HOMŒOPATHIC PHILOSOPHY IN THE LIGHT OF TWENTIETH CENTURY PHYSICS

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Homœopathy is cerebral, not material. It is a state of consciousness. There are no homœopathic physicians, only physicians who are able to use medicines in a homœopathic manner.

Equally so the new physics of the past 60 years came into being through the minds of men like Einstein and Planck. It did not lie within the techniques they used or the matter they observed.

The consciousness of the human observer is ever the limiting factor in the interaction between man and his world. The open-minded man will accept and interpret his universe in a manner quite different from the Partisan. It is in this area of *consciousness* that Homœopathy and contemporary physics are similar.

Homœopathy focuses upon the action of medicines and the response of the ill. The new physics is concerned primarily with energies within the atom and its nucleus and with the application of his knowledge to the physical universe. Each focusses on different areas, but their basic attitude is the same.

Homœopathy, born at the end of the 18th century, and modern physics born at the beginning of the 20th century, are both ultra-mechanistically oriented. They sandwich between themselves the great mechanistic 19th century. Thus the most up-to-date and the most anachronistic sciences of today share a common ultra-mechanistic viewpoint toward their field of observation.

What do we mean by ultra-mechanistic? What are the characteristics of any mechanism? It is first of all physical and it is made of large hunks of matter. Therefore it may be described by the laws of mechanics. It has definite limits of

size and configuration and it stays comfortably within these limits. It is stable. Its past performance is known and we can count on its future performance not varying from its past performance. It is predictable, exact. Its every action is the cause of resulting effects. It is causal. It consists of numerous evident parts, and its whole is considered to be made up of the sum of its parts—no more, no less. This implies that the whole mechanism is determined by its parts and that there is no intrinsic wholeness separate from the sum of these parts. Thus a mechanism is a quantitative, not a qualitative phenomena. In terms of an old Greek riddle—numerous grains of sand put together remain numerous grains of sand—they do not form a sand pile.

An observer with an ultra-mechanistic viewpoint will accept for study and experimentation two types of phenomena: (1) mechanistic phenomena which obey the laws of mechanics, are stable, predictable and causal and in which the sum of the parts makes up the whole, and (2) non-mechanistic phenomena which do not obey the laws of mechanics, are not stable, predictable and causal and are greater than the sum their parts. After he has digested the phenomena, the ultra-mechanistically oriented investigator is quite happy to attempt to theorize about them (if he is able to) in an unstable, unpredictable, acausal, non-quantitative manner, as well as in the usual mechanical manner. The mechanistically oriented observer would be definitely unhappy with such goings on. Where mechanism applies, nothing else will fill the bill; but when applied to essentially non-mechanistic phenomena, it may act as a restricting rather than a liberating force.

Each generation seeks its own philosopher's stone which will unlock the secrets of the universe. Like most "True Believers" (to use Eric Hoffers' most apt phrase) the mechanically oriented investigators of the 19th century applied their mechanism to nearly every phase of science, whether it suited or not. We are just beginning to recover a bit from the effect of this wave of mechanistic missionarism. Medicine, traditionally the most conservative of all scientific fields, has been, naturally, the slowest to change. So far there has been a little peripheral

nibbling at the edge of the medical mechanistic philosophy which comprises 99% of medical thought today, but the patient is far from recovered as yet.

Homœopathy escaped this mechanistic strait-jacket, possibly because the 19th century savants did not care enough about it to tailor one up, or because Hahnemann was too tough a curmudgeon for them to tackle. It was, and has remained, a purely descriptive science—in spite of the analytic fashion of the greater part of its life.

It was born at a time when the natural sciences had not risen to their present-day heights of acceptance. The world was still digesting the fruits of the first great revolution in physics—Newton's mechanics. These conclusions were being applied in England by a group of amateur scientists like Cavendish, Priestly and Dalton. The second great revolution—the study of electro-magnetism, based in particular on the work of Faraday and Clerk-Maxwell—was yet to come. Far from occupying its present day status of breathless adulation, science was regarded with reservations—with a hopeful scepticism. Within this setting it was relatively easy for Hahnemann to launch an inclusive, descriptive therapeutic approach.

First of all, he studied the total physical, emotional and mental effects of medicines on healthy human beings. He used healthy persons so that the pure effects of the medicine itself could be known separate from the symptoms of the illness. After studying the effects of many medicines on the healthy, he applied this knowledge to the sick. In order to do so he had to accept the total physical, emotional and mental signs and symptoms of each patient. Hahnemann applied this knowledge of the effects of a medicine on the healthy and the signs and symptoms of an ill person in an equally inclusive manner. He did not regard the patient's signs and symptoms as necessarily bad and therefore to be removed. Instead, Hahnemann believed that these signs and symptoms represented an attempt by the body to heal itself. According to this view, the signs and symptoms do not represent the *illness,* but rather the *reaction* of the person to his illness. The illness and the reaction to the illness are sepa-

rate. Therefore, reasoned Hahnemann, the physician should administer that medicine to the patient which produced in the healthy signs and symptoms similar to those of the patient. In this manner the natural attempt of the body to heal itself would be reinforced, rather than neutralized or interfered with.

Hahnemann called this treatment of illness with medicines which produced in the healthy symptoms *similar* to those of the ill Homœopathy (from the Greek: Homoios—similar suffering).

In addition to an inclusive attitude toward the signs and symptoms of the patient and the *effects* of the medicine, as Hahnemann perfected his therapy, he gradually adopted a more and more inclusive attitude toward the ingredients of the medicines he administered. In his first attempts at therapy he used gross dosages of the pure medicine itself. Many of his patients developed extreme aggravation of their symptoms, in some cases nearly fatal. Alarmed at this, Hahnemann gave his medicines in higher and higher dilutions.

Avogadro had not yet described the number of molecules contained in the molecular weight of any substance and thereby set the theoretical limit of homogeneous dilutions as 1×10^{-24}. Therefore Hahnemann had no theoretical deterrent to making ever higher and higher dilutions—even up to 1×10^{-1000}. He used these dilutions because they had specific clinical action. The action of these high dilutions represents a challenge to basic physics. Although the use of dilutions far beyond the theoretical atomic range—I call them subatomic dilutions—was added onto homœopathy (and has nothing to do with the use of the similar principle), it has constituted an understandable stumbling block to atomically oriented scientists ever since. The new physics of subatomic and subnuclear energies may provide a theoretical solution.

In addition to using subatomic dilutions, Hahnemann found that these dilutions worked better if they were prepared dynamically—through trituration or sucussion rather than through passive decantation. As we view this area of the preparation of dynamic, sub-atomic dilutions, we see once again a consciously inclusive approach. In this instance the inclusion is

between the active ingredient and the passive carrying vehicle of the medicine.

As the result of an inclusive attitude toward the patient and the medicine, therapy takes place. What are the results of this therapy? Not surprisingly, the response of the patient to homœopathic treatment is also inclusive. If an ill person receives no treatment, he either dies, remains chronically ill or recovers. If he recovers his pattern of recovery is like that of all ill persons and separate from his particular disease. As people become ill, old symptoms of previous illnesses often reappear. The symptoms move from nonvital organs, like the nose and throat, to more vital organs, like the kidney and lungs. Then there is a period of crisis. Following this crisis, one by one and in reverse order of their appearance, the symptoms move from vital to less vital organs until the patient is well again. This natural response has been called autotherapy. Under homœopathic treatment an identical response usually follows, rather than the abrupt disappearance of symptoms or the introduction of completely new symptoms which often follows other types of treatment.

From this necessarily superficial bird's eye view of Homœopathy, we see that from its inception it has been based on an inclusive, descriptive attitude toward the patient and the medicine, and that the response of the patient is equally inclusive in relation to the natural course his illness would have taken without treatment. After he has made his initial, descriptive, inclusive analysis of the patient and the medicine, the homœopathic physician may then indulge in analytic speculation. But with Homœopathy, analysis *follows* description. Throughout the 19th century until the present time, the majority of scientists have been analytically oriented often accepting as relevant only the information which fits within their particular schema. In contrast to this, Hahnemann's approach to science was pre-Newtonian. It was the same non-mechanical, descriptive manner in which Cuvier described the botanical kingdom, or Dana the mineralogical world. Or, at the other end of the time scale, the same manner in which present day physicists are following up Anderson's discovery in 1938 of sub-

nuclear particles and of the fourth great revolution in physics of the world of sub-nuclear energies. Since then, a dazzling array of hyperons, mesons, neutrinos, etc., has appeared, none of which can be analyzed or explained but only described.

Granted that many non-scientific fields are equally ultra-mechanistic, within the general field of science, both Homœopathy and physics are unique because their premises are not largely determined by a mechanistic theory.

As we have already pointed out, an ultramechanistic concepts and, in addition, it also includes at least the acceptance of acausal, unpredictable, unstable phenomena whose wholes are greater than the sum of their parts. Extending beyond and underlying these attitudes certain other attitudes follow naturally from ultramechanism. The observer must attempt to be completely *inclusive* and *unbiased* in his approach to a field of interest. He must accept the *totality* of the relationships that make it up. Smuts called this total approach Holism. As a result of a total or holistic view of all the phenomena in a field, certain data may be found to co-exist with each other. Jung calls this temporal coexistence synchronicity.

The application of this ultra-mechanistic viewpoint in the field of physics has produced the present day field of modern physics. Most of you know from the daily press the basic principle of this new physics, so we shall just cover some of the high points, as a brief reminder. . .

Each revolution in physics has precipitated man ever farther into the interior of matter. Newton's mechanics dealt with large aggregates of molecules. Faraday's and Clerk-Maxwell's electromagnetism dealt with exudates of matter, such as electricity and magnetism, and a study of their storage, properties and use. The new physics was from its inception in the 1890's—with Roentgen's discovery of the x-ray, Becquerel's discovery of radio-activity and Thompson's discovery of the electron—clearly concerned with sub-atomic phenomena. To the older concern with mechanics and electricity was added the non-material field of energies. The two major workers in this new physics were Planck and Einstein . . .

Planck pioneered the field with his quantum theory. In

this he showed that the amount of energy of any radiation is equal to the frequency of the radiation times a constant (6.626×10^{-27} erg seconds). Heisenberg later showed in his famous "uncertainty principle" that the technique of observing any object causes uncontrollable changes in the object itself, and that the "uncertainty factor" is equal in magnitude to Planck's constant. Planck postulated that this radiation traveled in discrete bundles, called quanta, rather than in wave crests as had been believed by the mechanists. From this it follows that any radiation is *specific*. It is not a gradual phenomena, but rather a *discontinuous* one. A particle of matter will vibrate only at its own frequency, and it will responded only to radiation at its own frequency. Even at its own frequency, a certain amount must be released for any activity to occur.

Einstein carried Planck's work farther. Where Planck worked with thermal radiation, Einstein concerned himself with larger fields. Einstein's approach was the very essence of ultra-mechanistic philosophy applied in an inclusive, descriptive fashion. The skeleton of the physical universe in the 19th century was considered to consist of 6 unrelated functions—space, time, matter, energy, gravity and inertia. Over a period of 50 years, Einstein gradually related each of these functions with each other by means of ingeniously derived formulae.

His first concern was the relationship between time and space. In his restricted theory of relativity he demonstrated that time was a function of space, operating as a "Fourth Dimension."

Next he applied Planck's quantum theory to the transmission of light and showed in the well known formula of atomic fission:

$$\text{energy} = \text{mass} \times \text{velocity of light squared}$$

that matter and energy are interchangeable. Then, in his special theory of relativity, he showed that space-time-energy and matter are interchangeable. One of the interesting corollaries of this was that the mass (or weight) of a body is a function of its motion and that at the speed of light a body would have no weight at all.

In this gravitational field physics theory, he showed that all matter is surrounded by a gravitational field and that inertia is a function of this field. From this it follows that space is curved, since matter travels in response to this curved field pattern. Paradoxically, it also follows from this that the greater the amount of matter at the center of a field the more sharply curved the lines of force in the field and, therefore, the less space contained within the field. Conversely, the less, the the matter within a field, the greater the area it enclosed.

Shortly before his death, Einstein announced his unified field theory in which he attempted to unite all six components of our universe in one continuum. This theory still awaits experimental confirmation.

From the beginning, Einstein stressed the relativity of physical science—that a theory may only be applied within certain limits and must not be applied to an area where it does not hold. For instance, his work specifically applies to the world of sub-atomic and sub-nuclear energies. In the molecular world other laws—such as Newton's mechanics—apply. He also stressed the acausality of the new physics. One can trace coexisting phenomena but they are not related by cause and effect, rather they co-exist as parts of an organic unity. Korzybski has called this type of approach "non-Aristotelean." The existence of these temporal wholes may also be viewed as purposive, or teleological, rather than coincidental. But the purpose is *within* the physical universe, rather than being without, as in the old Greek teleogy.

The new physics, then, is concerned with specific, discontinuous energies which are basically uncertain and, within certain relative areas, are woven together in an acausal, unpredictable manner throughout a space-time-matter-energy-gravity-inertia continuum. It views the universe in an ultra-mechanistic, holistic, descriptive manner.

Homœopathy is also concerned with the specific discontinuous action of dynamized, subatomic energies, whose action is uncertain and statistical rather than analytic. The homœopathic approach to the patient and the medicine is descriptively inclusive and holistic.

Whereas Homœopathy has been largely rejected by the atomistically oriented mechanists of the 19th century science, a more harmonious climate is certain to evolve as the basic premises of 20th century physics are gradually adopted by more peripheral scientific disciplines. Just as Mesmerism has become reincarnated as hypnotism, and the alchemical search for the philosopher's stone has been realized by the transmutation of elements in the atomic pile, so Homœopathy may take its place as a pioneer approach in medicine toward a therapeutic psychomatic synthesis.

Whatever the course the future takes, may we approach it with the accepting insight of the Chinese sage, Laotzu:

> Whether a man dispassionately
> Sees to the core of life
> Or passionately
> Sees the surface,
> The core and the surface
> Are essentially the same,
> Words making them seem diffierent
> Only to express appearance.
> If name be needed, wonder names them both:
> From wonder into wonder
> Existence opens.

—Journal of the Am. Inst. of Homœopathy, May-June '60.