Vaccines, Drugs, and Other Causes:
A Homeopath Looks at the Medical System
Part One

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Abstract: Allopathic medicine utilizes a model of causality based on superior physicochemical force, which relies on the effect of external agents, and puts patients at risk by seeking to override their individual predispositions. Thus, adverse effects of vaccines tend to be overlooked, because they entail pre-existing tendencies that are characteristic of the patient, and could conceivably occur even if the vaccine were not given. My cases are exaggerated versions of what is already there, run the whole gamut of pediatric diseases, and can best be understood as non-specific reactions to vaccination *per se*, rather than to any specific vaccine.

The pharmaceutical industry seeks drugs with the power to control single biochemical reactions in almost everyone who takes them, while adverse reactions represent a diverse array of individual "side effects," each far less common and buried in the fine print. But when added up together, the risk of *something* bad is very significant indeed.

Consequently, spontaneous cures requiring no further treatment are dismissed as "placebo," while drugs are deemed effective only if they can overpower the physiology of as many patients for as long a time as possible. A new research model is proposed in which the placebo effect is maximized, nobody is blinded, and the comparative effectiveness of homeopathic and allopathic treatments are measured on the basis of the totality of symptoms and followed over extended periods of time.

Keywords: allopathic vs. homeopathic medicine, their divergent views of disease and healing; vaccine reactions, allopathy's limited recognition of; vaccine reactions, homeopathic treatment of; individual predispositions to disease; conventional medicine as a causation of disease; causes of disease, Bernard's perspective; side effects; placebo effects; spontaneous cures

Today I want to speak about allopathic medicine, the kind we all grew up with and were trained in, a subject that homeopaths tend to find distasteful, having sacrificed more prominent and lucrative careers by rejecting major parts of it. Nevertheless, if only as moth to flame, I am irresistibly drawn to the subject for two main reasons. The first is personal, and has to do with why I became a homeopath in the first place, which was no dramatic cure that I witnessed or benefited from, but simply glaring inconsistencies in my medical training that troubled me on an intuitive level long before I could identify them. Practical dilemmas encountered on the wards of a large city hospital led me to question the values I was being taught, and to study philosophy before going into practice, bad habits that have shaped my career ever since, and deepened my sense of estrangement from the profession I still call my own. Well before I ever saw it work in a patient, I clung to homeopathy as to a life-preserver, because it gave me a method for doing what I was already trying to do, a coherent system of thought that still works and makes sense, and a way to practice medicine that I could at last be proud of.

Thirty-six years of studying and applying it have only further convinced me that the homeopathic point of view and its systematic critique of medicine are even more pertinent today than when Hahnemann thought them through, a durability in pointed contrast to the system that nearly killed it, which gorges itself on a high-powered diet of rapid and constant change. Within a generation after the master's death, the allopathic school had already evolved into something that he would scarcely have recognized, while since World War II it has risen to become the dominant form of medicine and indeed the model of health care throughout the world.

That is why I think we make a huge mistake in attributing our defeat and inferior status to some com-

bination of allopathic persecution, our own internal divisions, and the public's inability to grasp our higher truths, however relevant these factors may have been. The elephant in the room that dwarfs them all is the mighty revolution in human thought that created medical science as we know it today, a transformation so stunning in its impact and so radical in its implications that "conventional medicine," our own tame, sanitized, and condescending term for it, is a mere euphemism for trivializing that achievement, if not the exact opposite of the truth.

This brings me to philosophy, the second reason for my talk, the purpose of which is to help us identify and articulate what we used to know but have somehow forgotten, and what we think we know but have never bothered to question. Here I use the term both in its ordinary meaning, that is, an inquiry into the most fundamental principles of a subject, and also in its narrower, more technical sense, of a methodology for fitting them together into a coherent system of thought, logically derived from a few simple axioms and postulates that cannot be proven or disproven within it, quite in the spirit of Bertrand Russell's whimsical definition:

> ". . . the point of philosophy is to start with something so obvious as not to seem worth stating, and to end with something so paradoxical that no one will believe it."[1]

Classical homeopathy fits this description admirably, since its basic principles are all neatly laid out for us, beginning with the vital force and the totality of symptoms, both of which are essentially *truisms*, and the Law of Similars, which even Hahnemann admits is not wholly amenable to scientific proof,[2] but then giving rise to the single remedy, the minimum dose, the concept of miasm, and the Laws of Cure, all of which seem outlandish and even incredible to most people, yet follow from the first three as irresistibly as night the day.

Allopathic medicine I find compelling for precisely the opposite reason, that it looks like and even purports to be a *non-system*, a bewildering array and profusion of techniques and procedures with an avowedly *anti*-philosophical stance, as if conspiring to keep its basic conceptual scheme hidden from view and resistant to straightforward formulation. My task is thus to convince you of what its own practitioners are apt to deny, that allopathic medicine likewise rests upon an elaborate, pervasive, and well-defined conceptual system, but one so limiting in its methodology that we must look elsewhere for the tools to excavate and reconstruct it. That is why we owe it to *ourselves* as much as our allopathic colleagues to understand what they do and how they think, and to identify the underlying principles and assumptions that they themselves are reluctant to acknowledge.

Since the allopathic system has so far contributed so much of lasting value, and in any case is clearly here to stay, my subject also looks far beyond itself, to a more open and inclusive conceptual scheme that can accommodate both points of view, and maybe even others as yet unknown to us. Helping to envision, identify, and elaborate this new synthesis is therefore our highest mission, which we share with like-minded physicians and healers of all persuasions, and in every part of the world.

1. Is It Really a System?

Attempting to identify and characterize the philosophy of allopathic medicine as a whole begins with the obvious question, whether this vast enterprise, which has no general philosophy of health and disease, and no *desire* for any, can fairly be thought of as a system at all. Among the clearest and most emphatic declarations that it cannot and should not be we owe to Claude Bernard, the great French physiologist of the Nineteenth Century, who clearly envisioned and helped bring about so much of what modern medicine has since become:

> "Neither physiologists nor physicians must imagine it their task to seek the cause of life or the essence of disease. That would be entirely wasting one's time in pursuing a phantom. *The words 'life,' 'death,' 'health,' and 'disease' have no objective reality.* When a physiologist invokes the 'vital force,' he does not see it; he merely pronounces a word. *Only the vital phenomenon exists, with its material conditions: that is the one thing that he can study and know.*" [Italics mine: R.M.][3]

Since medicine has indeed become an empirical science based largely on experiment, it sounds reasonable enough to suppose that it would have no further need of any fixed dogma, ideology, or philosophy to adhere to, and would forfeit nothing of value by their absence. Yet today both homeopaths and allopaths, doctors and patients alike, ordinarily think and speak of medicine as if it *did* constitute a system of some kind, while a broad, informal consensus does appear to exist at all levels of society about what sorts of things belong to it, and what others, including various forms of "alternative medicine," lie beyond the pale, although the boundary between them keeps changing all the time.

A similar demarcation is evident in the existence of the "medical underground," that extensive, thriving counter-culture, with its own industries and even a black market to support it, populated by those suffering from various conditions and the innumerable patient advocacy groups created on their behalf, and extensively promoted over the Internet and elsewhere. All of these evidently spontaneous developments point to a clear or at least commonly accepted distinction between the diagnostic and treatment procedures, drugs,

surgeries, and other technologies that are endorsed by the medical "establishment," and the almost equally populous and elaborate universe of everything else which is *not.*

But the most conclusive bit of evidence is the nature and extent of the medical community itself, those numberless legions of students, physicians-in-training, teachers and mentors, practicing and attending physicians, specialists, physician-assistants, nurses, nurse-practitioners, hospital employees, lab assistants, technicians, and research scientists, backed up by the vast medical-industrial complex of institutions and corporations that serve them by developing new procedures and manufacturing drugs and equipment, all of which occupy such an inordinate share of our economic and cultural life, and continue to grow and multiply without effective regulation or restraint. Like a colossal ant colony, with satellites, branches, and spin-offs on a global scale, this self-replicating nexus of goods and services could not continue to function, let alone propagate itself down through the generations, if its diverse members did not know how to perform their assigned roles, and understand their relationships with superiors, colleagues, and subordinates. The mere existence of a collective enterprise on such a scale clearly presupposes a basic conceptual scheme to hold it all together, to define these roles, create these positions, and train the individuals who will eventually fill them.

If we think of the medical system in this way, as an elaborate and interlocking institutional structure, it is much easier to grasp that the conceptual glue holding it all together has less to do with its particular *content,* which varies considerably from one part of the system to another, than its shared *methodology,* the rules, techniques, and procedures governing the basic sciences of anatomy, physiology, biochemistry, microbiology, pathology, and the like, with their applications to the various clinical specialties. Taken together, these guidelines specify how we can acquire valid and useful scientific knowledge about living beings, and what other kinds of investigation are to be avoided.

Although our modern paradigm did not become dominant until the emergence of microscopic anatomy and analytic chemistry in the latter half of the Nineteenth Century, its essence was already clearly discernible in the work of the Renaissance anatomists, and immortalized in Rembrandt's masterpiece, *Dr. Tulp's Anatomy Lesson,*[4] which celebrates the same genre of causal thinking that modern physicians still use in diagnosis today.

After dissecting and exposing the forearm muscles of the cadaver, the noted Professor places his clamp on the common sheath of the flexor tendons and savors the anticipation on the faces of his students at the moment before he pulls back on the clamp, and the stone-cold fingers obediently rise again in response to it.

The revolutionary concept of mechanical causality exemplified by these discoveries, which inspired great painters like Leonardo and Michelangelo to traffic in stolen bodies in order to explore them firsthand, received perhaps its classic formulation two centuries later, once again in the words of Claude Bernard, who elegantly summarizes the scientific truths that we still live by in medicine today:

"What we call the immediate cause of a phenomenon is nothing but the physical and material condition in which it exists or appears. The object of the experimental method, and the limit of every scientific research, is therefore the same for living as for inanimate bodies: it consists in finding the relations which connect a phenomenon with its immediate cause, or, to put it differently, in defining the conditions necessary to the appearance of the phenomenon. *When the experimenter succeeds in learning the necessary conditions of a phenomenon, he is in some sense its master: he can predict its*

course and appearance; he can promote or prevent it at will. We shall therefore define physiology as the science whose object is to study the phenomena of living beings, and to determine the material conditions in which they appear." [Italics mine: R. M.][5]

No longer content merely to heal the sick, contemporary medicine is driven above all to achieve effective dominion and control over every identifiable aspect of the life process. What Bernard foresaw and his successors still routinely seek to accomplish is to acquire the knowledge and devise the means to regulate biological phenomena artificially and more or less at will, on the assumption that our prior, more subjective goals will eventually follow. Now as then, the experimental method in human biology still consists of the same simple steps:

1) characterizing the phenomenon to be studied;
2) identifying its component parts;
3) isolating its physicochemical "causes;" and
4) devising appropriate technologies for manipulating them,
5) with as little disturbance as possible to the remainder of the organism.

In another brilliant passage, Bernard understood with perfect clarity that the path to scientific knowledge in medicine lies in number, quantification, and measurement, no less than in physics and chemistry:

"Health and disease are not two essentially different modes, as the ancient practitioners believed. These are obsolete medical ideas. *In reality, between these two modes there are differences only of degree: exaggeration, disproportion, and discordance of normal phenomena constitute the diseased state.*" [Italics mine: R. M.][6]

Easily overlooked in these statements is their important subtext that whatever *cannot* be subdivided, objectified, and quantified in such ways need not and should not be studied at all, since it cannot as yet be defined rigorously or thus understood in any useful or meaningful sense. I now realize that I became a homeopath in part to reinstate the subjective aspects of human experience that have been demoted and largely banished from medical practice. Much as I admire and still try to achieve the careful reasoning and yogic discipline that experimental science requires, I cannot accept a philosophy of healing the sick that seeks to override the individuality of the patient and the beauty and richness of human life that emanate from it.

In what follows, I will argue that this sin of omission is also inherently dangerous to the patient, not only because it makes human error more likely and more serious, and is very likely to fail or fall short, but also and especially when its prized objectives are successfully attained. No matter how noble its motives and how favorable its outcome, the ambition to control life processes by force automatically creates insoluble ethical and practical dilemmas that go a long way toward explaining the current crisis in our embattled, dysfunctional, and badly misnamed "health-care" system.

[For the continuation of this article, please refer to the next issue of the 'AJHM' (Spring 2011).]

Notes

1. Russell, Bertrand, "The Philosophy of Logical Atomism," in Logic and Knowledge: Essays, 1901-1950, Allen and Unwin, London 1968, p. 193.
2. Hahnemann, S., Organon of Medicine, 5th Edition, trans. R. E. Dudgeon, ¶28: "As this natural law of cure [i.e. e., the Law of Similars] manifests itself in every pure experiment and every true observation in the world, the fact is consequently established. It matters little what may be the scientific explanation of how it takes place, and I do not attach much importance to the attempts made to explain it . . . [Italics mine: R.M.]
3. Bernard, Claude, An Introduction to the Study of Experimental Medicine, transl. H. C. Greene, Dover, New York, 1957, pp. 63-65, passim.
4. Rembrandt, Dr. Tulp's Anatomy Lesson, Mauritshuis Museum, the Hague, Netherlands.
5. Bernard, op. cit..
6. Bernard, Principes de medicine expérimentale, Paris, 1947, cited in Canguilhem, G., The Normal and the Pathological, transl. C. Fawcett, Zone Books, New York, 1991, p. 71.

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