

EDITORIAL

How does homeopathy work: *are we looking in the right place?*

Introduction

This, and other recent numbers of Homeopathy/British Homeopathic Journal, have featured a heady brew of proposed explanations of the mechanism by which homeopathy acts. These include theories based on complex behaviour of dynamic systems,¹ quantum mechanics,² information theory³ and even parapsychology and magic.⁴ A recent review of basic research methods used to investigate homeopathy lists over 50 publications since 1923, in six main areas (electrical properties, optical properties, nuclear magnetic resonance, thermodynamics, surface tension and 'other'), most of these areas include several different methods.⁵ There have been notorious cases of irreproducible results with basic and *in vitro* research in homeopathy.

The situation with homeopathic pathogenetic trials (HPTs, provings) is equally confusing. These are said to be the basis of our knowledge of homeopathic medicines, but closer examination reveals an array of contradictory findings and opinions. Some HPTs yield large numbers of symptoms,⁶ but a systematic review which analysed the quality of HPTs against the number of symptoms reported concluded that there is a strong negative correlation between quality and number of reported symptoms (ie the best HPTs gave the fewest symptoms).⁷ Still others claim that HPTs do indeed yield symptoms related to the medicine being tested, but that the effect is 'non-local', so that volunteers in the placebo as well as the verum group develop symptoms characteristic of the medicine.⁸

Meanwhile, as illustrated by another paper in this issue,⁹ and other research homeopathy is popular,¹⁰ and becoming more so. Similar trends are seen in many industrialised countries, for instance the use of homeopathy in the USA increased by around 500% over 7 years in the 1990s, mostly due to over-the-counter purchases for self-treatment.¹¹ Furthermore, recent outcome and observational studies of homeopathy have given consistently encouraging results (see for instance references 12, 13).

This is perplexing; what are we to make of it? Certainly, homeopathy is experiencing a period of rapid growth and burgeoning scientific interest, perhaps this confusing picture is simply what Mao Zedong

called 'a hundred flowers blooming and a thousand schools of thought contending'. Such an interpretation would predict that as the debate unfolds and data accumulate the picture will gradually clarify, and some schools of thought will be vindicated while other blooms fade.

Do we need quantum theory?

Or do we need to radically rethink our whole approach? Perhaps our thinking on the way that homeopathy exerts its effects has become dominated by linear, mechanistic models derived from conventional pharmacology, so that we are searching for, and can only be satisfied by 'drug-like' effects of homeopathic medicines. Several recent hypotheses concerning the action of homeopathy refer to quantum mechanics, in particular non-locality, famously characterised by Einstein as 'spooky action at a distance', and now accepted as reality by physicists. We are accustomed to thinking that quantum mechanics only applies at the atomic and subatomic levels and that linear, Newtonian mechanics gives results quite accurate enough for most everyday purposes. It is not immediately clear how homeopathic treatment or medicines could evoke quantum non-locality. Such explanations have been invoked to explain distant healing and parapsychological effects, but many in the homeopathic community would be uneasy about it being classified alongside these phenomena. It is worth noting that the article in this issue which focuses on quantum theory explicitly states that it is being used as a metaphor.²

One thing is certain, and that is that we need to cultivate our own garden: we need to improve, develop and transmit effective clinical homeopathy. Gardening involves a lot of weeding! The proliferation of competing hypotheses has contributed to an 'if you believe that you will believe anything' mentality. So that ideas which have not been tested or at least withstood the test of time are uncritically accepted as if they were established fact. These ideas include some elaborate intellectual constructs, which are at best only hypotheses and at worst mere speculation. They are frequently based on metaphorical thinking which is unacknowledged, or confounded with similarity. Unless we maintain a critical stance we risk finding ourselves

awash with competing and incompatible hypotheses, with no clear guide as to how we can best help our patients.

References

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