

IS HOMOEOPATHY SCIENTIFIC?

Reply to Anthony C. H. Campbell

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INTRODUCTION

In the April 1978 number of *The British Homoeopathic Journal* appeared Dr. Campbell's article entitled 'Is Homoeopathy Scientific? A Reassessment in the Light of Karl Popper's Theory of Scientific Knowledge.*' Campbell's paper contains fundamental statements about medical science and about Homoeopathy. If Homoeopathy is to survive in our critical age, it is essential that homoeopaths have a clear understanding of their own system vis-à-vis conventional medicine. In this paper I propose to examine the issues raised by Campbell.

MODERN MEDICINE ACCORDING TO CAMPBELL

According to Campbell, modern medicine is scientific in so far as it is 'pathological and biochemical', trying to unravel 'internal mechanisms of disease.'¹ It is said to fall short of being scientific, as 'a lot of the most cherished modern ideas about disease and how to treat it are quite erroneous, and will seem as quaint or even barbarous to our descendants as do those of our forebears to us.' But at least modern medicine 'does *attempt* to base itself on scientific methods of enquiry' by being quantitative, self-critical.²

HOMOEOPATHY ACCORDING TO CAMPBELL

Homoeopathy is said not to qualify as a scientific discipline. The following reasons are given: (1) the drug pictures are only to some extent based on provings; to a large extent they are the outcome of 'bedside practice' and of 'clinical experience.'³ (2) Hahnemann's psora theory invalidates the theory of the curative effect of the similimum, of the foundation of Homoeopathy. For according to Hahnemann himself, the application of the similimum fails to cure chronic diseases which are caused in nearly all cases by the miasm of psora. 'There is no symptom that cannot be caused by psora; the list given by Hahnemann occupies some 33 pages, and he states that it is not complete.'⁴ According to Hahnemann, psora has to be treated by anti-psoric remedies. The list of these is 'headed by Sulphur, but 46 other drugs are added. The selection of the anti-psoric remedies follows from the recognition of the state of psora as defined in the long list of psoric symptoms. The remedies were tried on healthy people. If they exhibited the signs known to Hahnemann as psora, then the remedy was an anti-psoric. Sulphur

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... was found to be the main remedy.' Hahnemann explains how he arrived at the inclusion of his other remedies. 'Phosphorus and other combustible substances from the vegetable and mineral kingdom, led me to rank all these substances in the same family with the chief anti-psoric remedy, which is Sulphur. Analogy of action has also induced me to add some animal substances.' He admits, therefore, that he used reasoning by analogy to compile his list as an additional method to that of observing the effects on the prover, and comparing them with the symptoms found in the sufferer from psora.⁵

Any failure to respond to the application of the *similimum* could be explained by recourse to the 'vastness and vagueness'⁶ of the psora, which thus constitutes a universal let out. Thus Homoeopathy 'fails' to qualify as a scientific discipline. Campbell bases this conclusion on Karl Popper's theory of scientific knowledge according to which a theory is not scientific but metaphysical if it can never be refuted.

The consequences for Homoeopathy as a metaphysical, unprovable doctrine are that homoeopaths should stop using *similia similibus curentur* as their foundation. They should 'frame testable hypotheses, and design appropriate experiments to test them.'⁷ But how can this be done? How can 'the all embracing principle' be given up? Would prescriptions, based on 'individual symptomatology rather than on nosology or pathology,' not in fact be based on the simile principle which involves attention to 'the subtler aspects of symptomatology,'⁸ so much 'neglected' by the rest of the medical profession? Campbell asks that there should be scientific research and mentions work which aims at confirmation that potentized substances have physiological effects.⁹ But even if such effects were established, this scientific knowledge could not, according to Campbell, affect the non-scientific, metaphysical status of Homoeopathy.

In order to find answers to these and related fundamental problems, let us turn to Karl Popper's logic of scientific enquiry, so much admired by Campbell.

SCIENCE ACCORDING TO POPPER

Popper is a realist, which means that he assumes that the scientist observes what is *there* outside him, and that he can establish facts about what is real. 'Truth is correspondence with the fact (or with reality)... A theory is true if and only if it corresponds to the facts.'¹⁰

Popper was trained in the physical sciences and illustrates his interpretation of reality and of the significance of the criterion of falsifiability by quoting Einstein's gravitational theory. It predicted that 'light must be attracted by heavy bodies (such as the sun), precisely as material bodies are attracted.' The prediction was 'risky', a crucial experiment might have refuted or falsified the theory, in fact the experiment confirmed the theory.¹¹

I suggest that in medical science the 'reality' is utterly different from

that in the physical sciences and that Popper has failed to allow for this difference. One example of an allegedly irrefutable, that is non-scientific, metaphysical medical theory is his statement 'there is a cure for any infectious disease.'¹² The statement is said to be irrefutable because it is impossible to try out every possible cure.

But, I suggest, medical science works exactly on the theory that there may be a cure for every infectious disease (or any other disease). 'Disease' is, however, not real in the sense that light and physical bodies are. To a modern medical scientist, 'disease' has no physical reality, it is a *concept* that follows from the theory of cellular pathology which classifies phenomena in an analytical, specific way, isolating for instance infectious microbes and studying their particular biochemical effects on the body and the body's responses to the invading organisms. The 'cure' consists in seeking some means of counteracting the processes of infection. The cellular pathology theory is never tested, in Popper's terms, it is 'metaphysical'. On the other hand if an agent has been claimed to be curative for any disease, such claim must be substantiated by a *double-blind control test*, excluding the possibilities of spontaneous recovery or suggestion.

THE SCIENCE OF HOMOEOPATHY

The classification in Homoeopathy is according to *sick people*. Two different approaches are used: the *unspecific similimum* and the *specific anti-miasmatic drug*.

The *similimum* covers the whole personality and it does not matter whether the information was obtained from provings or whether clinical observation has been added. With regard to the miasm psora, modern homoeopaths have agreed that Hahnemann's view, rightly criticized by Campbell, is untenable.

A French writer has interpreted psora as 'a collection of disorders resulting from the personal toxins of the individual, whether they are acquired or whether they are transmitted. Psora is therefore essentially auto-intoxication, and the manifestations of psora may be regarded as an attempt on the part of the body to eliminate these toxins.'¹³ From this view follows the attempts to 'drain' the body of the toxins by specific anti-psoric remedies.

There are other interpretations of psora, each identifying it with a specific agent. G. and S. L. M. Gibson consider psora to be an infection with the house dust mite and they counteract the infection with the 200th potency of this offending agent.¹⁴

According to O. Leiser, the psora theory, as formulated by Hahnemann, cannot be saved, but he credits Hahnemann with the insight that infectious diseases may be followed by syndromes which cause the patient to be generally ill,¹⁵ an idea which leads the prescriber to search for the occurrence of infectious diseases when taking a patient's history. Such search leads, in turn, to the use of the nosodes, aimed at eliminating the consc-

quences of the infection. As an extension of this concept, nosodes are also prescribed prophylactically.

Thus for the homoeopath an infectious disease is not just identified with the presence and the elimination of the specific infecting organism (as is the case in conventional medicine). For the homoeopath it is the condition of the *whole* person, affected by the infection, that constitutes *his* 'disease'.

Homoeopaths must admit *limitations* of their approach. First of all, of the innumerable substances that can be used as similima, only a very small number are in use. Therefore it is always possible to explain a failure as due to the fact that the right agent had not been available. This explanation would be admissible in particular if a peculiar outstanding symptom which points to a corresponding remedy could not be covered in the patient's prescription.

In addition, common sense dictates that not all sick people can be expected to be cured by a homoeopathic remedy. Fractures, perforated peptic ulcers, impacted stones in the common bile duct or ureter and other mechanical interferences with vital processes need surgical treatment. Virulent bacterial infections need antibiotics. Malignant conditions also require non-homoeopathic intervention. In spite of such limitations, homoeopaths must prove that their practice is effective.

THE SCIENTIFIC PROOF

When conducting their proof, homoeopaths have to stick to their classification, which is of sick people, and must not adopt the classification accepted by conventional medicine, which is of diseases and their specific bodily and mental changes. In their proof, homoeopaths have to consider the problem of the medium and high potencies, the efficacy of which cannot be explained on conventional scientific lines.

The *double-blind control experiment* is the only way of proving Homoeopathy. Each potency should be proved separately. A sufficiently large series in which the simifimum was used should be tested separately from one in which a nosode was prescribed.

If the statistical evaluation shows that patients on the similimum and/or on the nosodes have done better than those on placebo, Homoeopathy has been vindicated. If the statistical results fail to show this, then Homoeopathy has not proved that it is effective.

SCIENCE AND ART IN HOMOEDPATHY AND IN CONVENTIONAL MEDICINE

I assume that Homoeopathy has passed the crucial test. What are the *distinguishing* features of the two schools of medicine? The conventional school will continue with the methods which are based on the analytical, specific approach. Because of the provisional validity of scientific knowledge, the results of this approach will always be out of date as new research takes over.

Homoeopathy will not discard well-authenticated drug pictures, whether they are the results of provings or of clinical observation. It will add new drug pictures, gained by the same methods as the old ones. In addition, homoeopaths will conduct experiments to establish physiological effects of potentized substances.

Campbell discusses the view that Homoeopathy is characterized by relying on intuition and 'subliminal perceptions', while conventional medicine is characterized as 'a soulless, mechanized form of medicine', based on technology.¹⁶ Because of such contrast, Homoeopathy is said to represent the art of medical practice, whereas conventional medicine is 'pure science'. This view needs correction.

Conventional medicine is scientific, Homoeopathy has to prove that it also is. With regard to 'soulless' technology, homoeopaths should not condemn it in conventional medicine, as their patients may require its use. Their school has its own technological application: Kent's *Repertory* has been incorporated in a computer system, designed to achieve the best match of a patient with a drug picture.

Both schools have to be aware of a patient's need to be treated with intuition and sympathy. In that lies 'the art of medicine.'

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