

## SOCIAL AND HISTORICAL

# 20 years ago: *The British Homoeopathic Journal*, October 1987

ST Land<sup>1,\*</sup>

<sup>1</sup>8 High Bungay Road, Loddon, Norwich NR14 6JT, UK

### The state of homeopathy

“The state of homoeopathic medicine in Britain 1987” is the title of the opening address David Spence gave at the British Homoeopathic Congress in Liverpool. He saw the greatest concern to be the continuing attempts by Health Authorities to cut down on homeopathic services, despite ever increasing demand and relentlessly lengthening waiting times in the outpatient departments of the five hospitals.

In the field of research, he referred to the publication of David Reilly’s paper in the *Lancet* the previous October, and to the very recent setting up of the Homoeopathic Medical Research Council, which is described in this issue.<sup>1</sup> He said it was essential that this council should be able to play a vital role in the provision of sufficient substantive evidence for the 1990 Review of Medicines, and quoted Baroness Trumpington from a lecture she gave at the Royal Society of Medicine: “One possible solution is that, before the review is set in motion, we introduce a modified form of licensing for homoeopathic medicines, which deals only with the safety and quality of the ingredients and the acceptability of the method of manufacture. The fact that homoeopathic products do not fit easily into the Medicines Act pattern has to be faced and I am sure a satisfactory arrangement can be evolved.” Although these were encouraging words, the author thought that, with recent changes in ministers, we could not afford to be complacent, and had much to learn from the approach adopted by some European colleagues faced with a similar problem.

In the field of education, there had been great strides made over the past 2 years with the setting up of the Regional Tutors programme under the direction of the Executive Dean. Exciting and expansive programmes

of teaching had been implemented, especially in the Scottish and Bristol Branches. There was a determined drive to improve teaching standards, to incorporate better modern techniques, and there was the recent welcome addition of video facilities for case presentation and analysis. There remained the very important need for more advanced teaching in study groups, currently only running in Bristol. The Faculty were working on the problem.

So, the author saw three main areas where our energy now needed to be concentrated. First, we needed better public relations, from the corridors of government right down to the grass roots. Again, the Faculty was taking steps in this direction. Secondly, there had to be a great pooling of energy in the field of research, requiring all Faculty members to cooperate in research projects in all areas of clinical practice. Thirdly, education must continue to expand and improve. For this to happen, more funded medical teachers would be required, which would involve considerable financial commitment; but the author believed this must be made. Finally, he stated “Perhaps above all, for each and every one of us there is the constant over-riding need to look to the excellence of our own clinical practice, for we shall be known by our fruits, and only if we are first and foremost good physicians will our colleagues sit up and take notice”.<sup>2</sup>

### A contemporary profile

“Homoeopathic medicine in the UK a contemporary profile” describes a survey conducted by Jeremy Swayne in response to a perceived need for a wide-ranging and critical study of contemporary homeopathic therapeutics. This had been suggested as one essential foundation-stone in the building of an overall academic strategy.

The report has six pages, and introduces material from the first part of the Faculty’s data collection pilot

\*Correspondence: Sylvia Land, 8 High Bungay Road, Loddon, Norwich NR14 6JT, UK.  
E-mail: [derek.land@electramail.co.uk](mailto:derek.land@electramail.co.uk)

study, a profile of doctors practising homeopathy in the UK. The questions in the questionnaire included personal details; conventional qualifications and training, interests and areas of practice in conventional and complementary medicine, reasons for adopting homeopathy, the training received and opinions of quality. An unpopular one was the request to provide an estimate of current prescribing skill on a scale of one to ten. The author was unrepentant, believing that we should all have some concept of what we aspire to, and our present level relative to that. He saw such estimates as a guide to educational policy within the Faculty.

The results are presented in seven tables. Swayne commented "The lessons to be learnt and questions to be asked from this profile are clear. The Faculty has an able, lively and critical membership, with a healthy appetite for education and research and clear ideas on how these activities should evolve. But the level of use of homeopathic medicine in practice demonstrates an enthusiasm that is out of proportion to the experience and skill of the practitioners". The image that emerges from this profile is of a pyramid: at its base the large number of recent recruits, rich in enthusiasm but poor in experience; at its tip the few who are rich in experience. It is, of course, an inverted pyramid, a precarious situation. "It offers a serious challenge to our determination and skill in deploying resources of finance, people and ability in a developing and far-sighted strategy of organization, teaching and research which will rapidly expand at least the middle reaches of the pyramid".<sup>3</sup>

### Metal excretion in animals

In "Research abstract—Metal excretion revisited" Peter Fisher gave a brief review of what he described as "the longest running research topic in homeopathy—the effects of potencies of metals on the excretion of the same metal by animals". It was occasioned by the publication of a pair of papers on the subject in the July issue of *Human Toxicology*. There is an outline of the various experiments conducted since the 1950s, mainly in French laboratories; then a detailed description of one of the papers, a development of several previous studies. It was a large scale repetition of arsenic excretion in guinea pigs from the University of Lille, which tested a large range of potencies. They followed urinary and faecal excretion, using a radionuclide tracer. All showed statistically significant increases, with correspondingly lowered blood levels. Fisher commented: "Perhaps the most exciting and original discovery in this paper is that the authors have developed a mathematical model of the effect", which he then described and said "This is certainly the first time it has been possible to make an accurate quantitative calculation of the effect of a homeopathic potency".<sup>4</sup>

## Scientific foundations of homeopathy—Book review

Gerhard Resch and Viktor Gutmann ISBN3-88950-047-1

Reviewing this book, Peter Fisher described it as an "important, wide-ranging and scholarly work ... certainly the most original and stimulating book on homeopathy that I have read for a long time". He said: "The authors attempt not only to deal with the insights into the nature of "potency energy" derived from their experimental and theoretical work, but to situate homeopathy in its historical context, as well as a comprehensive critique of scientific method as it applies to medicine".

The first section deals with philosophical and historical aspects, opening with a potted history of medicine. It then goes on to place this in the wider framework of the development of science and epistemology, citing many major figures, and ending with the British physicist David Bohm, whose ideas were central to the thesis that Resch and Gutmann develop later in the book. The middle section deals with physico-chemical questions. It presents a large amount of empirical data, some highly technical, from experiments of various kinds; many performed in Gutmann's own laboratory. These include data on the structure and properties of water and lactose. The authors then discussed the interpretation and significance of these results, drawing heavily on Bohm's theory of whole-system hierarchical organization. The reviewer considered that the large amount of empirical data and theoretical interpretations had certainly taken us some way down the road to solving the problem of "potency energy". The final section draws the threads together. There is a discussion of the nature of man and the soul; of the nature of health and disease; and a critique of orthodox, reductionist medical science. The authors again referred to Bohm's theory of wholism.

The reviewer was unhappy about some aspects of the translation, but thought the book was well produced, with lots of illustrations, some in colour. There are full and detailed references and footnotes. He concluded: "This book is no lightweight. It is a scientific and philosophic *tour de force*, a landmark in the intellectual development of homeopathy. It makes some bold propositions whose validity will take some time to assess but whose implications for homeopathy could be far-reaching".<sup>5</sup>

### Cholera and homeopathy in the 19<sup>th</sup> century

This paper by Bernard Leary was read to the Homeopathic Congress in Liverpool. In the first section, the author gave a vivid description of the appalling state of working class housing in the mid-19<sup>th</sup> century; ideal conditions for the cholera epidemics of

the 1830s, 1840s and 1850s. He described the ideas at the time about aetiology and spread; then the development of an understanding with John Snow's pamphlet *On the mode of communication of cholera* in 1849, although his ideas were not finally accepted until the end of the century; and Edwin Chadwick's *Report on the sanitary conditions of the labouring classes* in 1842, leading to the Health of Towns Act and the Public Health Act, both in 1948.

The main subject of the authors' talk was the 1854 epidemic in Soho, in the catchment area of the London Homeopathic Hospital, which had opened in 1850. The author's aim was to try to establish whether the much better results claimed by the hospital were, in fact, valid. Was the diagnosis correct? Was it solely because violent allopathic methods were not used? Did the homeopaths hydrate their patients as is now routine? Was there some natural factor? He dealt with each of these questions, and in each case came to the conclusion that none of them invalidated the claims. In fact, the opposite was probably true. Hahnemann had written a description of the stages of the disease in detail which would be accepted today. So they would be expected to be more accurate than their allopathic colleagues, and certainly no worse. At the same time, the homeopathic records show that Hahnemann's explicit instructions for treatment were not followed to the letter. The author commented: "We shall never know but I cannot help wondering whether if they had followed the master the results might have been so exceptional that even the Board of Health could not have ignored them".<sup>6</sup>

## The Manchester Clinic

In a paper read to the Homeopathic Congress, Joan Ford described the varied fortunes of the Manchester Clinic, which had recently celebrated 125 years of unbroken homeopathic practice in Manchester. She said: "It is founded on the traditions of classical homoeopathic practice; it offers scope for the practice of holistic medicine in our time and provides a blueprint for clinics of the future". Its earliest records had not survived, but there were copies of the annual report dating back to 1894 when a well-established Homoeopathic Institute was recorded, and this report gave a list of the donations made to the Clinic since 1860. Also there was a record in 1920 of a 60-year-old 'benevolent service' under homeopathic support and control, which served Manchester and districts around. The author continued: "It was the custom before the NHS for doctors to give some of their time charitably to the service of the sick poor, and dispensaries existed in most areas. It is not surprising to find, within 15

years, a dispensary dedicated to homoeopathic practice in a densely populated area such as Manchester. Homoeopathy was firmly rooted in the North of England".

It is interesting to see how the fortunes of the clinic waxed and waned with financial constraints, with problems of accommodation, and at times with reduction in numbers attending for various reasons, such as the restriction of the war years or inadequate staffing. Donations and legacies were more adequate than staffing. However, the lean years were more than compensated for by the large increases in attendance at other times. With improved transport in the 1930s patients came from Lancashire and Cheshire, and by the 1950s the catchment area had extended to the Lake District and Stoke on Trent. The Clinic retained its individuality when inclusion in the NHS was offered in 1948, and in 1963 it became a charity.

Some comments by the author indicate the ethos of the clinic: "I was fortunate in getting a bursary from the Faculty to cover some of my travelling expenses, and it was not until later that I discovered that the charity at the Clinic was still the doctors who were giving their services almost for free, to 'the sick poor', who now included all social strata and income groups. Inevitably things had to change, as the Clinic formed a part of the working week of doctors with mortgages to pay and cars to run. The word cost-effective crept into our vocabulary. When I first joined the Clinic staff in 1971 MOs were paid the princely sum of £1 per hour". "We have increased our charge from £12.50 for the first consultation to £20 this year, and our charge for follow-up is £5, but this fee included the cost of medicines prescribed and is less than an NHS prescription charge. Our medicine bill works out at 38p per prescription, with most prescriptions having 2 or 3 items on them. Perhaps economics alone will in the end convince our colleagues of the value of homoeopathy".<sup>7</sup>

## References

- 1 Fisher P. The formation of the Homoeopathic Medical Research Council. *Br Hom J* 1987; 76: 235-236.
- 2 Spence DS. The state of homoeopathic medicine in Britain 1987. *Br Hom J* 1987; 76: 169-170.
- 3 Swayne J. Homoeopathic medicine in the UK *A contemporary profile*. *Br Hom J* 1987; 76: 179-184.
- 4 Fisher P. Research abstract-Metal excretion revisited. *Br Hom J* 1987; 76: 237-238.
- 5 Resch G, Gutmann V. Scientific Foundations of Homoeopathy-Book review. *Br Hom J* 1987; 76: 239-240.
- 6 Leary B. Cholera and homoeopathy in the nineteenth century. *Br Hom J* 1987; 76: 190-194.
- 7 Ford J. The Manchester Clinic. *Br Hom J* 1987; 76: 185-187.

## BOOK REVIEWS

### **The Complete Homeopathic Resource for Common Illnesses**

Dennis Chernin

*North Atlantic Books: Berkeley, California, USA, 2006*  
Price: \$29.95, ISBN:1-55643-608-4

This is a four hundred plus page book clearly directed at a general readership. So, my first response is “oh no, not another general guide to the treatment of common conditions! Aren’t there enough already?” Actually, most books directed at the general readership suffer from two failings. If they are written by people who have no medical training the general advice is often dubious and in some cases downright dangerous. This book, written by a medical doctor, absolutely does NOT suffer from this criticism. You can trust the advice in this book. The second common failing is that such books take a kind of recipe book approach to homeopathic treatment, laid out by clinical condition with a few keynotes of common remedies for each condition. The problem with this is that it is a very limited and sometimes misleading approach to our rich materia medica and fails to sufficiently individualise. This is probably inevitable with a “these remedies for these diseases” approach.

The first section of Dennis Chernin’s book is a good, clear introduction to the basics of the homeopathic method. Very clear. This is a good starting point for anyone who wants to learn what homeopathy is. The second section is the traditional homeopathic recipe book approach with the conditions listed alphabetically. There are just under a hundred separate conditions listed. This section is good enough but really contains nothing new to set it above any other similar book. I’ll come back to Section 3 in a moment, but Section 4 is unusual. It is unusual because it is a balanced, broad, though not intensive summary of the evidence base for homeopathy along with other resource information. This kind of information is usually incomplete and quickly goes out of date but the idea is a good one.

Let me return to Section 3 because this is where this book turns from a “me too” into something highly original, interesting and much better than probably any other similar book on the market. Section 3 is entitled “Using the Complete Homeopathic Resource CD”. The book has a CD in a plastic envelope inside the back cover. This transforms this book. The CD is superb! Firstly, it contains a working version of an abbreviated Kent’s Repertory (only rubrics relevant to the clinical conditions mentioned in this book, and only those 105 remedies covered by this book, with mental symptoms “that are applicable to home use or basic clinical use”) This amounts to 9000 of Kent’s 65,000 rubrics. It is a working repertory and really easy

to use. Secondly, it contains an excellent primer of materia medica accessible either through a clinical conditions module or a materia medica module. Any health care professional preparing for the Faculty’s Primary Health Care Examination would find this extremely useful. Thirdly, it contains an introductory section about homeopathy.

For \$29.95 this is nothing short of remarkable. I could easily recommend this book as either a family guide type book or as one (you’ll need other books too!) of the books which a student of homeopathy should buy.

I have two suggestions for improvements. Firstly, it would be great if the CD ran on Macs and/or Unix! It’s a shame it is Windows only. Secondly, research and resource information is date-sensitive and this part of the book/CD would be enhanced with web links to resources such as The Faculty of Homeopathy’s site-which doesn’t even get a mention in this very US-oriented book.

Bob Leckridge

*Glasgow Homeopathic Hospital, Scotland, UK*

### **Monera. Kingdom Bacteria & Viruses. Spectrum Materia Medica. Volume 1**

Frans Vermeulen

*Emryss bv Publishers: Haarlem, The Netherlands, 2005*  
Price: 44.00, ISBN:90-76189-15-3

This is the first volume of a bold new materia medica. Frans Vermeulen, with categorising and cataloguing zeal, aims to give us an encyclopaedic work, including all the remedies we know, those we think we know at least a bit about and those we have never even heard of. This first volume is concerned with remedies made from bacteria and viruses and so includes most nosodes (including all the bowel nosodes). Subsequent books on non-vascular Plants, Plants, Minerals and Compounds, Gases, Imponderables and Animals of air, sea and land will follow in due course.

Some of the remedies listed here have quite wide use, such as *Streptococcinum*, but can you put your hand easily on a materia medica where the substance is discussed, the source shown and successful cases given? If you are faced with a post-infectious pathology and wish to know something of work that might have been done on the use of the homeopathic remedy made from the organism involved in that infection, this is the place

to look. Everything from Lyme disease to Hepatitis B is mentioned. You will find fascinating stories about the organisms, their origins and their interaction with humankind over the centuries. You will find *materiae medicae* of as many substances as possible, always with references to any provings that have been done (you will be surprised how many) and to other sources of symptoms. It is absolutely fascinating to read the accurate *Oscilloccinum* story and find that it was used by Hui Bon Hoa for a while instead of *Carcinosinum*.

The endpapers of the book provide an overview of its scope. At the front is a current classification of all bacteria and their products which have interested homeopaths. Part of this table is a list of remedies associated with the organisms and which are discussed in the text, from *Brucella melitensis*, through the *Enterobacteraceae* (which includes all the bowel nosodes), *Medorrhinum* and *Syphillinum* to antibiotic products like *Neomycin* and *Chloramphenicol*. The bowel nosodes are uniquely bacteriologically identified as accurately as is possible in modern terms. The rear end paper has a similar list for viruses and includes such remedies as *Variolinum*, *Polio nosode*, *Morbillinum* and *Oscilloccinum*. It is very interesting that the author has quite often been unable to locate detailed symptoms for these remedies, often giving as the only real guide a 'never well since...' indication. This is probably how most people use many of these nosodes and is really quite reassuring!

Some of the text is made up of quotations from other authors, but these are appropriate and helpful. It is unusual to encounter illustrative cases (again, nearly all quoted from others) in a detailed *materia medica* and these are some of the best features of the book, illustrating as they often do the close links between pathology and the helpful homeopathic remedy.

The foreword to the whole enterprise has some insightful reflections on why it is worth systematising the homeopathic *materia medica*. Vermeulen points out many uncomfortable facts which might be getting in the way of communicating with other fields of science. The rush to describe features of 'families' in homeopathy might be confusing (as well as formally incorrect), as for example 'snakes' is a sub-order and 'spiders' is an order. Some homeopaths might feel a more useful grouping would be into categories which put together remedies which exhibit similar homeopathic features in cases, so that for example, *Lyssinum* should be grouped with the toxic solanaceae like *Belladonna* and *Stramonium* and not as here with the other viruses. This though, can only be a matter of opinion.

It is hard to imagine that anyone but Frans Vermeulen could have the vision, the stamina and the literature-searching resources to undertake the massive task that is this *materia medica*. On a downside, this book sometimes reads as being as un-filtered as the internet and can seem as if the author is sometimes a little credulous, taking all things at face-value without really weighing

the arguments. On the other hand, it is very obvious when you come up against a bit of straightforward prejudice, such as any information that touches on vaccination and much of the discussion of antibiotic use.

All in all though, you will not find such a treasure trove of homeopathic microbiological material anywhere else and I strongly recommend the book.

Tom Whitmarsh

*Glasgow Homeopathic Hospital, Scotland, UK*

## BIRDS—Homeopathic Remedies from the Avian Realm

Jonathan Shore, Judy Shriebman and Anneke Hoge-land

*Homeopathy West: Berkeley, California, USA, 2004*

Price: £39.00, ISBN: 0-975-4763-0-0

This is the book serious homeopaths around the world were waiting for, a reference book dedicated to the Bird Remedies, one of the fastest growing group of 'new remedies' introduced to homeopathy over the last decade. There is no other comprehensive book like it, although information has been published about new provings and cases of individual bird remedies. I remember buying 'Birds' hot off the press in late 2004 in Canada, and reading it avidly through the night on the return flight. Since then I have referred to it many times, and it has helped my prescribing in several cases.

The book starts with an introduction to Bird Characteristics and features of the Avian Realm in general, and is then organised into three main sections, Key Features, Provings and Cases. Each one of the 15 bird remedies is discussed individually in each section, which I find to be one of the drawbacks of the book. One is always having to flick through to another section to link up the information when studying a particular bird. The different remedies are sequentially marked on each page edge with name and picture to facilitate the search, but it is rather cumbersome nonetheless.

Jonathan Shore and his co-authors have synthesised information from many sources, covering themes from classical provings done by others of better known bird remedies like Peregrine Falcon (Misha Norland) and Whooper Swan (Jeremy Sherr), to lesser known remedies like Great Blue Heron (*Ardea herodias*) and Brown Pelican (*Pelicanus occidentalis*), introduced by Jonathan Shore. The provings of Heron, Pelican, Great Horned Owl (*Bubo virginianus*) and Scarlet Macaw (*Ara macao*) were done in what Shore terms 'modified classical' manner, as a trituration proving. This entailed 7–10 participants sitting around a table, in turn grinding the substance to be proven (the bird feather) as directed in the Organon. The substance was

trituated up to C3 potency, during and after which each prover related their experience. It was then potentised up to C30 by Hahnemann Laboratories in California, and given to each participant to take or not, as they wished, before a meeting two weeks later, where each prover gave an account of their experience.

Other provings like those of Andean Condor (*Vultur gryphus*), Ring Dove (*Columba palumbus*) and Saker Falcon (*Falco cherrug*), were done by Elisabeth Schultz in Germany, where the remedy was trituated up to C4 potency. This seems to enhance the precision of information perceived by the participants during the trituration, and there is also quicker resolution of the proving state. The proving of Turkey Vulture (*Cathartes aura*) by Todd Rowe was done under supervision in the more classical way using C30 potency. The themes of Greg Bedayne's proving of Raven's blood (*Corvus corax*) are described in detail, although the methodology is not specified.

The Key Features section of the book again takes each remedy in turn, describing Core Idea, Key Aspects, Prominent Rubrics, Natural History and finally Mythology and Symbolism for each bird. Some remedies like Great Blue Heron, Great Horned Owl and Bald Eagle (*Haliaeetus leucocephalus*) are considered in detail in this section, including many rubrics pertaining to physical symptoms, which is very helpful when using the book to find the similimum for a particular patient. However, detail is much more sparse on Humboldt Penguin (*Spheniscus humboldti*). Some of the key aspects given are rather non-specific, like 'Sensitivity/Hypersensitivity' for Turkey Vulture, 'Vision' for Great Horned Owl, 'Breathing Constriction' for Whooper Swan, features which seemed to be common to the bird remedies anyway. As this is the first definitive book on homeopathic bird remedy pictures, I am sure that the differentiating features between the various remedies will be clarified with time. My experience is that Jonathan Shore's work has helped hugely towards understanding when a bird

remedy is indicated, but finding the exact similimum is not always as easy.

The final section on Cases includes clinical case studies from many different prescribers all over the world, including Shore. It is interesting to see the information described earlier in the book really coming to life as these 'bird people' express themselves ... their spirituality and need for freedom, hatred of feeling caged; often a history of abuse, victimisation and domination by others; dreams of birds, flying, finding feathers; love of air sports, climbing high mountains, etc. Physically there are often problems with neck pain, stiffness and tension, often extending to shoulder or arm. Unfortunately, a minority of the cases have a very short follow up period of only one or two months.

Overall, I think this is a very helpful book about an increasingly important group of remedies that are very much part of our time. Interestingly, we discover that the very first bird remedies ever prescribed were by Divya Chhabra (Indian Eagle) Jonathan Shore (Bald Eagle) and Misha Norland (Peregrine Falcon) in the 1990s. In all three cases, the patients gave such clear descriptions of their state that it was clear that this was not matched by any known remedy, because what they described was bird energy. So the bird feathers and/or blood had to be procured, the doctrine of signatures would settle for nothing less.

Since its publication, many more bird remedies have now been prepared by various pharmacies, often without a proving having been done. We need more reference books like this to fill in the detail as our collective clinical experience with bird patients expands, and I hope that more bird provings will be done by Jonathan Shore and others.

Julie Geraghty  
Bristol Homeopathic Hospital, Bristol, UK

## LETTERS TO THE EDITOR

Sir,

The study by Robertson *et al* is a fine example of nonsensical, misleading statistics.<sup>1</sup> The authors demonstrate that, at certain time points after tonsillectomy, the *Arnica*-treated group experienced significantly less pain than the placebo group. Therefore, they draw an overall positive conclusion. If one uses their VAS data to draw a graph, one hardly needs a statistician to see that the pain experience in both groups did not relevantly differ (Figure 1). A statistician would have been useful, however, to adjust the results for major confounders:

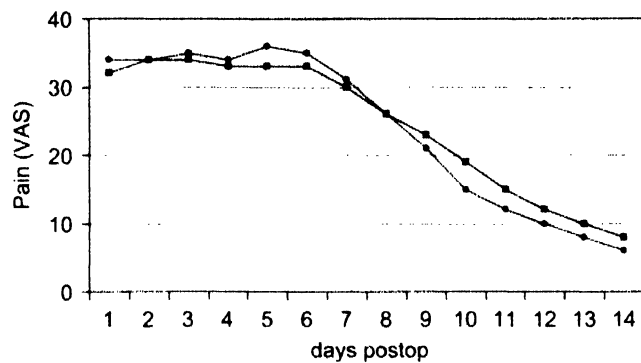


Fig. 1 Arnica: —●—. Placebo: - -■-

the marginal differences in favour of *Arnica* on three days may well have been caused by the high drop-out rate and/or the slightly higher intake of analgesics in the experimental group. Roberts *et al* conclude that “*Arnica*...provides a...significant decrease in pain...” I am not convinced!

## Reference

- 1 Robertson A, Suryanarayanan R, Banerjee A. Homeopathic *Arnica montana* for post-tonsillectomy analgesia: a randomised placebo control trial. *Homp* 2007; **96**: 17-21.

E Ernst

Universities of Exeter & Plymouth, Exeter, Devon, UK  
E-mail: [Edzard.Ernst@pms.ac.uk](mailto:Edzard.Ernst@pms.ac.uk)

## Response from author

The statistical analysis of our study was sound. A statistician was involved in all stages of the study including its planning. On three days we found the pain scores of the *Arnica* group to be a statistically

significantly lower than the placebo group. We also found that the *Arnica* group had a statistically significantly larger drop in their pain scores from day to day 14. These findings are neither nonsensical nor misleading. We believe that we have presented our data in an unbiased and transparent way.

Alasdair Robertson

ENT Department,

University Hospital of Wales, Cardiff, UK

E-mail: [anrobertson@a.hotmail.com](mailto:anrobertson@a.hotmail.com)

## Paralogisms of scientific journalism

Life only comprehends life through the mediation of the sense units that raise above the historical flow (Dilthey)

An article by Dan Hurley published in the New York Times of 16 January 2007 aroused curiosity in readers worldwide. Under the title “Diet Supplements and Safety: some Disquieting Data”, he presented data on the repercussions of use of freely sold products such as vitamin supplements, essential oils and herbs.

According to reports sourced from the American Association of Poison Control Centers, the consumption of vitamin supplements and essential oils may represent a significant epidemiological risk for the population: 14,006 cases of adverse reactions to vitamin supplements and similar products were reported in 1983; 121,595 in 2005. These numbers are modest compared to those for conventional drugs, published by the National Institute of Health in its 2006 report ‘Congressional Justification’ states ‘Unfortunately, adverse drug reactions are a major source of death in the U.S.’.<sup>1</sup> From 1989 to 2004 the Food and Drug Administration, Hurley goes on, received reports of 260 deaths associated to herbal medicines and other non-vitamin products. Hurley included homeopathic drugs medicines and ‘products’. Without giving much detail, he stay that in 2005 there were 7049 adverse reports of reactions, including 564 hospitalizations and two deaths.

These are relevant facts, since most of these products are sold freely, anyone may fill a basket or supermarket cart with products of this type. This dispels the common sense belief that ‘natural’ products (with all the criticisms of the mythology that the word ‘natural’ involves) is, at worst, innocuous. Many researchers who investigate ultra-diluted substances believe that they may be harmful to health if ingested without due care, guidance and medical assistance. There is no secret here. It is established that all drug substances

may induce adverse reactions, from mild to the most potent. They depend directly on the patient's sensitivity and idiosyncrasies.

But some sections of the media, including important medical journals, have published claims that infinitesimal substances are suspected, not of toxicity, but of the opposite: of not possessing any detectable biological effect *in vitro* or *in vivo*. It is here we find the paralogism.

Of course these are partial conclusions, therefore, challengeable. Experimentation in human beings, observational studies and studies of health-related quality of life quality of line in health, for instance, strongly contradict these conclusions of inaction. If the Food and Drug Administration finds empirically that adverse effects are associated with homeopathic medicines, and that they are significant, how is it that they are accused of being pharmacologically inert?. The notorious question: "does it work or not?" carries an unbearable ambiguity: it work, but only to intoxicate. But infinitesimal dilutions are not even "substances" *strictu sensu*. If there is not even a trace of active drug, nor any other validated evidence, how can one determine such actions? We are face—and this article in the New York Times is just a single example—with a superficial analysis of data which impact on both society at large and the community of users.

The surprise here is the size of paralogism. An influential newspaper reports that homeopathic medications may be poisonous. However, until recently

they considered they were nothing but water. Any apparent effects are only mirages placebo-effects. So, either we are witnessing a remarkable epidemic of placebo effects in the poison monitoring centers or a phenomenon that, if verified, should be a top priority list, with public support of research. Are homeopathic medicine fake? Or are there active poisons in infinitesimal doses? If there are, everything has to be reassessed.

But there is a more radical alternative: to evaluate sociologically what is happening in scientific journalism. We know that logic alone is insufficient to meet all the demands and possibilities of validity. As shown by Thomas Kuhn, it is supported by the values and needs of a certain culture, at a certain moment. In his classic book "The Structure of Scientific Revolutions" he warns that there is a pressing need for the analysis of development of theories and scientific verifications: the psycho-sociology of science, understanding of its motivations and meanings of its discourse. This means that it is important to recognize the non-universality of regulatory standards. In this case, the need is urgent.

## Reference

- [1] <<http://www.nichs.nih.gov/about/congress/justification>>.

Paulo Rosenbaum  
São Paulo, Brazil  
E-mail: rosenbau@usp.br

## OBITUARIES

### Madeleine Bastide 18 March 1935–10 June 2007



Madeleine Bastide, Professor of Immunology at University of Montpellier 1, one of the most remarkable personalities in homeopathic research, born in March 18, 1935 in Bourg en Bresse, France, died on June 10, 2007 in Montpellier.

Madeleine studied Pharmacy at the University of Montpellier, earning several degrees. In 1958 she was appointed Assistant Professor of Microbiology at the Faculty of Pharmacy, researching on the metabolism of Mycobacteria, which was the subject of her doctoral dissertation. In 1968 she was appointed Master Assistant in Bacteriology and Immunology and in 1979, Head Professor. Since then, she devoted herself to teaching and research. She created and developed the course of Immunology at the Faculty of Pharmacy, whose outstanding quality, as well as her communication skills, were enthusiastically appreciated by the students. She developed several lines of research in Neuroimmunology, Immunopharmacology and Medical Mycology, but soon her activities were concentrated in two main fields: the noxious effects of mobile phones and the scientific validation of the effectiveness of Homeopathy.

She showed that chicken embryos exposed to the waves emitted by mobile phones had higher mortality than the control group. These results—not necessarily valid for the human species—were objected by the industry lobby, which saw them as a threat. But Madeleine was not intimidated and continued her work, defending her ideas in international meetings, interviews and TV shows. Her courage and persistence were fruitful. A European mobile phone operator asked her to organize a study to be conducted at three different international laboratories. The results were confirmed and her recommendations to protect users were published.

She was appointed Adviser to the National Commission of Pharmacopoea, of the French Agency for Health Safety and Prevention, as well as at the European Parliament in Brussels. Madeleine Bastide was a member of several scientific societies, including the Society for In vitro Biology, the French Society of Medical Mycology, the International Society of Immunopharmacology, the International Society of Neuroimmunology and the International Society of Neuroimmunomodulation.

Her remarkable scientific production exceeds 300 papers and communications, 145 conferences in French and international scientific and official meetings, including the French Drug Agency, the French National Assembly, the European Parliament and the World Health Organization. She supervised more than 35 undergraduate and graduate students. The wide scope and the high quality of her research earned her several scientific rewards; the one she appreciated most was the *Médaille de Vermeil de la Société d'Encouragement au Progrès*, which she received from Yves Coppens, Professor at the College de France, at the Luxemburg Palace in January 14, 2001.

It was in the field of Homeopathy where she developed her most important work, reflecting the creative and rational of her spirit. In the early 1980s, she published a series of studies on the effects of ultra-high dilutions of cytokines and thymus hormones on the immunological performance of experimental animals. This was the departure point for a long journey across the world to present her work and ideas in prestigious scientific meetings, to which she was frequently called. Her courage and perseverance were rewarded also here with several prizes, including the First International “Rafael Lopez Hinojosa” prize for research in Homeopathy in Mexico in December, 1994.

In 1986, in collaboration with Dr René Halm, she founded an association devoted to research in Homeopathy, the GIRI (*Groupe International de Recherche sur l'Infinitésimal*), which she presided for several years. This allowed for the promotion of the Monaco International Seminars on Alternative Medicine, of which her friend, Her Highness Princess Antoinette of Monaco, was President.

Soon after the foundation of GIRI, Madeleine Bastide met the philosopher Agnès Lagache. The friendship they established was the origin of a fascinating adventure among innovative notions and experimental results,

which became growingly clearer when analyzed under the light of the *Theory of Body Signifiers*, developed over 20 years. It is an interpretative, non-explanatory theory, a precious tool to all who aim at establishing experimental designs taking into account, at the same time, the basic notions of Homeopathy—free from doctrinaire preconceptions and the full scientific methodological rigor required for high-quality work.

The words of Agnès Lagache allow understanding the meaning of their partnership in Madeleine Bastide's academic life:

As Madeleine would say, we had 'crossed our brains'. We were not necessarily in continual contact. At times, there were large brainstormings; at other, each one was caught for months in the professional occupations. But it was always the same thing: at each meeting, we would realize that each one had evolved along a same thread; Biology and Philosophy came to meet and clarify each other again, the adventure continued... It was also a daring exercise on interdisciplinarity; each one needed to translate her intuitions and propositions into the language of the other; each one had to consent to strip herself of her own knowledge and words whenever the other would 'retranslate' her contributions into the language of her discipline; each one must, at the same time, to fully trust the other and verify each new idea in its biological or philosophical coherence. And, certainly, we would no more knew who had been the first to speak on this or that, there was no more ego [...] We did not fear risks, and had absolutely no intention to abide to the limits of one or another intellectual conformism, we had no need of glory, but of the friends we had met and had helped us. Before her passing away, Madeleine said, 'We worked well'.

I would add, 'It was fun'. Madeleine shook me, dragged me along all scientific meetings across the world, even when I was ill, stimulated, open, she transmitted to me the life that emanated from her at all levels and records [...] She did for me what no one else ever did and will never do: she needed what was in my mind. She rummaged in my brain as a handyman does in his reserves until he finds the exact screw he is looking for. She elicited on me answers through her questions. My extravagant ideas would gain meaning, a real shape [...]. We built a fragile, debatable and unfinished, but alive and functional knowledge.

Her will and courage were expressed in all her actions, even until her last minutes. She had promised to give a lecture at the Monaco seminars on the different explanatory theories on the mode of action of the homeopathic remedies, on April 1, 2007. Although her illness made her very weary, she went and gave a brilliant lecture, no one, except her closest friends could have noticed her suffering.

She was a dedicated colleague, with her warm smile and her passion for communication which would charm her listeners, while at the same time, she was rigorous and demanding in the work. We will keep in our hearts the shining light of her generosity, her courage, her will and her intellectual honesty.

A beautiful soul has departed.

Jean M. Bastide, Leoni V. Bonamin, Agnès Lagache  
*Universidade Paulista - Campus Indianópolis,  
São Paulo, Brazil*  
E-mail: leonibonamin@gmail.com (L.V. Bonamin)

## Taufiq Khan: Footcare pioneer 8 March 1940–7 June 2007



Dr Taufiq Khan was since 1993 Hon. Director of Homeopathic Podiatry Services at the Royal

London Homeopathic Hospital. Taufiq's firsthand knowledge of the need for more effective treatments for foot problems when serving in the NHS was the driving force behind his pioneering research in plant-based medicine, resulting in his development of the specialty of Marigold Therapy and Homeopathic Podiatry.

Taufiq was born in 1940 in Aligarh, India. After partition of India, the Khan family moved to Pakistan in 1949. Taufiq continued his education in Karachi and qualified in homeopathic medicine, later moving to the UK to further his studies at the Royal London Homeopathic Hospital (RLHH). A painful corn led him to seek the help of a chiropodist, which was to set him on the path for the next stage in what was to be his

life's work. In 1970 he enrolled at The Chelsea School of Chiropody qualifying in 1973 as a state registered chiropodist.

Taufiq's convictions about the value of homeopathic medicine and its potential were lifelong as was his belief that modern scientific methods could and should be used in laboratory investigations of homeopathic drugs and their potencies. An indefatigable researcher, he presented papers at many conferences especially of the International Homeopathic Medical League. He received much encouragement and support from Dr John Raeside, Hon. Secretary to The Faculty of Homeopathy and Secretary of The Homeopathic Research and Educational Trust.

His particular, his familiarity with the healing power of the pot Marigold, *Calendula officinalis*, prompted him to investigate Marigold species of the *Tagetes* genus. Taufiq undertook his early research from 1980 to 1987 in the Marigold Research Clinic he established in London's St Pancras Hospital Department of Chiropody. Under the auspices of the charity The Marigold Trust which he had founded in 1989, he launched a Marigold Clinic at the Royal London Homeopathic Hospital.

Demand and the clinic's success led to the RLHH establishing the first Department of Homeopathic Podiatry in a NHS hospital. Taufiq was appointed Director and was joined by his son Dr M Tariq Khan. Spurred on by the hospital's support for Marigold Therapy, Taufiq launched further research this time using randomised, controlled trials providing further evidence of the safety and efficacy of the integrated treatments for foot problems. In 1998 at the RLHH exhibition *Sick feet and healing flowers*, the event was opened by the Mayor of Camden.

Warm tribute was paid to Taufiq by Professor Peter Houghton, a pharmacognosist at King's College Department of Pharmacy, who said:

"What is known as orthodox science can have just as closed a mind to things it doesn't quite at first understand as any other establishment regime. To convince the sceptics you have to present evidence based on their terms. Dr Khan has done just that. He has done properly conducted clinical trials with patients and the evidence is there that his treatments work. Ultimately that is what matters, especially if you are a patient."

In November 2001 he was shortlisted out of 40 entrants nationwide for the Award for Good Practice of The Prince of Wales's Foundation for Integrated Health. He received his award from the Prince of Wales, Foundation President, at the Awards Ceremony held at the Royal Festival Hall. In May 2002 he received a Meritorious Award from the Society of Chiropodists and Podiatrists and in February 2003 he was awarded an Honorary Fellowship of the Faculty of Homeopathy. For his research on plant-based medicine he was elected a Fellow of The Linnean Society, a Fellow of the Institute of Biologists and in 2003 a Fellow of The Royal Society of Medicine. In November 2003 Lord Paul of Marylebone opened an event at the RLHH celebrating the successful first decade of the Marigold Clinic and Department of Homeopathic Podiatry.

In 2005 he was elected to the Council of the Society of Chiropodists and Podiatrists. Sadly, due to the illness which eventually led to his passing, he was unable to take up his seat on the Council of his professional body. But his election to Council had demonstrated the reputation he had earned as a result of his dedicated work on behalf of suffering patients.

Tariq Khan

Royal London Homoeopathic Hospital, London, UK

E-mail: tariq.khan@uclh.nhs.uk