

A RE-EXAMINATION OF HOMEOPATHIC PHILOSOPHY AND A SIMPLIFIED APPROACH TO PRACTICE

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Unlike mainstream medicine, homeopathy rests upon a philosophy which determines its overall practice, and yet that philosophy lacks real clarity and consensus. The result is a good deal of confusion, both within and without the profession, as to what exactly homeopathy is and what it does, and a proliferation of different ways of practising, all of which profess to follow the basic tenets of homeopathy, but in reality are incongruent with each other. Even the so called law of similars, which is the *raison d'être* of homeopathy, begs the question 'in what sense similar?' And that looseness of definition leads to many problems in practice. The usual retort of similarity of symptoms is insufficient, because in turn it begs the question, 'which symptoms?'

Over the past 13 years of practice, I have sought to uncover the simplicity which I have always felt lies at the heart of homeopathy; whilst homeopathy in its practice is an art, it must have its foundation in truth, and truth is reached through critical enquiry and observation. This is basic science. What I have seen, however, is much unquestioning acceptance of what has been written historically and passed down verbally. In recent times, the situation has been compounded by the flurry of popular books on homeopathy, in which there is generally only a cursory mention of philosophy before getting onto the business of medicines and the indications for their use. This is a great pity since homeopathy rests utterly on its philosophy. That its philosophy is not fully understood is no reason for effectively bypassing it in the popular literature and reiterating views in the professional literature which are often based more on religious zeal and dogma than on scientific enquiry and reasoned argument – statements often made without any substantiation or even on occasions any known source for the original statement. The result is two-fold – it stops homeopathy moving forwards into a healing discipline where there is consensus based on truth, and it has a profoundly undermining effect on day-to-day practice for the profession as a whole. Philosophy determines method, and if our philosophy is confused, then too will our methods be, and in turn results. If we are to

reach the truth about homeopathy (or anything for that matter) we must observe and question everything – all our assumptions and prejudices, and all the unsubstantiated claims and statements that have been made over the years and handed down. We need to go back to basic observations and rigorous enquiry – to strip down everything to what we can manifestly observe to be fact, and see what reveals itself in consequence.

I do not profess to have come to all the answers, but in this paper I propose to ask some basic questions, and put forward some basic observations, and (I hope) some reasoned arguments, and thereby arrive at a place that has (again I hope) more clarity than where I started.

The questions I shall ask are fundamental and include:-

1. Does homeopathy work and if so in what sense does it work?
2. What do provings tell us and why conduct them?
3. What is similarity?
4. What is causation in homeopathy?
5. What are potencies?
6. How does homeopathy work?

I have chosen, wisely or not, to write this paper based solely on my own observations and arguments, without reference or recourse to past literature on homeopathic philosophy, for the reasons given above, but also because I wanted to present only what I have verified myself in practice, or have drawn from fields outside of homeopathy where there is clarification of certain issues pertinent to the questions I shall be asking. I have attempted to adopt a rigorous scientific approach throughout. My intention has been to attempt a radical reappraisal of homeopathic philosophy – to go back to basic observations and arguments, unencumbered by opinion, belief, assumption, prejudice, dogma or hearsay, either for or against.

What I hope I have achieved by adopting this approach is to reveal that through critical and searching questioning, homeopathy is, at its heart, something very simple, elegant, and profound, and that it does not need to be defended and justified – it merely needs to be understood; and if we still do not understand, then it is better to stand in uncertainty until we do, than rest on false conclusions.

With regard to references, I have used as my main homeopathic reference text Thorsons Encyclopaedic Dictionary of Homeopathy ¹ mainly because it carries within it references to all the standard homeopathic texts, and covers all the basic issues of homeopathy in one form or another, and it is a fairly recent publication. Whilst it suffers from the problem of most homeopathic texts (reiteration of assertions without critical evaluation) it is at least comprehensive. Most of the other references I have used belong to disciplines

outside of homeopathy, but are pertinent to the arguments I shall present.

My first question then is the one most often asked by those outside the profession – ‘Does homeopathy work?’ The simple answer to that question is yes, it does – legions of patients will testify to that, and it has been observed to work for over 200 years by many observers, a good number of those initially critical and influential in other fields.¹ And yet it is not consistent in its results – we can see near miraculous cures on the one hand, and on the other we may have some patients we are unable to help at all, with the whole spectrum of results in between.² How can this be? I think the reason lies partly in the fact that, unlike mainstream medicine, homeopathy is non-formulaic – there are no set procedures or drug regimens for specific ailments and diagnoses. Treatment is dependent entirely upon a practitioner’s understanding and perception of what is to be cured, and so in practice homeopathy is very practitioner dependent – much more so than in mainstream medicine. As a consequence, homeopathy is not, and cannot be, uniformly effective. In the hands of a very experienced and perceptive homeopath, one would expect (and one finds) much more consistent results than in the hands of a novice. The other cause of inconsistent results, it seems to me, is unsound philosophy. Whilst perceptive ability inevitably varies, but also grows with time and experience, the philosophical foundations of homeopathy, upon which we practice (whether experienced or not) ought to be formalised and have consensus, but they are not and do not. Practice rests as much (it appears to me) on personal beliefs and dogma, than on sound philosophy and firm evidence.

Now this inconsistency in results means we need to ask not only does homeopathy work, but more pertinently, in what sense does it work, because inconsistency means in general that something important is being missed – something has not been fully grasped and understood. To put the question another way, what are we endeavouring to treat when we treat homeopathically? Are we endeavouring to treat ailments (or conditions or diseases, whatever terms we chose to use) in which case results will pertain to ailments, or are we endeavouring to treat something else? There is no doubt that mainstream medicine endeavours to treat ailments and it judges its results on that basis, but when we come to homeopathy, it is clear that the *modus operandi* is somewhat different. To begin with, homeopathy is not defined by its medicines, but by the manner in which they are prescribed. Strictly, there are no such things as homeopathic medicines, only medicines that are prescribed in a homeopathic way (according to the dictum *similia similibus curantur*). In mainstream medicine, the medicine determines its use; in homeopathy, the situation determines the medicine’s use. So in homeopathy we are treating the situation rather than the ailment, and how do we determine results in relation to a situation? With difficulty. For one thing, unless we are clear we are treating situation rather than ailment

by prescribing homeopathically, there is fertile ground for further confusion. And this confusion must abound, for I constantly see seminars and papers about the homeopathic treatment of eczema or cancer or some other ailment. This is internally inconsistent, to say the least.

I would like at this point to repeat what I feel to be the *modus operandi* of homeopathic practice in the light of the above, since it takes me to the other questions I wish to ask and acts as a focus for much of what I have to say subsequently. It also provides an opportunity to introduce the word *state* rather than continue to speak of *situation*:

*'Any state of ill-health, howsoever it may arise (whatever its cause), can be transformed into a state of health by the administering of any preparation (whatever its source) or by the following of any procedure, which is known from collective experience (provings or otherwise) to induce a similar state of ill-health to the one observed.'*³ (Parentheses I have added to my original).

I put forward this proposal in order to get away from (I believe) the erroneous notion that homeopathy is about matching symptoms. It is not, and this is one of the sources of inconsistency in homeopathic practice. Whilst symptoms may point to and indicate *state*, they are not *state* themselves, and symptoms can be misleading – in the same way that the coat a person is wearing is not the person, it may tell us something about the person, but it also may not. I will discuss symptoms at greater length under the heading of *similarity*.

To repeat, homeopathy treats *states of ill-health* (we will discuss this again when we come to look at *provings*) – it does not treat *ailments*. To lose sight of this is to lose sight of homeopathy. If we want to treat *ailments* we should use mainstream medicine – it is much more effective than homeopathy at doing that. Homeopathy's great strength (and its great weakness – see below), its purpose even, is that it treats *states of ill-health*, and mainstream medicine simply cannot do that. Of course, in transforming a *state of ill-health* into a *state of health*, many, if not most, *ailments* resolve, but we are not treating *ailments per se*. This is a huge and important difference, and cannot be overemphasised.

What then is the difference between a *state of ill-health* and an *ailment*? A *state* is simply that – the *state* a patient is in – their *state of being*, of *experience*, whilst *ailments* arise out of (are expressions of) *state*. *Ailments* might appear to have their own discrete causes, but in reality on closer inspection, it becomes clear that even when it appears that an *ailment* is discrete and has its own discrete cause, it has in fact arisen out of a newly formed or ongoing *state of ill-health*, and we are merely concentrating on the *ailment* and not seeing the wider picture (the *state*). Now I agree, perceiving *states of ill-health* is not

easy, and this is why homeopathy is not easy to practice – it is its weakness and the reason why it is so practitioner dependent. Dealing with ailments is much easier, but that is not homeopathy, it is mainstream medicine, and if we are addressing ailments with potentised medicines, then it is mainstream medicine dressing itself up as homeopathy. Is all of this important? Yes it is, on several counts. Firstly, it is not enough that something works, because as we have seen, it is important in what sense something works. Mainstream medicine works very well at treating ailments, but that brings with it all manner of attendant problems. If it didn't, there wouldn't be such an interest in traditional and alternative medicine. Secondly, if we are well grounded in philosophy and understand the principles, we wouldn't treat states of ill-health when we can see them, and switch to trying to treat ailments when we cannot – and thereby compound our confusion. Thirdly, if we are well grounded in philosophy, then we can be more creative and effective in our practice. Finally, if we pursue truth, however difficult that may be, rather than what is expedient and easy, then truth is revealed, and with truth, simplicity, as we shall see.

My second question is what do provings tell us and why conduct them?

Generally provings throughout the 19th century were conducted in a thorough and rigorous manner.¹ The effects of preparations on groups of healthy volunteers were recorded faithfully, meticulously and objectively, with due and full regard to the volunteers' own words (that is, their descriptions of what they were experiencing) without opinion or prior assumptions on the part of the observers. On the whole, provings are the one area of traditional homeopathic literature that is truly scientific and free of dogma. As a result, the state of ill-health that a preparation induces is usually clearly revealed.

Not so provings of most of the 20th century, which tend to be rather inadequate, often mere listings of symptoms with no descriptive language at all - no real first-hand accounts of what the volunteers were experiencing, which is so essential to an understanding of a remedy's action. Fortunately, in the past 10 years or so provings have again been conducted with a more thorough regard to the volunteers' own words and are of a high standard.

What then is the purpose of a proving? It is to reveal, through recording the effects of a preparation on a group of healthy volunteers in their own words (that is, through their descriptions) the state of ill-health that preparation induces. Provings and treatment are two sides of the same coin that is homeopathy. Treatment addresses states of ill-health – provings induce states of ill-health. In both, the paramount operative is description; without description there are no usable provings, no perception of state and in turn there can be no rational treatment. Provings are not about ailments or even about symptoms

(though symptoms can point to state) but about the state of ill-health a preparation induces – and state is revealed through description.

My third question is what is similarity? This question I intend to discuss at some length because it leads onto other issues and what I hope is a simplified approach to homeopathic practice.

The dictum *similia similibus curantur* is presented as being the central tenet of homeopathy, yet we are left asking the question, in what sense alike? In practice, trying to match ailments is futile - just because a particular ailment resolved on giving a particular remedy in one situation, does not mean that same ailment will resolve in another situation with the same remedy. Matching symptoms is almost equally as inconsistent – which symptoms do we match, all or some, and if some, which ones? The alternatives we are left with are terms like picture or essence or totality as guides, without really understanding what we mean by those terms. What may be understood or perceived to be the totality for one homeopath, may not be for another. To really discuss the question of similarity meaningfully, we need to go to the philosophical works of Plato, Locke and Leibniz, and we must look at the concepts of qualities (*qualia*), identity and Forms (Ideas)^{4 5 6 7 8}. Now I am not a trained philosopher and these are difficult concepts, and still the subject of debate amongst philosophers, but it seems to me nevertheless, these concepts have a very real and practical relevance to homeopathy, and so I shall attempt (within the limits of my ability) to summarise them.

Basically, similarity is determined by shared qualities (characteristics) in kind and degree. We recognise a thing in itself (its identity) by its qualities, and hence we recognise similarity in another thing by those same qualities. It is because qualities can be possessed by more than one thing that similarity exists. Qualities then (whether they are a function of perception or have some kind of objective reality) have an ‘existence’ independent of anything or anyone that they may describe. They may attribute themselves to anyone or anything, e.g. softness, sweetness, sharpness, heaviness, stiffness, anger, courage and so on. Qualities (*qualia*) tell us what a thing is like – they describe and specify the thing in itself – its identity. No amount of measurement (*quanta*) will give us the identity of a leopard or a chair, for instance - they must be described for us to recognise them. What makes a leopard a leopard or a chair a chair are sets of qualities and their relative degree – a leopard must have certain qualities to be a leopard; a chair must have certain qualities to be a chair. In addition, because qualities can attribute themselves at any time and in any place, they have an ‘existence’ outside the normal confines of time and space.

Now all of this takes us to Plato’s Theory of Forms or Ideas, which is a theory

about types or kinds of things (groups of similars). What it says is that a type exists independently of whether or not there are things of that type. In other words, there is an Idea – e.g. a Leopard Idea – which can manifest as a number of leopards, all of which will be similar because they share the same Idea. Now whether this theory is correct or not⁴ – and we shall come back to it when we discuss potencies – it is a very useful model with which to discuss homeopathic practice. With regard to homeopathy, I think we can substitute the word ‘state’ for ‘Idea’ without any difficulty. States (of ill-health) we can now see are described, specified and identified by their qualities. If we shift our attention from ailments to states, we very clearly see this in practice. According to Plato, Forms (Ideas) are eternal and unchanging – in other words, they are outside the normal confines of time and space. If we substitute state for Idea, we see by reason and by practical observation, that states are outside the normal confines of time and space – they can have their ‘existence’ anywhere in the world and at any time – in this patient or in that patient, in Hahnemann’s time or in our time, or in a hundred years from now. Not so ailments, of course, which have regionality and historical context. Qualities and state go hand in hand. Qualities describe, specify and identify state, and both qualities and state are outside the normal confines of time and space.

Now a number of issues follow from the above. First, whilst the manifestations of state, i.e. ailments, are usually very material, state itself is immaterial, as are qualities, and yet qualities and state are the very things we, as homeopaths, work with. It is the perception of qualities which identifies state, and it is the treatment of state which homeopathy addresses. Every day we see patients who are in states of ill-health that need to be transformed into a state of health, and this we endeavour to do. To use the example of a leopard again, it is like a leopard who is behaving as *if* they were an elephant, for instance, even though fundamentally they are still a leopard. When we are sick we are no longer really human – we behave as if we have moved into another state of being, and this is what homeopathy addresses. Sometimes the state we have moved into is extreme and a person may have taken on so many qualities of a particular state and with such intensity – they may have moved so far into that state of being – that it is evident to even the untrained observer.

Second, any given state of ill-health can produce any number of ailments. We see this where a particular state of ill-health is shared by a number of people - despite possibly different ailments, they will need the same remedy. Conversely, a number of people may have the same ailment, but unless they are in the same state of ill-health they will require different remedies. Always it is the state of ill-health that is important, not the ailment, and if we concentrate on the ailment, it is because we have lost sight of the state. Now I am not saying that ailments should be ignored, but they need to be seen within the context

of state and with the knowledge that they are manifestations of state, and that as the state of ill-health is transformed into one of health, then on the whole ailments will resolve. That there are occasions when ailments do not resolve on transformation of state, e.g. some non-inflammatory tissue changes, does not detract from the general principle.

Third, only qualities determine similarity of state, as we have seen, so even if two patients have the same ailment, or even if they share (many) symptoms, there is not necessarily any similarity. Only if qualities are shared is there similarity, and the degree of similarity will be determined by the number and comparable degree of shared qualities.

Fourth, related states of ill-health are related through shared qualities. Just as leopards and panthers are related through shared qualities, the degree of similarity between leopards and panthers is less than between all leopards, and as the number of qualities in common between leopards and other animals diminishes, then so does similarity. Similarity is on a spectrum. This is no less true for states of ill-health. Related remedies are related because they induce similar states of ill-health. Curative remedies are curative because they are able to induce a similar state of ill-health to the one observed (however they may do that). Unrelated remedies are those that induce dissimilar or insufficiently similar states of ill-health.

Fifth, where there has been a change of qualities there has been a change of state. A change of symptoms, or new ailments appearing, does not mean a change of state – only a change of qualities indicates a change of state.

Sixth, qualities are relative, not absolute; qualities are descriptive; qualities are universals; qualities have their opposites – qualities exist as pairs of opposites.

Before moving on, I would like to spend a little time on symbols. Symbols are related to qualities in the sense that whilst qualities *describe* state, symbols *represent* state. Symbols are qualities ‘embodied’ into an image, which may or may not have material form, e.g. a dream image is non-material; a rash around the throat of someone who is unable to express their anger is a symbol having material form – both will represent the state of ill-health the patient is in. Now, not every state will have symbols, and it is by no means necessary to have symbols in order to identify state. I mention them because when they do appear, they are useful and provide a confirmation of identity of state.

In terms of practice, one becomes aware of qualities and symbols, it seems to me, on the basis of their intensity, repetition, absence or foreignness. A quality or symbol that is intense is clearly more important in identifying state than one that is mild; a quality or

symbol that appears again and again is clearly important in identifying state (a leopard with one spot would not be recognised as a leopard); a quality or symbol that is absent when one would expect it to be present, e.g. thirstlessness in fever, painlessness of usually painful complaints, is clearly important; and a quality or symbol that is foreign to the human condition, e.g. sensation of a band or a ball or cobwebs or brittleness or hollowness (to name but a few) is clearly important in identifying state. Most sensations ‘as if’ are foreign in that the images used are of things that do not belong in health.

With regard to qualities and symbols, I would like to say that repertories as they stand are a mixture of qualities, symbols, ailments, disease labels and plain symptoms (non-descriptives). This perpetuates to my mind the major confusion in homeopathy – what are we endeavouring to treat – states of ill-health or ailments or symptoms? It seems to me that if homeopathy is about treating states of ill-health, as I believe it is, then it would be much simpler and clearer if repertories were comprised of only three chapters:

1. Qualities;
2. Symbols;
3. Causations (see next section).

There is no reason not to have a separate repertory comprising non-descriptive symptoms, ailments and disease labels for reference if one wishes, but to have two repertories mixed as they are and presented as one, is a reflection, to my mind, of our current philosophical confusion about homeopathy. At the moment, one has to fish out qualities and symbols from a mass of information, most of which is not helpful in practising homeopathically.

My fourth question is what is causation in homeopathy?

Every state of ill-health has its cause. Whilst qualities *describe* a state of ill-health and symbols *represent* the state of ill health, causation is the *reason* for the state of ill-health (the cause is the meaning of the state). This makes cause of very great, if not paramount, importance. The problem is in perceiving or discovering causation. There is an old Irish tale (and stories like this one occur all over the world in one form or another⁹) that goes something like this.

*One day a farmer is out in his fields working, and a pooka (a harmless but very mischievous being of Irish folklore) comes along and starts to play games with the farmer, tricking him and making fun of him and so on. Now by a sleight of hand, the farmer eventually manages to capture the pooka and tie him up, and the pooka screams and shouts ‘let me go, let me go!’ In reply, the farmer says, ‘I will let you go under one condition’. ‘Yes, anything’, says the pooka. ‘Answer me this question, if I fall sick, what will make me well again?’ ‘That’s easy’, says the pooka in reply, ‘Whatever made you ill but not so much of it’.*¹⁰

And what an answer! Seemingly simple and straightforward, yet actually unfathomably deep. For who knows the cause of their sickness, be they ever so wise? Whilst establishing (perceiving) the cause of a state of ill-health is of such importance, it is not easy. Now there are two things that need to be said about cause. One is, where effect is similar, cause is similar.⁴ It follows that where a state of ill-health is similar, the cause is similar. In giving a remedy that induces a state of ill-health similar to the one observed, we are giving a similar cause. But why not give the *same* cause as suggested by the pooka – and as implied or stated by certain historical figures?¹¹ It would be simpler and presumably more effective. The answer is no reason at all as far as I can see, beyond the necessary question of dose or potency and whether cause is identifiable and/or available. There is a practice called tautopathy (from *tautos*; same, in distinction to *homoios*; like)¹² in which the state of ill-health induced by a pharmaceutical or vaccine is antidoted (returned to a state of health) by the same pharmaceutical or vaccine in potency. Where cause has been established, this procedure works very well indeed, and I personally have employed it on many occasions.

If we assume, as is reasonable, that the principle underlying tautopathy is universal, then the use of similars in homeopathy becomes necessary only because by and large we are unable to establish cause in most cases, or if we can, we may not be able to obtain it in an administerable form. We are then obliged to employ a similar cause as an alternative. Whilst this is simple in its necessity, the selection of similar causes occupies the majority of homeopathic work, so it is not surprising it has attained a central place in homeopathic thought and practice. That central place should, however, be occupied by potency (see below).

At the risk of repetition, to establish cause one must have a definite, specific and identified agent or event – assumptions are insufficient, however seemingly justified. Tautopathy will fail if one's assumptions as to cause are incorrect. This, together with the frequent difficulty or impossibility of obtaining cause in an administerable form, e.g. if cause is an event (see below), means that homeopathy is a more reliable approach in that the emphasis is on state rather than cause.

The second thing that needs to be said about causation of states of ill-health is that cause falls into apparently several categories – physical, chemical, events or situations and, according to indigenous peoples worldwide, non-material agents.^{13 14 15} The last of these I include since the belief is so widespread and consistent. My own experiences amongst the Shipibo of eastern Peru¹⁶ and the Jhankri of western Nepal¹⁷ lead me to accept that non-material agents are held to be an appreciable cause of illness amongst these people.

These beliefs have been, and are, the subject of much study.¹⁸ I include this category of causation for the sake of completeness and also because it may have some relevance to an understanding of homeopathic action.

Clearly, only where there is an established chemical cause can a sample be reliably procured and potentised (see below). This means that for the majority of causes, as we have seen, an alternative (most similar) cause has to be sought. This is where provings provide a source of alternative causes.

My fifth question is what are potencies?

Before discussing the nature of potencies, there seems to be some confusion in the literature between dose and potency.¹ Dosage refers to material quantity, whereas potency refers to the degree of dilution and succussion. These two terms only become an issue between 1x and 23x where both material doses and potencies coexist. 'Below' 1x only increasing amounts of material are present; 'above' 23x only increasing potencies exist (although of course even material doses may have some potency present from unintentional agitation). It is possible that between 1x and 23x there is the potential for conflicting medicinal action.

Ethnographic reports from a number of sources indicate indigenous peoples have the belief that plants and other medicines must be activated or woken up in order to have their full effect.^{19 20 16} This can be done in a variety of ways, including pounding and grinding of medicinal raw materials^{20 21} and shaking of medicinal solutions¹⁶ – in order to enliven them – before dispensing. This is possibly a worldwide and historical practice. The practice was, and still is, performed in Western herbal medicine.²² The preparation of homeopathic potencies is not therefore without precedent. What is unique to homeopathy is the coupling of progressive dilution with succussion or shaking. If shaking of medicines before dispensing was standard practice in Hahnemann's time, then the discovery of potencies could easily have been serendipitous. Hahnemann's rationale for progressive dilution of medicinal solutions was to reduce the toxic effects, but of course if at each step (the standard? practice of) shaking was employed too, then it would have been at that point that history was made. As a scientist, Hahnemann would have noticed something unusual going on and investigated.

What is the difference between a sequentially diluted solution and one that has been violently agitated at each step? Simple dilution, whilst it progressively reduces any possible toxic effects of a substance, also reduces any medicinal effects – this is true whether the substance is prescribed homeopathically or otherwise, and beyond 23x of course dilutions

alone have no medicinal effect at all. What we can say about the difference between sequentially diluted and succussed solutions and those that have only been sequentially diluted, is that the difference is *stable*. On cessation of agitation the solution does not collapse back down to an inert form – nor on transfer of medicinal solutions to lactose tables (see below).

Anyone who has stood next to a waterfall has the sense that the water is being energised in some way, but this is in a general sense and potencies are very specific in the sense of the remedies they pertain to. Incidentally, waterfalls are held to be places of power and healing by many peoples.²³ At each succussion air is introduced into the solution and that may be relevant. The other components apart from the medicinal substance are water and alcohol of course, which I shall discuss later.

What I can say about potencies is that whilst qualities specify and identify state (and hence the corresponding remedy), the intensity of the qualities (and hence the intensity of the state) appear to determine potency. The more intense the state of ill-health, the higher the potency that is called for. This one might expect since effect is related to cause – the more intense the state of ill-health the more powerful (potent) the cause (and correspondingly the higher the potency needed to address it). This comparability between intensity of state and potency required is a subjective judgement in practice – something along the lines of weak (6-30); middling to strong (200-1M) and strong (10M and above) - since potency, like similarity, cannot be measured, only perceived. Since intensity is an expression of strength or potency, and it appears that more intense states require higher potencies, then it follows that the process of sequential dilution and succussion produces something which is sequentially more potent.

Even more important perhaps, is the difference between the effects of crude material and potencies. If we give more of a cause in crude form we will merely intensify the state of ill-health (this is true whether we give more of the actual cause or more of a similar cause). But if we give either cause in potency it appears to be curative. The real question then becomes why should something in crude form be causative yet in potency be curative, or at what point in the potentisation process does something cease to be causative and become curative? Of course this may vary from person to person, state to state, and substance to substance. The general principle seems to be as one moves from large doses through smaller doses to low potencies and progressively higher potencies curative ability increases; as one moves in the opposite direction from higher potencies through lower potencies, and into small doses and larger doses, causative ability increases.

This brings me to my final question – how does homeopathy work?

The simple answer is no-one knows. There is much speculation about the subject, but no answers. The first thing to say is that any theory which attempts to explain how homeopathy works has to take into account *all* the facts, and theories so far conveniently ignore certain facts.¹ An example of this is the proposal that water retains the memory of substances put into it, and that this memory can be transferred through sequential steps of dilution and succussion, and that furthermore, this memory can then somehow interact curatively with patients.²⁴ One might entertain this possibility for water alone – certainly water forms complex patterns of hydrogen bonds having the semblance of structure (though constantly in flux), but tinctures and potencies are made in 25-90% alcohol and 90% alcohol respectively. The effect of this is two-fold. Firstly, proteins are denatured (usually irreversibly), that is they lose their 3D structure (and therefore function) in high concentrations of alcohol at room temperature (in practice anything above 10-20%²⁵). Succussion has the same effect even in water alone, so it seems highly unlikely that the complex and specific effects of remedies could be due to proteinaceous material (or DNA or RNA for similar reasons). That may not matter for some remedies. Those plants for instance where low molecular weight compounds carry all the observed biological activity (e.g. coumarins, anthraquinones, glycosides, alkaloids and so on) and minerals where biological activity is dependent upon inorganic material that is unaffected by alcohol, but remedies made from animal extracts (bee, snake and spider venoms for instance) derive their biological activity from the presence of specific protein toxins, and those would most certainly be inactivated by alcohol.

Secondly, and perhaps more importantly, water itself loses any kind of (stable) structure in high concentrations of alcohol. The complex systems of hydrogen bonds between water molecules are disrupted by the presence of alcohol molecules and the whole system becomes increasingly chaotic as alcohol concentration increases.

A third and final reason I think information transfer dependent upon solvent structuring is an unlikely explanation for homeopathic action, is because on the whole it is not even liquid potencies that are given to patients, it is lactose tablets impregnated with liquid potency. At the desired level of dilution and succussion, 2-3 drops of the liquid potency is introduced into a bottle of around 100 (8g) of compressed lactose tablets. Whilst it is likely, and presumably desirable, that all tablets are covered by the liquid (approximately 0.00125 ml per tablet), over the course of time that liquid will slowly evaporate, either through repeated opening of the bottle or because not all bottles are 100% airtight. In addition, tablets are often given to patients in packets where any residual solvent would evaporate. No reduction in effectiveness (as far as I can ascertain) occurs as solvent evaporates, and I personally have bottles of homeopathic remedies as

effective now as when I bought them 15 years ago, despite repeated opening. Once all excess solvent has evaporated then a minimal amount remains as hydrated lactose, and lactose itself would tend to impose its own molecular order on that residual solvent. I do not see how this minimal amount of lactose ordered solvent would be sufficient or able to carry any complex and specific information. I simply cannot see that this theory is a viable explanation for how homeopathy works.

Rather than jumping to any other theories or conclusions as to how homeopathy might work, let us look at some other facts that would have to be taken into account in any explanation of homeopathic action.

Firstly, the inactivation of potencies. Camphor, heat, dehydration and radiation (sunlight and x-rays) are all claimed to inactivate potencies.¹ Unfortunately, no evidence or rationale is given to substantiate these claims, and why these agents should inactivate potencies and to what extent (if any) they do, is unclear. I have not verified these claims myself, although a simple experiment could be conducted to clarify the situation. For instance, expose the contents of a bottle of *urtica urens* in potency to camphor or any of the above mentioned agents. Deliberately sting a group of volunteers with nettles. Administer camphor exposed *urtica* to half of the subjects, and unexposed *urtica* to the other half, and record the difference subjectively (degree of pain relief) and objectively (disappearance of wheals). Why camphor should inactivate potencies (if the claim is correct) begs further investigation. Camphor is chemically inert, although it has unusual physical properties.²⁶ Interestingly, camphor has long been used as an incense to ward off spirits and to purify^{27 16}

Secondly the so-called homeopathic aggravation, or the temporary intensification of existing symptoms on administering a curative remedy. This is frequently seen, and one may explain this as the temporary accentuation of the state of ill-health already present. That the remedy will temporarily induce the observed state of ill-health in volunteers, i.e. provings, is consistent with that conclusion. But then we must also explain the phenomena – also quite frequently seen – of the temporary return of old symptoms or ailments the patient used to complain of in the past, or the temporary appearance of new symptoms – symptoms the patient has never experienced before – on giving a curative remedy. It seems possible to me that the appearance of new symptoms, the reappearance of old symptoms, and the intensification of existing symptoms are all, in fact, part of the same phenomenon – that is, the temporary accentuation of the state of ill-health by the curative remedy. A state contains within it all the possible manifestations of that state – past, present and future.

Thirdly, sarcodes therapy¹. This is the giving of potentised healthy tissue to patients with the corresponding tissue in a diseased (often degenerated) condition. I have found this approach effective in some cases. The sarcodes I personally have found most consistently effective are thyroidinum (for diseased thyroid), oopherinum (for diseased ovary), orchitinum (for diseased testes), lumbar disc (for diseased lumbar discs) and pancreas (for diseased pancreas). This, of course, may differ from what others find. These potentised healthy tissues do seem to have the power to regenerate degenerated tissue, but their effectiveness is not consistent. Furthermore, they are clearly not given to treat states of ill-health (though they are often given concurrently with, or following, the remedy that does address the state of ill-health). Sarcodes are given specifically to treat diseased tissue and this sets them apart in both the type of remedy they are and in the way they are prescribed. In what sense they are homeopathic, if at all, I cannot say. I can speculate about them being templates of some sort, but in truth I would be merely speculating. As an aside, there are two things I would like to add about sarcodes: I would like to have a wider range of sarcodes available, particularly derived from nervous tissue such as substantia nigra and motor neurone; and the exact sources of sarcodes need to be established – some of their inconsistent effectiveness may well be due to faulty samples from unknown sources.

Finally, spontaneous cures. These are cures I have seen on numerous occasions and always in acute states of ill-health. The remedy barely touches the patient's lips and they say (once they have recovered from their incredulity), 'It's magic, it's gone, it's as if I never had the illness, it's as if it never existed'. With minor variations, I have heard these words again and again. At first, I simply took them as a turn of phrase, and didn't appreciate their potential meaning. Then one day I thought perhaps I should take these words literally. Now it isn't that these spontaneous cures occur everyday, but they have occurred often enough for me to be forced to accept that any explanation of how homeopathy works has to accommodate these occurrences. That the cure is so fast (effectively instantaneously in the cases I refer to – examples being simple severe headaches and extreme emotional states) precludes any physiological effect of the remedy, on the basis of distribution of the remedy to the site(s) of action and the time taken for the body to respond. I think one has to entertain the possibility that the remedy is acting in a way other than physiologically. Now the statement, 'it's as if I never had the illness – it's as if it never existed' is extraordinary, and I think very significant. I have heard these words not only in connection with acute states of ill-health, but also on occasions when a patient has been successfully treated for some chronic state of ill-health. Again, this does not happen with every patient by any means, but the fact that these words are spoken at all, at any time, means they have to be taken into account.

The manner in which homeopathic potencies are prepared (dilution and succussion in 90% alcohol and impregnation of lactose tablets) together with the phenomenon of spontaneous cures, suggests the mechanism of action of homeopathy is not physiological.

If we accept that homeopathy treats states of ill-health (which I believe I have shown, and the evidence suggests, to be the case), and that qualities, and in turn states, ‘exist’ outside the normal confines of time and space, then potencies, which induce states of ill-health in volunteers (provings) and transform states of ill-health in patients (albeit at different potencies), must themselves ‘exist’ outside the normal confines of time and space.

How potencies interact with states of ill-health and how potencies ‘exist’ within alcohol-water mixtures and anchor themselves to lactose tablets, I am unable to postulate. Neither am I able to postulate how crude doses and lower potencies are causative and higher potencies curative, or how progressive dilution and succussion can produce curative ability.

If potencies do have some kind of existence outside the normal confines of time and space, then as far as I am aware, potencies would constitute the first repeatable example of Plato’s Ideas or Forms existing without attendant physical manifestation.⁵

With regard to the statement, “It is as if I never had the illness – it is as if it never existed”, repeated by different patients, at different times on numerous occasions, I am forced to at least entertain the possibility that perhaps, in some way, potencies are capable of shifting a patient’s reality. Whilst such notions are common amongst indigenous peoples¹⁸ and have been popularised in novels²⁸, it raises even more questions.

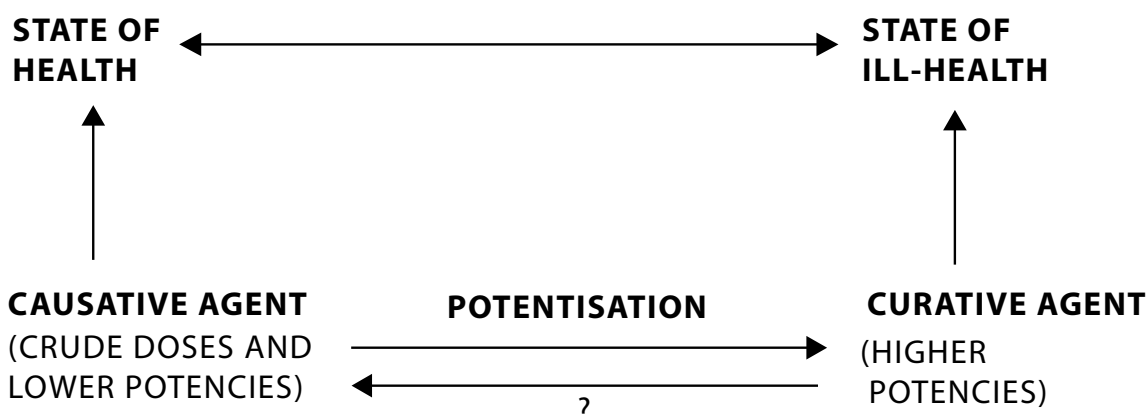
Summary and Conclusions

What I hope to have achieved in this paper is to have presented some basic facts, observations and arguments, as clearly as I am able, and where possible, some conclusions. Whilst I have not been able to offer an hypothesis as to how homeopathy works, all the indications are that homeopathy at its heart is very simple, yet more profound than we are able to understand as yet. Perhaps no-one has yet asked the question that needs to be asked. My aim was not, however, to attempt to explain how homeopathy works, but rather to bring some clarity to a therapeutic approach that, despite worldwide use and endorsement at government level in several countries, is still the source of much confusion and controversy. I hope, in the process of raising some basic questions about homeopathic philosophy, to have been able to offer a simplified approach to practice, and to have gone some way to dispelling some of the confusion surrounding what homeopathy is and what

it is not.

In summary, what follows is a list of the conclusions I have come to in writing this paper.

1. Homeopathy treats states of ill-health, not ailments.
2. States are described, specified and identified by their qualities
3. We become aware of qualities, and hence identify state, through their intensity, repetition, absence and foreignness. This, together with 1 and 2 above, provides a simple framework for practice.
4. Qualities and states 'exist' outside the normal confines of time and space.
5. What is causative in crude form becomes curative in potency. This is tautopathy, and is, I believe, a universal principle. It can be written diagrammatically as:



6. For most states of ill-health cause cannot be established, and even when it can, it may not be possible to potentise it. In these cases (which constitute the majority) an alternative cause must be sought which would induce a similar state of ill-health to the one observed. This is homeopathy.
7. Treat cause with cause in potency, is the fundamental principle. Treat like with like is a practical necessity.
8. Proving reveals the states of ill-health that various preparations can induce. This provides a library of alternative causes which can then be utilised.
9. Potencies are fundamentally different from simple dilutions. This difference is stable, yet apparently subject to negation by exposure to various agents. Potencies appear to act in a way other than physiologically. Like qualities and states, potencies 'exist' outside the normal confines of space and time.

There are many questions I have not addressed of course. For instance, if we are to accept that qualities, states of ill-health, and potencies 'exist' outside the normal confines of time and space, then causes (or some aspect of cause where cause has physicality) must also 'exist' outside the normal confines of time and space. In addition, I have not discussed at all the issue of susceptibility. Suffice to say that if a state of health is susceptible to crude doses or lower potencies, then the corresponding state of ill-health will automatically be susceptible to higher potencies.

Before I finish, with regard to the pooka of our story, when he said in response to the farmer's question, 'Take what made you sick, but not so much of it', he was giving an answer presumably in the times before Hahnemann developed the technique of potentisation. In the light of that development, the pooka's answer might now be, 'Take what made you sick but in potency'. Updated, but still as challenging.

Finally, I would like to end this paper with a quote from Sherlock Holmes. It seems fitting in part, since the creator of Sherlock Holmes, Sir Arthur Conan Doyle, was a medical student at Edinburgh University under the physician and instructor Dr Joseph Bell, a long-time supporter of homeopathy.

*'You will not apply my precept', he said, shaking his head, 'How often have I said to you, that when you have eliminated the impossible, whatever remains, however improbable, must be the truth.'*²⁹

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