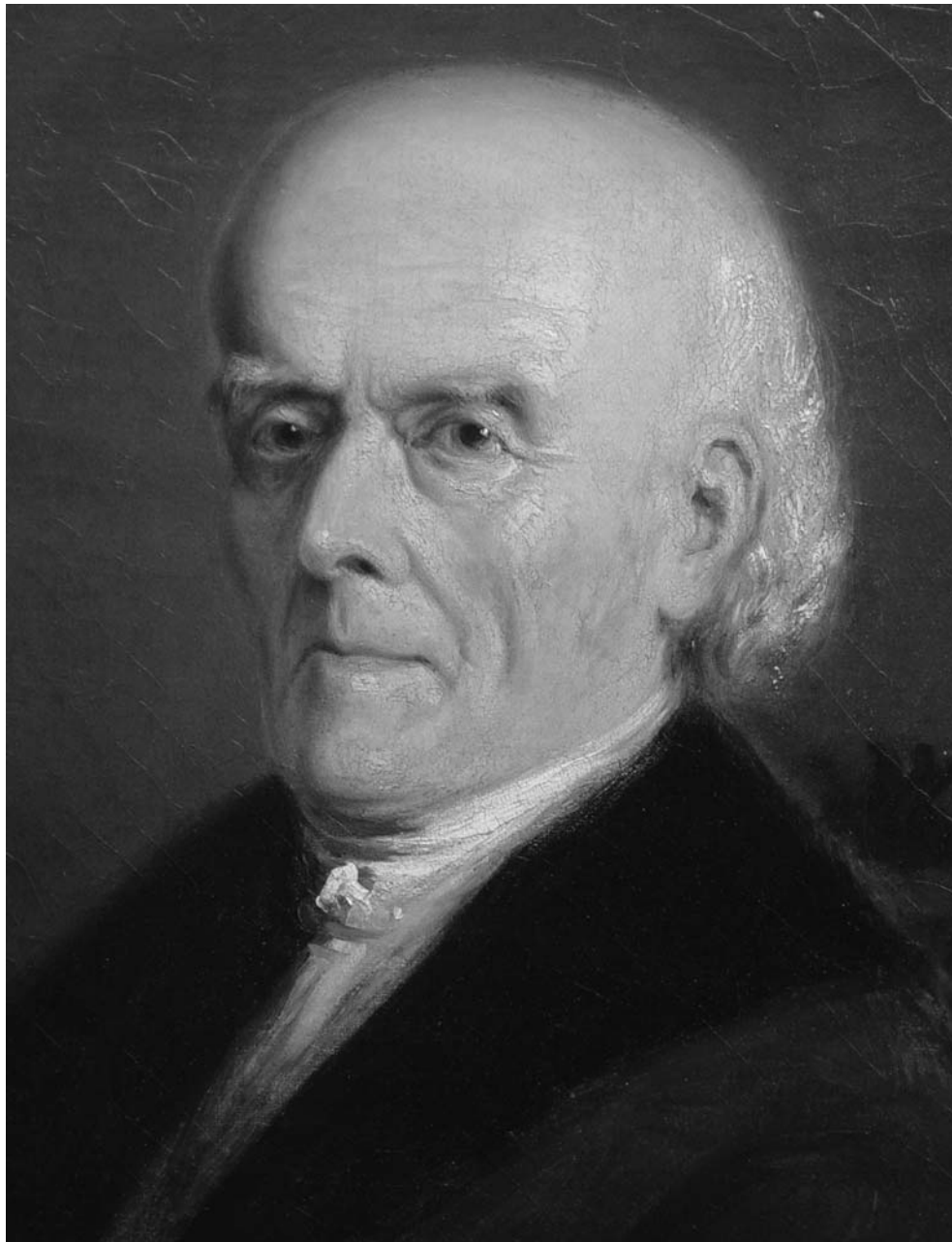


EDITORIAL PHOTOESSAY

Homeopathy, Hahnemann, and *The Lancet* 250 Years On:
A Case of the Emperor's New Clothes?



Painting of Samuel Hahnemann, M.D., (1755-1843)
Courtesy of the British Homeopathic Association, West Luton, LU1 3BE UK
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When orthodox scientists, statisticians, molecular chemists, clinicians, and mathematicians, and rigorous, scientifically trained, academic clinical homeopaths begin corresponding in response to the publication of a paper in a learned journal, to draw attention to a serious scientific error, quite apart from its associated moral and ethical implications, and when letter after letter, quietly reasoned, and objectively critical of the original publication, is rejected by the initiating journal, it is surely time to reflect very deeply on what might be taking place and to ask “why?”

One cannot but wonder and inquire, in all seriousness, what drove the editors of one of the most highly respected and influential journals of our time to allow through peer-review and thence to publication, a manuscript that fails totally to provide the information necessary for full independent replication or analysis,¹ and then see fit to interpret that data and herald its damning judgment of homeopathic medicine with extensive international press fanfare and the full seal of approval that is implicit in the journal’s editorial opinion. Moreover, that statement acknowledges no room for error on the part of the authors of the original manuscript nor any possible alternative interpretation, and proudly sums up its conclusions in its title “The End of Homeopathy,”² on the basis of this one incompletely reported and data-poor study. It is significant that the authors of the aforementioned paper¹ have, despite repeated requests to date, resolutely refused to make public the studies they selected and analyzed to yield the results they have so interpreted. Why?

The story does not end there, for, in that same issue of *The Lancet*, are published commentaries that make pronouncements on the basis of the respective authors’ admitted incomplete understanding of the subject matter.^{3,4} Reading and rereading the material with a keen eye and suspended judgment leads ultimately to disbelief. What is it that is being witnessed in this phenomenon? Why, as Aickin eloquently asks (pp. 755–757), so blatantly, bring such profound discredit to the vehicles of scientific reporting?

The inescapable conclusion, it seems, is that what is written in these papers in the face of such an extraordinary unknown as is homeopathy, is not the voice of scientific reason, of deep, dedicated, and meticulous analytical endeavor. We must ask as that proverbially innocent student brilliantly invoked by Reilly (p. 785): Where is that voice of reason? What happened to it? One cannot underestimate the global significance of this entire phenomenon. What has transpired is more akin to religious fervor and to secular or internecine antagonism, for it is evident that objective reason has been suspended in favor of an overtly and emotionally stated bias against any conclusion that could argue in favor of a discrete effect being the result of any homeopathic remedy, other than through what is referred to as the placebo response. Religious conviction, faith, and party politics engender such behaviors and reactions, not the voice of intellectual clarity and reason. These are the reactions at the root of all tribalism and interracial strife.

In the light of such responses, one wonders about the zeal with which these scientists adhere to their beliefs—beliefs so strongly held as not even to admit to the potential of a more complex materiality of phenomena than what can currently be seen. Was this not the case when Lister suggested that contagious elements might be responsible for the spread of infection? The question surely arises: What is there to lose? Why should a scientist who goes out on the proverbial limb be castigated and shunned by other scientists? The answer of course lies in the tribal nature of humanity. One hopes that their material survival—or gain—does not come into the picture as Peters suggests (pp. 779–780), for, clearly, if homeopathy were to become an established practice, what then would become of pharmaceuticals? What would be the physicians’ response if so many patients experienced significant improvement or even cure without the need for allopathic pharmaceutical intervention? While the subject of gains may be crass, the question of survival is not: These are profound existential concerns.

In the light of these concerns, it seems that in that particular issue of *The Lancet*, that paragon of scientific credibility, objectivity appears to have been forsaken; and the Emperor indeed appears to be wearing new clothes, standing naked in the spotlight of reason for all to see. The shock for all concerned and looking on is great. When will the Emperor realize? Why is this so very difficult? The reasons, we suggest are complex and profound and go to the heart of human psychology and understanding, of intellectual and spiritual growth and comfort. Homeopathy, perhaps more than any other discipline evokes such intense reactions in antagonists and protagonists alike. Simply put, the reason is that the homeopathic principle so fundamentally challenges the majority-held prevailing view of nature and of the biomolecular paradigm.

This issue of *The Journal of Alternative and Complementary Medicine* devotes a significant part of its content to homeopathy to pay tribute to Dr. Samuel Hahnemann, the man credited with the founding of homeopathy, born 250 years ago this year. It is in celebration of the profound clinical impact of his work worldwide. He was a remarkable doctor and his legacy is extraordinary. It is worth remembering, however, that the homeopathic principle, however, was operative in Ayurveda long before Hahnemann was even conceived.

Hahnemann was a man of passion, a scientist of meticulous diligence, and a healer with immense compassion. He was prolific in his work and rigorous in all his endeavors and experiments. His empirical research led him to develop the science of homeopathy and to articulate in writing his findings that the more a solution is serially diluted and potentized through succussion (the process of vigorous shaking), the greater is its effectiveness. What is most challenging is that, according to current physicochemical theory, even at moderate potencies, such as 30C, let alone the highest (10M and beyond), there should be no single molecule or molecular remnant of the original substance present. That is according to theory. However, some scientists are beginning to suggest that, at infinitesimal dilutions, molecules be-

have differently and tend to stay together. Thus the uniform dispersal of any substance in solution may not apply, as is ordinarily thought, beyond a certain dilution.⁵

The suggestion by some scientists, however, is that, in the process of succussion, there is an energetic “imprinting” of the crystalline lattice of the water and that this is progressively enhanced with each successive succussed dilution. In this regard, it is interesting to reflect on the impact of a few photons of light on a sensitive photographic plate, exposed for a miniscule amount of time. Or to reflect on the “potency” of single molecules of pheromones detected over vast distances by organisms the sensitivity of which defy ordinary measurement and even explanation. Or even the resolution of the eye of an eagle at vast heights. Yet, it is perfectly reasonable to accept that a frequency can be transmitted miles into the atmosphere, be detected by a satellite, and be transmitted back, halfway around the world from the originator, to a tiny cellular phone that transmits a clear, meaningful frequency to a specific recipient, a frequency that is then translated into an impulse to be interpreted by the brain, the consequence of which might be to put into motion any number of actions depending on its *meaning* to the recipient. Such is the manner in which the everyday use of mobile telephone technology occurs and, yet, for some reason, this extraordinary phenomenon engenders no reaction by comparison with the energetic frequency signaling phenomenon being played out in thousands if not millions of homeopathic prescriptions around the world daily. The mobile phone signal can no more be seen or touched than can the energetic electromagnetic and non-Herzian vibrational marker of any substance in ultra-high dilution.

That every molecule has its own energetic signature is beyond doubt. Indeed it is the unique electromagnetic and more subtle energy signature, or biofield, that is increasingly believed to be responsible for various intra- and intercellular signaling, sometimes over very great distances.⁶ For example, these are the ideas currently being explored to account for the mechanism of smell. The lock-and-key hypothesis is not the only theory with credibility in town! In cell signaling there is emerging a similar evolution to that which went beyond Newtonian physics and took us in to the quantum world. Sukul et al. (pp. 807–812) demonstrate that, using Fourier transform infrared spectroscopy, there are indeed distinguishing vibrational signatures and signals repeatedly and reliably detectable for different substances *and potencies* in infinitesimal (homeopathic) dilutions. It may well be that as long as attention is directed to an explanatory model focused on erstwhile molecular chemical models of interaction, there will continue to be incredulity and irrational reactions to the effects of ultra-high dilution (i.e., homeopathic therapy and science).

While there is emerging science involving *in vivo* animal and human work, as well as *in vitro* cellular and molecular laboratory work, it is very often direct personal experience of homeopathy in clinical practice that has the most profound impact on even the greatest skeptic. In this regard, the paper by Spence et al. (pp. 793–798) is of inestimable import and

value. In this seminal paper, are presented the results of 6 years of follow-up on more than 6500 patients seen consecutively in a busy U.K. National Health Service hospital outpatient clinic. This is, as far as we are aware, the largest consecutive homeopathically treated clinical series ever reported. This is a very different population to that seen in private clinical practice, but this notwithstanding, the team reports that more than 70% of patients reported positive health changes, with just over 50% recording their improvement to be better or much better than at the beginning of treatment. Thus Spence et al. can conclude that “homeopathic intervention offered positive health changes to a substantial proportion of a large cohort of patients with a wide range of chronic diseases.” These are response rates with which any allopathic health provider or pharmaceutical company would be justly pleased.

With such results, whether or not they are the result of infinitesimal (homeopathic) doses, is certainty about mechanism of overriding importance? Surely not. And, in all truth, can one say that mechanism is really known or understood for the effects of many pharmaceuticals? Does not the mechanism of action of anesthetics continue to be controversial? How much is really known about what exactly happens at cellular and atomic levels? As one looks at the impact of this form of medicine, applied using routine homeopathic prescribing principles, it is evident that it is, at the very least, less dangerous than allopathic prescribing⁷ and potentially more cost effective, an assertion that remains to be definitively established. However, for the most part, it matters not to the patient how the healing happened. What matters is *that* it happened at all.

The correspondence that has followed the *Lancet* paper¹ has been salutary and we publish here some of the letters and submissions so as to make available the full depth and breadth of the debate, and the very real issues that we as a clinical scientific community must and will address. Hankey (pp. 759–761), Aiken (pp. 755–757), Peters (pp. 779–780), Reilly (p. 785), and Lewith et al. (p. 779) have eloquently drawn a line in the sand, articulating the scientific dereliction of duty that has to be dealt with. Bell (pp. 763–769), Kiene et al. (p. 783), and Frass et al. (pp. 780–782) detail some other fundamental flaws in the design and execution of the original *Lancet* paper.¹ Thompson and Weiss (p. 784) share early findings from their own work that quite clearly point to the complex nature of the homeopathic consultation, and the relevance of this to experimental design and interpretation of outcome. Biswas et al. (pp. 839–854), Baars et al. (pp. 863–869), and Oberbaum et al. (pp. 855–862) show specific cellular effects, with Biswas et al.’s work demonstrating objective changes in mouse hepatocarcinoma cells, and Baars et al., demonstrating that injected homeopathic preparations can make a considerable impact on the symptoms of hayfever. Jacobs et al.’s paper (pp. 799–806) picks up on this theme nicely, demonstrating, in a group with attention-deficit/hyperactivity disorder, that there was no real difference in primary outcome measures between the remedy group and the placebo group, but that there were significant differences in other parameters,

suggesting that there is something particularly important in the therapeutic encounter and the way it is conducted, something which is particularly relevant to the homeopathic consultation.

All this constellates meaning, uniquely and individually. Meaning affects quite literally everything.⁸ It is meaning that lies at the heart of the *Lancet* response, for it is the fact that this form of medicine, this form of pharmacology and therapeutics so profoundly challenges our worldview that explains why some of the responses are demonstrated to be irrational in nature. The responses go beyond the rational and challenge each and every one involved at a fundamental level. No one thing is more important than another. All must be taken and looked at together. There is unquestionably something for us to learn from the entire situation!

Paradoxically, in this era of ever increasing technological and biomolecular sophistication and complexity, especially in medicine, there are more people than ever before suffering with and from chronic diseases, for which allopathic medicine has demonstrated limited effectiveness, and for which psychological and psychiatric interventions are rarely curative. In this arena, homeopathic medicine and the homeopathic method, as Spence et al. have shown (pp. 793–798), not only offer a safe way forward but one that appears to be remarkably effective in routine practice, especially for such chronic conditions and, arguably, more importantly, it offers and provides a profound reawakening of the importance of rapport in and to the taking of the clinical history in the homeopathic consultation.

If an infinitesimal dose of a substance that would otherwise be toxic in allopathic potency, can effect a cure (similarly to the vaccination principle), and if the reaction of the “establishment” is to say that this can be the result of nothing more than placebo, simply because there is no currently acceptable explanatory model in generalized currency, precisely as has been articulated in the pages of *The Lancet*, then it is placebo that we should be studying, it is placebo we should be devoting massive sums of money to researching and it is placebo that should be forming the foundation and bedrock of all medicine and therapeutic training. Walach et al. (pp. 813–829), Milgrom et al. (pp. 831–838), Bell (pp. 763–769), and Leder (pp. 831–838) have diligently explored other dimensions and explanatory models, extending the whole concept of placebo way beyond the simplistic and rather derisory way in which it is conventionally referred to, and all have written up their theses in the pages of the journal, inviting dialogue and debate.

It is remarkable that one man could make such a profound impact on medical science and its healing practices. Both scientists and clinicians alike, some of considerable repute, practice and explore homeopathy as a discipline; many doing so despite the lack of any ordinarily credible explanatory model. Hahnemann deserves our gratitude for the challenges and concepts that he had the courage to document and bring to the attention of the medical and scientific communities⁹

(see Lunstroth’s review of Dean’s work on Hahnemann, pp. 871–874). There are many people who, on a daily basis, continue to be inspired by his work and many who have moved on from it to explore ever more subtle forms of healing. Daily in the very, very busy and overcrowded clinics of India, in the consulting rooms of the developing and developed worlds, homeopathically induced or transmitted healings, in the widest possible range of organic pathological states, are taking place as part of the normal round of daily activities. Long may that continue and long may that work bring us ever closer to deeper and more effective healing.

There can be little doubt that the next 250 years will not only evidence explanatory mechanisms for homeopathy as we know it now, but in addition to dispensing with some aspects of theory or practice that will be found genuinely to be spurious or wanting, there will nevertheless be brought to the fore other mechanisms and modalities that we will be able to use sustainably and responsibly in the future. Physics is already on the verge of rocking the boat of our understanding. It remains to be seen, but in the process, Hahnemann may well be vindicated. In the meantime, if patients are recovering through the use of nontoxic homeopathic medicines and using the homeopathic method, let us, as physicians, get on and heal in the truest sense of that word, while as scientists we search to understand the mechanisms by which our activities might be working, and let us strive to always remain open.

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