

# A Model for Homeopathy within Allopathic Medicine and Conventional Science

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**Abstract:** By showing that the workings of homeopathy can be explained by using explanations found in conventional medicine, we should be able to show the plausibility of homeopathy and increase its acceptance by conventional science. In this article the authors first equate the homeopathic concept of miasmatic disease with the conventional understanding of parasitic infection; then the displacement of the miasm with the similar homeopathic remedy is compared with the conventional medical concept of competitive binding.

**Keywords:** miasms, homeopathic treatment of, a model; homeopathy and allopathy, facilitating understanding between; miasms, as parasitic infections; competitive binding, an allopathic concept applicable to homeopathy.

Perhaps the largest obstacle in the acceptance of homeopathy by mainstream science is that the thoughts, philosophy, and action of homeopathy fall outside the common experience of conventionally trained scientists. The current experiments designed to increase homeopathy's acceptance among mainstream scientists seem doomed to fail for the same reason.

Most experiments designed to validate homeopathy fall into one of two categories. The first are the experiments designed to prove homeopathy works. These are largely meta-analyses of casework and laboratory data, field studies, or clinical studies of specific diseases treated with homeopathic remedies. Such experiments are doomed to fail in their purpose because they don't conform neatly to the double-blinded world of modern science. This lack of conformity leaves such experiments subject to derision because they are deemed (by conventional scientists) to be not reproducible, not free from bias, not removed from the placebo effect, or any one of a number of other criticisms levied by conventional science.

The second group of experiments is designed to prove the existence of structural molecular changes in the ultra-high dilutions or to demonstrate the ultra-high dilution's ability to elicit physiological effects when introduced into a biological system. These experiments are doomed to fail in their purpose because there are currently no instruments

sensitive enough to reliably and directly measure the changes caused by the dilution process, nor have they a way of showing direct cause and effect in a biological system because the ultra-high dilutions are beyond our capabilities of measurement. This leaves the exact cause of the effect a subject of debate.

A possible exception to the inability to measure the changes in ultra-high dilutions is possibly found in some of the electron microscopy work showing new crystalline patterns. (1)

Another shortcoming of the above experimental approaches designed to "prove" homeopathy is that none address other areas of homeopathy which homeopaths see and validate every day; namely, the trends and patterns of disease in the body, the influence of miasms, primary and secondary medicinal effects, the homeopathic aggravation, the return of old symptoms, and the removal of symptoms in their totality by the homeopathic remedy.

The authors would like to propose another approach to gaining acceptance for homeopathy. We propose to consider the reasons why conventional science is so reluctant to view homeopathy fairly and seek to directly address this reluctance.

As stated above, it appears that many conventional scientists are reluctant to take homeopathy seriously because homeopathy seems to act outside the reference points of (their) modern science and outside of their personal experiences within conventional

medicine.

In the absence of irrefutable experimental data, the only way for a new and seemingly illogical concept to gain acceptance is to increase its plausibility and, in so doing, to show that the concept may be possible because it is plausible. Therefore, it seems the logical first step in gaining acceptance for homeopathy in the scientific community is to present homeopathy in such a way as to increase its plausibility to scientists who do not understand or comprehend the workings of homeopathy, scientists who require more than the oft-offered anecdotal testimonials which say "homeopathy works". Once homeopathy is presented in a plausible manner - a manner with which the conventionally trained scientist might identify because it contains explanations within their experience - then the workings of homeopathy can be viewed by those same scientists as possible.

To this end, there is a clear need for a working model which will explain the phenomena seen in the homeopathic arena and explain these phenomena either in terms or with concepts commonly accepted by conventionally trained scientists.

In the initial phase of this effort, the authors looked at the newer, more exotic sciences because we felt that surely this was where the answer(s) would lie. We explored the world of quantum physics, chaos, strange attractors, fractals, and theoretical mathematics. Nowhere in these fields could we find the plausible explanation for all the events seen and experienced within the practice of homeopathy.

It was not until we went back and reread Hahnemann and Kent and the other old masters of homeopathy from the perspective of our basic medical training that we began to realize that the explanation(s) lay not in the theoretical fields but in commonly accepted, already existing medical models. The model which seemed to best explain homeopathy is the same model which is used to explain and rationalize allopathic medicine.(2) How better to increase the plausibility of homeopathy than to show that it is of the same system as the existing, and widely accepted, system of allopathic medicine - but with the principles applied according to a different philosophy and with a different purpose.

From the writings of Hahnemann and Kent, homeopaths know that chronic disease is the result of one or more of three miasms (3) (although in later years additional miasms have been speculatively added by others). Of these three miasms - Psora, Sycosis, and Syphilis - Psora is the root cause of chronic disease.(4)

The miasms are contagious and are spread by contact.(3) The most highly contagious of the miasms is Psora, for which there is a nearly universal

susceptibility.(3) Infection by the other miasms is predicated upon a prior Psoric infection.(4)

Curative treatment of these miasms of chronic disease can occur only by the introduction of a stronger similar medicinal disease into the system.(5) The selection of the medicine is based on the totality of observable symptoms of the patient compared to the symptoms potentially caused by the particular medicine as are elucidated in the provings of the medicine. Thus, *similia similibus curentur*.(5)

Dissimilar diseases cannot permanently displace (or cure) the chronic disease.(5) Thus, dissimilar medicines may overshadow the body's symptoms making it appear to the less critical eye that the disease has been cured, but such dissimilar medicines will not be able to permanently remove the tendency of the body to produce these symptoms (and other symptoms as chronic disease continues to develop and mature in the patient).(5) Nor can the chronic disease be removed from the body by time or by the body's own workings.(3)

Note here that the duration of action of the medicine (the medicinal disease) is finite,(5) not infinite as are the actions of the miasms (infinite unless acted on in a dynamic, curative manner).

Medicines, not being living organisms, do not have the capability of generating or deriving energy in a sustainable manner. The medicines (homeopathic remedies) are imbued with energy from their material of origin and also from the dilution and succession process, but do not derive any energy on an ongoing basis from any outside source(s). Thus, homeopathic remedies have a finite duration of action (5) because they have a finite store of energy.

Miasms, on the other hand, may remain active indefinitely because they seem to derive energy from the host organism in a manner similar to that of other parasites.(2) The miasm is thus sustained over time at the expense of the host. This capability will be illustrated later in this paper.

When using medicines, we can expect to see two separate and opposite reactions, each to a greater or lesser extent, depending on the dosage of medicine given.(6) The first, or primary, medicinal effect is the effect of the medicine as it impinges the Vital Force in a given direction. The secondary medicinal effect is the Vital Force's reaction to this medicinal influence and is always opposite to that of the primary medicinal effect.(4)

That, in a nutshell (albeit a much abbreviated nutshell), is a description of chronic disease and its treatment. Our purpose now is to show that these views of chronic disease and the treatment thereof which are held within the philosophy and practice of homeopathy are exactly the same as the views which govern the practice of allopathic medicine.

First, most people in the field of medicine are familiar with the allopathic concept of contagions thanks to the work of Pasteur, Koch, and others. Infections or infestations ostensibly caused by bacteria, viruses, fungi, and parasites comprise a very common part of clinical practice. Each of the aforementioned contagions, in their own way, infects the body and produces symptoms. This model proposes that the miasms of homeopathy are no different than these contagions of allopathy. The miasms affix themselves in an infective manner to the susceptible body, produce symptoms, and can be passed from individual to individual.(3)

Some controversy may arise when one attempts to identify the actual "miasm organism". To our knowledge, no one has ever discovered the causative agent of Psora, Sycosis, or Syphilis. But does this mean they do not exist? How long ago was it that bacteria as a "causative factor of disease" were unknown? Or the actual existence of viruses was only speculated?

In an unrelated field (but in a closely aligned conceptual reference), how long ago was it taught that atoms were the building block of matter, that they were the smallest possible particles? Since that time, a host of other smaller, more subtle subatomic particles have been discovered – and still continue to be discovered. We now have quarks of various spins and colors, muons, gluons, and more. All these particles were defined in theory and speculation years before their actual existence was physically verified.

It is vanity to think that all forms of contagion have been already discovered. Perhaps the medical field should follow the lead of the other sciences and speculate that other particles of contagion may exist because clinical/anecdotal observations suggest the possibility/probability of their existence (in much the same way that Feynman Diagrams in quantum physics showed the possibility of new and undiscovered subatomic particles prior to the experiments that actually proved their existence).

To further define the concept of miasmatic infection, one needs to consider the permanent nature of chronic disease (permanent unless acted on in a dynamic, curative manner).(3) In a permanent relationship such as exists between host and miasmatic organism of chronic disease, the offending organism must have an energy source, either intrinsic or extrinsic. Without such an energy source, the miasmatic organism would cease to be viable once its initial energy allotment is expended. An intrinsic energy source allows the offending organism to generate its own energy independent of the host, in much the same manner as plants producing energy from sunlight, water, and carbon dioxide. An extrin-

sic energy source is derived from outside sources, such as from the host organism or from food.

In parasitic infections we find the offending organism deriving its energy from the host organism (extrinsic source). This co-opting of energy allows for a two-fold complication. As the parasite derives more energy from the host, the parasite becomes stronger. Also, as the host organism is deprived of its energy by the parasite, it becomes relatively weaker. This is the very situation we find in the progression of chronic disease. This trend/pattern is shown by the deepening of symptoms both in location and severity over time.(3) The miasm becomes stronger relative to the weakening host and the symptoms produced by the host become more serious. Thus, we can illustrate that the miasms are actually parasitic organisms of some nature because of this energy relationship with their host. We will return to these thoughts shortly.

In the removal/treatment of these chronic miasms by displacement with a similar disease/medicine (5) one can again draw a parallel to a conventional medical concept – that of competitive binding. Here we need to accept four concepts. The first is that the symptoms of chronic disease in a patient are the result of the impingement of the Vital Force(5) by the organism of the miasm. Secondly, that the symptoms of the primary medicinal effect (as seen in the provings) are the result of the impingement of the Vital Force by the medicine.(5) Thirdly, that the impingements of the miasm and the similar medicine are the result of an attraction to the same certain foci on the Vital Force or the Vital Force's energy field since the symptoms produced are similar. And, lastly, that the homeopath's intent is to accurately match the symptoms of the patient (caused in this case by miasmatic chronic disease) with the symptoms of the medicine (from the provings of the medicines).(4)

With these concepts, we can then speculate that the reactions of the Vital Force to the miasm and to the primary effect of the medicine are similar because both are the result of similar attractions on the Vital Force and impingements at similar sites of/on the Vital Force.

If, as Hahnemann teaches, two similar diseases cannot exist in the same body at the same time, with the stronger (stronger because of its higher energy and thus greater attraction) permanently displacing the weaker (5), then we have just recounted the principle of competitive binding used in conventional medicine. The stronger medicinal disease of finite duration will permanently displace the weaker chronic disease of infinite duration at the common points of impingement.

Now let us digress back to our thoughts on the miasm actually being caused by a parasite and to

relate this to the concept of competitive binding and the implications of treating the miasm with a similar competitive medicine. If we assume that symptoms are caused by an impingement of the Vital Force (5) by the miasm/parasitic miasmatic organism, then we can assume that the impingement is physical in nature and causes a disruption of the smooth functioning of the Vital Force. If there is physical contact between the parasitic miasmatic organism and the Vital Force at the points of impingement, then we can assume this is the mechanism by which the parasitic organism is able to derive energy from the host. If this is true, and if the stronger similar medicine competitively binds to the same sites of attachment/impingement, then the stronger similar medicine deprives the miasmatic organism of its extrinsic energy source. Now, assuming there is no intrinsic energy source (as we can find no evidence suggesting there is an intrinsic energy source in either the miasmatic organism or the medicines), the parasitic miasmatic organism must become weakened and incapacitated by a lack of energy – it starves to death. This is why the action of the miasm is not re-established at the end of the remedy's primary medicinal effect.

Now, if the medicine given is far stronger than the chronic disease, and if it impinges the same points on the Vital Force as does the chronic disease but in a stronger fashion (similar but stronger), the homeopathic aggravation (a short-lived, possibly dramatic, exacerbation of one or more symptoms of the case seen shortly after a correct homeopathic remedy has been administered (4)) can be explained.

When the homeopath has given a medicine/remedy (medicinal disease) whose primary medicinal action mimics the action of the chronic disease by impinging the same sites but exerting a much stronger influence at one or more points because of its potency or repetition, this point(s) of impingement is disrupted to a much greater extent, causing a more dramatic display of a similar, if not exact, symptom during the brief primary effect of the medicine. As the primary medicinal effect is replaced by the secondary medicinal effect (as the finite energetic life span of the homeopathic remedy introduced into the system comes to an end), we see the aggravation being relieved.

The similarity between the symptom of the chronic disease and of the homeopathic aggravation suggests that the same site on the Vital Force was impinged. The concept of competitive binding is thus strengthened by suggesting that the same site is being affected by the stronger medicine as was affected by the chronic disease (since the same but stronger symptom is produced).

Finally, let us speculate on the biphasic nature of

all medicines (both homeopathic and allopathic) and how this is utilized in each medical approach. It is known, but perhaps not widely recognized, that all medicines have a primary and a secondary action.(2) The primary action is the direct action of the medicine as it impinges the Vital Force. The secondary action is the reaction of the Vital Force and is directly opposite the primary action.(4)

In the allopathic paradigm of medicine, the primary medicinal effect is employed nearly exclusively and in direct opposition of the symptom. The impact of allopathic medicines on the patient is due to the larger chemical (more material) doses of medicine given and acts suppressively or palliatively on the symptoms of the patient in accordance with the Arndt-Schultz principle (simply stated, minute doses stimulate, moderate doses suppress, large doses kill).(6) Thus, allopathic medicines can be classified as anti-medicines (anti-pyretic, anti-emetic, anti-inflammatory, anti-infective, anti-etc). These large chemical doses produce a large primary effect and a lesser secondary effect. The primary effect will subvert the symptom temporarily. If the medicine has acted palliatively, the symptoms will return unchanged after the influence of the medicine has waned. If the medicine has acted suppressively, we will see new and often deeper symptoms arising after the influence of the medicine wanes. This behavior follows Hahnemann's writings regarding the temporary displacement of chronic disease by dissimilar disease and the subsequent re-establishment of the symptoms of chronic disease as the effects of the stronger dissimilar disease wanes.(5)

The secondary medicinal effect elicited by these chemical/more material doses is smaller than that elicited by homeopathic remedies because of the nature of the large physical doses of medicine.(6) However, the secondary medicinal effect of these chemical doses is still noticeable enough to warrant warnings on some drug labels. (For example, some ocular preparations which warn against transient redness after discontinuing usage for redness of the eye, or some nose sprays and decongestant medications which warn against temporary nasal congestion after discontinuing usage.)

Nowhere does this allopathic approach to the use of medicines recognize, address, or allow for the removal of the body's tendency to make the symptoms (perhaps because "disease" is recognized as a separate, discrete event in allopathic philosophy). It is this tendency to make symptoms which is the actual disease. The symptoms themselves are but the result of the disease.(4)

In homeopathy, we rely on the primary effect of the medicine as elucidated in the provings to help us match the pattern of impingement of the chronic

disease on the Vital Force of the individual (or of the population in an epidemic situation) to the pattern of impingement of the medicine. Knowing there will be a competitive binding situation created with a similar disease, the more similar the symptoms of the medicine (as shown from the provings) are to the symptoms of the patient, the more completely the medicine will compete with and remove/displace the chronic disease at all its points of impingement on the Vital Force of the patient.

Because medicines have a finite duration of action (5), once the primary action of the medicine has displaced the chronic disease and has reached the end of its duration of action, there is nothing to oppose the Vital Force's opposite reaction. Because the duration of the secondary medicinal effect is increased by using a dynamic, less chemical medicine (6), we see sustained improvement after a homeopathic remedy because we have removed the impingement of the disease and have allowed the secondary action of the Vital Force to proceed unimpeded against and in opposition to the symptom totality. Without the impingement of chronic disease or the medicinal disease, the secondary medicinal effect (the Vital Force's response to the medicine) will be to move back to the more balanced state of the body before the impingement/infection of the miasm – true health.

Perhaps there are other places where the explanations of homeopathy and allopathy intersect. The more we can elucidate these common points, the more plausible homeopathy will become to conventional doctors and scientists. By beginning to explain the theories and concepts of homeopathy with accepted allopathic constructs perhaps we have the beginnings of a model which will allow a safe interface with conventional science. Perhaps this safe interface will allow a more rational, less fear-based analysis of homeopathy by the world of conventional science. Perhaps this common ground will answer the questions of the skeptics and speed homeopathy's climb to its rightful place at the forefront of medical practice.

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