FURTHER THOUGHTS ON HOMOEOPATHY AND SCIENCE

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I was delighted to be able to publish, in the last issue of this journal,* a reply by Peter Fisher to my article 'Is Homoeopathy Scientific?'[1] I wrote that article precisely with the hope of stimulating constructive discussion of this kind, and the subject is so important for the future of Homoeopathy that I make no apology for returning to it.

Fisher makes a number of points with which I agree, although I find some of his statements puzzling. Why, for example, does he say that Popper and Hume share an *a priori* assumption that scientific knowledge is absolute knowledge? The whole point of Popper's argument, as I understand it, is that scientific knowledge is *always* temporary and provisional, subject to potential refutation. Surely this makes it the very opposite of absolute? Hahnemann and Kent, on the other hand, are deeply committed to the view that Homoeopathy represents absolute truth.

Fisher holds that Popper's view of science is incomplete and "reductionist" and he seems to imply that there is a more "holistic" view of science capable of accommodating Homoeopathy. Unfortunately, however, he does not make clear, at least to me, what this alternative version of science actually is, so I find it hard to comment on its relevance to Homoeopathy.

At the same time, and somewhat inconsistently, Fisher appears to maintain that although Homoeopathy has not hitherto been formulated in such a way as to permit application to it of Popper's criteria, it is in principle capable of being so formulated. It is this claim that I wish to re-examine.

A RESTATEMENT OF THE PROBLEM

The first problem that any would-be scientific approach to Homoeopathy has to encounter is the difficulty of defining what Homoeopathy actually is. As customarily understood today, it is comprised of two main elements: (1) The similimum principle; (2) The doctrine of potency.

As has often been pointed out, these two elements are logically and practically independent of each other. You could have Homoeopathy without the potency idea, or potency could be true even though the similimum principle were invalid. Moreover, the potency theory was a relatively late idea of Hahnemann's, for it does not appear until after his departure from Leipzig for Kothen in 1821. Not all homoeopaths have accepted the doctrine, at least in its fully developed form, and its present status as an integral part

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of Homoeopathy is due largely to the influence of Kent and the high-potency school in America. The potency and similimum ideas, therefore, need to be cousidered separately in any attempt to test Homoeopathy scientifically.

The potency doctrine: The potency theory can be stated in various ways.

(a) It may be claimed that when solutions of medicines are subjected to alternate dilution and succussion a physical or pharmacological effect contiuues to be detectable at dilutions greater than would be expected on Avogadro's hypothesis.

(b) It may be claimed that the above technique causes a progressive increase in activity, so that the greater the dilution the more powerful the effect. This extreme view was of course adopted by Hahnemann towards the eud of his life and strongly endorsed by the American high-potency school.

(c) It may be claimed that succussion and dilution reveals new or latent properties in medicines.

It is certainly possible to subject these and probably other formulations of the potency idea to objective tests as required by Popper, and indeed a recent paper in this journal[2] describes a preliminary attempt to do just this. I therefore agree that the potency theory is, at least in principle, a scientific hypothesis, and should be treated as such.

The similimum principle: Here we encounter much greater difficulties. The history of Homoeopathy is largely the story of various attempts to decide exactly what the similimum concept really means. It is usually expressed in some such terms as: "the totality of the patient's symptoms should be matched with the symptoms produced by the medicine", but this seemingly simple statement really conceals all kinds of problems.

What is meant by "totality of symptoms"? The taking of a case history, and therefore eliciting the patient's symptoms, is necessarily a subjective affair, and this remains true even if a questionnaire or computer programme is used, since someone has to decide in the first place on the questions that shall be asked. It is quite impossible to elicit any symptoms at all without having in one's mind a theory or at least a set of assumptions, explicit or not, about whieh symptoms are important and which are not. And the making of any comparison whatever implies a process of selection and ordering of facts.

From Hahnemann onwards, homoeopathic writers have put forward a variety of prescriptions for selecting the appropriate remedy, and there are enormous differences among them, as a reading of Boenninghausen, Hughes, and Kent—to name but three of the best-known—will quickly show. This wide variation is not accidental, or something that might be resolved by discussion; it is intrinsic to Homoeopathy.

I do not, however, wish to be understood as saying that clinical research in Homoeopathy is impossible. On the contrary, I agree with Fisher that

there is an urgent need for such research, but we need to consider carefully *what it can be expected to* achieve and what it cannot.

It is entirely possible to carry out clinical trials to test the efficacy of one or more homoeopathic remedies in particular diseases; a start on this has already been made and further trials are currently under way. But we should clearly understand that such trials can never demonstrate the validity of any *general* homoeopathic theory. A successful clinical trial will show that a given remedy is effective in a given disease, but it will not prove that it is effective because *it was prescribed on the similimum principle*, since there is an almost infinite number of other possible principles that might have yielded the same choice of remedy.

The only way I can see of making the similimum principle testable is to interpret it in a more restricted and rigorous manner. This seems to be what Fisher is referring to when he implies that modern toxicology should replace provings as a guide to the selection of remedies. Quite apart from the objections that this idea will no doubt encounter from many homoeopaths, it does not really get round the difficulty.

Suppose we describe the known biochemical and pharmacological properties of a drug and use them to predict the disease or diseases in the treatment of which it should, on the similimum hypothesis, be of value. As an example, we may consider Fisher's own instance of lead as a homoeopathic treatment of porphyria and motor neuron disease.

What happens if we use lead to treat these disorders and no improvement occurs? Do we then say that the similimum principle has been disproved? I doubt whether Fisher would draw this conclusion, yet it would be true to say that the *similimum principle had been found to be invalid in this instance*, and it would be no defence to claim after the event that lead was not really the similimum after all, simply because it had failed to cure.

I would myself agree that a negative outcome in a trial of this kind would not disprove the similimum idea, but this is because the similimum hypothesis is not in fact a scientific theory and therefore is not susceptible to disproof.

If the similimum idea is not a scientific theory, what is it? I believe that it is a heuristic principle. It is a method of looking for medicines that *may be effective in particular situations*, but it is not the only such method nor does it always yield results.

CONCLUSIONS

Fisher emphasizes the currently fashionable distinction between holistic and reductionist medicine. I accept this distinction, but we must be clear about what it consists in.

Much modern medicine is reductionist in the sense that it tries to isolate specific problems and to supply specific solutions for them. In some cases

this attempt has proved outstandingly successful; no doctor, I assume, would wish to have to treat, say, meningococcal *meningitis* without antibiotics.

A vast amount of human suffering, however, including much psychiatric illness, is not accessible to the piecemeal approach and can only be relieved, if at all, by some form of 'holistic' approach. But it is essential to realize that holistic medicine of this kind has much in common with philosophy and religion (which is not to say that it is irrational or unsound).

The distinction between the two forms of medicine is by no means rigid or absolute, and there is no doubt that the holistic approach can and does generate scientific hypotheses that can be tested. But the whole point of any holistic system is that it is an overall way of looking at man and his place in nature, and this inevitably involves making use of all kinds of ideas and assumptions that are not testable.

It is precisely because Homoeopathy is a holistic system of this kind that it is not capable of being formulated in a testable way.

REFERENCES

1. Fisher, P.: 'Is Homoeopathy Scientific?', *Br. Hom. J.* (1981) 70: 152.
2. Jones, R. L. and Jenkins, M. D.: 'Plant Responses to Homoeopathic Remedies', *Br. Hom. J.* (1981) 70: 120.

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