some people deplore this emphasis on science, but it seems to be inevitable. Modern doctors depend critically on science both in diagnosis and in treatment. They must use the results of blood tests, bacteriology, X-rays, ultrasound scans, and a host of other investigations – the range is growing constantly – and they have to be able to understand these techniques at least to the extent of knowing how to select and interpret them sensibly. They must also

have some knowledge of chemistry and pharmacology to help them choose the best treatment and watch out for unwanted effects. More generally, they are expected to maintain a critical scientific attitude to claims made on behalf of new treatments and to 'keep up with the literature'.

Critics of modern medicine usually object that it concentrates much too exclusively on identifying problems that have a convenient technological solution and ignores everything else. Doctors, it is alleged, are trained to have a garage mechanic's attitude to patients: find out what the knocking noise in the engine is due to and adjust or replace parts as necessary. But, the argument continues, human beings are not motor cars and in any case the whole idea of identifying specific problems is much too narrow-minded.

It is difficult to deny the force of this argument. It takes only a little practical experience of medicine to realize that many of the problems patients bring for solution are not susceptible to cure by technology – not even the technology of an idealized future. Many patients are old, or poor, or simply unhappy. They may come to the doctor with physical complaints – backache, headache, bowel problems, and so forth – but the doctor knows in advance that medical tests are most unlikely to turn up any physical cause for these symptoms. In many cases the symptoms are merely expressions of an underlying unhappiness; they are produced because it is more socially acceptable to complain of a physical disorder than of unhappiness, and also because simple unhappiness is not usually regarded as within the scope of medical treatment. And even when there is a physical basis for the symptoms they are often used as a pretext. We all know people who continue with their lives uncomplainingly in spite of considerable suffering or disability, while others, less severely affected, make their physical problem the focus of their attention and an excuse for receiving special consideration at work or at home.

Very often the only solution a busy doctor can find for such patients is to prescribe a minor tranquillizer. This is at

best a prop, and no doubt in many cases a placebo would be as good or better, but tranquillizers have become an accepted part of our way of life. Indeed, so far has this trend gone that some high-pressure American companies provide bowls of tranquillizer capsules at meetings, so that participants can take a few whenever they feel the stress is becoming too much for them.

When it comes to dealing with problems that are due directly or indirectly to non-medical factors like environment or unhappiness, technology is useless or even positively harmful. What is needed is something much older and, in appearance, less complicated.

It is interesting and significant that the word used by many practitioners of alternative therapies to describe their work is 'healing' (literally, 'making whole'). In so far as modern doctors are trained as technologists it is more difficult for them to function as healers. Modern hospitals, likewise, are far removed from ancient shrines of healing. So what is – or was – healing?

#### THE PHYSICIAN AS HEALER

One of my favourite places in Greece is the site of the Sanctuary of Amphiareion. This lies in a fold of the mountains of Attica, about seven miles inland from the sea. Even today it is a magical spot. Set amid dense woods, with a little stream running through the site, it is nearly always peaceful. Few tourists seem to know of its existence or to think it worth the trouble of a visit, so there are no guided tours to disturb the tranquillity; no postcards are on sale, there is even no entrance fee. Sitting there quietly alone you can persuade yourself that you are experiencing a little of the atmosphere of peace and healing that must have characterized this spot in antiquity.

For the Sanctuary of Amphiareion was a shrine to which patients came to be cured. It commemorates the elevation to divinity of Amphiareion, the great seer and warrior of Argos, who fought as one of the Seven against Thebes. When this expedition was defeated Amphiareion fled and

was swallowed up, together with his chariot, by the earth near Thebes.

As was the practice at other places of healing in ancient Greece, a patient wishing to consult the god would sacrifice a ram and lie down for the night, wrapped in its skin, in a special portico, to await a divine communication in the form of a dream. After his cure he had to throw gold or silver coins into the sacred spring; sometimes, too, patients made votive offerings in the shape of the parts of their bodies that had been afflicted.

This method of treatment persisted for many centuries in Greece, and rather similar methods were in use in other parts of the ancient world. They did not always work, of course; one sceptical writer in late antiquity remarked that if all the people who had not been cured had presented votive offerings the shrines could not have contained them. Still, the fact that they survived for as long as they did shows that they must have worked for some people, and certainly the idea of using dreams for healing is by no means dead today, for it forms a cornerstone of the Jungian approach to psychotherapy.

It would be a great mistake to dismiss healing of this kind as 'placebo effect', as if that explained it away. The fact is that we simply do not understand very much of what goes on when a patient recovers – or fails to recover. When we are ill we mostly – doctors included – behave irrationally and differently from the way we normally do. Especially when we are frightened or in pain we need calm, unhurried attention, a soothing voice and hands, and reassurance. These things may have very profound effects, as research is now beginning to reveal. Natural pain-relieving substances are produced in the brain. Complicated readjustments of the nervous and muscular systems occur. Quite possibly there are also changes in the hormonal and immune systems as well. These and probably other effects are vital to recovery from illness and accidents. Traditional healers knew this instinctively; until modern times the ability to influence patients in these ways was almost the only effec-



tive therapy that existed, and in many cases that is still true today.

It may well be, in fact, that a great deal of healing, whether orthodox or unorthodox, is really self-healing by the patient, and that the function of the therapist is mainly to enable this to occur. This is by no means to depreciate the role of the healer, quite the contrary; but it is necessary to keep a sense of proportion and to realize how little we really know. Psychotherapy has a part to play in all kinds of treatment, even surgery, but when no radical cure is possible or the patient's symptoms defy conventional diagnostic labelling the distinction between psychotherapy and ordinary medicine becomes so blurred as to be almost meaningless.

The problem is that psychotherapy is difficult to practise in the absence of an agreed metaphysical foundation. In earlier times such a foundation did exist, and the roles of priest and physician were in consequence closely linked – often indeed they were identical. Only in our own day have they become completely separate.

The modern physician therefore finds himself the uneasy heir to two quite different traditions. On the one hand he is trained as a scientist, he uses scientific techniques, his tools and medicines are provided by science, *and indeed his patients expect him to be a scientist*. On the other hand he is also expected to be a healer, an initiate of ancient mysteries who can provide answers to the deepest questions of life and death. Obviously no one human being can combine these roles fully, and indeed the second role probably cannot be adequately filled today by anyone.

This indeed is the central difficulty. We are sometimes told that all would be well if medical training were made more balanced, so that doctors were encouraged to be all-round healers instead of scientists. There is something in this, no doubt; there is room for new thinking about the selection and training of medical students. But the real problem lies much deeper, not just in our medical schools *but* in our society as a whole. Doctors, after all, are members

of that society just like everyone else, and they cannot supply answers to problems when our culture fails to do so.

The ancient schools of healing did not exist in a vacuum but were set against a background of mythology. Almost every ancient culture we know of possessed a mythology, whose function it was to provide a framework within which questions about the meaning of birth, life, suffering, and death could be answered. But we have rejected all mythologies, including that of post-Augustinian Christianity, which ascribed disease and suffering to Original Sin, and have submitted our own anti-mythology – an anti-mythology derived from science though not, I think, necessarily entailed by it. This states that there are *no* valid mythologies: the world is a cosmic accident, man is a jumped-up ape, and no meaning of any kind can be assigned to human life and suffering. I have no doubt that a powerful element in the popular appeal of the alternative medical systems is that they seem to offer an escape from this bleak view because they are based on a different assumption.

Some alternative medical systems, like osteopathy and herbalism, do not have an explicitly metaphysical content, but it is enough that they are perceived as being based on a philosophy different from that of orthodox medicine. Moreover, many of their practitioners – probably most – would if questioned admit to holding a ‘spiritual’ view of life.

There are, however, at least two systems of alternative medicine with fairly extensive metaphysical underpinnings: Kentian homoeopathy and traditional Chinese acupuncture. The philosophical basis of acupuncture is a fascinating subject in its own right, and anyone interested in it can easily find enough ideas to occupy him for a lifetime – indeed several scholars have done so. It is hardly surprising that this elaborate system of thought, with its aura of the mysterious East, should strongly appeal to many Western acupuncturists. There are today in Europe and America large numbers of acupuncturists who practise exclusively

on the ancient Chinese theories. In addition, however, there has grown up, especially among doctors, a 'Westernized' form of acupuncture which rejects the traditional Chinese ideas and practices and is based on orthodox scientific anatomy and physiology. While this approach seems to work perfectly well, the traditionalists criticize it for being 'reductionist' and for missing out what is really distinctive in the acupuncture approach. The difference between these two attitudes is quite reminiscent of that between 'scientific' and 'metaphysical' homoeopathy.

### HOMOEOPATHY AS A METAPHYSICAL SYSTEM

As we know, homoeopathy had a metaphysical element in its make-up from its inception, and this was taken up and enlarged on by post-Hahnemann writers, especially in America. Far from having faded away over the years, this element has if anything become more in evidence today, and the belief in homoeopathy as a pathway to the millennium continues, as can be seen in this extract from a recent textbook by a modern lay teacher of homoeopathy, George Vithoulkas (who, though Greek, is strongly Kentian in outlook).

It is absolutely certain, and every visionary man or woman is sensing it, that medicine today stands on the threshold of a deep and radical change and that soon it will embrace the new and unique possibilities that homoeopathy is offering to it. It is also certain that people of today more than anything want to gain back their lost health. They are not concerned about empty speculations. One can say that contemporary people are demanding a way to regain their lost psychosomatic equilibrium in order to face the challenges that technological civilization has imposed on them. It is my strong belief and my experience that homoeopathy can effectively help ailing humanity in this endeavour and be an invaluable asset for a *speedy spiritual evolution of mankind*. (My italics)

(*The Science of Homoeopathy*, pp. xvi-xvii.)

The millenarian character of this passage is evident, not only in the overt reference to spiritual evolution but in the implied reference to an Adamic Golden Age in which

people once lived in 'psychosomatic equilibrium'. Ideas of this kind have constantly recurred in homoeopathy but they have acquired new meaning and importance today in the light of the 'consciousness revolution'. In the past homoeopathy was, at least in Britain, largely the province of the aristocracy and the upper middle class, and in spite of its status as a medical heresy there had for long been something staid and respectable about it. Today, however, there is an increasing number of young patients, many of whom are in one way or another involved in experimenting with alternative life styles and ideas. Such people often feel that homoeopathy – metaphysical homoeopathy, that is – accords with their general belief system.

It therefore seems almost certain that metaphysical homoeopathy will continue to flourish and grow and will not be replaced by any kind of neo-Hughesian homoeopathy, though the two may well exist side by side. Scientifically minded people may find this regrettable, but the psychological need for metaphysically tinged medical systems evidently is real and we should do well to try to come to terms with it.

In philosophy, it has been said, we should not ask for proofs of the rightness or wrongness of great metaphysical systems like those of Plato, Spinoza, or Kant; instead we should try to enter them imaginatively rather as we enter a great work of art. What a metaphysical system offers us is not a factual description of reality so much as an experience. The metaphysician says to us, in effect: 'try seeing the world through my eyes.' In reading these writers we do not have to be convinced in order to be enriched.

Homoeopathy is not a complete metaphysical system, of course, but it does have metaphysical elements derived from all kinds of sources – Paracelsian alchemy, German idealism, Swedenborgianism – and while these repel some people they are a powerful attraction for others. In so far as homoeopathy is metaphysical the right way to approach it is by the *temporary* suspension of judgement and the use of the sympathetic imagination (Keats's 'negative capability').

The problem is, however, that Hahnemann was a physician not a philosopher, and it shows; as an abstract thinker he can hardly be taken seriously. To be fair to him he had few pretensions in this direction; it was his followers, especially in America, who imposed that role on him after his death. As a psychologist, too, Hahnemann was hardly an innovator, and while it would be unfair to criticize him for not putting forward a new view of human nature like Freud or Jung, the fact remains that the psychological categorization on which much homoeopathic prescribing depends seems crude and antiquated today.

These remarks apply with even greater force to Kent. The Swedenborgian ideas that he and other American homoeopaths grafted onto homoeopathy had a profound effect on its later development, especially as regards the psychological concepts and terminology used by homoeopaths. Most modern homoeopaths – even those who are not deeply committed to Kentianism – use Kent's *Repertory*, and this inevitably imposes a particular psychological framework on them. But it is certainly questionable how far Swedenborgian psychology is relevant today. While opinions about the validity of the ideas of Freud and Jung and about the role of unconscious processes may differ, the fact remains that such ideas are now deeply implanted in our culture and constantly turn up not just in a medical context but also – perhaps more frequently today – in general conversation, in literature and in artistic and literary criticism. It is very difficult to base one's clinical thinking and practice on an earlier psychological framework, like Swedenborg's, that lacks these concepts. And of course the fact that this framework claims to be supernaturally revealed makes it all the more alien to most of us.

Nevertheless the fact remains that for nearly two hundred years a considerable body of able and compassionate physicians have found in homoeopathic philosophy a system within which they could do good work and help many patients. By these criteria homoeopaths have nothing to be

ashamed of, for they have at least as good a record as their orthodox rivals; certainly they have done much less harm.

It seems probable, in fact, that the theories by which physicians practise matter less than might be supposed, and that what is really important is the wisdom and character of the individual physician. The kind of man or woman who is temperamentally attracted to the task of healing will naturally be drawn in the first instance to the dominant form of institutionalized therapy of the day. In our culture this means chiefly orthodox medicine, but if, as may happen, such people find the scientific and technological basis of modern medicine unappealing they cast about for something more congenial. Some are drawn to psychotherapy, especially Jungian analysis, which though avowedly scientific has definite leanings towards metaphysics. Others are drawn to the unorthodox medical systems.

Of course the fact that a healer is attached to a particular system does not necessarily oblige him to accept all its dogmas uncritically. Indeed the best healers often seem to be those who are not rigidly bound by the theories of their system but use them as a convenient peg on which to hang their own individualities. It is usually the second-rate who set great store by 'the system', and wise founders of 'schools' usually recognize this; Jung, for example, was very reluctant to enshrine his teaching in any kind of formal training programme or to establish an institute, and only did so in the end because he was persuaded that, if he did not, others would.

Metaphysical homoeopathy has numerous shortcomings, but to focus on these too narrowly is to miss the point, which is, as I see it, the fact that it fills a need. Many people today – by no means all of them unintellectual or unsophisticated – are searching for an approach to disease and suffering that gives them meaning. This sets the whole question of healing in a much wider context and brings it into relation with ultimate questions about our destiny.

It is interesting how often patients ask their doctors what the *cause* of their symptoms is. This question tells us, I

believe, a great deal about what is wrong with modern technological medicine and about why so many patients are turning to alternative therapies.

What kind of answer do patients expect to this question? Not usually, I think, the kind of answer that the doctor's training and knowledge might equip him to supply. The patient does not want a detailed explanation of her disease in terms of alterations in the functioning of the immune system or whatever, even if such an explanation happens to be available; she wants to know what can be done about it and hopes that some practical consequence will flow from identification of the cause.

Secondly, however, there often seems to be an underlying demand for an ethical or metaphysical explanation. This may seem surprising, and certainly many patients are not clearly aware of the need themselves. But frequently they make some remark or ask a supplementary question that gives the game away. A patient may say, for example, 'But I eat all the right foods,' implying that she has somehow been virtuous in avoiding 'bad' or 'junk' foods. This is really a moral statement. Patients who talk like this usually believe that nearly all disease is caused by faulty living, wrong diet, or psychological factors, and this means that they themselves are in some way or other to blame for becoming ill. It is nearly impossible to convince such people that much disease is not due to these causes at all but is the result of some chance event, of heredity, or simply of the slow attrition of time. No doubt it is natural for all of us, when we are ill, to look over our lives to try to find the cause, and to wonder why this should have happened to *us*. But ultimately questions like this transcend the boundaries of medicine and become philosophical and metaphysical questions about guilt and about the cause and meaning of suffering. To such questions the doctor, if he confines himself to science, can offer no answer; the best he could do would be to quote Dr Johnson's stern couplet:

But hope not life from grief or danger free  
Nor think the doom of man reversed for thee.

Doctors are not priests or theologians but the territories of medicine and religion touch each other and sometimes overlap. In an age like ours, when collective spiritual authority has reached such a pitch that a leading theologian can publicly declare his non-belief in a transcendent God while continuing to be a churchman, it is hardly to be wondered at if the rest of us feel somewhat at sea. I am quite sure that at least part of our present enthusiasm for alternative medical systems is that they are to some extent substitutes for traditional religious belief.

Many orthodox doctors feel ill at ease when they find medicine and metaphysics being mixed in this way, and this increases their suspicion of all kinds of unorthodox medicine, including homoeopathy. Nevertheless the increasing popularity of alternative medical systems points to a deeply rooted psychological need; and the right response, I believe, is neither to fight this development nor to welcome it uncritically but rather to try to understand what it means for our society and for ourselves.