A STRATEGY FOR RESEARCH IN HOMOEOPATHY

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INTRODUCTION

There has never been a large scale, multidisciplinary investigation of Homocopathy designed to clarify some of the many unknowns which seem almost to be an integral part of this branch of medicine. Such research as has been carried out has tended to follow individual personal interests, and much of it has unfortunately been of low quality. Poor experimental design, inadequate or inappropriate use of statistics, interpretation of results based mainly upon wishful thinking or even, occasionally, ideas which verge on the delusional—all of these errors have too frequently impaired research and led to meaningless results which have often nevertheless been published. There have of course been examples to the contrary, and a few impeccable pieces of research have been reported, some with bighly significant results. These have, however, been exceptions to the rule of inept and piecemeal research which has so far been Homocopathy's lot.

If a useful programme of research is to be embarked upon, it is important not only that it be based upon sound scientific principles, but also that it should address the current needs of Homoeopathy. I would argue that these are twofold:

COMMUNICATION

The relative absence of good research has resulted in an inability to communicate with the mainstream of medicine which is increasingly scientific in its thinking (and, some would argue, too much so). Thus the homoeopathic practitioner who wishes to demonstrate to allopathic colleagues that such an approach works is hampered by the lack of scientific evidence to cite in support. The great majority of the available evidence on clinical efficacy is anecdotal and therefore without scientific validity, however impressive it may otherwise he.

FUNDAMENTAL RESEARCH

Despite Homoeopathy's history extending over more than a century and a half, we still have virtually no knowledge regarding either the nature of the homoeopathic potency or its mechanism of action. Hypotheses abound, hut accurate data are scarce. Certain experiments need repeating, such as those which suggest that potentized solutions possess altered dielectric properties.² The mystery surrounding the nature of the potency further companies the communication problem outlined above.

RESHARCH NEEDS

I suggest that a co-ordinated research programme should contain the following elements:

CLINICAL RESEARCH

One of the difficulties facing researchers in the clinical field is that a successful marriage between the requirements of science and those of Homoeopathy is not easy, and the few published studies in existence have usually failed to accommodate both. For example, the recent study by Shipley et al.² comparing Rhus tox. 6x with phenoprofen and placebo in the treatment of arthritis only poorly approximated to normal homoeopathic practice, in that it would be unusual to treat a chronic condition with only a single remedy in low potency. In contrast, the earlier study of Gibson et al. (1978),4 which allowed the homoeopathic physician to prescribe as usual, failed to achieve an acceptable level of experimental control.

Homoeopathy differs quite fundamentally from Allopathy in its approach; it is not safe to assume that because certain research techniques have proved effective in allopathic medicine they will be equally successful when applied to Homoeopathy-the different subject matter may require a different approach. A parallel can be drawn with research in psychotherapy, a subject which has developed considerably over the last decade. In this field, double blind conditions are simply not possible—psychotherapy primarily involves a relationship between two people and even the act of observing the process can alter it quite radically. Despite this, it is quite possible, using appropriate methodology, to make measurements, contrast procedures, assess outcome and investigate process in a valid and scientific manner. Homoeopathy, which in fact presents fewer methodological problems for research than does psychotherapy, could benefit from the application of some of the techniques developed over recent years to cope with the complexities of the latter field. It is vital that inappropriate research methods are not applied to Homoeopathy in a Procrustean fashion.

It would be worthwhite undertaking the following kinds of studies:

CHRONIC CONDITIONS

Clinical trials: Homoeopathic treatment of chronic conditions may involve the use of several remedies serially prescribed, or different potencies of the same remedy, with each subsequent remedy chosen on the basis of the observed effects of the preceding one. Any temptation to simplify this process or to reduce it to a single remedy for the sake of methodological simplicity or scientific clarity must be resisted, since such a simplification would result in the testing of something other than Homoeopathy. The whole treatment must therefore be tested, and placebo control must be all or nothing, since the substitution of placebo for some of the remedies would make

a nonsense of the prescribing procedure. An appropriate design would involve three groups, with patients randomly allocated to each:

- (I) homoeopathic treatment,
- (2) homoeopathic treatment with placebo substituted for all remedies,
- (3) allopathic treatment,

It is important that the placebo group should receive the normal attention of a homocopath to control for degree of attention received and doctor/patient contact. Suitable conditions for investigation would be chosen on the basis of the observed clinical efficacy of homocopathic treatments, and might include certain types of arthritis, asthma, dermatitis, gastrointestinal disorders, headaches and possibly certain psychiatric conditions.

Single case studies: A method which has proved useful in psychotherapy research is the intensive single case study using multiple baseline assessment. A modification of this technique to include placebo control might well yield valid and interesting results.

ACUTE CONDITIONS

In certain acute conditions the choice of remedy may be sufficiently narrow, or the criteria for selecting a particular remedy sufficiently obvious, for a double blind trial along traditional lines to be feasible. There are many conditions which would be worthy of investigation, such as the use of Cantharis in cystitis, or Caulophyllum in childbirth.

An approach which may well prove useful to strengthen the scientific validity of such studies is the use of a pilot study to identify empirically the different drug pictures presented in a given type of illness. Suppose that five remedies are commonly used to treat a common disorder. A questionnaire is designed on the hasis of the characteristic indications which differentiate the remedies, and this is completed by a group of persons suffering from the disorder in question. A cluster analysis is then performed, and clusters of people may be identified which show the predicated characteristics of certain remedies to a statistically significant extent. The questionnaire can then be used, perhaps with modifications, to identify quickly people to whom certain remedies should be given. In this way, several remedies may appropriately be used within a single treatment group with double blind placebo control.

'It is important that a research programme be sufficiently flexible to take advantage of serendipitous occurrences such as influenza epidenics.

EXPERIMENTAL CONDITIONS

Perhaps the best opportunities to achieve standardization of both the pathological condition and the remedy are to be found by the use of experimental models. Examples are the use of a rotating chair to induce motion sickness and the production of hlisters by a vesicant. There are many possible models which might be devised; one promising line of investigation involves esting the isopathic principle, where an individual's response to a toxin is

modified by the previous application of the same toxin in potency. There is already quite convincing experimental evidence of the reality of this effect.

CONCEPTUAL RESEARCH

Certain of the concepts upon which homoeopathic prescribing is based would be amenable to scientific testing:

Constitutional prescribing: The idea of homocopathic constitutional type is not clearly defined but is nevertheless widely used by homocopaths. The identification of groups of individuals showing the characteristics of certain postulated types is possible by cluster analysis and subsequent statistical validation as described above, and a pilot study using this method has yielded positive results.

Principle of similia: It would be possible to investigate statistically the hypothesis that the more closely a patient's symptoms resembled the drug picture, the better the response to that remedy. This kind of study could be built into any clinical trial which used a questionnaire to identify patient groups.

FUNDAMENTAL RESEARCH

As indicated in the introduction, this area of research is quite crucial. I would identify the following as important aims:

Potency assay: There is no reliable experimental method by which the presence or absence of homoeopathic potency can be demonstrated. This seriously hinders the investigation of the nature of the potency. Every effort should be made to identify a suitable method. This is most likely to be a bioassay which involves whole organisms, and the isopathic principle may offer promising models. Effects on the growing of microorganisms such as yeast are easily quantified and reproduced, and may be possible avenues for research. Effects on seed germination, on enzyme systems or tissue culture may be worthy of investigation.

If a relatively simple, reproducible, experimental model can be found which will assay potency, even if this is of only a single remedy, the way would be open for detailed studies of its nature. The effect of temperature on the activity of the potency, for example, would yield useful information about its energy dynamics.

Physical characteristics of the potency: In parallel with the preceding efforts, attempts should be made to identify any physical or chemical correlates of the potency. Sensitive measuring techniques would be needed, and it is important to repeat previous work, often poorly carried out, which has suggested that potentized solutious differ from controls in their dielectric properties or other physical characteristics such as nuclear magnetic resouance.⁹

CONCLUSION

I have attempted to outline what I, as a relative outsider to Homoeo-

pathy, see as important current research issues for Homocopathy. It seems unfortunate that so little funds have in the past been available for the kind of research which would eventually make Homocopathy more intelligible, and therefore more acceptable, to a wider audience. It is to be hoped that the late Dr Blackie's foresight in founding the Blackie Research Foundation will rectify this situation.

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