SOME THOUGHTS UPON HOMŒOPATHIC RESEARCH

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Before homœopathic research can be discussed it must first be defined. Both the words "homœopathic" and "research" have specific and general meanings, just as the word "medicine" specifically refers to a drug and, in general, outlines a field of therapy including such diverse elements as psychiatry and radiology.

Specifically, "homœopathic" refers only to the application of the law of similars. Generally, it delineates a system of therapy made up of those many elements which have gradually accreted in the 164 years since Hahnemann first systematized homœopathic science. For the purpose of this article, "homœopathic" will be used in its general sense. Since opinions vary as to the elements making-up Homœopathy all the possible elements will be included.

The many suggested elements fall naturally into two groups—procedural and philosophical. The eight procedural elements are: monopharmacy (certain continental homœopaths would disagree); molecular and ultra-molecular dilutions; dynamization; tests on healthy humans: the use of experimental and control groups; the use of single-blind controls; the use of therapeutic repertories; and the unbiased description of the total physical, emotional and mental past and present symptoms of the patient, and the total physical, emotional and mental effects of a medicine on both the healthy and the sick.

The philosophical elements represent attempts to analyze and generalize from the therapeutic application of the procedural elements. Hahnemann and his followers have been therapeutically rather than diagnostically oriented, and have therefore attempted to generalize certain therapeutic laws, just as the principal goal of non-homœopathic physicians since Hahnemann's day has been to generalize certain diagnostic laws. Therefore, the primary philosophical element in Homœopathy is a belief that therapeutic laws do exist. Three subsidiary laws result:

I. The law of similars, which needs no explanation.

II. The law of self-healing, based on a belief in the natural healing powers within man. From this law it follows that the symptoms of an illness often represent an attempt by the natural healing powers of the patient to restore health. Therefore, the symptoms of the patient should be re-inforced rather than changed.

III. The law of individuality stresses the individual patient's unique reaction to any illness, even to contagions. This law provides a needed contrast to the environmental bias of much non-homœopathic medicine.

Any of these 12 elements—eight procedural and four philosophical—might be fit subjects for homœopathic research. But what do we mean by research? In a general sense it may be considered synonymous with study, or investigation. In a more limited sense, it refers to the use of generally accepted techniques from the physical sciences in investigating a particular phenomenon. Since this latter, more specific definition appears to indicate the most profitable field for homœopathic investigation at this time, I shall define research in this manner. Incidentally, such a definition excludes a great deal of what has been called homœopathic research using "radiaesthesic" or "dowsing" instruments not as yet accepted by scientists in general. Although it is certainly desirable to help support new scientific fields, are we, as homœopathic physicians, able to pioneer instruments in the field of psycho-physics?

Research itself may be viewed from three directions: the philosophical orientation of the investigator; the tools and methods of carrying out the research; and the phenomenon under investigation.

Philosophically, research has been analyzed into various components by various investigators. A simple and practical approach is to consider it as the result of five sequential points of view: description, analysis, classification, generalization and prophecy. *Description* is really the basis of Bacon's induction—arguing from particulars to generals—and made Western experimental science possible. Many sciences are primarily descriptive, for instance, mineralogy and botany and, indeed, homœopathic pharmacology. Once described, phenomena can be *analyzed*, and as the result of this analysis, *classified*. Aristotle was, of course, the great classifier. He was also the son of a physician, which is of interest since physicians tend to be more oriented towards description, analysis and classification than to generalization. *Generalization* makes possible the elaboration of laws, like our law of similars. The ability to *prophesy* accurately has been called the hallmark of a mature science. Astronomy is such a one, as shown by the astronomer's ability to predict where a celestial body will be on a far distant date. Thus we might describe five types of research, depending on the viewpoint of the researcher: descriptive research, analytical research, classificatory research, generalized research and prophetic research.

Methodologies of research may be as varied as the physical sciences existing during any period. Some typical examples are chemical, electronic, bacteriological, etc. Phenomenologically, research falls into two camps—inorganic and organic, each with many subdivisions.

Theoretically, then, combinations of these many research philosophies, methodologies and phenomena would produce a multitude of different approaches to any of the twelve homœopathic elements, some practical, many impractical. A program of research can only be established after it has been decided which of these many avenues to emphasize. Since any intelligent suggestions for future actions must be based on a solid understanding of

what has already been accomplished, we might now consider what types of homœopathic research have been done in the past 164 years.

A general view of the field of homœopathic research reveals five basic classes. First, and foremost, are the homœopathic "provings," or, as the modern scientist would call them, tests in healthy human pharmacology. Although performed sketchily throughout the centuries, Hahnemann first did them in a systematic manner. Methodologically, they are primarily observational, as virtually no instruments are used. The subjects are, of course, healthy humans. Philosophically, they represent a descriptive viewpoint. Hahnemann's Materia Medica was purely descriptive and would have become unwieldy through sheer bulk without Boenninghausen's introduction of the Repertory. The chief purpose of provings is to expand the therapeutic effectiveness of homœopathic physicians.

A second type of homœopathic research is that of classic animal pharmacology. It has been performed by many investigators throughout the past century, mostly with molecular dynamo-dilutions. Chief among them is Boyd who made a classic evaluation of the effect of various dynamo-dilutions on many types of laboratory animals. Other outstanding investigators were Henshaw, who used serum flocculation in animal tests. Most recent is the excellent work of Wurmser on the effect of dynamo-dilutions on kidney function. The work in this category of research has been a descriptive use of biochemical or physiological tests. It produces little of therapeutic value to the practising homœopathic physician, although it may expand his intellectual understanding of his medicines. It may also make homœopathic science more acceptable to the non-homœopathic physician.

A third type of homœopathic research I would label "demonstrative research." Its chief purpose is to show that the action of ultra-molecular dynamo-dilutions can be demonstrated by generally accepted scientific methods. A recent paper of mine summarizes this field, as does also one by Toffoli. The most exhaustive and scientifically correct of this group of experiments was that by Boyd. The methodologies ranged from bacteriological, biochemical, and physiological to that of physics. The subjects investigated were all living save those of Gay and Gay and Boiron, who experimented upon the effects of ultra-molecular dynamo-dilutions upon the wave length of light and upon the degree of capacitance of an electric circuit. They obtained significant results. Because they were working in the inorganic field, which most readily lends itself to scientific manipulation, if their results can be duplicated, they may provide a means of founding a true science of ultra-molecular dynamo-dilutions. This would be a major event in the history of homœopathic development, comparable to Pasteur's application of the principle of similars to bacteriology which laid the rational foundation for those truly homœopathic fields of medicine—immunology and allergic desensitization. Although this area of research has been mostly descriptive and analytical, it might become generalized or even prophetic if carried

through to completion. Since the average scientist is only interested in meaningful data, not unexplainable phenomena, this break-through would certainly produce a more favourable attitude toward homœopathic dynamo-dilutions on the part of scientists in general.

A fourth type of homœopathic research is specifically pharmaceutical, into the degree of contamination of glassware, of homœopathic medicines, etc. The great bulk of it has been performed by German and French pharmacists, largely on molecular dynamo-dilutions. Their methods primarily use chemical and biochemical techniques, reflecting a descriptive philosophy. Its conclusions are of enormous value for practising homœopathic physicians.

A fifth type of homœopathic research is specifically clinical. This involves the statistical evaluation of the results of homœopathic treatment in various types of diseases. Ideally, this should be on consecutive cases. Historically, it was first done by Hahnemann in his report on the homœopathic treatment of cholera in Germany. More recently, under the stimulus of the American Institute of Homœopathy, a special committee was formed for this task and under my chairmanship has aided in the preparation of many surveys. Pratt, of England, has produced a similar series for the Faculty of Homœopathy in Great Britain. This work consists essentially of a mathematical analysis of the results of homœopathic treatment of ill persons. It should be of value to homœopathic physicians as a guide to certain "disease specifics" and to the effectiveness of homœopathic treatment. It may also provide information on the therapeutic significance of such homœopathic variables as the range of dilution, the degree of dilution and the frequency of dynamization. Certain generalities have already been obtained from these studies, such as the fairly constant rate of medicine aggravation (20%).

If we use our foregoing method of analyzing the words "homœopathic" and "research" as a method of analyzing past homœopathic research, we see immediately that virtually all of it has been a mixture of descriptive, analytical and classificatory research. None of the laws of Homœopathy originated as the result of homœopathic research but rather represent pre-existing therapeutic observations which Hahnemann applied to his new science. Thus, Homœopathy has remained primarily Aristotelian, or classificatory, in orientation at a time when other sciences, particularly many of the physical sciences, have matured into generalized and prophetic research. Also, this mass of homœopathic research is handled primarily in a qualitative rather than a quantitative manner. Any quantitative manipulation of this data has been of an elementary, almost primitive nature, with the exception of a few investigators like Boyd, Gay and Boiron and Wurmser. The importance of quantitative, as opposed to qualitative, methods was stressed by Whitehead when he said:

"Bacon completely missed the tonality which lay behind the success of seventeenth century science. Science was becoming, and has remained, pri-

marily quantitative. Search for measurable elements among your phenomena, and then search for relations between these measures of physical quantities. Bacon ignores this rule of science . . . he is thinking qualitatively and not quantitatively."

Methodologically and phenomenologically, these five types of research fall into two groups:

I. Provings and clinical research, based on the mathematical analysis of the effects of homœopathic medicines on both ill and healthy persons.

II. Animal pharmacology, pharmaceutical and demonstrative research using many techniques on many types of subjects.

Of therapeutic value to homœopathic physicians are the findings of provings and of pharmaceutical and clinical research. The animal pharmacology and demonstrative research is of more value to basic science.

What is the position of research in these five fields today? In the field of provings the bulk of the work is being carried on in Germany, particularly by Mezger, who gave us *Araneus ixobolus, Aristolochia clematitis, Bellis perennis, Calcarea fluorica, Hedera helix, Magnesium sulfuricum* and *Mandragora officinarum.* As the result of the recent death of Templeton of England—who gave us *Alloxan, Beryllium metallicum, Cadmium metallicum, Carcinosinum, Cortisone, Corticotropin, Rauwolfia serpentina* and *Strophanthus sarmentosus*—British provings have been reduced to one in recent years. In this country there has been little work done since Griggs —who gave us *Butyricum acidum, Glycerinum, Hippuricum acidum, Indol, Menthol, Sarcolactic acid, Skatol, Thymol* and *X-ray*—ceased working in the field. Nothing new has come out of France or Latin America for many years.

In animal pharmacology and pharmaceutical research, work continues, largely of an analytical nature, particularly by the French and German investigators already mentioned. Work on dynamo-dilutions have been virtually nil since the death of Boyd of Glasgow in 1955. The clinical research continues to be done, largely by the British and American workers already mentioned.

What should our future plans be? In formulating them we should consider the suggestions of other reviewers of the research field, such as Gutman and Wurmser. First of all, I think that we should recognize that the greatest deterrent to homœopathic research is a psychological one. Like most physicians, the average homœopath is not oriented toward research, but rather to therapy. When he is so oriented, it is toward provings and clinical research. Therefore, workers in the fields of homœopathic pharmaceutical research, animal pharmacology and dynamo-dilutions will have to be first motivated and then hired from outside our ranks (save for our own homœopathic pharmacists like Wurmser of France). But even this apparently central psychological problem is peripheral to the basic problem that interest in Homœopathy waxes and wanes within one country after another. In the nineteenth

century the wave of Homœopathy spread East and West from Germany to France and Russia, then to Great Britain and the United States. The period 1850-1920 was the great period of American Homœopathy; 1900 to the present in Great Britain. In Germany and France there has been a steadily maintained position with minor fluctuations. In the twentieth century, the wave spread South, in particular to Italy, India and Latin America. Why it skipped whole continents or countries I cannot understand, any more than I can understand why it is declining in the United States at this moment. However, because our personnel and resources are limited, we need to stress quality rather than quantity. Every action must count.

First, we need to clean our own house and to take advantage of existing organizations rather than improvise new ones. A start in this direction might be to discontinue the present standing committees of Pharmacopoeia and Statistical Evaluation of Homœopathic Treatment of Diseases, and the special committees of Homœopathic Research Provings and Toxicology and Homœopathic Research Fund and replace them all by a Standing Committee on Homœopathic Research, consisting of five subcommittees as outlined in this paper, and a sixth sub-committee entitled "other research." Each sub-committee would have its own Chairman, and their work and economic support would be co-ordinated by the Chairman of the Committee on Research. The Research Committee should meet three times a year and its personnel should be limited to members who have published papers on original research in their respective fields. One function of the Research Committee would be to prepare a yearly report on the progress of homœopathic research in the United States and make it available both to the membership and for the use of the Research Bureau of the International Homœopathic League.

Since this re-organization involves amendments to the Constitution it will require two years for completion. However, it does seem to me a necessary first step toward improving our own position. Then, once our own house has been set in order a bit, we will be in a position to explore new areas of research, clarify terms, set up standards for provings, etc. As we put fresh energy into this work we will automatically magnetize money and willing workers to our cause. But we will do this only in measure to our own sacrifices. What is needed are not more unrealized plans and lame exceses but rather hard, monotonous, regular work and a dedication to the job to be done above all else. The United States was once a leader in the raw stuff of homœopathic provings and teachings. Now we must so refine our science to a new purity that it can realize its full potential for the benefit of mankind.

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