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I. McKee

Abstract

Based on a Dissertation read before the Royal Medical Society on Friday, 13th November. 1964.

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Some Aspects of Homoeopathy

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Homocopathy has existed as a branch of medicine for over one hundred and fifty years and its practitioners in this country are all fully qualified medical men. There are seven homocopathic hospitals within the framework of the National Health Service and Her Majesty the Queen and His Royal Highness the Duke of Gloucester are both Patrons of the Royal London Homocopathic Hospital. In 1950 Parliament passed the Faculty of Homocopathy Act whereby the Faculty was legally recognised and its objects defined. Now these are real achievements and although they mean nothing in terms of proving the validity of Homocopathy they do mean we cannot turn a blind eye and ignore the whole subject completely.

THE BIRTH OF HOMOEOPATHY

Christian Samuel Hahnemann was a German doctor practising in Saxony during the latter part of the eighteenth and early nineteenth century. As a young physician he was deeply dissatisfied with the state of medicine in his day—in fact some of his complaints still seem relevant. Patients were not treated as individuals or even whole people and diagnosis consisted of applying descriptive labels to groups of symptoms, for example: the vapours, the pox or goal fever. Treatment had little rational basis but consisted of running through a whole range of remedies from bleeding to purgation

and administering blunderbuss concoctions of drugs with varying effects upon the patient.

Hahnemann quickly rebelled against contemporary concepts of the nature of disease but realised also that no attitude to the problems of diagnosis could be of much help to the patient unless it were matched with an equally rational method of treatment. In the year 1796 he was engaged in translating into German the *Materia Medica* of William Cullen. In particular he disagreed with Cullen on the pharmacological action of Peruvian Bark of which quinine is the active constituent. In an effort to test the effect of this drug he took the bold step of administering a dose to himself and found to his surprise that it caused the symptoms of ague—the very disease of which quinine was the cure. If this drug could both cause and cure a disease then why not others? This observation marked the birth of Homocopathy.

Smallpox inoculation⁽¹⁾, a controversial topic throughout all of the latter half of the eighteenth century, was another example of both causing and curing or at least preventing a disease by the same agent.

COMPILING THE EVIDENCE

The difficulty now arose that little was known about the symptomatic effect of drugs upon the normal healthy human body. Over the next

twenty years Hahnemann conducted extensive "planned provings" upon his friends, his family and himself. These subjects were free from the symptoms of any disease at the time of drug administration and undertook to avoid any mode of life or action that could result in symptoms which would prejudice the result of the experiments. Some volunteers were given unmedicated preparations unknown to themselves in order to eliminate as much as possible the effects of autosuggestion upon the trials. Each observer was asked to record with great care every single symptom he had experienced and all these recordings were checked and cross-checked repeatedly. Gradually a pattern of symptom response for each substance developed and after these twenty years Hahnemann produced his findings in his mammoth work *Materia Medica Pura*.

When a disease caused certain symptoms in an individual he found that as with the ague, the administration of the substance that caused exactly the same symptoms in a healthy subject often effected a cure, although this was not always the case. The principle: "*Similia similibus curentur*"—let likes be cured by likes was not entirely a new one. Two hundred years earlier Paracelsus had advanced the same idea and it was even contained in Hippocratic writings. Only Hahnemann, however, attempted to prove the truth of this suggestion and when his experiments showed to his satisfaction that it was indeed true then it became the corner stone of Homoeopathy. Subsequently other investigators carried out more experiments or provings and added their results to the originals. Fifty years later knowledge had increased to such an extent that the homoeopathic *Materia Medica* edited by Allen comprised ten large volumes of which as many as ninety-three pages were devoted to the three thousand nine hundred and twenty symptoms produced by

PHOSPHIURUS

THE INFINITESIMAL DOSE

Earlier on I pointed out that not all patients were cured by the administration of homoeopathic remedies, in fact some were made worse and in others abnormal reactions occurred. Hahnemann postulated that in disease the body was extraordinarily sensitive to the dose and that the large dose used in conventional therapy over-stimulated the defence mechanism of the body and exhausted it. Therefore, if the correct

remedy were chosen, minute doses would be more effective. Thus homoeopaths consider that the more dilute a drug becomes the more potent it becomes and the process of dilution is known as potentisation. Quite how small the homoeopathic doses are will be realised when it is pointed out that the dilution of the average therapeutic dose is one part of active ingredient to 1×10^{60} parts of inert base. The doses that are regarded as being more powerful and dangerous in the hands of unskilled practitioners are of course much more dilute.

THE INFREQUENT DOSE

If the drug to be used has been chosen correctly then not only is a minute dose most effective but it need rarely be repeated. If there is any improvement at all in the patient's condition after the initial dose then further dosage will not help that improvement and may hamper recovery as long term toxic effects result from over medication. If improvement does cease then another dose may be given but if new symptoms develop or if there has been no improvement at all then another drug must be sought.

THE SINGLE DRUG PRINCIPLE

In Homoeopathy the correct remedy is the only useful remedy. There is no need for more than one drug to be administered at a time and in fact this is strongly contraindicated as the two may well cancel each other out. This is not nearly so controversial an attitude to-day when the pitfalls of polypharmacy are well appreciated but in the early nineteenth century it was revolutionary: Then it seemed wise to attack disease with every drug available and one preparation in the 1783 *Pharmacopoeia* contained fifty separate drugs.

THE CHOICE OF DRUG FOR THE SPECIFIC DISEASE SITUATION

The homoeopathic physician makes a careful diagnosis on several planes before deciding exactly which single remedy to use. There are:

1. *The Provisional Pathological Diagnosis*

Every effort should be made to find out which tissues are diseased and how far cellular function has been deranged. Surgical advice may

be needed, for if tissues are irreversibly damaged then no form of medical treatment can restore them. Certain drugs have an affinity for certain tissues and so the pathological diagnosis may help in the selection of a remedy.

2. Actiological Diagnosis

Symptoms caused or aggravated by specific factors will be remedied by drugs influential upon those factors.

3. Symptomatological Diagnosis

This is one of the most important fields of diagnosis. It is not that the patient has a cold. A cold in which the discharge is watery and burns the nose needs a completely different remedy from one in which the discharge is thick and causes no discomfort. Every symptom must be examined exhaustively and details are all important for one factor missed will result in an ineffective remedy being chosen.

4. Constitutional Diagnosis

Experience has shown that some remedies, whilst theoretically suitable for the treatment of a patient must be rejected because they are unsuited to the constitutional type that is the patient. This phrase "constitutional type" includes not only the physical characteristics of the patient but whether he is lazy or fastidious, cold or warm blooded, an extrovert or an introvert.

DRUG CLASSIFICATION

Whilst formulating a diagnosis the physician will be narrowing down the number of possible remedies until one emerges which is then used in therapy. As in conventional medicine, some practitioners have a flair for their work and instinct plays a large part in drug selection. Others have to follow the rules and indications laid down by their predecessors and contemporaries until they too arrive at the drug most suitable for the patient. One practical problem that immediately becomes obvious is that there are so many drugs in the modern homoeopathic Pharmacopoeia and so many listed symptoms that it could take an age to select one drug to match a specific symptomatological, actiological, pathological and constitutional picture. In order to make this task easier the drugs in the Pharmacopoeia can be classified in several broad divisions. These are:

(1) Classification by the Prominent Characteristics of Drugs

Each remedy has some effects which occur time and time again in individuals. For example

Aconitum causes extreme thirst and restlessness in most people.

(2) Classification by the Source of Remedy

Sources are (a) Botanical; (b) Chemical; (c) Biological, and (d) Electrophysical.

(3) Classification by Tissue Affinities

For example *Iodum* has an affinity for the thyroid gland. The provisional pathological diagnosis will show which tissue is involved.

(4) Classification by the Physical Features of the Patient

It is thought that there is a close relationship between certain drugs and outstanding physical features. For instance when a tall, delicate red-headed fidgety patient crosses the threshold of your surgery the drug *Phosphorus* should spring to mind as a cure for his troubles.

(5) Classification by Mental Factors

Subjective sensations as symptoms are considered as specific for one disease process in one individual and when prominent may well indicate the correct remedy. Emotional states such as intense jealousy or hate have corresponding remedies.

(6) Classification by General Reactions of Drugs

Drugs can be classified by the general effect they have on the body, i.e. a number all cause sweating. Also they can be classified by the effects they have on the general modalities of individuals. This is an expression to denote the way an individual reacts to a wide variety of influences. Such drugs either increase the subjective feelings of wellbeing under given circumstances or else increase the sensation of depression. A change in the normal reaction to an influence such as the influence of heat or cold is highly significant and may help in the final selection of one drug from a group.

(7) Classification by Causal Factor

Some drugs are extremely useful in illnesses with certain specific causes—a history of head injury is a strong indication for *Natrum Sulphuricum*.

It is obvious that one cannot rigidly dissociate the process of diagnosis and of drug selection as so much of the diagnosis is symptomatological and symptomatology forms the basis of so much of the choice of therapy.

UNORTHODOX SCHOOLS

In January Dr. William Scheussler formed the School of Biochemistry which reduced the number of Homoeopathic remedies to twelve inorganic mineral salts. The school still exists

and in fact one advertisement in a recent issue of the British Homoeopathic Journal⁽²⁾ claims that its diluting processes are carried out mechanically for twelve working days before any remedy is sold. In the United States of America a school of isopathy developed which treated like exactly by like—the cure for tapeworms was a purée of tapeworms heads! Study of these and other schools makes fascinating reading but is not relevant to this article.

WHY HAS HOMOEOPATHY NOT PROGRESSED?

Homoeopathy reached its peak in Britain in the mid nineteenth century when there were 300 practising physicians. Why has it not progressed since then?

Surprisingly enough one of the main reasons has been the very factor that eased its introduction into Britain, namely its social respectability. Queen Victoria's Uncle, Prince Leopold, Queen Mary and King George VI have all been advocates of Homoeopathy but in the same way that a shop with a Royal Appointment tends to be regarded as an exclusive establishment so homoeopathy tended to be regarded as a plaything for the Aristocracy. Secondly conventional medicine has made most progress over the last seventy-five years and although homoeopaths consider that modern drugs have only a short term effect and their use is fraught with danger owing to known or unknown side effects, there is no doubt that conventional medicine is more spectacular and exciting.

With the development of methods of mass communication over the last seventy-five years scientific arguments which previously had limited audiences became familiar to the public who then tended to be more critical of the unconventional theories put to them. In some ways it is a case of a little knowledge becoming a dangerous thing. Although the average citizen often does not have the knowledge to support or reject a theory on its merits he now knows which theories are acceptable to Authority, whether Authority be the Royal Society or the Royal College of Physicians, and accepts their judgement in pre-digested form. A Society is developing in which more and more time is spent obtaining paper qualifications as these are now the only passport for advancement and less time is spent on original thought. We are eliminating the unconventional in favour of

the drab orthodoxy of the production line scientist. The sad thing is that the authority who issues the paper qualifications and upon whom we all depend now for our livelihood is riddled with vested interests. Almost every great scientific advance in history was achieved in the teeth of bitter opposition from the Establishment. Orthodox medicine has had so much publicity in newspapers and on the radio and television in recent years that all who question its basic assumptions tend to be grouped together as fools or quacks irrespective of the merits or demerits of their arguments.

Finally Homoeopathy has become stifled because of its very urge to become respected by the medical profession. The hierarchy have always insisted that only qualified doctors could become homoeopathic physicians and although the 1950 Act of Parliament gave the Faculty the right to run courses and confer Diplomas it did so only to qualified practitioners. It did not insist that medical schools teach homoeopathy and today not one medical school in Britain offers a course in the subject. It is not surprising that after five or six years of orthodox medicine the Graduate has at best no interest in Homoeopathy and in many cases an instinctive distaste for something that did not appear in his curriculum or was even denigrated by his teachers. In addition the prospect of extra unremunerative post graduate work with no guaranteed income at the end of it all is hardly enticing. Many people consider that this search for respectability is doing them far more harm than good⁽³⁾ and that the Profession would be better served by loosening its links with conventional medicine and offering courses and Diplomas to all who wish to avail themselves of the opportunity.

HOMOEOPATHIC CONTRIBUTIONS TO MEDICINE

Homoeopathic physicians have made valuable contributions to the Art and Practice of Medicine. Almost alone amongst physicians can they claim to have followed the exhortation of Hippocrates: "First, do no harm," and anyone who has seen the results of say thalidomide or chloramphenicol in some patients can hardly be proud of conventional medicine on this score. We owe much to homoeopathic physicians for our concepts of the importance of the individual, the psychogenic nature of disease and the importance of avoiding unnecessary

polypharmacy. The chief obstacle to the acceptance of Homocopathy as a legitimate form of medicine by the Profession is the extremist viewpoint held by some of its practitioners. Others are more flexible in their outlook. One contributor to the British Homocopathic Journal⁽⁴⁾ in 1958 described the adherence to the single infinitesimal dose as "a piece of bravura displayed by the ultra-Hahnemannians" and earlier a noted homocopathic practitioner, C. E. Wheeler, stated that the central Law of Homocopathy was that governing the choice of remedy and that it could be practised without the use of minute doses. In the Glasgow Homocopathic Hospital the outlook is even more moderate⁽⁵⁾, Physicians do not hesitate to use antibiotics, digitalis or diuretics at the climax of an illness or if homoeopathic remedies are unsuccessful. They make full use of surgical, biochemical and radiographical facilities in coming to a diagnosis but in the main treat patients with homocopathic remedies and claim considerable success. These people strike a fair balance between conventional medicine and the outrageous extremism of some of their colleagues. They respect but are not slaves of

therapeutic orthodox. Being flexible in their outlook they appreciate the benefits of penicillin whilst suspecting the virtues of aspirin or anticoagulants. It is for us to be flexible too and to consider their case on its merits without prejudice and without mistrust.

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