

Reflections on homeopathic practice in the 21st Century

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ABSTRACT

Homeopathy has survived the test of time over more than 200 years and has been widely accepted by consumers and practitioners as being an important constituent part of Complementary and Alternative Medicine. However, despite continuing demand from satisfied consumers, it is now at a crossroads and demand is faltering in some countries, due to the actions of Regulatory Authorities influenced by scientific advisors. In the UK the provision of homeopathy has been largely removed from the National Health Service. This paper considers how certain historical ideas and practices have changed since Samuel Hahnemann popularised homeopathy in 1798 and poses the question as to whether the Founder would have approved of these developments. Further, it identifies paradigms and perceived deficiencies in the evidence for certain homeopathic procedures that together provide obstacles to the wider acceptance of the discipline in complementing orthodox health provision.

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INTRODUCTION

Traditional Medicine has been, and continues to be, an important part of healthcare delivery on many Continents [1]. In Europe, what might be called Western herbalism and folk medicine have a long history in some countries, but formal recognition as disciplines to complement orthodox medicine health policy has proved to be elusive. However, Homeopathy has survived the test of time over more than 200 years and has been widely accepted as part of Complementary and Alternative Medicine [2]. With the emergence of demands for scientific evidence-based medicine, this is a good time to reflect on our practices and identify areas of concern that are affecting wider acceptance.

The elements of homeopathy

Figure 1 shows how the four main aspects of homeopathic practice may be considered to blend. Although each topic is in a separate section - convenient for teaching purposes! - these sections cannot be viewed in isolation, for in practice, they all overlap.

The terminology may have been updated, but Hahnemann would certainly have recognised actions associated with sourcing and making remedies, materia medica studies and the treatment of patients: so, in that respect we are not a million kilometers away from his vision. Each will be considered, starting with what must be the most difficult to

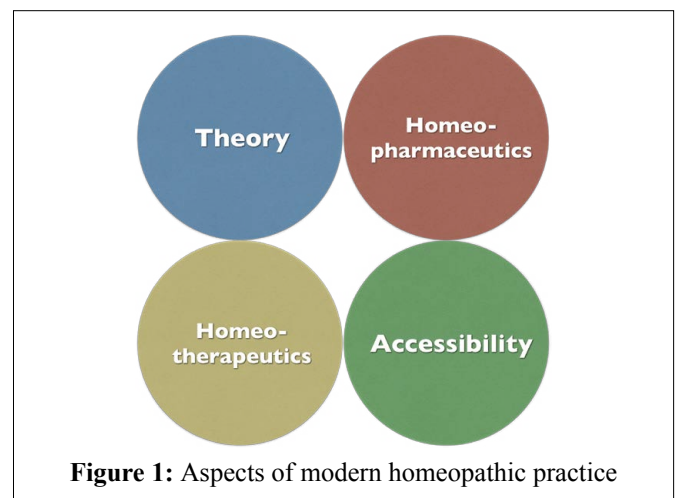


Figure 1: Aspects of modern homeopathic practice

grasp for non-homeopaths - the theory of homeopathy. It is largely this aspect of homeopathy that has led Regulatory Authorities in the UK to withdraw the availability of Homeopathic practice almost completely from the National Health Service.

THEORY OF HOMEOPATHY

Methods of proving remedies

Central to the concept of 'like to treat like' is the process of 'proving' a remedy. The inclusion of most of Hahnemann's remedies in the Materia Medica and Repertories of his

day occurred following the proving of a single remedy using healthy volunteers to establish drug pictures. With developments in practitioner techniques has come a demand for remedies from many different zoological, botanical and 'imponderable' sources that have not been subject to traditional provings according to original Hahnemannian principles. Other methods such as meditative, dream and trituration proving have developed. Explaining the rationale for such methods to sceptics is fraught with frustration! We can but ponder whether Hahnemann would have approved on these developments.

Although, isopathy and complex prescribing have become popular for some, with complexes having 20 or more ingredients - the importance of most of Hahnemann's original ideas are still acknowledged amongst classicists.

Holistic principles

Hahnemann was not the first person to embrace the concept of patient-centred holism the original idea is attributed to Cicero (106-43 BCF), who even in pre-historic times clearly under the importance of considering the patient as well as the 'malady'. As time went on, others expressed similar ideas. The Canadian physician Sir William Osler (1849-1919), considered to be father of modern medical education, was the first to insist that medical students gained experience from having direct contact with real patients. Prior to this medical teaching was all theory based. However, this model was still not entirely 'patient centred'. A quite remarkable, and often overlooked man, Jan Christian Smuts 1870-1950), who spent his formative years in the Western Cape of South Africa, is credited with inventing the term 'Holism', which he defined in a more embracing or generic sense, in 1926 [3]. The holistic concept is gaining increasing credence in modern Western medicine so in this area there is agreement with our orthodox colleagues.

The mechanisms of action

Much of the theory underpinning homeopathy remains intact, and modern ideas of healthcare provision are becoming increasingly convergent with them. Nevertheless, it is the theory surrounding the mechanisms of action – or more accurately, the lack of - that causes the main stumbling block for many medical and scientific colleagues, a subject that for the most part does not trouble patients. After all, there are many orthodox products for which the mechanism of action is unknown. Two particularly difficult concepts are the vital force and memory of water.

The vital force. The central idea in modern parlance, of Hahnemann's vital force theory is that when the body's vital force becomes unable to function optimally, the body will experience physical, emotional and/or mental

symptoms that can be restored with the appropriate homeopathic remedy. That is a little bit more reasonable! Something that Hahnemann certainly would not have been able to grasp, would be the many theories put forward to explain why potentiation or dynamisation is necessary for homeopathic remedies to work. For example, how do we explain potentiation (or dynamisation) that is so necessary to energise our remedies? Is it just a thorough mixing process, or is there something else at work here?

The memory of water. The concept that remedies become therapeutically more active the higher the potency has long been the subject of scorn by sceptics. In 1988 Dr Jacques Benveniste and his colleagues in Paris published an often-maligned paper in the respected journal, *Nature*, suggesting that water could retain the memory of a remedy as it was diluted during potentiation [4]. Surprisingly, the Journal published a disclaimer at the same time, so it was never going to be a good start for the researcher

There have been many other suggested mechanisms, indeed there are several papers on the subject that will be presented in this Conference programme. Some explanations for mechanisms of action in the literature are so plausible that they are as difficult to disprove as they are to prove. Not surprisingly, these mechanisms are difficult to accept by sceptics.

HOMEOPHARMACEUTICS

Moving on to consider the next of our 4 areas. and ask whether change has affected the way in which homeopathic remedies are prepared and administered.

Remedy source materials

Examples of issues arising from interpreting source materials are provided by considering two of the most frequently used polychrest remedies with a wide- ranging drug picture:

- Rhus tox. Also known as poison ivy. In Hahnemann's time the science of plant taxonomy was in its infancy so there is some dubiety about the source material for this remedy. The term may refer to a mixture of different species according to geographic location, and the original proving may well have been on a different source material to that used today Names have changed too. Modern names for Rhus tox include *Toxicodendron pubescens* and *Toxicodendron radicans*.
- Pulsatilla. The genus contains 33 different species many with differing habitats. So, again although the preferred homeopathic variety is *nigricans*, other species may be used, causing confusion in studying outcomes.

An issue of different source materials certainly happened in Hahnemann's day - the remedy *Apis mellifica* from the remedy could be made from either the venom sac or from the whole bee. Surely, this would have produced a different proving? In modern times we use the whole bee.

Setting standards for remedies

There are several National Homeopathic Pharmacopoeias that are recognised internationally as setting standards for the preparation of homeopathic remedies, including the European, French, German, Indian and US. In some cases, the pharmacopoeias specify different source materials – leaves, flowering tops, roots etc. Mother tinctures (or starting solutions) may be prepared in different ways. For many years I have advocated that if container labels were to specify the Pharmacopoeia being used; it would serve to address any potential confusion.

Would Hahnemann approve of the standards and licensing requirements that are set by Regulatory Authorities around the world? Good Collecting Practice for herbal material, Good Manufacturing Practice, expiry dates and the like. He did not trust Apothecaries of the day, suggesting to his medical colleagues that they should source and make their own remedies for their patients. Not all remedies are in the Pharmacopoeias, especially new ones. For example, the Durban University of Technology has been active in proving new remedies of indigenous African plants, Sonya McLean in Vancouver has published a Trituration proving of Raccoon and Panda [5]. Jeremy Sherr has published provings of Argon, the third in his series of titles on the Noble Gases [6]. Although the first hint of argon's existence was found by Cavendish in 1785, Hahnemann would not of thought of it as a remedy source.

It is reasonable that we now have Quality Control in place for our medicines, particularly if we are seeking the mandatory registration required in many countries to allow us to compete with orthodox medicines. Hahnemann's medical chest shown in Figure 2, has bottles with cork stoppers, no longer acceptable. And there is not an expiry date in sight. I don't believe such restraints on practice would have been acceptable to Hahnemann.

HOMEOTHERAPEUTICS

Reference sources

Hahnemann's practice was based on three great works, all of which have been reprinted many times and are widely used by modern practitioners. . They were intended to provide all the principles and instructions the homoeopathic physician needed to treat his or her patients.

- *The Chronic Diseases: their peculiar nature and their homeopathic cure* to give it its full name, was

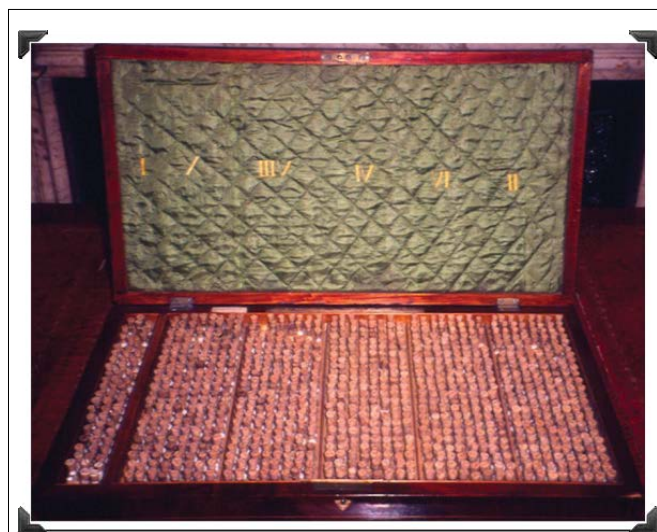


Figure 2: Hahnemann's medicine chest
(Faculty of Homeopathy Museum)

published in two editions. The first edition (1828–1830) comprised four volumes and the second edition (1835–1839) comprised five volumes [7].

- *The Materia Medica Pura* originally comprised six volumes that were published between 1811 and 1821. Vols I and II reached a third edition, while the remainder did not get beyond the second [8].
- The *Organon* had six editions, the last completed in 1842, but not

published for 79 years [9]. This had the effect of fostering the development of new practices of homeopathy in the intervening years, such as those ascribed to James Tyler Kent.

Dr Kent is shown in Figure 3. He was an American physician who was best remembered, for his arguments against the germ theory of infectious disease. Kent is considered to

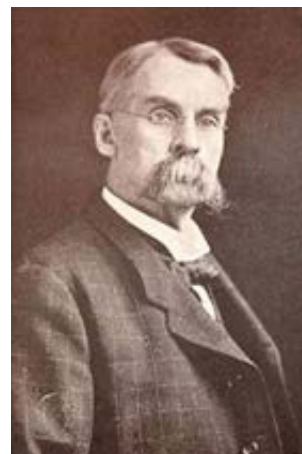


Figure 3: James Tyler Kent (Wikipedia)

have been a forefather of modern homeopathy. His influence was chiefly in the use of the higher centesimal potencies including 10M. In Hahnemann's 6th Edition, LM potencies were featured, but by the time it was published, the 10M was already well established.

In the 21st Century, Homeopathy continues to offer scope for adopting new practices, examples being the methods advocated by Doctors Sankaran and Scholten.

Dr Rajan Sankaran has developed methods of case taking and an innovative classification scheme for homeopathic remedies. According to Sankaran, the different kingdoms or families in nature such as minerals, plants, and animals, have overarching core sensations that help differentiate them and allow the prescriber to find appropriate constitutional remedies more accurately [10].

In Dr Jan Scholten's system, a homeopath attempts to understand where an individual's sense of self identity and self-confidence resides in relation to the groups of elements in the periodic table [11].

Efficacy of homeopathic practice

Convincing answers to questions posed by the patient such as '*Will this medicine work?*' must be given. Setting a goal that is relevant to the patient and is in accordance with their wishes as far as possible – an outcome that achieves a definite improvement in health status is key. It is not merely about the numbers – the data that, in isolation, often means little to the patient. Further, effectiveness applies in equal measure to the skill of the practitioner in conducting the consultation, the choice of remedy, if appropriate, and the actions of the patient.

Evidence of efficacy

The key to the appropriate use of homeopathy and, indeed any health care discipline, is whether it works and whether it is safe. The provision of evidence of a successful and safe outcome is crucial. The difficult issue is exactly what type of evidence can be provided – evidence of modern scientifically based efficacy, or evidence of historical patient-based effectiveness? Modern scientific medical practice is widely termed 'evidence of efficacy' and is provided in several ways. starting with observational studies, claimed to be the least reliable, through to clinical trials and finishing with the highest and most robust level of evidence - the systematic review. We know even the seemingly most robust evidence for efficacy and safety can fail and there are numerous examples of orthodox medicines being withdrawn due to adverse reactions, after a period of use. There are also difficulties with providing Randomised Clinical Trial evidence for some chemotherapy drugs or for paediatric drugs, so the system is not as secure as we might be led to believe.

According to Professor Robert Hahn, currently Research Director at Södertälje Hospitalin, Sweden, there is evidence to show that homeopathy has the potential to treat a wide range of conditions successfully [12]. In 2014, Dr Robert Mathie, formerly Research Officer at the UK Faculty of Homeopathy and coworkers reported a small, statistically significant, treatment effect of individualised homeopathic treatment that was robust to sensitivity analysis based on 'reliable evidence. Mathie *et al* acknowledged that new RCT research of high quality on individualised homeopathy is required to enhance the totality of reliable evidence and thus enable clearer interpretation and a more informed scientific debate [13].

Perceptions of effectiveness

However, as far as the patient is concerned the importance of evidence-based outcomes discussed above are of less importance than their own *perceptions* of effectiveness. These tend to be based on the effects of interventions on lifer experiences and achievements and are far more complex than they were in Hahnemann's time. The modern hypertensive patient may want to play with his grandchildren rather than worry about the actual numbers associated with his cardiac status. Confidence in outcome has a significant effect on patients' concordance with the practitioner's instructions.

A link with history

In 1831-1832 an epidemic of cholera spread across Europe, causing many deaths. Hahnemann issued several pamphlets on the subject, advocating the use of the single medicine Camphor. As he had not treated, or even seen, one single cholera patient the depth of his belief in the efficacy of a single medicine was quite remarkable. Hahnemann postulated that cholera could be attributed to an organism (or 'miasm') and that the disease could be propagated by personal contact. This led him to demand self- isolation and disinfection--and also to the suggestion that medical staff were the most likely source of infection. A link with the 2019-21 Covid-19 pandemic is clear.

A 2018 paper by Professor Jennifer Jacobs in the journal *Homeopathy* suggested that several different homeopathic methods may be used to treat epidemic disease [14].

Safety issues

It is the collective experience of homeopaths and patients alike over decades that homeopathic treatment is safe, and many patients say that they choose homeopathic treatment rather than conventional treatment because it does not have the side-effects associated with many conventional

drugs. However, it must be appreciated that there is a need to continue to carry out formalised research to test the accuracy of these observations; the safety of homeopathic medicines has been identified as a key area for further work by researchers in the field³. A system to record Suspected Adverse Reactions was set up by the Pharmacy sub-Committee of the European Committee for Homeopathy and although accepted by the organisation's Council was not implemented. Such a recourse would help to allay fears from non-homeopathic practitioners.

ACCESSIBILITY OF HOMEOPATHY

Who benefits from accessing homeopathy, how do they access it and in which environment?

The homeopathic patient

Hahnemann's patients comprised the upper classes the working man and infants. A similar range of individuals as today, you might think! Although circumstances and dress are very different. One thing that links them altogether is that they were nearly all Caucasian in ethnicity. Things have changed. Homeopathy (and indeed most healthcare) is now part of a multicultural world. This has introduced an issue that has yet to be properly investigated. The effect of ethnicity on orthodox pharmacodynamics and pharmacokinetics is known to some extent, but how does it affect – if at all – homeopathic remedies? What would Hahnemann have made of that?

The importance of 'wellness'

All the elements that collectively make up 'wellness' and we, as health care providers, must be aware of patients' aspirations. Lifestyle is an important influence on health care outcomes with many making attempts to take responsibility for improving their health status. Many do not bother of course, relying on the old idea that the State – or my family - will look after me if I get sick. Expectations of wellness can also depend on from whom advice is sought and the quality of that advice!

Patients' contribution to their healthcare

Patients' own existing knowledge, informative materials from self-help groups, people practising CAM in the wider sense. there are valued family members, carers and friends. Traditionally the patient sought advice from the physician or an. apothecary, but there are now many other sources of health care practitioners and knowledgeable friends and family. I suspect Hahnemann would disapprove of third-party intervention. Another important contributor to the hierarchy of advice, though often of varying value, is our newfound friend 'Dr'Google' of Internet fame. Our

parents, and certainly our grandparents, would have no perception of this facility a few decades ago, let alone Dr Hahnemann. Patients seek empowerment by checking a diagnosis, advice, and confirmation of the treatment given. They may also choose to treat themselves, with or without a consultation with Dr Google. (With the added benefit that no appointment is necessary, and no charge involved!). Fully licensed Over the Counter (OTC) medicines and magistral preparations are widely available in many countries (together with professional advice) to assist patients in self-treating common diseases. In fact, homeopathic treatment kits have been available for a hundred years or more.

The consultation between the patient and his or her health care advisor is of extreme importance. Long gone are the paternalistic techniques of Hahnemann's day (and indeed in much more recent past too). The consultation must be participatory with input and discussion from all relevant stake-holders – patients, family, carers, and it often involves negotiation to secure the most beneficial outcome. The tone and structure of the questions must be designed to obtain information that the patient may not consider relevant or wish to reveal. Not only *asking* questions but listening and answering patients' queries too.

Concluding remarks

My selective comments have been made within the context of human medicine. Hahnemann was open to the use of homeopathy in animals. In modern times, treatment of farm animals – for example, cattle, sheep and goats - and companion animals – dogs, cats, rabbits - with homeopathy is widespread and, in the UK, there are licensed homeopathic veterinary medicines available. When used appropriately there are considerable advantages in treating farm animals in the food chain. Above all, we as health care providers seek to work together in our own disciplines and within our various limits of professional competence; our collective efforts as a team are infinitely more effective than they would be as individuals practising in isolation. Although our methods may differ, we aim to provide the best possible support for our patients, just as our orthodox colleagues do today and Hahnemann did 200 years ago. So, there we have it examples of practice from the four areas that collectively make up homeopathy. I leave you to decide on whether Hahnemann would, on balance, have approved of the situation in which we find our self in the 21st Century. One important variation from Hahnemann is that, notwithstanding the patient centred perceptions stated above; we do need to engage fully in a robust research programme to validate current practices, thus ensuring the viability of homeopathy in the future.

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