

Is Homœopathy Becoming Dogmatic?

"The medical establishment has become a major threat to health. The disabling impact of professional control over medicine has reached the proportions of an epidemic." So begins Ivan Illich's book, a searing indictment and savage critique of contemporary medicine. He goes on to say, "Until recently medicine attempted to enhance what occurs in nature. Now medicine tries to engineer the dreams of reason. The relationship with the interest of the patient and the success of each specialist who manipulates one of his 'conditions' can no longer be assumed." Moreover as practising homœopaths, it is an implicit assumption to accept that orthodox medicine is leading to an expropriation of our health, and a gradual worsening of our immunological systems. Nevertheless we are overshadowed and tainted by this medical paradigm.

The homœopathic community has spent many years applying orthodox paradigms to its own form of empiricism, trying desperately to carry out double blind tests to validate our own form of medicine. But the very logic applied to these tests, concerns an undefinable that has plagued the medical establishment since the inception of drugs, that is the 'Placebo Effect'. Placebo trials now represent a crucial function in demarcating illegitimate from legitimate medicine. They allow clear guidelines for delineating the action of pharmacological effects to produce clear effects. Moreover orthodox medicine came to have a universal and exclusive right to judge what constitutes competence, early on in the century, by clearly demarcating a method which was stated to be unbiased and inherently truthful. In the pursuit of such clarity a crucial struggle arose about the exclusive rights on prescriptions, and thus ensued placebo controls to test the efficacy of such drugs. Shapiro defines the Placebo Effect "as any therapy that is deliberately used for its presumed effect on a patient, symptom, or illness, but which unknown to patient and therapist is without specific activity for the condition being treated."

The placebo effect is so omnipresent that he speculates that the major medical achievements of this century may only be recorded as the development of methodology and controlled placebo experiments. Placebo effects have been documented to produce toxic effects, withdrawal effects, complete cures, drug addictions. The results of such an undefinable effect led medicine to recognise its role but deny its validity, producing an inherent contradiction in its very own methodology. So though orthodox medicine can not decide or define it, yet the homœopathic model is constantly rejected on the grounds of being pure placebo. Can such trials have any genuine value?

My question is not what the homœopathic community does, but how its own medical model is tainted by the prevalent medical paradigms. Homœopathy is so anxious to prove its own efficacy in clinical trials and obsessed with producing lucid objective models of healing that it loses sight of its own objectives; being not a healing technology defined absolutely, in contradistinction to its 'big brother'; but a healing process. Its undeniable precision with its single minded

objective to find the simillimum not only denies the healing process but invalidates the entire question of the placebo effect. Indeed the success rate of the placebo effect is in some cases demonstrably as great as that of the genuine drug. J. Boulderstone in a small article⁴ states his own experience in using placebo and argues that it is neither the simillimum nor the placebo that initiate healing but the very process of 'understanding' that remains the most vital part of the entire healing process. It appears strange to have to accuse a model of healing, of mimicking a paradigm that it actually and overwhelmingly rejects, but the intimations of how the technology has consistently developed to the detriment of a wider vision pervades our entire homœopathic community. O. Barfield suggests a connection between the biblical injunction against idolatry and the veneration of models so common to scientific practise. All models certainly have their rightful place since they help to direct neophytes, but when does a model become an idol, that is, is it taken to be something other than a model and becomes a 'reality'?

In another article D. MacEoin argues lucidly against esoteric beliefs and more towards a rationalistic approach. He says, "current research provides good grounds for arguing that homœopathy operates according to scientific principles and has been grounded from the beginning in empirical method. It is the science that provides the real strength of homœopathy, not the occult accretions, and it is hard to see any certain way forward for the system unless it develops the first and drops the second"⁶. My argument is that if you divorce the technology from the belief structure then one will finally arrive at a diluted form of allopathy. Since such a process denies the creative spirit of homœopathy and it is in the very presence of one's belief structure that the placebo effect occurs, one would expect a practitioner with a wider vision of his existential state to have better results.

There will always be a position that will take up a different view to the original, but in any theory or model of medicine, empirical or not it must maintain a self consistency if it is to be the norm against which we judge other less cohesive models. The classical homœopathic model appears to be self consistent, however there are a number of points I wish to explore to question its clarity. Anomalies exist in the general model of classical homœopathy which we hope to explore and ask why these anomalies have not been addressed to that point of self consistency which is an indication of the quality of the model.

Hierarchy and Homœopathy

The Kentian methodology entails a hierarchical system of evaluating symptoms in a particular sequence that has had many variations. Nonetheless it is understood that the human individual can be medically assessed in a variety of hierarchical modalities that allow the homœopath to prescribe and analyse the case in the specific fashion of the prescriber. One might even argue that hierarchic organisation is a fundamental

principle of prescribing, giving structure to a teaching model. Such a hierarchic model involves a multi-levelled, out-branching pattern of organisation that is presented to us as a biological fact and not the fiction of a speculative mind. Essentially this system of thinking is isomorphic and applies with equal validity to Hering's Law of Cure, as to our analysis of a case.

All complex structures and processes display hierarchic organisation and this has universal applicability from tissue differentiation to library organisation. Moreover the stability of these sub systems is reflected in their amazing degree of autonomy or self government. For example each organ is a sub-whole towards its subordinated parts, behaves as a self-contained whole and towards its superior is controlled as a dependent part. There is a tendency among holistic thought to use the term as complete in itself but wholes and parts do not exist in an absolute sense, what we find instead are levels of ascending order of complexity. A. Koestler says, "Each of which has two faces looking in opposite directions; the face turned towards the lower levels is that of an autonomous whole, the one turned upward that of a dependent part. I have proposed the word 'holon' for these Janus like sub assemblies".⁷ This idea of a holon is meant to supplant the dualistic way of thinking in terms of 'parts' and wholes, implying that a hierarchy can not be reduced to its elementary parts but can be dissected into its various holiness. "Thus holiness are self regulating open systems which are governed by a fixed set of rules which he calls the canon of the holon (the overall constitutional remedy). But though the canon represents constraints imposed on a process it does not rule out the system's degree of freedom and leaves room for flexible strategies guided by the contingencies in the holon's local environment".⁸

This mode of perceiving hierarchy presents a more realistic approach to the holistic versus reductionistic model since it approaches the problem from a level of interactionism, where a holistic approach may not be suitable in the light of the overriding organic holon. This paradigm is especially relevant in the light of modern research in the field of Psychoneuroimmunology, where the actual parameters of holism have actually been shifted to a more animistic view of the individual. In a recent book G Claxton talks about some research: "White blood cells are bits of brain floating around the body". Francisco Varela has referred to the immune system in a recent paper as the "second brain" and has argued that the secret handshakes that enable antibodies to recognise 'friend' from 'foe' also act as the basis for the body's overall sense of identity".⁹

I believe that this hierarchical evolution of consciousness from the physical to the spiritual is an implicit assumption in treating patients homœopathically. But though Kentian methodology addresses levels of interaction, it denies actual credibility to these levels in terms of a subtle anatomy of the body. Miasms are nebulous concepts which have been empirically verified in terms of their pragmatism, yet nowhere is the problem addressed of where they reside or how different miasms can all reside within one individual.

In the classical homœopathic model there is an inherent tension between its own holistic paradigm and the clinical observation of organotherapeutic viability of certain remedies that seem to work despite perceiving an overall remedy. This tension is resolved by avoiding the split between whole and part and insisting the central disturbance of the hierarchy lies in that organ, so maintaining a holistic approach to the

problem. But my contention is not so much how the approach to this dichotomy is resolved, but why the hierarchic system suddenly stops at a preordained level of a functioning remedy. If we assume such hierarchic systems to be universal and are used freely in our models of medical holism, then why are the subtle levels of the anatomy not more freely advocated and represented since it represents no violent transition, but an acceptable progression of an existent idea. If quantum theory, which has up till now shown a remarkable level of self-consistency, advocates a number of different interpretations – from Everett's Many World theory to David Bohm's theory of the Implicate Order, in which he proposes a model of reality as one undivided multi-levelled whole, then how can our present model not recognise the subtle anatomy of the body, or at least recognise numerous levels of remedy interaction. Surely empirical observations demonstrate that homœopathic remedies of herbs behave differently to flower essences, and this must indicate some hierarchical structure beyond a one-level model on the vital level.

There is a consensus among Unicists that higher potencies reach the mental levels of the individual which would imply a hierarchical interaction, yet this glimpse of subtlety is swallowed up by deference to the 'simillimum', at which point it suddenly loses any possible reality. In other words the levels which potencies can access seem to take on the appearance of hidden variables which are wilfully ignored when its esoteric accretions are mentioned. Especially in the light of a recent article 'Kent's Hidden Links' by E. Van Galen¹⁰ who demonstrates how greatly Emanuel Swedenborg has influenced classical homœopathy. He points out, that the so called Kentian series of potencies is derived from Swedenborg's view of infinity in which he states that the road to infinity is progressed by certain Harmonic Degree. In the same way Kentian philosophy implies that the potencies' point of impact in a diseased body depends on their degree of dilution. Surely it is only the myopic constraints of classical homœopathy that maintain a stubborn objection towards this question of hierarchy.

Resonance Paradigm and Homœopathy

The problem of a vital force which is supposed to interact on one level is compounded even further if we explore how such a remedy is supposed to work. One explanation for the action of a remedy is its use of the 'resonance paradigm'. Such an explanation serves to give homœopathy some credibility and remains the sole axiom of all vibrational medicine. It assumes that the entire universe is in a state of ceaseless vibration and that the remedy action is dependent on two active vibrations coming into sympathy. This sympathy takes place when they are in tune or in resonance.¹¹ (Discussed in much greater detail in the journal *Prometheus Unbound*, edited by me.) But to fully accept this model, we have to understand the laws of harmonics. In the case of sound when one takes a fundamental note C and one strikes it on an instrument – for example, a cello – one obtains the fundamental plus its overtones. The 'truer' a note is, the more overtones it has, and these are harmonically related to the fundamental note. This could be a problem for a single remedy approach since the law of harmonics would imply that a remedy vibrating at a particular note must necessarily have a series of overtones related to it, and if one knew the relationships of the fundamental remedy to its relations, one would be compelled to prescribe in a poly-pharmaceutical mode since the overtones of the remedy would only act to enhance the original remedy. This is the strange

dichotomy that Hahnemannian homœopathy finds itself in, since if resonance is accepted as a possible explanation, then one is compelled ethically to prescribe more than one remedy if one knows the relationships between different remedies. Nothing is quite as simple as it seems but it nevertheless does call into question the whole single remedy model.

Language and Homœopathy

We continue to use words and ideas reminiscent of nineteenth century materialism. We need to select and use words that reflect a growing awareness of the vitalistic paradigms being researched within the language of new physics. For example the term Vital Force is not only a virtual oxymoron but the word force is a concept derived from the immediate experience of effort and energy as in the case of pushing a lorry. In order to explain the laws of electricity and magnetism it was found necessary to postulate the presence of fields, conceived as continuously distributed throughout space and acting around so-called matter. Fields cause action at a distance; that is, objects such as charged particles (magnets) are able to affect each other in spite of the physical gap that separates them. So not only are we still describing the activity of vitalism in the language of Newtonianism but it is also misleading since we actually think in terms of fields of activity. It becomes imperative to redefine our axioms and not be limited by outdated language which will only serve to maintain our myopia.

Science and Homœopathy

The word 'scientific' implies certain assumptions and the most important are:

- Objectivism – an assumption of an objective world which can be studied separately from ourselves.
- Reductionism – an assumption which implies that the whole can be understood by studying its parts.
- Positivism – an assumption that the world is physically measurable.

These assumptions were some tenets reached by a school of thought called Logical Positivism founded in Vienna during the 1920's. With the advent of quantum physics, these assumptions have had to be modified, in the light of quantum indeterminacy. But even more fundamental to these intrinsic assumptions is that of absolute separation, with its inherent emphasis on the objective observer that can, with precision, measure his environment. This last assumption which is at variance not only with ancient knowledge but also with current quantum theory throws into total disarray the idea of an unprejudiced observer. Furthermore the phenomenon of quantum coherence, a term used to explain quantum insuperability or non-locality implies that all objects that have once interacted are in some way connected, in other words that all "quantum entities are 'aware' of the states of their spatially separated relatives".¹² This implies that everything is connected to everything and that mind and matter come together as one unity. This in turn would point to an 'inner way' through which consciousness and intuition may actually act to bind reality, and one would then ask not how reality is objective but how does reality appear separate? This separation may be the very cause of disease, or at least the degree to which one separates may be a reflection of the state of health of an individual. This is hardly surprising since the above paradigm emphatically implies coherence to be a state of unity and therefore health. An important epistemological corollary to this state is that it shows how fundamental one's belief

structure is to the whole act of healing, and the more visionary and unitary the ideation the greater the placebo effect. In the recent article by D. MacEoin¹³ mentioned above, he implies that esoteric thought is pervading the entire community to the detriment of the "rational tradition of homœopathy which continues to flourish within the ranks of doctor homœopaths". The supreme irony of appealing to the causes of unbridled rationalism is that Galileo, insisting on the observed facts, was furiously opposed on the grounds of irrationality by Simplicius who brought forward reasons satisfactory to many in that age.¹⁴ We find now most scientists agreeing about the nature of a unitary reality, and with it a new humility in the face of another set of imponderables. But one fact is certain, the implications of quantum theory create once again parallels with the medieval cosmology with its own associated hierarchical and suprarational world view, leading to a humility and admiration for what was once regarded as errant nonsense. But in the last resort such acceptance may create a fear of opening homœopathy up to "medieval superstition" though I suspect this not to be the main resistance to the acceptance of a new paradigm. It may ultimately be a question of objective classical homœopathy creating a 'cognitive authority' that can shape political policy based on an understanding of how homœopathy should be certified and communicated and not a true evaluation of the facts.

Homœopathy – Radical Reappraisal

In the last resort homœopathy needs to either create a grand unified theory under whose auspices all disparate theories could coexist, like pieces of a shattered mirror which reflect parts of the whole, or to create a Meta-model to resolve contradictions and agree on certain very basic axioms, as R. Davidson¹⁵ did in a visionary article as far back as 1988. This meta-model would define some of the basic principles of the science and yet allow enough 'rope' for a plethora of models to flourish without antagonism.

Whatever the outcome of such debates, we should be aware of the changing nature of the scientific endeavour, and accept our role as crucial since we still remain a glaring anomaly in the new emerging paradigm and one that will have to be addressed sooner or later. An 'anomaly' in a scientific hypothesis means that somewhere in that theory there is a falsity. Since normally one cannot evaluate where this false idea has arisen it means revising the entire theory to take account of this anomaly. Today, more than at any other time, I feel quantum theory may well only have to be modified to validate our own empirical medicine.

One of the most important points to emerge from a discussion amongst a group of scientists who came together to explore a new set of parameters to study consciousness, was a re-evaluation of the work of William James, a remarkable philosopher of the late nineteenth century who spent many years exploring psychic phenomena and religious experience. He proposed a new mode of enquiry called Radical Empiricism, "in which he admits data from the senses, and thus includes within its purview the experience of the physical world. But it also encompasses the broad spectrum of inner realities found within the subjective life of the persons".¹⁶ Then nothing in the totality of human experience is excluded from being investigated, though not everything may be verifiable. This form of empiricism is totally pluralistic, and in fact individuality is a hallmark of such a view. James argued that science and mathematics can hardly have an existence separate from consciousness and it remains an illusion to think we can

RADAR

«Synthesis and V.E.S. have revolutionised computerised homeopathy» George Vithoulkas

and the Vithoulkas Expert System of analysis will repertorise for you in seconds, simulating the thinking of a this great contemporary homeopath.

V.E.S.

«...an enormous stride forward in the arena of adapting computer Expert Systems to Homeopathic case analysis...» Roger Morrison, MD.

- Intelligent hints for your difficult cases
- Best suggestions for small remedies
- Ideal teaching tool even for the best homeopath, having solved thousands of difficult cases
- Reasons for prescribing a particular remedy
- Suggesting remedies you never imagined
- No homeopath can afford to do without it.
- For Macintosh users special prices available

know anything about reality without bringing into it our feelings and sense data. Such a system of radical empiricism must also emphasise the unity of experience and thus will be congenial to a holistic view in which parts are understood from the whole. Hence states of subjective experience must be given equal validity and it must be accepted that models are only partial representations of reality and that "any model or metaphor may be permissible if it is useful in helping to order knowledge, even though it may seem to conflict with another model which is also useful".¹ Such an epistemology must be recognised by homœopathy if it is to progress and create a new vision of possibilities. Moreover since the patient-practitioner interaction is crucial to the healing crisis, it must be recognised that any belief structure which mirrors appropriately that of the patient's is valid. The experiences of more sensitive and psychically aware practitioners also become of enormous importance, since their experiences are not only valid but essential to a growing awareness of the limitless possibilities of homœopathy. It becomes crucial to realise that certain gifted individuals, with an ability to see energy fields, must now become an area of serious study, in the same way that scientists from all disciplines are accepting ESP as an area of serious study.

- 1 Ivan Illich, *Limits to Medicine*, Penguin 1985
- 2 Ibid. 1
- 3 *The placebo response - Modern perspectives in World Psychiatry* ed. J.G. Howells, Edinburgh, Oliver and Boyd

- 4 'Is it a Law of Healing?', J. Boulderstone, *The Homœopath* No. 54 1994
- 5 O. Barfield, *Saving the Appearances*. New York, Harcourt Brace and World, 1965
- 6 D. MacEoin, 'The Choice of Homeopathic Models', *The Homœopath* No.51 1993
- 7 *Janus; A Summing Up*, Arthur Koestler, Picador, 1978
- 8 Ibid. 10
- 9 *Noises from the Dark Room*, G. Claxton, Aquarian, 1994
- 10 'Kent's Hidden Links' Emiel van Galen, *Homeopathic Links* No7 1994
- 11 'In Search of Subtle Matter', C.J. Wansbrough, *Prometheus Unbound* No1, 1994
- 12 'Quantum Coherence in Microtubules', S.Hameroff, *Journal of Consciousness Studies* Vol. 1 No.1 1994
- 13 See reference 6
- 14 A.N. Whitehead, *Science and the Modern World*, Cambridge University Press 1926
- 15 'A Personal Viewpoint; A meta-model for integration of apparent contradictions', R.Davidson, *The Homœopath*, Vol. 8 No.1 1988
- 16 'Scientific exploration of consciousness', W Harman *Journal of Consciousness Studies* Vol. 1 No.1 1994
- 17 'Mind and Machines', J. Beloff, *Journal of Consciousness Studies* Vol.1 No.1 1994

Charles Wansbrough BDS RSHom practises in London and is Editor of the journal Prometheus Unbound.

Available for
MACINTOSH
Now available for windows)

RADAR
homeopathic software
FOR MORE INFORMATION
PLEASE CONTACT

Phillip Edmonds,
30 Kents Road
Haywards Heath,
West Sussex,
RH16 4HQ
Tel: 0444 457 851