

ONE

The Basic Facts

Only a few years ago a book about homoeopathy would have had to start from the assumption that hardly any of its prospective readers would even have heard of the subject, let alone have known anything factual about it. Today, thanks mainly to television and to a large number of articles in magazines and newspapers, that is no longer the case. Homoeopathy, along with numerous other forms of unorthodox medicine, has become news.

In spite of this, however, homoeopathy remains a mystery to many people, including the majority of British doctors, who learn nothing whatever about it at medical school. Homoeopathy, in fact, is in the paradoxical position of being part of the National Health Service yet unacceptable to, and almost ignored by, the medical 'establishment' – a unique state of affairs that could perhaps occur only in Britain.

To start with, then, a few basic facts. Homoeopathy is practised in many countries throughout the world, but is particularly well represented in India, France, Germany (its birth-place), and Argentina. Some homoeopathic practitioners are also orthodoxly qualified doctors, but there is also a large and increasing body of lay homoeopaths, whose training varies widely. Some countries regulate the training of non-medical therapists, but in Britain anyone can call himself a homoeopath, herbalist, acupuncturist, or whatever, with or without any form of training; the only restriction is that it is illegal for unqualified people to treat certain diseases, including venereal disease (but not can-

cer). British doctors, conversely, are free to practise any form of unorthodox treatment they wish; this is not the case in many other countries.

Most British doctors practising homoeopathy are associates or members of the Faculty of Homoeopathy, the body set up by Act of Parliament in 1950 to supervise the training of medically qualified homoeopaths. To become a Member of the Faculty a doctor must pass a postgraduate examination in homoeopathy, and there is also a higher diploma, the Fellowship, that is usually awarded for a thesis. At present there are just about 400 Members and Fellows of the Faculty.

Lay homoeopaths are not admitted to membership of the Faculty or to Faculty training courses. There exist several lay colleges of homoeopathy that award certificates and diplomas to their students, but these have no statutory recognition.

Most medically qualified homoeopaths, and of course all lay homoeopaths, are in private practice, though there are some general practitioners who treat their National Health patients homoeopathically where appropriate. There are five National Health Service Homoeopathic Hospitals in this country, in Liverpool, London, Glasgow, Tunbridge Wells, and Bristol. Some of these are small and cater mainly for out-patients, but the London and Glasgow hospitals are bigger and see thousands of new patients annually. The Royal London Homoeopathic Hospital has an active Research Unit and is the main focus for teaching. Doctors come to courses at the hospital from all parts of the United Kingdom and from countries throughout the world.

The range of patients attending the homoeopathic hospitals is vast and some of them are seriously ill. In modern circumstances it would not be feasible to treat them exclusively by homoeopathy, and some therefore receive orthodox medicines in addition. At the Royal London Homoeopathic Hospital some other kinds of unorthodox treatment such as acupuncture and manipulation are also available.

The medical department at the Royal London Homoeopathic Hospital sees some 2,500 new patients each year and the total number of consultations is more than 16,500. Among adult patients, women outnumber men by two to one. Patients are asked to bring a letter of referral from their general practitioner, but in over 80 per cent of cases it is the patient who takes the initiative by asking to be referred; only a tiny minority (3 per cent) have a general practitioner who practises homoeopathy.

A recent survey has shown that the commonest reason given by patients for coming to the hospital is dissatisfaction with orthodox medicine (63 per cent). A smaller group (31 per cent) objects to 'drugs' on principle, and 38 per cent wish to reduce their dosage of orthodox medicines. Over a quarter have already tried some other form of alternative medicine.

Although the major part of homoeopathic practice today is in hospital, this is from some points of view a pity because the main application of homoeopathy is undoubtedly in 'primary care' – that is, in general practice. Homoeopathy originated as a treatment mainly for acute disease and it is still in this area that it has most to offer. There are medicines for first aid and injury, for acute infections (coughs, colds, influenza), headaches, and many other common problems. As they are quite safe there is no reason why they cannot be used by patients themselves, without the need for a visit to the doctor. Hospital patients naturally tend to be people suffering from chronic or recurrent diseases (asthma, rheumatism and arthritis, eczema); chronic diseases are by definition more difficult to cure and in many such cases homoeopathic doctors, like their orthodox colleagues, do not expect to achieve more than a modest improvement.

In general modern homoeopathic doctors look on homoeopathy not as an alternative to orthodox treatment but as complementary to it. Homoeopaths have always recognized the need for surgery in some cases: acute appendicitis, kidney stones, or intestinal obstruction, for example. In addition there are today many kinds of

orthodox medical treatment that are very effective. Thus, homoeopathic doctors treat deficiency diseases due to vitamin or hormone lack by giving the appropriate replacement therapy, and they also treat severe infections (tuberculosis, venereal disease, meningitis) by means of antibiotics.

What this amounts to is that homoeopathy has had to move with the times. But the gaps left uncovered by modern orthodox medicine are quite large enough to ensure that homoeopathy and other forms of unorthodox treatment will be with us for the foreseeable future.

To try to give an idea of how homoeopathy works in practice I shall outline what might be the experience of a patient who finds herself suffering from painful swelling of the joints of her fingers. If such a patient goes to see her orthodox general practitioner he will ask her a number of questions with the aim of reaching a diagnosis: how long she has had her symptoms, how they began, which joints are affected, and so on. He will examine her joints, and probably her heart, lungs, and other systems, and he will arrange for some blood tests. At the end of all this he will reach his diagnosis and write in his notes 'rheumatoid arthritis'.

What has been going on in his mind during this process is a series of exclusions. The doctor has been progressively ruling out various other possible causes for the patient's symptoms until he is left with rheumatoid arthritis as the only reasonable conclusion. The art or science of reaching a diagnosis in this way is one of the main things taught in medical schools.

So far as treatment is concerned, this is largely determined by the diagnosis. The doctor may prescribe aspirin, the oldest drug used for this disease, but more probably he will choose one of a range of newer drugs produced by the pharmaceutical industry. He may in addition arrange for physiotherapy in the form of wax baths or other measures, and he will advise the patient about the need for adequate rest and a good diet.

None of this is curative, and all the medicines that can be given are capable of producing unwanted effects ('side effects'), but at present orthodox medicine does not possess a true cure for this regrettably common disease.

Suppose, now, that this patient's doctor happened to be trained in homoeopathy. How would his approach differ?

Perhaps rather surprisingly, he would begin by doing exactly the same as a non-homoeopathic doctor; he would take the history, examine the patient, and arrange for blood tests to reach a diagnosis of rheumatoid arthritis. In addition, however, he would look at the problem from a different angle.

To do this he has to make a mental change of gear. In reaching his orthodox diagnosis he has concentrated on those features of the case that put the patient into a *class* – the rheumatoid arthritis class. Now, however, he is interested in different features – those that help to distinguish *this* patient from other patients suffering from the same disease.

For example, he will ask about the things that make the pain better or worse – heat, cold, movement; about the patient's emotional reaction to her symptoms (does she get irritable, or weepy, or fearful, or worried); and he will ask a general range of questions about her appetite, sleep, reactions to weather, menstruation, and so on. In all this questioning the homoeopathic doctor is interested in those things that make the patient unusual, even unique, as an individual. The homoeopathic approach is thus in many ways the exact opposite of the orthodox approach.

Having obtained all this information, the homoeopathic doctor may then refer to a large book, something like a dictionary, in which the various symptoms are listed in relation to the corresponding homoeopathic medicines. There are many hundreds of these medicines, and the doctor's task is to try to pick out the one that most closely fits the symptoms of the patient. Having decided on what he hopes will be the right medicine the doctor prescribes it

in one of several forms. It may be a liquid, tasting of alcohol; a sugary powder, to be dissolved on the tongue; or little globules of sugar. The patient may be given just one or two doses of the medicine and instructed to return in two or three weeks, or she may be asked to take it daily for a time.

If she asks questions about the medicines she will probably be told that homoeopathic medicines act on a different principle from ordinary drugs. Being given in very tiny doses they are intended to stimulate the body to heal itself, unlike the orthodox drugs used in rheumatoid arthritis, which at best damp down the disease process.

When she returns, perhaps in two weeks' time, the patient will be asked how she has got on, and she may be asked about any changes in her mood, appetite, general sense of well-being, and so on, as well as about the amount of pain and swelling in her joints. On this basis the doctor will decide whether to do nothing, repeat the same medicine, or change to a different one.

If the patient's symptoms are at all severe, the doctor will probably advise her to continue taking her orthodox pain-relieving drugs for as long as they are needed, in the hope, however, that it will prove possible to reduce the dosage later or even to stop orthodox medication completely.

All this is likely to seem pretty mysterious to anyone, patient or doctor, who encounters it for the first time. The patient may well feel that she has received more individual attention than in previous orthodox consultations and will probably find this a welcome difference in itself. An orthodox doctor looking on, however, is likely to think that he has stepped into an alien world, and may be tempted to dismiss the whole thing as mumbo-jumbo.

The first and most natural question is, does it work? But this is more difficult to answer than might appear. The mere fact that homoeopathy has been practised for nearly two hundred years must mean that at least some patients and doctors have believed that it works, but it is natural in our critical scientific age to wonder whether most of the

patients would not have got better anyway, and whether the remainder of the cures may not be attributable to suggestion. Other questions suggest themselves too. If homoeopathy does work, how does it do so? On what basis is it practised? Why is it not integrated into orthodox medicine?

Doctors will not receive answers to questions like these during their ordinary medical training. Homoeopathy has been with us for nearly two centuries, yet it is still in the position of a medical heresy. To the main body of the profession it is at best a joke, at worst an outrage, yet there has always been a small body of doctors and patients who have believed it to be a neglected truth of central importance to medicine. This is surely a curious state of affairs.

One of the main reasons why so much misunderstanding and disagreement exist is, I believe, that few of those involved in the controversy – on either side – have seen the issues with adequate clarity. Homoeopaths have always contended that their critics seldom understand what they are criticizing, and this has usually been true. Homoeopaths themselves, however, have often had a one-sided and idealized view of their subject, especially in the last fifty or sixty years.

Among many homoeopaths there has grown up a legend about how homoeopathy originated and developed. This legend, though based on fact, omits much that is very important, and it presents a view of homoeopathy that is, I believe, seriously misleading. This is a pity, for the true story is much more fascinating than the legend and sheds much light on the ways in which ideas of disease and healing have changed and are still changing. It is this story that I want to tell. Before embarking on it, however, we need a broad overview of what homoeopathy actually is.

HOMOEOPATHY: AN OUTLINE OF THE STORY

The story of homoeopathy begins with Samuel Hahnemann (1755–1843). He was an orthodoxly qualified German physician who became dissatisfied with the medical prac-

tices of his day and cast about for something better. An experiment with quinine (p. 29) that he carried out on himself led him to formulate a principle of treatment, which he encapsulated in the Latin slogan *Similia Similibus Curentur* – let likes be cured by likes. The basic idea is that the doctor tries to match the patient's symptoms with the symptoms that a drug is capable of eliciting in a healthy person, and this drug is then used to treat the disease.

This, and nothing else, is the basic idea of homoeopathy. I emphasize the point, because many people confuse homoeopathy with other things – with herbalism, for example, or with naturopathy. Homoeopathy is none of these things; it is *a method of selecting medicines on the principle of similarity*.

An example will make the idea clearer. Among the symptoms of poisoning with arsenic, as readers of *Madame Bovary* will know, are abdominal pain, vomiting, continual thirst, prostration, and diarrhoea. Some of these symptoms occur in dysentery. Arsenic may therefore be used as the homoeopathic treatment of dysentery.

In much the same way the symptoms produced by other drugs can be matched with those of various diseases, and so other homoeopathic treatments can be devised. An early example was Hahnemann's use of belladonna – deadly nightshade – to treat scarlet fever. Belladonna produces a hot, flushed dry skin and hallucinations, both of which may be found in children suffering from scarlet fever. By the same line of reasoning a preparation of onion is used to treat the common cold.

The medicines used by Hahnemann were at first those in general medical use in his day, though later he added others of his own. For knowledge of their effects he relied at first on his own wide reading in several languages, but he soon found that the available knowledge was insufficient for his purpose and he therefore embarked on a programme of trying out drugs for himself. This procedure – usually called 'proving', from the German *Prüfung* (testing, investigation) – was supposed to be carried out on healthy

subjects. Hahnemann investigated a large number of drugs in this way, at first on himself and his family and later on a small but devoted band of fellow 'provers'. In this way he built up a first-hand knowledge of the effects of drugs without parallel in previous medical history.

Hahnemann coined the name homoeopathy, not altogether happily, from the Greek (*homoios*, similar; *pathos*, disease). This reflected his view that the medicines act by inducing an artificial disease that displaces the natural disease because of the similarity of the two. He also coined the name allopathy (Greek *alloion*, different) to designate the orthodox medicine of his day, in which medicines were chosen on the basis of their ability to produce *opposite* symptoms to those of the patient (so that, for example, constipation would be treated by laxatives). The term allopathy has now been adopted by adherents of a number of kinds of alternative medicine as well as by homoeopaths, though it is arguable to what extent modern orthodox medicine is 'allopathic' in the Hahnemannian sense.

Hahnemann's method of prescribing differed in other important ways from that of his orthodox contemporaries. For example, unlike them he used single medicines, not complex mixtures, on the very reasonable grounds that you cannot distinguish the effects of large numbers of drugs when they are mixed together.

A further aspect of his method – and the one that has most strongly captured the public imagination – was his use of tiny doses. In this respect his practice changed considerably over the years; when he first thought of homoeopathy he used large doses, but later he used much smaller ones and still later he used infinitesimal doses, which he claimed were actually more effective than larger ones.

In summary, then, and disregarding the many changes it went through as it evolved, we can say that the homoeopathic method has the following characteristics:

1. Medicines are chosen on the basis of similarity between the symptoms they produce in healthy people and the symptoms of the patient. Each prescription is therefore

individually tailored to the patient rather than to a general disease category.

2. The medicines are given singly.
3. The medicines are given in small doses.
4. Medicines are not repeated routinely, but only when the patient's symptoms demand it.

Some such outline of homoeopathy will be found in any popular book on the subject written in the last fifty or sixty years. So far as it goes it is accurate, but it leaves out a great deal that is both interesting and important. There seem to be two main reasons for this. First, many writers on homoeopathy have been content to copy from one another instead of going back to the beginning and reading what Hahnemann and other early homoeopaths actually wrote. Secondly, most homoeopathic authors have been engaged in polemics, and have sought to persuade rather than to clarify; this has led them to present an idealized view of their subject.

Many writers on homoeopathy place great emphasis on the need for 'pure Hahnemannian homoeopathy'. This implies, of course, that there exists a corpus of pure Hahnemannian dogma to which all good homoeopaths must give assent. But anyone who looks into the subject at all objectively will quickly discover that this idea is a fantasy. Hahnemann himself was a difficult man, whose views changed enormously throughout his long life. He was quite unconcerned about consistency and frequently contradicted himself, sometimes within the same paragraph. Any simple statement about what Hahnemann taught is therefore almost bound to be wrong.

To complicate matters further, some of Hahnemann's successors took his ideas and – while naturally protesting their fidelity to the Master – added to them and modified them in various important ways. Present-day homoeopathy is thus a more composite affair than is generally realized.

Many writers on homoeopathy over the years have sought to depict Hahnemann as if he were a scientist,

whose ideas were far in advance of his time. And there is some truth in this: in his condemnation of blood-letting and of the use of large doses of dangerous drugs, in his attitude to mental illness, and in his insistence on the need for good food, clean air, and adequate exercise Hahnemann was certainly more enlightened than most of his contemporaries, while his provings were undeniably scientific experiments.

There is however another side to Hahnemann's thought that cannot be called scientific. He possessed a strong metaphysical streak and his brain child homoeopathy gives clear evidence of this. Thus Hahnemann gave the theory of the 'vital force' a central role in homoeopathy, and two of his more revolutionary notions – the concept of potency and his theory of chronic disease – are, as I shall explain (pp. 46–54), metaphysical or semi-mystical ideas masquerading as science. Nor is it only Hahnemann who showed this leaning towards metaphysics; some of his most influential disciples took homoeopathy even further in that direction than Hahnemann himself.

My aim in this book is mainly to trace the way in which the scientific and metaphysical strands of homoeopathy have intertwined and interacted. This story does not seem to have been told before. I think that it sheds a great deal of light not only on homoeopathy itself but also on the wider question of why so many people today are turning to alternative systems of medicine; this is a theme that I shall take up in Part Two.

In one sense, then, this is a historical study. At the same time the story I shall narrate is of considerable practical importance to anyone who is interested in modern homoeopathy. This may sound surprising to readers with a modern scientific or medical training. Of what possible practical use can it be to know about the ideas and theories of the last century?

The fact is, however, that one of the principal ways in which homoeopathy differs from orthodox medicine is precisely in the extent to which its past is still relevant to its

present. So far as orthodox medicine is concerned relatively few of the concepts and treatments that were in vogue before about 1950 have much importance today. The medicine of the nineteenth and even of the first half of the twentieth centuries, though no doubt fascinating from a general historical point of view, has been almost entirely superseded by later developments; few books go out of date as fast as medical texts.

With homoeopathy it is quite otherwise. The vast majority of homoeopathic ideas and practices date from the nineteenth century, as do nearly all the homoeopathic medicines. The main textbooks still used today by homoeopaths were likewise written in the nineteenth or early twentieth centuries. While all this may not come as a great surprise to anyone without a medical background, doctors who encounter homoeopathy for the first time are liable to experience considerable culture shock and disorientation. The only cure for this state, I believe, is to go right back to the roots of homoeopathy and to try to understand how and why it has developed in the way that it has.

In order to do this we have to begin with Hahnemann, whose restless spirit inevitably pervades any book on homoeopathy. If, as has been said, Western philosophy is a series of footnotes to Plato, then homoeopathy is most certainly a series of footnotes to Hahnemann.