

SOCIAL AND HISTORICAL

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ST Land*

8 High Bungay Road, Loddon, Norwich, NR14 6JT, UK

Potent placebo or potency?¹

This 'Proposed study model with initial findings using homeopathically prepared pollens in hayfever' was carried out by David T Reilly and Morag A Taylor at the Glasgow Homeopathic Hospital. As the name suggests, their two-fold aim was to assess the claim that the homeopathic response was a placebo one 'A suggestion not to be dismissed lightly'; and that no activity was possible above Avogadro's number, so a 30c potency was used. Dr Blackie had advised the use of 'mixed grass pollens 30c, one twice per day for 2-3 weeks'.

The double-blind, placebo-controlled design was chosen with advice from the Glasgow University Department of General Practice and Statistics. A 2-week treatment period was followed by a further 2-week observation period, to allow for the claimed carry-over desensitization effect. Admission criteria included nine items. As well as the tablet night and morning, patients were given 'escape' antihistamines, and the latter were continued where required during the second 2 weeks. Progress was monitored daily by patients (digital score of 0-3 for each of six symptoms, and visual analogue score of fine to terrible); and at intervals by their GPs (digital only).

Because of a design deficiency, it was found that 25 patients were in the placebo group, and only 11 in the active. However, in spite of this discrepancy, a statistically significant result was obtained. A daily analysis was made, comparing the median values of each group's scores, for both digital and visual analogue scales. A progressive decline occurred in the symptom scores in the active group, reaching a maximal decrease in the second half of the trial (maximum statistical significance in week three - $P = 0.002$). There was comparatively little change in the placebo scores. There were two factors which made

the results even more remarkable; the withdrawals, and the use of antihistamines. In the placebo group, seven had to withdraw due to severity of symptoms, whilst in the active group only one withdrew after an asthmatic attack. The average use of antihistamines in the placebo group was more than double that of the active one in the second half of the trial, confirming that the improvement in the active group was not due to the use of antihistamines.

The authors considered that the basic study design of this pilot study was satisfactory and could form the basis of more definitive work. A repeat study began in 1984, with some improvements, and in 1986, the striking results of this second study were published in the *Lancet* (*Lancet* 1986 2 (8512):881-886).

Comment on Steffen's critical assessment²

This comment by R D Baker and C W Smith, University of Salford, was in response to a paper by Steffen (*Br Hom J* 1984;73:198-210) in which he failed to reproduce the effects of potentised *Pulsatilla* on growth rates of yeast by Jones et al (*Br Hom J* 1983;72:143-147). It reanalyses Steffen's data, after logarithmic transformation, by Analysis of Variance, and demonstrated a small but highly significant periodicity of response around 3.35c; similar to the approximately 4c claimed by Jones et al, although of smaller magnitude. Some experimental factors were discussed as previously uncontrolled but possible reasons for the difference found in the two studies. The authors concluded that attention should be paid to detailed factors in the respective techniques.

Hahnemann and tumour development and therapy³

In this third paper of a trilogy relating to Hahnemann's theories of tumour development and therapy,

*Correspondence: Sylvia Land, 8 High Bungay Road, Loddon, Norwich NR14 6JT, UK
E-mail: dglan@talk21.com

Dr A Clover outlined three striking illustrative case histories and discussed them.

Mrs A (73) had an anaplastic carcinoma of the oesophagus, treated by radiotherapy, Iscador and homeopathy. Months later, lung metastases and pericardial effusion were confirmed radiologically. Mrs A insisted that homeopathy and acupuncture were all that she needed for this. When seen in a cardiology unit days later, no significant pericardial effusion was found. For 6 months, she remained well; could eat anything she wanted, and could do a 2-mile walk. Then, in the last 5 months before her death, she had recurrent diaphragmatic spasms with severe hic-cough and retching. She frequently and firmly stated her wish to have as few analgesics as possible, as she wished to be alert and closely observe her own death process. In the minutes before her death, she was calm and peaceful although experiencing another spasm. She recurrently said to the doctors with her 'If only I could communicate to you the beauty of this experience'.

Miss B (30), a North African, had extensive Hodgkins Disease, including a three-inch fungating tumour, extending from her supraclavicular region onto her anterior chest wall. The first signs had developed at age 13, 3 years after a major disruption by sudden and continuing major parental strife. She was a committed member of an Eastern religious movement, and frequently and firmly, but not aggressively, stated that her disease was part of her Karma, that it was a way for her to resolve personally accumulated problems. She insisted on the need for close observation of its effects and maintenance of personal control. She refused further conventional treatment and also Iscador, but welcomed homeopathy. Throughout her last 7 months at the Royal London Homeopathic Hospital (RLHH), she consistently held to her stated ideals and died peacefully aged 31.

Mr C (33) had bladder, mesenteric and hepatic metastases after a resection of a colorectal carcinoma the previous year. He and his wife refused to accept the gloomy prognosis, requesting homeopathy and Iscador to add to chemotherapy. Nine months later, ultrasound showed disappearance of hepatic metastases, a fall in Carcinoma Embryonic Antigen to normal levels, and the pelvic mass stationary. He remained generally well and in full-time work for the next 18 months, until his brother was killed in a road accident. After this, Mr C steadily deteriorated and died peacefully 5 months later.

Hahnemann's insistence on the fundamental role of volition and ideology in the development of tumours is perhaps controversial. The author does not elaborate on this, but Mrs A's case hints at it, and Miss B is more explicit. Dr Clover stressed that all three consistently showed their intent to progress through the disease towards more Self understanding. Hahnemann's emphasis on the part played by emotional trauma is

generally far more acceptable, and has since been recognised by many writers. It is evident in all these cases (Mrs A had also a long history of family problems, escalating in later years; and her sister died of breast cancer 4 years before). All three patients readily associated their emotional traumas with the disease development.

Hahnemann refers to such basics as diet, drainage and general care in therapy. All three patients chose predominantly simple wholefood diets, and Miss B was vegetarian. It was frequently observed by the nursing staff that they were all remarkably positive and calm despite gross disease. It was seen as important to attempt to listen and help clarify their ideas concerning their experiences. The homeopathic remedies came from groups regularly used at the RLHH and Tunbridge Wells Homeopathic Hospital for cancer therapy; nosodes, constitutional and pathological. The author concludes 'One of the few facts that is clear about cancer development is that it is far from understood. Arguably Hahnemann's theories on chronic disease give many useful leads on how to pursue an insight into this condition and then evolve, together with the patients experiencing it, a rational therapy appropriate to its many facets'.

Aristolochia—a dangerous medicine?⁴

In this article, Geoffrey Douch sounds a warning note for the future of homeopathic medicines. In 1982, *Aristolochia* achieved a unique distinction. It became the first homeopathic medicine to have its product licence brought forward for early review by the Medicines Division of the Department of Health and Social Security. This was the result of experiments on rats carried out by Madaus, a German pharmaceutical firm in which aristolochic acid produced multiple tumours. The World Health Organization was involved and the German Federal Health Authorities promptly banned it (there is a separate expert committee for homeopathic products in Germany).

Weleda and its medical advisers saw this ban as setting a dangerous precedent, and applied for a Hearing before the Committee on the Review of Medicines. Three consultants from Germany were brought over for this, as experience there is much greater in its use, especially in hormonal disorders of women. They produced extensive clinical evidence as to its safety. However, the Committee rejected all this evidence, and could not accept that the action of the whole *Aristolochia* plant was not the same as pure aristolochic acid; averring that if it were therapeutically effective it could not be toxicologically inert, and if it were nontoxic it could not be effective! The Committee would advise the Minister that the licence should be revoked—even for potencies over 30x.

After much discussion, Weleda's medical advisers and the Medicines Sub-Committee of the Faculty

Council applied for a hearing before the Medicines Commission. Weleda engaged a barrister, and the Anthroposophical Medical Association commissioned a report on the question of toxicity from Dr A E M McLean, Professor of Toxicology at University College Hospital, London. The other evidence given in the earlier hearing was reviewed and clarified. The Ames test for carcinogenicity, which had been found positive with aristolochic acid had been negative when repeated with a preparation containing *Aristolochia* 3x.

The result of the appeal was that the Commission decided to advise the Minister to permit licences for 11x and above (with provisos about standardization). The author pointed out that, on the face of it, this seemed a reasonable result, but it did not settle the matter finally, as in time the licence of right would have to be converted to a full product licence and the same problems may well return. The evidence presented a good case for allowing 5x, but this was ignored, while the acceptance of 6x by the Medicines Commission in 1973 was overturned. So, what is established by authorities on one occasion is ignored on another; homeopathy is being regulated by 'expert bodies' not expert in homeopathy; and difficulties might well arise in the future with many medicines, when the cost of appeals would be prohibitive. He considered urgent action to be needed to establish some general principles in this sphere, preferably in formal agreement with the professional bodies. He saw a tendency for doctors to assume that these problems were only the concern of the manufacturers of medicines; which ignores the fact that it is the availability of the medicines which is ultimately at stake.

Homeopathy and traditional Chinese medicine⁵

This is the title of the Richard Hughes Memorial Lecture given by T H Williams, who had spent 3 months studying the subject at the Nanjing College of Traditional Chinese Medicine (TCM). There are 14 pages on the subject, in which the author demonstrates the complexities of this system of medicine. He found it completely different, with its own classifications; but felt that the therapeutic concepts based on philosophy had much in common with homeopathic and anthroposophical thought. He gave several examples of similarities with homeopathy.

The concept of life force or energy called 'Qi' in TCM is the most obvious correspondence with homeopathy. Qi has many sub-categories, one of the most important being 'Antipathogenic Qi', a summation of all defence forces of the body. As in

homeopathy, the symptoms appearing at any moment on the emotional, mental or physical planes constitute the best-possible attempt to maintain homeostasis. The author considered the most noticeable similarity between the disciplines to be in the diagnostic process and that the homeopath could very easily use a history taken by a good TCM doctor and vice versa. Generals, Mentals, Locals, Modalities and Social History all aim to achieve a diagnosis based on constitution. He stated 'It must, however, be said that, just as in homeopathy acute local problems are dealt with on the basis of local symptoms'; but later went on to say 'Our tutors in Nanjing emphasised many times that to prescribe on local symptoms was bad practice. That, in general treatment might just succeed if so based, but the failure or worsening of a patient's condition could be expected if treatment was given without consideration of the correct constitutional history'.

The miasmatic theories of Hahnemann were foreshadowed by the authors of the 'Neijing' (Canon of TCM). 'Yuan Qi' or 'Primary Qi' is inherent and inherited, and poor 'Yang Qi' gives susceptibility to many diseases and disorders. The idea of miasm is beautifully encapsulated in the concept of 'Biao Ben' (branch and root). Where a primary illness has subsided or been suppressed, but recurs in a varied form, then Ben is the primary and Biao is the manifestation. Biao is treated first, then Ben can be attempted when the first has subsided. Finally, the author gave multiple examples of references in Ancient Chinese writings, where the homeopathic principle of similar was evident, and commented 'It would not really be surprising that in such long continuous herba tradition, the homeopathic principle might exist. What is surprising is that greater use is not made of it'.

Hahnemann took a great interest in Chinese philosophy. Did he perhaps develop his concepts as a result of exposure to Chinese thought? The author makes no suggestion of this possibility.

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