

SOCIAL AND HISTORICAL

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A research council for homoeopathy?

In his editorial, Peter Fisher referred to the half century of a new era in homeopathy with the publication, in 1936, of W E Boyd's *Monograph 1: Research on the low potencies of homoeopathy (an account of some physical properties indicating activity)*. This work was epoch-making, as it marked the beginning of research to find a reproducible model to demonstrate the action of substances in potency and to investigate the nature of potency energy. It had a mixed reception: in his review of the monograph in the journal, Dr Templeton thought it would have aroused the contempt of Dr J H Clarke, for 'pandering to the orthodox mind'.

Boyd had set the ball rolling, and Fisher gave a brief historical review of the major endeavours which had resulted. He said that 'we still have not reached the goal of establishing an undisputed, reproducible in-vitro model, but there are now good reasons for believing that this objective may not be far off'. For various reasons, most of these experiments had been unsatisfactory; none had been established, beyond dispute, as repeatable. However, a new generation of more sophisticated models were emerging. These used tissue culture or isolated cell methods, which were more economical and permitted investigation in greater depth than did animal experiments. An essential feature of the new models was the concept of pre-sensitization of the test system; either spontaneous, as in the important French work on degranulation of basophils from allergic subjects, or 'priming' of the system by pre-treatment.

Now, the author saw an urgent need for a large-scale, energetic, co-ordinated and adequately funded research effort; with clearly defined objectives and a

strategy for achieving them. At the same time, the fundamental concepts of similarity and individual sensitivity must not be devalued. For these reasons, he considered the establishment and funding of a Research Council to be an urgent priority.¹

Contemporary issues in homoeopathy

There are 23 pages of this issue on Proceedings of the Scottish Homoeopathic Conference Working Parties at Airth. The conference was deemed a success, with a varied group from throughout the UK and Europe assembled. The work centred around two main topics; clinical teaching by Guy Kokelenberg and Julian Kenyon, and a forum seeking practical solutions to the problems facing Homoeopathy in the UK at the time. The forum tackled three main areas: legislation of medicines; research; and clinical standards. The issues at stake were presented by individual speakers before being debated in workshops. There is an extensive report of the presentations given by each of the three speakers; followed by a brief report on each workshop, and then quotes of the main discussion points.

A G Warren gave the talk 'Aspects of legislation relating to the testing and licensing of medicinal products'. The urgency of this topic centred round the risk of products being de-licensed after 1990, when the Committee on the Safety of Medicines or the Veterinary Products Committee would have finished examining non-homeopathic products. The recent Pertussin withdrawal pointed to the risk, as applied to all products potentized after the Medicine Act of 1986, which required *evidence that a product is effective*. Warren stressed the need to gather as much evidence of effectiveness as possible, and suggested a plan of campaign. 'It would then be possible to put forward positive suggestions to the DHSS and the Committee for the Safety of Medicines of ways in

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which homeopathic remedies should be tested and be in a position to explain why the methods and protocols that are suitable for conventional medicinal substances will yield no useful results with homeopathic remedies. The working party proposed a meeting of consult bodies, including the Research Council for Complementary Medicine, the British Homoeopathy Research Group and the Blackie Foundation Trust. When a consensus had been reached, the DHSS and the CSM should be invited to consult this group.

R W Davey led the second topic with 'Research in homeopathy, a UK perspective'. He insisted that research was vital, and gave reasons why. The important and obvious one had been dealt with above. Another reason was the growing number of applications to the Research Council for Complementary Medicine from orthodox practitioners and researchers, with the dangers of inadequate work and negative trials if ill-informed and lacking any homeopathic oversight, interpretation or direction. Then the meetings at the Royal Society of Medicine between complementary and orthodox were pressing more and more for research, and insisting that we justify our claims if dialogue were to continue. Finally, the BMA report on alternative medicine was due out and would no doubt make similar demands. The very productive working party which followed this talk made several proposals. The most interesting one was the creation of a Homoeopathic Research Council, which would involve all the groups cited above. It would also involve all the disparate research groups in the UK, so that it could pool resources and develop a well-defined strategy. The other deliberations of the working party concerned the journal and the means to enhance its status. It was suggested that *Communications*, the journal of the British Homoeopathy Research Group, should combine with the *British Homoeopathic Journal* in some way; that the BHJ ought to have a European perspective (countries at the Conference were formally invited to submit papers); that there was a need to keep a speculative and controversial note as well as the scientific; and that the journal might be listed in the Index Medicus. In the discussion, David Reilly made a pertinent comment: 'If you are planning a research project, a useful device for focusing your thinking would be to ask yourself: could it easily and comfortably be completed by 1990, and would it contribute to the fundamental issue as to whether homeopathy is just a placebo response?'

J Swayne gave the final presentation 'Homeopathy in contemporary clinical practice'. One theme was the need to improve the academic quality of the discipline; 'Good clinical practice is the end product of good thinking, good teaching and good research; that is, good academic work'. Then he spoke of the need for intelligent dialogue; for homeopathy to contribute to the development of the common language of medicine, and to become more versatile in the dialects of those neighbouring disciplines whose borders we share. He

demonstrated his points of contact in the growth of homeopathy in his area of Bristol and the South West by citing 15 organizations or disciplines, with the type of dialogue for each. In the discussion, the author suggested the formation of an academic board, linking functions in the Faculty. He also suggested a review of the qualification system, with two tiers: a first-stage Diploma aimed at general practitioners; then a Membership, higher than the current one. Peter Fisher suggested that a dissertation or some other piece of original work should form the basis for election to Fellow. Stuart Semple said that if it were a two-tier system, then homeopathy would be in line with every other postgraduate speciality in the country. A majority of the working party voted in favour. Finally, the goal of a Royal College of Homoeopathy was proposed for debate. Again, a majority voted in favour.²

Asthma and allergies

This 8-page paper 'The homeopathic treatment of asthma and allergies', by K R Wallace, formed the basis for a talk given at the Annual Symposium at Selly Oak Hospital. Wallace stressed the importance of miasmatic influence, with strong family inheritance of one or more of the triad of asthma, eczema and hay fever; in this case the miasm of psora. So the first important step was to give an anti-psoric; in particular *Psorinum* and *Sulphur*, or one of the other important antipsoric remedies such as *Lycopodium*, *Calc.carb.*, *Silicea*, *Nat. mur.* and *Arsenicum*. The second important step was to use a constitutional remedy; especially important in allergic disease. Thirdly, there was desensitization with homeopathic preparations of any allergen; and the author stated that acute reactions to these had never been recorded. These three approaches are common to the triad, with one or more being considered in the individual case.

Wallace dealt with the treatment of each condition in turn, outlining relevant approaches and characteristics of remedies in seven tables. In the case of asthma, he cited two further preventative measures: nosodes and stress reduction. Where asthma may follow prior infection with respiratory diseases, *Tuberculinum* might be given, both to prevent further episodes of infection, or to clear up the effects. The nosodes *Pertussin* and *Morbillinum* could also be considered where wheezing only started after infection with whooping cough or measles. As stress was such an important factor in asthma, he recommended methods such as psychotherapy, hypnosis, meditation etc., and found the constitutional remedy to be particularly useful here.

The author then stated: 'In the prevention of asthma the homeopathic approach is undoubtedly highly rewarding. When we come to the treatment of asthmatic attacks, we are on much more difficult ground; not because homeopathic remedies do not

work, but for several other reasons.' These included the problem of recording the exact symptoms during an attack, which is more serious where patients are far-flung or on other doctors' lists. He considered this to raise considerable ethical problems. He was much happier with the pathological treatments of eczema, hay fever and allergic rhinitis, and gave case histories of these.³

Obituary P W Thomas

Mr Thomas was a graduate in engineering who held several important posts in his field. In 1938 he was the Hon. General Secretary of the International Engineering Congress in Glasgow at the time of the Empire Exhibition. In 1957 he organized the centenary celebrations of the Institution of Engineering and Shipbuilders in Glasgow. He became the custodian of the Glasgow Homoeopathic Hospital Library in 1968. The reviewer, who knew and worked with him, described his courteous and impeccable manner, which

impressed as much as his far-sighted comprehensive and incisive intelligence. He said 'That a man of 80 should take up computing for the first time is almost as remarkable as the fact that he should succeed in his plan to index and database the *British Homoeopathic Journal* back to the turn of the century. We all learned by observing the dedicated way he cared for the library. His knowledge of homoeopathic literature was comprehensive and irreplaceable. Although unspoken, we knew it was 'his' library; and it stands now as real and proud as any memorial can'.⁴

References

- 1 Fisher P. A research council for homoeopathy. *Br Hom J* 1986; **75**: 185-186.
- 2 Warren AG, Davey RW, Swayne J, Reilly DT. Contemporary issues in homoeopathy. *Br Hom J* 1986; **75**: 187-210.
- 3 Wallace KR. The homoeopathic treatment of asthma and allergies. *Br Hom J* 1986; **75**: 218-226.
- 4 Thoms PW. Obituary. *Br Hom J* 1986; **75**: 230.