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DEBATE

Truth, proof and evidence Homeopathy and the medical paradigm

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The study and practice of medicine, in its most personal and intimate functions, its most sophisticated scientific and technological manifestations, and its philosophical and ethical ramifications, are central to our understanding of the human condition. Homeopathic medicine: its insights, the questions that it begs, and the scientific and philosophical challenges it presents, has a significant contribution to make to this process.

To be actively and seriously engaged with homeopathy is an adventurous undertaking. It is to be engaged in exploring both human nature and the nature of the world we inhabit. And in that process we are also engaged in the pursuit of truth and the exploration of reality.

This paper deals first with the layout of the playing field on which homeopathy has to compete to be taken seriously. It then discusses three concepts: reality, truth and knowledge, which are objectives for which we strive and principles that guide us in that striving. In the third part it introduces the concept of 'personal knowledge' as an essential ingredient of scientific discovery and the pursuit of truth. And finally it proposes that the homeopathic community in general, and the Faculty of Homeopathy in particular, must expand its vision with a definition of a new paradigm, the new model of healthcare and medical science to which the vision aspires. *Homeopathy* (2008) **97**, 89–95.

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Introduction

Amongst sceptics attitudes to homeopathy vary from cautious acceptance to outright hostility. At the more open minded end of the spectrum of scepticism many doctors, general practitioners and specialists, are willing to seek, or at least to allow the potential benefits of homeopathy for their patients, especially where conventional treatment is causing problems or failing to achieve the desired result. At the other extreme the claims of homeopathy have been derided as absurd,[1] blasphemous,[2] its exponents as suffering from 'dilutions of grandeur',[1] its practice as witchcraft.[3]

The critics who have expressed these hostile views, and many other sceptics, are people of high intelligence and repute in a variety of professions. For them, the alleged activity of ultra-molecular dilutions is not only unexplained and implausible (true – in the light of present knowledge), but the evidence for their activity is wholly inadequate, and the entire fabric of homeopathic therapeutics unscientific. The homeopathic community also includes men and women of high intelligence and professional repute. For us, experience of the effects of homeopathic treatment, and the insights into disease processes and healing processes on which it is based and that it reveals, are compelling, our conventional training in medical science notwithstanding. For us (as for our patients, of course), the results are not only a source of clinical satisfaction but also of fascination and often astonishment. And the investigation of this phenomenon is a welcome and exciting scientific challenge for precisely those reasons that make homeopathy so puzzling to all of us, and such anathema to its opponents. It is their unwillingness, even refusal to acknowledge its potential clinical significance and value to healthcare, and its immense scientific interest, that is, we would argue, unscientific.

Part of the excitement and enthusiasm with which those of us whose minds are open to the implications of

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homeopathic therapeutics approach the subject, especially those who use homeopathy in clinical practice, lies, I believe, in a realisation that we are involved in a pioneering scientific enterprise. Most practitioners probably think of themselves primarily as clinicians, rather than scientists. But of course our training and our work are scientific in the both the narrower, more technological sense, and the broader and more philosophical sense. I mean to suggest that what we do is motivated by what Michael Polyani has called a 'scientific passion', and informed by what he calls 'personal knowledge'.[4] And in so doing to reinforce that passion, and strengthen the confidence with which we pursue, test and present that knowledge.

If, for example, it is our experience that the self-regulatory and self-healing processes of organisms can be stimulated to function in ways that greatly exceed the expectations of conventional medicine, and of what has been called 'normal' science, ways that our patients sometimes describe as 'miraculous', are we not bound to explore that phenomenon, and to seek to communicate what we discover?

To be *actively* and *seriously* engaged with homeopathy, whether as proponent or sceptic, as practitioner, researcher, student or critic, is an adventurous undertaking. It is to be engaged in exploring both human nature and the nature of the world we inhabit. And in that process we are also engaged in the pursuit of truth. We are engaged in exploring reality. That may seem an extravagant claim, but I believe it to be valid. In this paper I will explain what I mean by it, why I believe it to be true, and what I see to be our particular responsibility to contribute to this continuing pioneering theme in the human story.

The proposition is not altogether novel. It is, for example, implied by the Faculty of Homeopathy's 25-year vision, drawn up a few years ago and summarised by Leckridge recently as 'based on developing the place of homeopathy in healthcare to create the new medicine for the 21st century'.[5] The vision I am proposing may be more grandiose, but follows the implications of that more circumscribed vision to their logical conclusions. The nature of homeopathic medicine, the questions it begs, the scientific and philosophical challenges it presents are extraordinarily wide-ranging. And in any case, the study and practice of medicine as a whole, in its most personal and intimate functions, in its most sophisticated scientific and technological manifestations, and in its philosophical and ethical ramifications, are central to our developing understanding of the human condition and of the place of humankind in the bigger picture of creation.

I am proposing that we have a modest, but significant contribution to make to the continuing exploration of reality, which depends upon that 'scientific passion'; a passionate reaching out towards knowledge that is confidently and yet still vaguely perceived.

The first part of the paper deals with the layout of the playing field on which homeopathy has to compete to be taken seriously. The second part discusses three concepts – reality, truth and knowledge – that are both objectives for which we strive and principles that guide us in our striving. I refer to them as 'objectives' for particular reasons that will emerge later. The third part introduces the concept of 'personal knowledge' as an essential ingredient of scientific discovery and the pursuit of truth. Finally, I will propose that the homeopathic community in general, and the Faculty of Homeopathy in particular, encouraged and emboldened by the story that I hope to unfold, must expand its vision with an actual definition of a new paradigm, the new model of healthcare and medical science to which the vision aspires.

Vision, paradigm and proof

Any vision of the contribution that our discipline and our clinical experience might make to the exploration of reality, and the development of a scenario by which this could be achieved, must contend with two pressing realities of present day medical science. These are the prevailing medical paradigm and the burden of proof. The concept of the paradigm was developed by Thomas Kuhn (1922–1996) as an explanation of the way that scientific attitudes and beliefs, and the research and development programmes that follow from them become established, and of the difficulties involved in changing them, and of the kind of revolution required to do so.[6] A paradigm can be thought of as a mind set that determines, and restricts, the direction in which scientific thinking and investigation are allowed to progress. It determines the parameters of what Kuhn called 'normal science'. A paradigm is a conceptual framework adequate for its time, but not eternally true, and essentially metaphysical because it is actually a framework of ideas and values, whatever 'objectivity' it may claim.

By contrast, another powerfully influential philosopher of science of the same era, Karl Popper (1902–1994), did not trust the scientific community to define its playing fields and position its goal posts in this way. He insisted that, 'a genuine commitment to the truth gives scientists the courage to challenge the truth of particular theories, including the ones associated with a scientific paradigm'.[7] On this basis he introduced the concept of 'falsifiability' as the necessary test of any scientific proposition. It requires that a hypothesis be stated in such a way that it can be disproved by experiment. The debate between Peter Fisher and Anthony Campbell in the British Homeopathic Journal some years ago gives an illuminating account of this powerful influence in contemporary science and its significance for homeopathy.[8,9]

Proponents of homeopathy know only too well how our particular understanding of the dynamics of health, illness and healing are at odds with the still prevalent reductionist scientific model, 'originating in Morgagni's organ pathology and passing through Bichat's tissue pathology, Virchow's cellular pathology to contemporary subcellular and biochemical pathology'.[9] The challenge that faces us is to assist what Kuhn would regard as a revolution in the medical paradigm; to establish the validity of other and more appropriate rules of evidence; to question the nature and absolute power of prevailing standards of proof; and to contribute what we can, both to exploring this tension between truth and evidence, and to exploring the greater truth of

what it is to be human in relation to one another and the universe that we inhabit.

As the work of Trevor Thompson that I will refer to shortly demonstrates, this is very much a matter of changing hearts and minds at a level that is both intellectual and intuitive. To quote Polyani again: 'A hostile audience may in fact deliberately refuse to entertain novel conceptions...because its members fear that once they have accepted this framework they will be lead to conclusions which they – rightly or wrongly – abhor. Proponents of a new system can convince their audience only by first winning their intellectual sympathy for a doctrine they have not yet grasped. Those who listen sympathetically will discover for themselves what they would otherwise never have understood'.

Changing the paradigm

Homeopathy is in fact already challenging the domination of the prevailing medical paradigm. Thompson has written an important study of the subject as part of his PhD thesis.[10] He reviews the principles of Kuhn's concept of scientific paradigms and the way they do or do not change, and investigates the impact of the experience of homeopathy on doctors trained within the conventional medical paradigm. I have drawn upon it in the summary of Kuhn's thinking that follows.

Among the points that Thompson makes is that a paradigm determines not only the current view of reality but also the sorts of questions that can be asked, the methods that can justifiably be used to resolve these questions, and the form that any potential answers will take. When what Kuhn calls the 'anomalies that signal a new paradigm arise they may be invisible to the majority of normal science adherents. And when they are encountered they may be ignored, suppressed or discredited'. On the same theme Polyani writes: 'It is the normal practice of scientists to ignore evidence which appears incompatible with the accepted system of scientific knowledge, in the hope that it will eventually prove false or irrelevant'. Or the prevailing paradigm may be extended to try and include the anomaly, as in the tendency to explain away the response to homeopathic remedies as non-specific effects.

To mount a serious challenge to the prevailing paradigm, a new conceptual framework will be needed to accommodate its anomalies in a way that scientists will take seriously. 'Revolution' is an apt term for this change because it is the nature of scientific authority itself that is being called into question. It considers itself self-evidently true and perceives no need to justify itself from first principles. But scientific revolutions succeed, Kuhn suggests, not because the same people are persuaded of a new way of seeing things, but because different people's views start to count. Some of the rage of the more virulent critics of homeopathy may be because other people's views are beginning to count rather more than their own.

Popper deprecated Kuhn's somewhat totalitarian vision of science and favoured a more open and democratic approach. Scientists should put their principles to the test of experiment in the same way that politicians put their policies to the test in elections. Popper does require that people of the prevailing mind set are persuaded of a new way of seeing things rather than that different people's views start to count.

A difficulty lies in the fact that the process of transition to a new paradigm may not be primarily intellectual. This is why, as already mentioned, it is very much a matter of changing hearts and minds at a level that is also intuitive. Another difficulty is that the popularity of an emergent new paradigm may exceed its power to explain the phenomenon. Thompson quotes Kuhn saying 'the man who embraces a new paradigm at an early stage must often do so in defiance of the evidence'. A decision of that kind can only be based on 'faith'.

In his paper Thompson goes on to investigate signs of the emergence of a new paradigm in the experience of homeopathic doctors, and to discuss the implications of this phenomenon, and the responsibility it imposes for defining, testing and refining the new paradigm. I will return at the end to this matter of the responsibility of the homeopathic community towards the emergence of a new paradigm.

One final observation at this stage about evidence: in a book discussing the tension between the philosophies of Kuhn and Popper, Fuller comments that scientists are not taught to be mentally flexible. Hence, he says, echoing the earlier quote from Polyani, revolutions progress because 'argumentation in science does more to sway uncommitted spectators...than to change the minds of the scientific principles themselves'.[11] This is obviously true of homeopathy. Popper's approach, however, is deliberately to challenge and through the outcome of challenge to *change* the minds of the scientific principles, when the evidence requires it. But his principles also required justice in their application. Tests should not be biased towards a dominant theory. There must be a level playing field. And 'tests must not be burdened with concerns about the costs and benefits of their outcomes, which would be tantamount to match fixing'. Fuller comments, however, that 'this metaphor reveals the remoteness of this normative ideal of science from actual scientific practice'. To which aspiring researchers of homeopathy would say, 'Hear, Hear!' Whitmarsh has revealingly discussed the problem of level playing fields, moving goal posts and match fixing in his paper 'The Nature of Evidence in Complementary and Alternative Medicine'.[12]

Reality, truth and knowledge

I want now to look behind the scenes of this debate at the principles of knowledge, truth and meaning that are the essence of all good science, but that are, so to speak, the vital force that drives the desire and the attempts of homeopathic practitioners to respond faithfully and effectively to the needs of our patients, and to communicate the insights of that process effectively and persuasively to others.

Reality

Firstly, what do I mean by 'reality' when I speak about our contribution to the exploration of reality? I refer to our understanding of the way things really are. Two

diametrically opposed views of the way things are will be held, for example, by a materialist like Richard Dawkins who sees no sense or value in any metaphysical interpretation of reality, and a theist like me for whom such an interpretation is essential.

In the context of this paper, reality is the bigger picture that comprehends, makes sense of and gives value to every facet of human experience. It is intimations of reality that give meaning and direction and a passionate desire to the exploration of our experience. It is intimations of reality that give meaning and value to our individual lives. The phrase 'Exploring Reality' is borrowed from the title of a book by John Polkinghorne, a distinguished mathematical physicist and a priest, concerning the relationship between science and religion.[13] It is a more profound 'exploration' than I am attempting here, but I believe that the landscape that we are exploring in our work does contribute valuable pieces to that bigger picture.

Truth

Secondly, what do I mean by 'truth', and how are we implicated in the pursuit of truth in our work? A definition that I find helpful is again from Polyani: 'Truth lies in the achievement of a contact with reality – a contact destined to reveal itself by an indefinite range of yet unforeseen consequences'. Truth reveals itself in those intimations of reality that persuade us that there is some coherent order and meaning in our experience and our existence, and that at the same time inspires us to seek that true order and meaning. They are order and meaning that transcends the accumulation of facts, just as the holistic model describes a whole that is greater than the sum of the constituent parts.

Another author puts it like this: 'When we apprehend a truth we...seek by intelligent enquiry to understand something of the nature of things, of how things really are in their characters and relationships... Truth always lies beyond us, in its fullness. Yet we discern something of it'.[14]

In clinical practice we seek a holistic understanding of our patients in order that we may respond as faithfully as possible to the truth of their unique individuality and the unique problem that they present to us; a truth which in its fullness will always lie beyond us but which is the goal of our work.

But the second part of Polyani's definition is of absolute importance. It says that truth is creative. It is not simply accurate information about the situation that confronts us. In any field of enquiry or endeavour, whatever it is of the truth that we glimpse, if it is really true, makes possible consequences – new insights, opportunities, discoveries, departures – as yet unforeseen.

In our particular work, if we respond faithfully, whether in the nature of our prescription or in the quality of the therapeutic relationship, to whatever is revealed to us of the truth of the patient's life, we are assisting a healing process whose essential nature, as I have suggested elsewhere, is not just remedial but creative. It, too, involves new insight and understanding, new discovery, new growth, new ways of being; basic principles of healing that apply on every level of experience from the physiological to the spiritual.[15]

Our work requires truth of us in many senses and many ways. It does require accuracy of observation, and diligent enquiry. But it also requires complete attentiveness to the patient as an individual, and to the patient's story, unprejudiced by our own well-being, attitudes, expectations, beliefs or desires. It consequently requires truthful self-knowledge, and a reflective approach to what we do. And that truth will lead in turn to new discoveries, insights and strengths in our own lives.

Our work involves processes that we do not properly understand and that are controversial. This fact requires exemplary truthfulness in what we claim for them, in how we seek to explain them, and in the willingness and methods with which we investigate them. And all this requires that we are motivated by the 'scientific passion' that I have referred to, a desire to find out things for ourselves; the passionate reaching out towards that knowledge that is confidently and yet still vaguely perceived. As Conrad Harris has pointed out, 'every patient presents us, in a sense, with a research project'.[16] The immediate goal of that search for truth, and the passion that motivates us, is the well-being of the individual patient. But the pursuit of that immediate goal is also a reaching out towards a greater and more universal truth about the human condition. And I suggest that we have a responsibility to think critically and imaginatively about the truth of what we do, for the sake of what is to be learned about it, what is to be learned from it, and what is to be communicated about it. Because it is 'a contact with reality...destined to reveal itself by an indefinite range of yet unforeseen consequences'.

Knowledge

The pursuit of truth inevitably involves a pursuit of knowledge. As TS Eliot put in his poem Choruses from 'The Rock': 'Where is the wisdom we have lost in knowledge? Where is the knowledge we have lost in information?'.[17] Placing knowledge somewhere between wisdom and information like this puts it in a helpful perspective. It is not just information. It does not of itself confer wisdom. But it embraces information, and its proper function is to develop wisdom.

All knowledge will not be true, but it must serve the truth, and must be willing to be displaced by new knowledge that is closer to the truth. It is within this perspective that we should regard the breadth of knowledge that the Faculty, as a scientific community, brings to the pursuit of truth and the exploration of reality. It embraces all the knowledge of the natural sciences and their history that is an essential part of our medical education. Some branches of that knowledge we hold only in sufficient depth to qualify us for what we do, but some of us have a great depth of knowledge in its different fields. Our literature is rich in references to ancient history, mythology and symbolism. There are individuals in or associated with our community with knowledge and experience of analytical psychology, quantum mechanics, complexity theory, research methods, and education theory, even theology. All these, and more, are core subjects of the knowledge base of homeopathy. They contribute actively to its exploration, and thereby to our exploration of reality.

Personal knowledge

My personal exploration of these themes has been greatly assisted by a book introduced to me as essential reading if I was seriously interested in achieving a better understanding of the limitations of scientific proof.[18] The book, from which I have quoted already, is 'Personal Knowledge', published in 1958 by Michael Polyani (1891–1976). His working life overlapped that of Kuhn and Popper, but preceded them by some 20 years. It is one of the most exciting books I have read because I believe it is about the kind of scientific passion that makes us so committed to homeopathy, against all the odds.

I want to highlight the following themes:

1. The ideal of detached scientific objectivity is a fiction.
2. There is available to us a truer kind of objectivity that derives from our intimations of universal truth.
3. This objectivity has an intuitive quality that has informed all great science.
4. This glimpse of objective truth inspires 'scientific' passion'.
5. Scientific passion is a heuristic passion – a passionate desire to find out or discover.
6. But the conclusions to which we are lead by our scientific passion are not infallible: they may be false but they are never meaningless.
7. Personal knowledge is not license to speculate. It demands discipline, and rigorous discrimination of error, and discernment of its fruitfulness – the creative potential to yield unforeseen consequences.
8. Scientific truth can be discovered, but not constructed.
9. The methodology of proof, however, is constructed and contingent, and can never be absolute.
10. Neglect of the principles of objective truth and personal knowledge will allow 'the tendency towards a universal mechanistic conception of things...completely to denature our image of man'.

Objectivity and intuition

Fifty years ago Polyani challenged the ideal of detached scientific objectivity. He took great pains to demonstrate, by reference to various scientific methodologies, that it is a fiction. Firstly he insisted that all attempts to establish rules for scientific validity involve a measure of personal judgement, even though that judgement is collective and consensual within the scientific community. They are therefore contingent and provisional.

More radically perhaps, he proposed a new meaning for the concept of objectivity. Not as a dispassionate, unbiased, value-free statement of observable fact, but as an intuition of universal truth, an intimation of reality. He writes, for example, of the theory of Relativity as, '...pure speculation, rationally intuited by Einstein'.

Insights of this kind are in the nature of scientific discovery. Polyani quotes Pasteur, for example, who said of his conviction, against very strong opposition, that fermentation was a function of the living cells of yeast: 'If anyone should say that my conclusions go beyond the established facts I would agree, in the sense that I have taken my stand unreservedly in an order of ideas which, strictly speaking, cannot be irrefutably demonstrated'. It can be argued that Hahnemann stands among those who have 'rationally intuited' universal truths.

Personal knowledge as Polyani defines it is not therefore a kind of subjectivity, but an objectivity that subordinates the subjective to an intimation of truth that lies beyond us; that is transcendent. It is not a construct of our intellect or imagination, but a glimpse of a greater truth.

For example, Polkinghorne states that it is generally agreed among mathematicians that mathematics is not a process of construction, but of discovery; that mathematicians are not playing complex games of their own contriving, but exploring a pre-existing reality.[13]

Scientific passion

Readers of this paper will already have understood, and perhaps recalled from their own experience what is meant by scientific passion, which Polyani vividly thus: 'Personal knowledge in science is not made but discovered, and as such it claims to establish contact with reality *beyond* the clues on which it relies. It commits us, passionately, and far beyond our comprehension, to a vision of reality. Of this responsibility we cannot divest ourselves by setting up objective criteria of verifiability. Like love, to which it is akin, this commitment is a 'shirt of flame', blazing with passion, and also like love, consumed by devotion to a universal demand'.

Criteria of scientific proof

Polkinghorne and Polyani both emphasise the circularity in the relationship between theory and experimental proof, which Polyani describes in this way: 'The rules of scientific *procedure* which we adopt, and the scientific *beliefs* and valuations which we hold, are mutually determined. For we proceed according to what we *expect* to be the case and we shape our *anticipations* in accordance with the success which our methods of *procedure* have met with' (my italics).

This warning about seeing only what we have learned to expect is echoed by Conrad Harris in when he encouraged general practitioners to be more attentive to the, so to speak, 'corroborative detail' of patients' stories (he calls it pathography) that does not fit the familiar clinical picture; not only for the sake of good patient care, but for the sake of fruitful research: 'The observation and description of what is before one's eyes, *unconditioned by preconceived ideas*, is the starting point of all scientific research' (my italics). It requires only a shift in perspective.[16] This open minded attentiveness to the individual detail of the patient's narrative, whatever clinical precedent encourages us to expect, is second nature in clinical practice in homeopathy, and hence a natural starting point for research there, too.[19] For us, every patient is indeed a research project, leading not only to the discovery of the individual treatment strategy for that patient, but often also to new insights into the dynamics of illness and healing, and Harris's premise is in that context a *sine qua non*.

Polkinghorne stated that, 'There is an inescapable circularity in scientific argument. I think we have come to learn that the vocabulary of proof, in that strict logically coercive and inescapable sense, is actually not a very interesting category. Most things elude it. Even mathematics'.[18] Homeopaths have learned to avoid, or at least to be aware of the risk of this circularity in clinical case taking and analysis, and not to pre-empt the conclusions we reach. The same awareness informs, or should inform, our attitude to research. The circularity in scientific argument may be inescapable, to an extent, but awareness of the risk will likewise prevent a pre-emptive closing of the circle. Otherwise science would never advance. Unfortunately, some doctors' and medical scientists' attitudes to homeopathy do become pre-emptive in this way. Pre-existing expectations do produce a closed circle, even occasionally a vicious circle. And the vocabulary of proof is used coercively. Researchers in homeopathy have a right to expect proper scientific openness and integrity of their critics, which are not always apparent. But must themselves maintain those standards at the same level as they strive to achieve in the day-to-day research that is patient care.

Polyani writes that, 'No rule of scientific procedure is certain of finding truth and avoiding error'. Perhaps the over-riding criterion should be integrity rather than proof; an integrity that accepts that the circle of knowledge is never closed, and that is always open to, and willing to give ground to the emergence of new insights, whatever we have hitherto believed or been lead to expect.

Destructive analysis

Integrity requires that the operation of intuition, personal knowledge and scientific passion in science does not mean that anything goes. Personal knowledge is not license to speculate. It demands discipline, and rigorous discrimination of error. Despite the elusiveness of proof, rigorous experiment is necessary. As Polyani says, 'this method of criticism is indispensable'. Then, ironically for us, goes on to say, 'Destructive analysis remains an indispensable weapon against superstition and specious practices. Take for example homeopathy'.

But the rules and interpretation of experiment must be applied critically and with discernment. The 'mutually determining' nature of scientific theory and scientific procedures, and the dead hand of the dominant paradigm, must not be allowed to suppress emergent truths that do not fit. As Polyani also says, '...to deny the feasibility of something, merely because we cannot understand in terms of our hitherto accepted framework how it could have been done or could have happened, may often result in explaining away quite genuine practices or experiences'. We may hope that he would have taken a more positive view of homeopathy today.

Heuristic passion

Polyani equates scientific passion with the heuristic passion to find out, to discover, to work things out for ourselves. This heuristic process not only informs our broad exploration of reality, but is at the heart of the therapeutic process in homeopathy. Keith Souter has explained this in a recent paper.[20] In another good example of the riches of the knowledge base within the homeopathic community he gives an account of what heuristic means and how heuristics work as a 'thought process for solving problems that cannot be handled by logic and probability theory – that we tend to use if not in place of logic, at least as a short cut or empirical rule'; as part of the dual process of intuition and reason by which our minds work. The description sounds very much like a possible description of the working of personal knowledge.

The challenge

If Polyani is right, and if our intimations of reality, our sense of things that are universally objectively true, conform to his vision, then we do have a responsibility to play our part in ensuring that contemporary science does not denature the image of man as he warns that it could. This means that we should not only stick to our guns, but that we must also be willing and brave enough to engage in, even provoke debate about the nature of science and the scientific paradigm. But to engage in debate we need to be able to articulate both the paradigm we hope to change, and the new paradigm we hope to promote. If we cannot articulate this, we can hardly hope to justify and communicate it.

The dominant paradigm can perhaps still be traced back to the conception of Laplace in the late 19th century, quoted by Polyani as 'science pursuing the ideal of absolute detachment by representing the world in terms of its exactly determined particulars'. A reductionist, materialist and mechanistic vision of reality that still influences the contemporary medical paradigm.

As a proposal for the discussion, debate and development of a new paradigm to stand alongside the vision summarised at the beginning of this paper, but with no expectation that it is adequate, I offer the following:

1. Medical Science is concerned with the integrated constitution and function of the person as a whole, and all the contingent circumstances affecting his/her health.
2. Healthcare, for all the importance and success of methods that control and manipulate body function, depends above all on maintaining and supporting (preventive medicine), enabling and mobilising (therapeutically) inherent self-regulating and self-healing processes.
3. Many subtle therapeutic methods, specific and non-specific, and still poorly understood, are capable of stimulating these processes.
4. Homeopathy is one such method, which also, together with others, provides insight into disease processes and healing processes that will richly augment conventional medical knowledge.

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