

IS IT POSSIBLE TO MOVE TOWARDS A CONSENSUS ON HOMOEOPATHY?

Pharmacists, as letters to The Journal testify, can no more agree on the validity of homoeopathy than can doctors or, for that matter, estate agents. The believers are as immutably entrenched in their convictions as their opponents are in their disbelief.

Ray Sturgess attempts to bridge the divide

Homoeopaths believe in the doctrine first propounded by Samuel Hahnemann (1755–1843) — although it had been anticipated in a general way by Paracelsus in the 16th century — that some substances when ingested produce in the body symptoms similar to those of certain diseases. Hahnemann dosed himself with cinchona and noted that it brought on “all the symptoms of intermittent fever”. He concluded that cinchona worked against malaria because it created an artificial illness in the body similar to malaria that stimulated the body’s defence mechanism against the disease.

From this experience Hahnemann went on to develop his laws of “similars” stating that illness could be cured by the administration of small doses of substances that in larger amounts produce the symptoms of the disease being treated. Hahnemann first of all claimed to show that when highly diluted, plant medicines lost the healing properties traditionally ascribed to them. This is a rational conclusion and hardly disputable, even to conventional physicians, many of whom doubt anyway whether plants possess the curative properties claimed for them.

CONTROVERSIAL

Hugely controversial, however, was Hahnemann’s next assertion, that highly diluted forms of medicinal plants, animal products and minerals have quite different curative actions from the parent substances. On the Hahnemann principle that like is cured by like, opium, for example, in minute amounts could be expected to revive comatose patients. Naturally, such views were and are regarded as wildly heretical by the medical establishment, although doctors seemed unaware that the rapid popularity of the new therapy was, at least in part, because homoeopathy struck the public as being less barbarous than the bleeding and purging that was the mainstay of conventional medicine at the time.

Opposition to homoeopathy was and is founded on the lack of any scientific evidence that highly diluted substances produce the effects claimed. In conventional double blind trials, homoeopathic preparations have been shown to produce improvements in some conditions, but generally no greater than that produced by placebos. These findings have in no way shaken the confidence of homoeopaths in the therapy, since one of its fundamental principles is

that each patient is required to be treated as an individual, much importance being attached to the taking of a detailed life history. (This makes one wonder why homoeopaths agree to participate in clinical trials where the medication and dosages are so rigidly uniform.) The homoeopathic practitioner considers all the factors, including the condition requiring treatment, and then intuitively what he or she considers is an appropriate medication. It sounds eminently reasonable that different individuals might require different treatments — especially with the current belief in the holistic approach to healing.

But homoeopaths have difficulty in explaining how, if the same patient were seen by two different practitioners (I know of instances where this has happened), they would almost inevitably prescribe different treatments. At the core of the homoeopathic dilemma is the difficulty of applying Hahnemann’s like-for-like principle to the vast range of medical conditions. Even homoeopaths must admit that it would be difficult to find natural products that can produce the symptoms of haemorrhoids or, for that matter, dandruff.

To discount the efficacy of homoeopathy on scientific grounds is, however, to throw out the baby with the bathwater, since it overlooks the large number of people who have tried homoeopathic treatments and found them effective. The science-trained sceptic may well say that these results are of course simply a manifestation of the placebo effect, but this does not nullify the positive outcomes. Belief is a fundamental factor in all healing and any therapy that provides relief from suffering has at least to be tolerated, even if the practitioners in some instances are dubious.

TOLERANCE

The position of the pharmacist in relation to homoeopathy and other forms of alternative therapy, including reflexology, Reiki, acupuncture and the rest, has therefore been one of tolerance. If a customer reports a benefit from a homoeopathic treatment, it is clearly not the pharmacist’s place to respond with a scientific demolition of homoeopathy. For one thing, the benef-

iciary will not believe the pharmacist and, for another, the pharmacist will probably lose the customer.

Extending this argument, a pharmacist would be ethically sound in ordering a homoeopathic preparation for a customer. Going a stage further and stocking a range of homoeopathic preparations on the basis that these are regularly asked for is another matter, since stocking items could be seen as promoting them.

PLACEBO?

There is a further complication since, as we know from correspondence in *The Journal*, some pharmacists are believers in homoeopathy and a few are homoeopathic practitioners. It is one thing committing oneself to a belief in homoeopathy out of ignorance but quite another for a person with scientific training to relinquish rational principles and promote a placebo-based therapy (often at inflated prices). Those pharmacists who believe in homoeopathy would be advised to consider the lack of scientific evidence and at least consider the possibility that homoeopathic treatments work, when they do so, due to a placebo effect.

The need to believe is a strong component of the personality of many individuals and it is this trait that has led to the spread and establishment of the great religions. But we need to bear in mind the irrational potential of this human characteristic; we should be aware of the possibility of fanaticism when it comes to beliefs that are not scientifically demonstrable. This is not to say that there is no room for transcendental beliefs. But a belief in the afterlife, for example, puts no onus on others to hold the same view, whereas homoeopaths and reflexologists *et al* require their clients at least to share their convictions.

While conventional medicine is still at the blunderbuss stage, blasting away at the affected body parts and causing swathes of side effects, it is understandable that alternative therapies are becoming increasingly popular. One obvious advantage of belief therapies over conventionally prescribed medicines is that they are safe and have no side effects. However, recognition of the drawbacks of current western medicines should not cause the scientifically trained, particularly doctors, nurses and pharmacists, to switch their allegiance to non-scientific therapies. At the same time we should appreciate the value of alternative therapies in the general scheme of things.

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