CHAPTER 39

Homeopathy

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INTRODUCTION

Homeopathy is a highly systematized method of medical therapeutics and clinical evaluation. The term homeopathy is derived from the Greek words *homeos*, meaning “similar,” and *pathos*, meaning “suffering.” The medicines used in this system of therapeutics are chosen according to the Law of Similars (the concept of like curing like), a fundamental homeopathic principle based on the observed relationship between a medicine’s ability to produce a specific constellation of signs and symptoms in a healthy individual and the same medicine’s ability to cure a sick patient with similar signs and symptoms. This principle was first recognized by Hippocrates, who noticed that herbs given in low doses tended to cure the same symptoms they produced when given in toxic doses.

Homeopathic medicines are derived from a wide variety of plant, mineral, and chemical substances. They are prepared according to standards of the U.S. Homeopathic Pharmacopoeia, a revised version of which has been approved by the U.S. Food and Drug Administration and U.S. Congress.

HISTORY

The homeopathic school of medicine was founded by a German physician, Samuel Hahnemann. He had already gained a reputation in chemistry and medicine, having formulated a soluble form of mercury and developed a safer method for its use, and having written a number of works on pharmacology, hygiene and public health, industrial toxicology, and psychiatry. His treatise on arsenic poisoning (1786) is still considered authoritative. A prolific writer, Hahnemann collected, compiled, revised, and edited the existing pharmacologic knowledge. The work was well received by the medical profession of the time. In fact, Hahnemann was one of the most learned men of his generation in medicine, chemistry, and pharmacology, making his later criticisms of medicine all the more significant.

Disillusioned with the theories and practice of eighteenth century medicine, Hahnemann retired from practice in 1782 and spent the next 14 years earning a meager living doing chemical research; writing; and translating English, French, Italian, and Latin works. He wrote of his time of practice:

It was painful for me to grope in the dark, guided only by books in the treatment of the sick. To prescribe according to this or that (fanciful) view of the nature of diseases, substances that only owed to mere opinion their place in the materia medica; I had conscientious scruples about treating unknown morbid states in my suffering fellow creatures with these unknown medicines which, being powerful substances, may,
if they were not exactly suitable (and how could the physician know whether they were suitable or not, seeing that their peculiar special actions were not yet elucidated) easily change life into death, or produce new affections and chronic ailments, which are often more difficult to remove than the original disease.

In his struggle to determine a reliable basis for therapeutics, he was distressed by his inability to provide medical care for the acute illnesses of even his own growing family. In 1790, during his translation of William Cullen’s (a Scottish physician) *Materia Medica*, he added a footnote disagreeing with Cullen’s conclusions that the basis of cinchona bark’s effectiveness was its bitter and astringent qualities. *Cinchona officinalis* (peruvian bark), from which the drug quinine is derived, was known to be clinically effective in malaria and intermittent fevers (then called ague). He argued that there were several drugs in common usage that, in smaller doses, had greater bitter and astringent qualities yet had no specific action on fevers. As an experiment, Hahmemann took four drachms of cinchona twice daily and soon developed the paroxysmal symptoms characteristic of intermittent fevers.

This duplication of symptoms was a revelation to him and ultimately resulted in his formulation of the concept of determining the properties of a medicine by studying its effects on healthy humans.

Although homeopathy offers a profoundly deep and unified evaluation in the treatment of chronic diseases (see the section on evaluating the case later), it had gained most of its early reputation in the treatment of acute and epidemic diseases. An uproar was caused in Cincinnati in 1849 when two immigrant German homeopaths, treating cholera with camphor and other homeopathically prescribed remedies, published in the newspapers statistics indicating that only 35 of their 1116 treated cases had died. During the nineteenth century, 33% to 50% of patients with cholera who were given standard medical care died. In the 1879 epidemic of yellow fever, New Orleans homeopaths treated 1945 cases with a mortality rate of 5.6%, while the standard medical doctors were losing 16%. These and similar statistics had a profound effect on Congress and public opinion.2

Over time, homeopaths established their own network of treatment facilities. By 1892 in the United States, they controlled 110 hospitals, 145 dispensaries, 62 orphan asylums and retirement homes, more than 30 nursing homes and sanatoria, and 16 insane asylums.

Constantine Hering established the first homeopathic medical school in the United States in 1835. It later moved from its original site in Allentown, PA, to Philadelphia, where it remains today as an orthodox medical school: the Hahmemann Medical College and Hospital. Hering's promotion of homeopathy and development of the *materia medica* was equaled only by Hahmemann himself. His 10-volume work, *The Guiding Symptoms of Our Materia Medica*, remains a definitive work on the clinical verifications of the homeopathic approach. Unfortunately, of the many medicines introduced by Hering, only nitroglycerine remains in orthodox medical practice as a tribute to his medical genius.

Throughout the world, homeopathy has maintained a consistent tradition. Frederick Harvey Foster Quinn introduced it to England in the 1840s. It has since become a postgraduate medical specialty, recognized by the Department of Health by virtue of an Act of Parliament. Homeopathic hospitals and outpatient clinics are part of England's national health system. Homeopaths have been engaged as personal physicians to the Royal family for the past four generations.

Homeopathy is widely practiced in Europe, India, Argentina, and Mexico, and is experiencing a renaissance in the United States.

**PHILOSOPHY**

**Provings**

Hahmemann defined his method of testing medicines on healthy people as “provings.” He expanded his investigations to include a wide range of substances, using his family, friends, and associates as experimental subjects.

Historically, Hahmemann was not the first to use this methodology. In 1760 Anton Stoerck reported testing *stramonium* (datura) by rubbing it on the skin, inhaling the vapors of the freshly crushed leaves, and, finally, ingesting the fresh extract. He theorized that if *stramonium* disturbs the senses and produces mental derangements in healthy people, it might be administered to maniacs for the purpose of restoring the senses by effecting a change of ideas.

Recent medical literature has contained examples of inadvertent provings: In 1983 a study in the *New England Journal of Medicine* reported that pyridoxine (vitamin B6), which is used in the treatment of some types of peripheral neuropathy, was also capable of producing neuropathies when given in large doses.3 In 1796 Hahmemann published, in *Hufeland's Journal*, the fruit of his investigations in an article, “Essay on a New Principle for Ascertaining the Curative Power of Drugs, with a Few Glances at Those Hitherto Employed.”

**Like Treating Like**

Hahmemann also recognized the tendency of a natural disease to have a “homeopathic effect” (i.e., a preventive or therapeutic effect) on other diseases with similar symptomatology. Although he ascribed this to the stimulation of the organism to eradicate the disease, he felt the deliberate induction of a disease to be difficult, uncertain, and dangerous.4 This concept has many parallels in modern...
medical science. Descriptions of viral interference under natural conditions were described in 1937 by G. Findley and F. MacCallum, who found that monkeys infected with the Raft Valley fever virus were protected from the more fatal yellow fever virus. They adopted the term “virus interference” and believed that when one virus infects a group of cells, a second virus is somehow excluded. This eventually led to the discovery of interferon in 1957 by Alick Isaacs and Jean Lindenmann. These methods of inducing self-regulation are critical in enhancing the ability for the body to recognize and resolve illness.

In 1799 Hahnemann gained increased professional acceptance of his ideas by the successful application of atropa belladonna (deadly nightshade) in the prevention and treatment of scarlet fever (which had at that time reached epidemic proportions). In 1860 it was recommended as the treatment of choice in the National Dispensatory, which stated: “As long as persons are under the influence of belladonna . . . the liability to contract scarlatina is very much diminished.”

The Organon of Medicine

In 1810 Hahnemann published his Organon of Medicine, a book that, through six editions, formed the foundation and definition of the homeopathic practice of medicine. It contains the philosophy, observations, and clinical applications of homeopathy, as well as citations from the historical and current literature of the time. Hahnemann challenged the reductionistic and mechanistic practices of his time, stating that the nature of disease is dynamic and could not be defined by isolating processes, grasping for an explanation. He further asserted that the cause of disease could not be known and that the categorization of disease states and attempts to manipulate physiology were insufficient, since they did not address the integrity and complexity of organization of the organism as a whole.

He described this organization as dynamic, meaning in accordance with the animating principle of life, which is the underlying energetic pattern to which matter conforms.

Disease is therefore addressed descriptively in the context of the whole patient, with the patient’s unique symptoms being indicative of that individual’s vital response to the condition. For any given disease there may be a long list of remedies that have been clinically effective, but it is the individualization and differentiation among medicines, based on the patient’s unique indications, that leads to a successful homeopathic prescription.

Vitalism

Disease, in the homeopathic model, is thought to arise from inherent or developed weaknesses in the patient’s defense mechanisms, creating a susceptibility to “morbific influences” (e.g., toxic factors in the environment, bacteria, psychologic stresses). This viewpoint is considered “vitalistic” (see Chapter 6 for a more detailed discussion) and, while not denying a corporeal reality, considers pathology to be but a singular focus in a complex net of interactions.

William Boyd, in A Textbook of Pathology, discusses the limitations of the causal approach to disease, currently in vogue in medicine, when he states:

We must admit, however unwillingly, that we seldom or never really know the cause of anything. Many a beautiful idea has been slain by ugly fact. We merely note a constant association with one thing always following another. We say that the tubercle bacillus is the cause of tuberculosis. That is merely another way of saying that the bacillus is associated with a constant type of lesion; it is no explanation of how the lesions are produced by the bacillus. Nor does it explain why some persons and animals are susceptible to the infection while others are immune.

Vitalism can be better understood in the context of Hahnemann’s time, when theories of the causation of disease and its treatment abounded, such as: Galen’s doctrine that the secondary quality of a medicine (i.e., its action on the disease) can be determined from its primary qualities, such as its taste or smell; the evaluation of medicines by the study of their interactions when mixed with human blood in a jar; iatrochemistry, which had been reduced from the Paracelsian application of spagyric tinctures or oils of metals to dangerous toxic doses; the classification of drugs according to the Dioscoridian approach, which was based on the physiologic action (e.g., diuresis, diaphoresis) and chemical composition; and the “doctrine of signatures,” which held that the outer form and color of a plant revealed its inner archetypal action.

Although some studies of the effects of medicinal agents were done with animals, Hahnemann observed that they had different effects on humans: Pigs could safely eat nux vomica in quantities that would immediately kill humans. Dogs could eat aconitum napellus, a deadly poison to humans, without injury. He also rejected the method of testing drugs by studying their effects on the sick as haphazard and unreliable, particularly since the results being sought were often only symptomatic relief rather than eradication of the disease state.

Hahnemann defined the application of medicines whose purpose was to alter physiology or act as an antagonist to disease as the practice of “allopathy” (allo—meaning “contrary” in Greek). The current dominant medical system is heavily influenced by the causalistic and allopathic paradigms. This results in the diagnosis being the focal point of practice, without which appropriate therapy cannot be instituted. The pharmacologic
approach is limited to the end results of disease rather than the origins of pathogenesis. Subsequent problems are classified as unwanted side effects, since only the primary action of the pharmacologic agent is used for treating a specific disease state. By focusing on only the primary effects of a drug, a diverse remaining range of physiologic, as well as psychologic effects, are ignored.

In the homeopathic model, the side effects are an important part of the agent’s action and the body’s response to them, and by ignoring them, a drug’s range of usefulness is greatly limited, while its toxicity is increased. Hahnemann’s empirical investigations not only led to new applications of medicines but provided a method for integrating the physical, mental, and emotional effects of a drug. This allowed the treatment of the totality of a patient’s symptoms as a dynamic pattern of interaction.

Vitalists stress the teleologic behavior of organisms (i.e., the goal directedness and design in biologic phenomena). Disease is therefore regarded as a positive expression of the organism’s self-regulatory process in response to environmental or other stresses. Disease is not accidental but is rather the effort of the organism to ward off deeper or more internal disorganization. It is the natural wisdom of the body, the vis medicatrix naturae, or, using current scientific terminology, the tendency of the body to maintain homeostasis. Medical intervention often acts in conflict with these vital intracellular and extracellular regulatory functions.

Karl Menninger, in 1948, commented on this medical dilemma:

I believe that clinicians have come to think more and more in terms of a disturbance in the total economics of the personality, a temporary overwhelming of the efforts of the organism to maintain a continuous internal and external adaptation to continuously changing relationships, threats, pressures, instinctive needs and reality demands . . . It is the imbalance, the organismic disequilibrium, which is the real pathology, and when that imbalance reaches a degree or duration that threatens the comfort or survival of the individual, it may correctly be denoted disease.

Homeopathy is a method of specific induction of non-specific resistance, which stimulates the body’s inherent defense and self-regulatory mechanisms, rather than by taking over a function of the body, initiating dependency on the medicine itself.

THE CLINICAL APPLICATION OF HOMEOPATHIC PRINCIPLES

The homeopathic clinical and therapeutic process consists of three interrelated processes: case taking, evaluation, and prescribing. The process is comprehensive and engages the observations of the patient, as well as those of the doctor. Hahnemann describes the process in paragraphs 84 to 103 of the Organon and stresses the importance of distinguishing between chronic and acute, or self-limiting, disease.

The Homeopathic Interview

The initial history of complaints is elicited from the patient with as little interruption as possible (as long as the patient does not digress unduly) so that the patient’s train of thought is not disrupted or directed along lines imposed by the physician’s biases. According to Hahnemann:

The physician elicits further particulars about each of the patient’s statements without ever putting words in his mouth, or asking a question that can be answered only by yes or no, which induces the patient to affirm something untrue or half true or else deny something really there to avoid discomfort or out of desire to please, thereby giving a wrong picture of the disease, which would lead to the wrong treatment.

An entire review of symptoms is recorded in descriptive detail, taking into consideration all modalities that affect a symptom. Hahnemann emphasized the general symptoms (i.e., those affecting the entire organism, as the leading indications for the remedy). These key symptoms include mental and emotional affects, the metabolism and its reactions to environmental stimuli, sleep positions, food cravings and aversions, thirst, body type, and all manifestations of unconscious and autonomic regulation.

Unique characteristic symptoms, particularly those regarded as “strange, rare, and peculiar,” are important considerations in the selection of the remedy. These might be the expression of a paradoxical or unusual relationship, such as pain ameliorated by pressure or the sensation of the legs being made of wood or glass. The association of the start of a disease or symptom complex with an environmental or emotional event can be important and emphasizes the importance of an accurate and extensive interview.

Hahnemann emphasizes the importance of taking a comprehensive case, particularly in chronic disease:

In chronic diseases in women one should pay particular attention to such things as pregnancy, infertility, sexual desire, confinement, miscarriages, nursing, vaginal discharges, and the condition of the monthly flow, especially noting whether it recurs at intervals that are too short or too long, how many days it lasts, whether or not it is interrupted, the quantity, how dark with color, any leukorrhea before or after the flow. If there is leukorrhea, what it is like, what symptoms accompany it, what is its quantity, under what conditions does it appear, what brings it on?

Since the patient’s symptoms are the expressions of the body’s attempts to heal itself, symptomatic treatment (i.e., many allopathic therapies) can impair the physician’s
ability to obtain vital information and complicate the taking of the case. This problem has also been recognized by some medical authors, such as Boyd, who stated: “We recognize that the pattern of disease has changed out of recognition during the last 30 to 40 years owing to modern drugs, particularly the antibiotics.”

**Follow-up and Case Evaluation**

Considering the vitalistic and holistic perspective of the homeopathic approach, a clear definition of cure is necessary in order to establish the treatment goal. Mere palliation or suppression of symptoms at the cost of the overall vitality and function of the individual is considered negligent by the homeopathic practitioner. For example, if a patient’s skin disease is treated and appears to resolve but is followed by asthma, fatigue, and confusion, the treatment is evaluated as having been suppressive. If, upon proper treatment, the more serious lung and systemic disruptions are alleviated and the prior skin lesions return, the patient is considered as progressing toward a cure. When further appropriate therapy results in final alleviation of the skin disease, without any undue stress to the patient, it is then considered a true cure.

This evaluative procedure is part of Hering’s Law of Cure, an observation of the principles of curative responses that can be applied to any healing process, regardless of the school of thought. In true healing, according to this set of observations, symptoms follow these patterns:

- From above, down the body to the extremities
- From within to without (often in the form of discharges and other eliminative processes)
- From the most important organs (e.g., the CNS) to the least important organs (typically the skin)
- In reverse order of their appearance (i.e., the chronologically most recent being replaced by those of the earlier stages of the disease, and, in some instances, earlier in the patient’s life)

Homeopathy holds that the disease first affects the vital force and is manifested first by a change in the patient’s well-being, long before any objective changes can be observed. Illness is usually first recognized when the patient becomes aware of the early manifestations of the disease.

Disease and cure must also be considered in the context of the belief system and culture of the patient. Much of what we call disease arises from the individual’s inability to find meaning and purpose. Many forms of healing are capable of enabling the person to integrate into the fabric of daily life and of providing ways to help the person address personal needs for fulfillment.

In his study of disease, Hahnemann noted that there were inherited predispositions to disease, which he related to the improper treatment, and therefore suppression, of skin eruptions and venereal disease. He called these predispositions *miasmas* and, in 1828, published his findings in *Chronic Diseases: Their Nature and Homeopathic Cure*. He observed that many people, despite apparently healthy lifestyles, develop degenerative diseases. These often become established in childhood and continue to plague the person throughout life, despite medical treatment. He described three miasmas: psora, which represents a fundamental flaw in human ability to eradicate disease related to the suppression of skin disease; syphilis and syphisis, which is caused by the suppression of the figwort, or what is now known as *human papilloma virus*. Hahnemann describes the chronic effects of bacterial and viral diseases in his explanation of miasmas. In his discussion of viral diseases such as smallpox and other epidemic diseases, Hahnemann’s descriptions of the nature of viruses and their treatment predate their discovery by 50 years. He was a contemporary of Edward Jenner and supported his use of smallpox vaccination.

More recently, George Vithoulkas, a contemporary homeopathic author and teacher, has defined health on three levels: mental, emotional, and physical. The mind should be capable of functioning with clarity, rationality, coherence, and logical sequence. It should be capable of engaging in creative service for the good of others, as well as for the good of oneself, demonstrating a freedom from selfishness and possessiveness. On the emotional level, there should be a state of serenity free from excessive passion, a state that should not be confused with lack of emotional response generated as a protection against emotional vulnerability. Finally, on the physical level, there should be freedom from pain. The healing person should experience a subjective sense of well-being and a progressive increase in vitality.

**Prescription**

Since homeopathy is oriented toward the administration of a single medicine at a time, careful prescribing is important. It is through the application of single medicines that physicians have been able to record clinical verification of the provings and amass an impressive body of literature.

Combination homeopathic medicines have been introduced as specific remedies for diseases and therefore have not represented homeopathic methods, though many studies support their efficacy.

The process of selecting the correct remedy involves both careful study of the patient’s symptomatology and medical history and matching these with the appropriate remedy. This requires a sound understanding of the homeopathic materia medica (see later).

The symptoms of the homeopathic *materia medica* are indexed in repertories that have evolved both in reference books and computer analysis programs.
Homeopathic Pharmacy and Potency Selection

This leads to a discussion of what has remained the greatest mystery of homeopathic medicine (and the source of considerable ridicule and misunderstanding): the use of “potentized” substances.

As Hahnemann began his research, he found that when treating patients according to the Law of Similars there was an initial aggravation of the symptoms, the “healing crisis,” when using the high dosages typical of that era. He empirically tried using progressive dilutions of the medicines, beginning with tinctures from plants and dilutions with milk sugar for metals and salts. He made the dilutions serially by mixing 1 drop of the tincture to 100 drops of alcohol, which were then “successed” (shaken by pounding against a resilient surface) vigorously. He found that, with increasing dilution, the severity of the aggravation lessened while the patient continued to improve, often with deeper and more enduring results. He called these diluted remedies “potentized.” As an analytic chemist, he was aware of Avogadro’s theories (they were contemporaries), but he persisted in evaluating dilutions beyond the point where chemical activity could be detected.

This problem has been addressed by recent workers, who have suggested that the therapeutic properties of the remedy lie in the energetic impression they make on the diluting vehicle (typically alcohol and water or lactose). Various techniques have been used to determine if there is a physical difference between the potentized dilution and the unmodified vehicle. These studies have used ultraviolet spectroscopy, conductivity measurements, infrared spectroscopy, surface tension measurements, Ranian-Laser spectroscopy, nuclear magnetic resonance, and other methods. Much of this work has shown regular peaks and troughs in activity with progressive dilutions, and Heintz has claimed that the peaks correspond to the maximum effects found in the biologic activity that could be detected.

Mechanism of Action

To date there is no conclusive understanding of the mechanism of action of the potentizing process. However, this has not inhibited the use of potencies, which have been diluted by a factor of 100 up to 100,000 times (10^20,000). At this time, most explanations for the mechanism of homeopathic high potencies are provisional (such as the postulate that the remedies act in resonance with the magnetic fields of the body, or that the physiochemical properties of water can be modified by a solute and remain so even in the absence of the solute).14

This has not affected the clinical practice or demonstration of efficacy in clinical trials any more than the use of aspirin did, despite the fact that the discovery of its mechanism of action through modulation prostaglandins did not occur until the 1980s. There are many forces whose nature can only be recognize by their results (e.g., gravity). These observations of relationships, confirmations of experience, are the basis of an empirical system. Medicine remains an art in the field of science.

Oddly, a group operating in the Hematology Department of the School of Pharmacy in Bordeaux, France tested both the effect of common aspirin and homeopathic preparations on the vascular walls of rats. Aspirin at high concentrations (100 mg/kg) induced a decrease in platelet aggregation (amplitude and speed), as well as a decrease in the area of the thrombi (arterial and venous) and the number of emboli (arterial and venous).

Aspirin at ultra-low doses (9, 15, 30 CH) induced an increase in platelet aggregation (amplitude and speed), as well as an increase in the area of thrombi (arterial and venous) and the number of emboli (arterial and venous). The anti-aggregation and antithrombotic action of aspirin at high concentrations (100 mg/kg) was inhibited by the concomitant injection of aspirin 15 CH.15

This confirmed Hahnemann’s observations of the primary and secondary effects of medicines mentioned in the Organon.16 Bellavite describes these effects as “biologically active compounds (which) may cause inverse or paradoxical effects on a complex homeostatic system when either the doses of the compound, or the methods of preparation and of administering, or the sensitivity of the target system are changed.”17,18

Research into both the pharmacologic effects of homeopathic preparations and the paradoxical effects of orthodox drugs that confirm the Law of Similars underlying homeopathic prescribing are a growing body of literature. Certain pharmacologic substances when tested in high dilutions act on the same biologic systems.19-25

The reaction to the high dilutions can also be the opposite to a drug at low dilutions (e.g., proinflammatory agents can be antiinflammatory at high dilutions).26-29

Paradoxical effects of medicines are the basis of the Arndt-Schulz Law in pharmacology and hormesis. The Arndt-Schulz law states that weak stimuli slightly accelerate vital activity, medium strong stimuli raise it, strong ones suppress it, and strong ones arrest it.30

Southam and Erlich31 reported the stimulatory effect of an antifungal agent when used at low doses and proposed the term hormesis. Hormesis is defined as “the stimulatory effect of subinhibitory concentrations of any toxic substance on any organism.”32 Hormesis is considered a non-specific phenomenon increasing the resistance and growth of the treated organism. It exists in all living organisms. This “action-reaction” model shows the efficacy of the “vital activity” in fighting the poison in a nonspecific way,
even though specific defense molecules are also synthesized.33-38 A modern and important pathologic model has shown that a single dose of an antitumoral immuno-suppressive substance (cisplatin) induced increased lymphokine-activated killer activity.39 Wagner and colleagues demonstrated that low doses of cytostatic agents stimulate human granulocyte and lymphocyte growth.40

The goals and methods of homeopathic pharmacy have their roots in earlier Paracelsian and spagyric medical systems. The challenge remains to define homeopathic empirical science in the context of a modern science. It may be that homeopathy presents a challenge to science itself that will bring forth new models for pharmacology. The more central challenge is for homeopathy to discover how it can apply its own critical methods to develop a more effective health care service.

The assumption that we can find substances in nature that can alter disease underlies the history of medicine and pharmacology, yet healing remains a mystery. Further studies are necessary to confirm and develop the understanding of the mechanisms and validity of homeopathic medicines.

**Determination of Potency**

In terms of clinical practice, general guidelines have evolved for the determination of potency. In the sixth edition of the Organon, Hahnemann recommends ascending the scale of potencies gradually. In paragraph 248, he suggests that the medicinal solution be “succussed anew with use.” In chronic cases, the patient is directed to take one teaspoonful daily or every otherday, and in acute diseases, as frequently as needed. If the solution is used up before the problem alleviates, the next higher dilution is used (if still indicated by the symptom pattern).41

The higher potencies, whose use largely developed in the United States, are repeated much less frequently and are generally reserved for the experienced practitioner. The more potentized the remedy, the closer it must meet the Law of Similars (i.e., the accuracy of the prescription must be high for a curative effect). Lower potencies are generally reserved for the experienced practitioner.41

**The Study of the Materia Medica**

Constantine Hering once stated the following:

> A mere acquaintance with the principal symptoms cannot be called studying the materia medica, although we make it the basis of our study. The study of materia medica must be regarded and dealt with in exactly the same manner as that of other natural sciences.

To give a perspective on the way in which homeopathic physicians organize the proving symptoms into clinical pictures, we draw from an essay on *Sepia* by E.B. Nash:

> This is another of our wonderful remedies of which the dominant school knows nothing, except what they have learned from us. Its chief sphere of action seems to be in the abdomen and pelvis, especially in women. No remedy produces stronger symptoms here. We quote from different but equally good observers.

> Sensation of bearing down in the pelvic region, with dragging pains from the sacrum; or feeling of bearing down of all pelvic organs. (Hahnemann)

> Labor-like pains accompanied with the feeling as though she must cross her legs and “sit close” to keep something from coming out through the vagina. (Guernsey)

> Pain in uterus, bearing down, comes from back to abdomen, causing oppression of breathing; crosses limbs to prevent protrusion of parts. (Hering)

> Prolapse of the uterus, of the vagina, with pressure as if everything would protrude. (Lippe)

> Experience has shown its value in cases of ulceration and congestion of the os and cervix uteri. Its use superseded all local applications. (Dunham)

No higher authority than the united testimony of these five of our best observer could be brought to show the action of *Sepia* upon the pelvic organs.

Now when we come to examine the provings in Allen’s Encyclopedia, we find that these symptoms were mainly produced by Hahnemann and his provers, and Hahnemann advocated proving remedies in the 30th, and some of them were produced by the 200th, especially those most strongly verified by black-faced type.

We confess that we cannot understand how so many question the value of potencies for proving or curing . . .

> Sepia, like Sulphur, affects the general circulation in a very marked manner. **Flashes of heat** with perspiration and **faintness** is almost as characteristic of this remedy as of Sulphur. But there are, with Sepia, more apt to be associated with them the pelvic symptoms already given, and they are also more apt to occur in conjunction with the **climacteric**. Indeed, these flashes often seem with Sepia to start in the pelvic organs and from thence to spread over the body.

But this irregularity of circulation extends as far as that of Sulphur. The hands and feet are hot alternately, that is, if the feet are hot, the hands are cold, and **vice versa**. There is not so much **sensation** of burning with Sepia as with Sulphur, but there is
actual heat, and the venous congestion, which seems to be the real state of the organs where the pressive bearing down et cetera is felt, is also accompanied with much throbbing and beating.

This local congestion to the pelvic organs is not simply sensation. There are actual displacements in consequence of it, and the long continued congestion results in inflammations, ulcerations, leukorrhoeas and even malignancies or cancerous organizations. Induration with a painful sense of stiffness in the uterine region is characteristic.

This pelvic congestion also affects the rectum in a marked degree. The rectum prolapses, there is a sensation of fullness, or of a foreign substance as of a ball or weight, and oozing of moisture from the rectum. Indeed, the rectal and anal symptoms are almost as strong as the uterine and vaginal. It is impossible to enumerate all the symptoms connected with the circulatory disturbances of Sepia in such a work as this, only a general study of the Materia Medica can do it.

The urinary organs come in for their share of symptoms. The same pressure and fullness consequent upon the portal congestion reaches here. We will now proceed to give what we have found to be particularly valuable symptoms under the various organs in this region. “Pressure on bladder and frequent micturation with tension in lower abdomen.” “Sediment in the urine like clay; as if clay burnt on the bottom of the vessel; urine very offensive (Indium), can’t endure to have it in the room, it is reddish or may be bloody.” This is found mostly in women. With children there is one peculiar symptom which has often been verified. “The child always wets the bed during its first sleep.”

Upon the male organs I have found it particularly useful in chronic infection. There is not much discharge, but a few drops, perhaps, which glue up the orifice of the urethra in the morning; but it is so persistent and the usual remedies will not “dry it up.” In my early practice I used to use a weak injection of Sulphate of Zinc, but it used to annoy me that I could not use it without resorting to local measures. Sepia does it in the majority of cases and Kali iodatum will do it in the rest. I have, where there was a thick discharge of long standing and the smarting and burning on urination continued, several times finished the case with Capsicum.

As a rule, this long continued slight, passive gleezy discharge is a result of weakness of the male genitals, as is shown by a fluidity of the organs and frequent seminal emissions. The emissions are thin and watery. Sepia covers all of this and often sets all to rights in a short time.

The mind symptoms of Sepia are like Pulsatilla, in that she is sad and cries frequently without knowing the reason why. So if in a tearful mind with uterine disturbances Pulsatilla should fail you, the next remedy to be studied is Sepia. But there is another condition of mind not found under Pulsatilla or any other remedy in the same degree, and that is, that, notwithstanding there is no sign of dementia from actual brain lesion, the patient, contrary to her usual habit, becomes indifferent to her occupation, her house work, her family or their comfort, even to those whom she loves the best. This is a very peculiar symptom and a genuine keynote for the exhibition of Sepia . . .

I once cured a very obstinate case of enterico-colitis (so-called cholera infantum), after the complete failure of two eminent allopaths, with Sepia, the leading symptom being, always worse after taking milk. Oozing of moisture from the anus finds its remedy here sometimes, but oftener in Antimonium crudum. The Sepia patient is very weak. A short walk fatigues her very much. She faints easily from extremes of cold and eat, after getting wet, from riding in a carriage, while kneeling at church, and on other trifling occasions. This fainting, or sense of sinking faintness, may be found in pregnancy, child bed, or during lactation; or, again, it may come on after hard work, such as “laundry work,” so it has come to be called the “washer woman’s” remedy.

As can be seen by this excerpt, the indications for a remedy are complex, requiring study and understanding.

RESEARCH IN HOMEOPATHY

Since homeopathy arose from empiric observations and operates from empiric clinical evidence and phenomenologically descriptive fields rather than causal relationships, its evaluation by the scientific method, as described by Karl Popper, poses unique problems. The most promising evidence for the efficacy of homeopathy has always come from its efficacy in clinical trials. Its mechanism of action has remained a central dilemma for its detractors.

Meta-analyses

The following briefly discusses some of the studies that have been done.

A critical review appeared in the British Homeopathic Journal describing the methods used in various attempts to verify this school of medicine. The study evaluated 107 controlled trials and found there was a positive trend regardless of the quality of the trial or variety of homeopathic medications used.

A meta-analysis published in the British Medical Journal of a total of 105 controlled trials showed positive results for homeopathic treatment in 81 trials, leading its authors to state, “The evidence in this review would probably be sufficient for establishing homeopathy as a regular treatment for certain indications.”

In another meta-analysis of 119 trials that met the inclusion criteria, 89 had adequate data for meta-analysis, and 2 sets of trials were used to assess reproducibility. The combined odds ratio for the 89 studies were in favor of homeopathy.

In a third meta-analysis of the effect of homeopathy versus placebo, 32 trials with a total of 1778 patients met the criteria of randomization/partial randomization comparing individual homeopathy with placebo or no treatment. Homeopathy was significantly more effective than placebo in 19 trials.

Human Trials

During World War II isopathic preparations were given prophylactically, and homeopathic therapies were used in mustard gas burns. A recent statistical analysis shows that these treatments yielded significant results when compared with placebos. The remedies used were mustard gas, Rhus toxicodendron, and kali bichromium.
Gibson and colleagues\textsuperscript{47} published a double-blind clinical trial of homeopathic treatment in rheumatoid arthritis. The 3-month study was elegantly designed in that the prescribing was individualized to the patient’s symptoms and was controlled, on a double-blind basis, by giving half the patients the correct remedy and the rest a placebo. All patients continued to use conventional, nonsteroidal, antinflammatory drugs, and the treated group showed significant improvement in subjective pain, articular index, stiffness, and grip strength.

In 1980 a Scottish group published a study in rheumatoid arthritis in the *British Journal of Pharmacology* showing improvement in 82\% of patients treated, compared with only 21\% in the placebo group.\textsuperscript{47}

A 2004 triple-blind study of homeopathic treatment of chronic fatigue syndrome, published in the *Journal for Psychosomatic Research*, was conducted showing significant improvement clinically and as measured using the Multidimensional Fatigue Inventory scale.\textsuperscript{48}

Other published studies demonstrating the efficacy of homeopathic treatment include treatment of headache, attention deficit-hyperactivity disorder in children, asthma, upper respiratory tract infections, otitis media, arthritis, allergies, male infertility, influenza, cardiac insufficiency, herpes, osteoarthritis, and acquired immunoodeficiency syndrome.\textsuperscript{49-61}

**Animal Studies**

*Caulophyllum* (in the thirtieth centesimal potency) was given to 10 sows to test its efficacy in the control of stillbirths. The results showed a statistically significant drop in the number of stillbirths and led to a larger, uncontrolled study in a whole herd. After 4 months of therapy, piglet mortality dropped from 20\% to 2.6\%.\textsuperscript{62}

Cloudhury obtained dramatic results from injecting mice intraperitoneally with kali phosphoricum, calcarea phosphorica, or ferrum phosphorica (in the thirtieth centesimal potency) 12 days after implantation of fibrosarcoma. Of the 77 treated mice, 52\% were cured and survived more than 1 year, whereas all of the 77 controls died within 10 to 15 days.\textsuperscript{63}

Scofield, in his review article, discusses numerous experiments with humans, animals, and plants using isotopic treatment for poisoning and experimental liver damage, and various in vitro studies.\textsuperscript{13}

A number of studies have been conducted to investigate the ability for homeopathic preparations to effect either the elimination or consequences of toxic substances.

Homeopathy may be effective in assisting in the elimination and treatment of heavy metals and other toxins. Studies of arsenic,\textsuperscript{a} bismuth,\textsuperscript{19,20,85} lead,\textsuperscript{36} mercury,\textsuperscript{67,88} carbon tetrachloride,\textsuperscript{21,26} a-amanitine (from the mushroom Amanita phalloides),\textsuperscript{27} and carcinogens such as 2-acetylaminoflourene and phenobarbitol\textsuperscript{89} have been published.

The use of homeopathic dilutions of hormones and immunomodulators have shown potential. Immunomodulatory effects of high dilutions of thymic hormones and interferons were demonstrated in mice by Bastide’s group.\textsuperscript{27,90-93} Other studies have demonstrated that extremely small amounts of antigens are specific for immunomodulation.\textsuperscript{94-97} These have tremendous implications in pharmacy, immunology, and clinical health care that demand continued research.

**Basic Research**

Clinical and experimental data obtained in studies about the effect of homeopathic preparations in inflammatory conditions present a considerable degree of reproducibility.\textsuperscript{98-102}

The inability for the Benveniste group to replicate their nature study using the Human Basophil Degranulation Test (HBDT) to establish the ability for high dilutions to trigger the degranulation of anti-IgE has caused considerable distraction from other more credible research.\textsuperscript{103,104}

Another group (Brown and Ennis) using different methods demonstrated the efficacy of high dilutions of histamine to inhibit the activation of basophils using HBDT.\textsuperscript{105} Instead of measuring degranulation provoked by ultramolecular dilutions of anti-IgE, as Benveniste did, they examined the inhibition of activation of basophils by ultramolecular dilutions of histamine.

The experiments used ultramolecular dilutions of histamine (15 to 19 c), prepared with vortexing (instead of succussion). The main experiment, performed by all the laboratories, was based on inhibition of basophil activation as measured by degranulation. Flow cytometry experiments at three laboratories showed compatible results, with inhibition of activation as high as 43\%. Nearly all experiments showed statistically significant inhibition of basophil activation.\textsuperscript{106-109}

Experimental study of homoeopathy in allergology\textsuperscript{110} effects have been reported in vivo,\textsuperscript{111-113} as well as in vitro.\textsuperscript{114-118}

The physical properties of homeopathic preparations are gaining considerable understanding in research. Studies demonstrating that the physico-chemical properties of extremely diluted solutions (EDS) are different from those of pure untreated water, notwithstanding the identical chemical composition of the two liquids,\textsuperscript{119-121} The same conclusions are inferred by Loe.\textsuperscript{122,123} Rey\textsuperscript{124} has shown that the structure of hydrogen bonds in pure water is different from that of an extremely diluted solution obtained by an iterative procedure of successive dilutions and succussions, not identical as expected. Recent studies on the physico-chemical properties of water provide evidence that the most studied liquid by far, water, still exhibits unexpected properties.\textsuperscript{125-131} Lobyshev and coworkers\textsuperscript{132} have shown that low concentrations and electromagnetic fields can produce large-scale realignments of its structure, which can be either reversible or irreversible. One can
deduce from these studies that water and aqueous solutions are complex systems, capable of auto-organization as a consequence of small perturbations of various kinds.

The question of whether water can maintain “memory” of solutes in EDS is best understood by understanding the physical characteristics of water and its ability to form stable clusters and crystals. This aspect of physics is not widely studied but is well documented.\textsuperscript{119-123,125-130,133}

CONCLUSION

Homeopathy represents an integrated holistic system of natural therapeutics. Its capacity for addressing psychosomatic disease and acute pathology as a dynamic process is unique. It has remained a coherent system, with extensive clinical verification, for more than two centuries. Homeopathy is an economical and effective method that has been established as an integral part of the medical system in many countries. With the resurgence of interest in natural medicine, this discipline will undoubtedly be more widely used.

Homeopathy plays an important role in the context of modern naturopathic medicine. Hahnemann emphasized the importance of lifestyle in the treatment of the patient. One of his primary dictums was to first remove the obstacles to cure, as he said:

While taking a case of chronic disease one should examine and weigh the particular conditions of the patient’s day to day activities, living habits, diet, domestic situation, and so on. One should ascertain whether there is anything in them which may cause or sustain the disease and remove it to help the cure.

Unfortunately, homeopathy is also an extremely difficult system to master, requiring both considerable understanding of case taking and \textit{materia medica}, as well as extensive consultation time with the patient. It has therefore often been discarded, even by those aware of its efficacy. Although attempts have been made to reduce it to simpler systems (e.g., allergy desensitizations, vaccinations, Schuessler’s cell salts, and isopathic preparations from diseased tissues and heavy metals), they are not considered strictly homeopathic unless prescribed according to their effects upon healthy people or the confirmed observations of cured symptoms.

Homeopathy is representative of a principle found throughout nature and its role in bringing forth concepts of resonance, constitution, and holism are shared throughout fields of science and healing.

Recommended Additional Readings

The research section of this chapter is deeply indebted to the works of Peter Fisher, editor of the British Homeopathic Journal, Madeleine Bastide, Paolo Bellavite, and Andrea Signorini. The clinical training I received from Alan Sutherland and Marion Belle Rood has continued to be the foundation of sound practice and the inspiration to sustain study in the philosophy of nature.

Books

Hahnemann S. Chronic Diseases: Their specific nature and homeopathic treatment. New York: Wm Radde, 1845.

Journals

\textit{Simillimum}, journal of the Homeopathic Academy of Naturopathic Physicians
\textit{The Homeopath}, journal of the Society of Homeopaths (UK)
\textit{Homeopathy}, formerly the \textit{British Homeopathic Journal}; the official journal of the faculty of homeopathy, London
\textit{The American Homeopath}, journal of the North American Society of Homoeopaths
\textit{Homeopathic Links}, international journal for classical homeopathy

Web Resources

British Homeopathic Library is a library and information service dedicated to the research and practice of homeopathy. Website: \url{http://dspace.dial.pipex.com/hom-inform/index.shtml}
Ad Hom, the Academic Departments of Homeopathy at Glasgow Homeopathic Hospital. Website: \url{www.adhom.com}
HOMINT Documentation Information System VSM, Alkmaar (Netherlands)/DHU, Karlsruhe (Germany) containing 35,000 references, major articles, homeopathic journals, literature-search on request. Arjo Bol, information specialist VSM/Susanne Rehm, DHU. E-mail: vsm@gn.apc.org
Homoepathic Educational Resources Database, compiled by Dr. Russell Malcolm of the Glasgow Homoeopathic Hospital. E-mail: ghl@gn.apc.org
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109. Sainte-Laudy (France), Professor Mannaioni (University of Florence, Italy), Professor Ennis (Queen’s University, Belfast). The effect of dilutions of antigens and various biologic factors on the activity of basophil leukocytes. Available online at http://www.boiron.com/en/htm/04-politique/fondamentale_03.htm [accessed October 8, 2004].


