ABSTRACT

I examine Kevin Smith’s utilitarian argument against homeopathy and argue that it is flawed for several reasons. First, Dr. Smith’s review of the scientific literature is biased and incomplete. Second, his misunderstanding of provings and of holism demonstrates his failure to understand the homeopathic method. He also fails to understand that allopathic medicine is based on a deductive-nomothetic method and that homeopathic medicine is based on an inductive-idiographic method, and thus that the implications for clinical research are very different. Taking into account these differences, a clinical research proposal is presented which, on utilitarian grounds, should be acceptable to any reasonable person. Contrary to Dr. Smith’s conclusion that homeopathy weakens science-based medicine and his recommendation to stop all homeopathic research, I argue that science is more likely to be weakened by the loss of scientists’ freedom to pursue research.

ARTICLE

In his article “Against Homeopathy -- A Utilitarian Perspective,” Dr. Kevin Smith presented a thorough and well-argued attack against homeopathic medicine. He concluded, based on utilitarian analysis, that the behavior of homeopaths (as well as anyone else who promotes homeopathy) is “ethically unacceptable” and that “no more [homeopathic] research” should be supported. To the reader only
casually familiar with homeopathic medicine, his arguments may be persuasive. But to the reader who has a deeper understanding, it is not difficult to see that his arguments are flawed because they are based on a failure to understand the history, philosophy, and methodology of homeopathic medicine as well as a selective review of the literature.

**BASIC SCIENCE RESEARCH**

Dr. Smith argued that no basic research supports a measurable response to homeopathic medicines. He dismissed research on the “memory of water” as “unsubstantiated by any known laws or mechanisms of chemistry or physics.” Yet Elia, Napoli and Germano conclude:

Much new experimental data converge towards the validation of the statement that water, at least in the context of the procedure of the homeopathic medicine production, really has a ‘memory’ and that this research is comprehensible in the framework of Nobel Laureate for Chemistry Ilya Prigogone’s theory of Irreversible Processes Thermodynamics. That is to say: the water solvent shows experimentally measurable physico-chemical properties.²

While Dr. Smith argued against the “memory of water” research, he provided no scientific data to support his arguments. He also argued against the analogy between homeopathic medicines and vaccines because “the active substances in vaccines are directly quantifiable and elicit a measurable response (production of antibodies), features that do not apply to homeopathic preparations.” The
following scientific studies suggest that measurable responses are indeed associated with homeopathic preparations:

1) Rey’s experiments on thermoluminescence of ultra-high dilutions of lithium chloride and natrum-chloride demonstrated that, “despite their dilution beyond Avogadro’s number, the emitted light was specific of the original salts.” ³

2) Rao, Roy and Bell used UV-VIS and Raman Spectroscopy to examine two “ultra dilute sols” (that is, homeopathic medicines) in order to identify any possible structural changes in the solvent. The spectra showed clear differences between the two different homeopathic medicines and between different potencies of the same medicine.⁴

3) Chidramane, Suresh, Bellare et al. demonstrated by Transmission Electron Microscopy, electron diffraction and chemical analysis by Inductively Coupled Plasma-Atomic Emission Spectroscopy the presence of physical entities in these extreme [homeopathic] dilutions, in the form of nanoparticles of the starting metals and their aggregates.⁵

4) Belon, Cumps, Ennis et al. found that “in three different types of experiments, it has been shown that high dilutions of histamine may indeed exert an effect on basophil activity.”⁶

5) Bell, Lewis, Lewis et al. demonstrated, in a randomized, double-blind placebo-controlled trial, that sniffing of homeopathic medicines can elicit changes in EEG alpha waves in the patients given the homeopathic medicine, while no changes are seen in the patients given placebo.⁷
Dr. Smith has provided no scientific data to refute the findings of the above studies. The above research suggests that the “paradox of homeopathy,” rather than leading to a weakening of science, has in fact been an inspiration for basic science research and has led, in the words of Rao et al., to opening up “a whole new field of endeavor for inorganic materials scientists interested in biological effects.”

Dr. Smith also argued that homeopathy is untenable because “pharmacology has demonstrated that physiological responses are dose-dependent.” However, the concept of hormesis shows the limitation of this notion. Hormesis is a term used by toxicologists to refer to a biphasic dose response characterized by a low-dose stimulation or beneficial effect and a high-dose inhibitory or toxic effect. This response can be found with environmental and chemical toxins as well as normal physiological processes. The process is thought to be mediated by cellular signaling pathways. Whether this concept will be related to the mechanism of action of homeopathic medicines is not known. But it certainly demonstrates that Dr. Smith’s notion of dose-dependent physiological responses is too limited.

In summary, Dr. Smith’s argument that “the plausibility of homeopathy is entirely untenable on logico-scientific grounds” is not confirmed by contemporary research findings in multiple fields of inquiry.

HOMEOPATHIC CLINICAL RESEARCH
Regarding clinical trials, there is no disagreement that the number of allopathic clinical research trials greatly exceeds the number of homeopathic clinical research trials. But there has been no discussion in Dr. Smith’s article regarding the different basic assumptions between the allopathic and homeopathic models and how this difference is related to the number of clinical research trials. Allopathic medicine is based on a deductive-nomothetic model. With the deductive method, a diagnosis of the patient’s condition is made, using a set of criteria. Based on a theory about the cause of this disease/ailment, a treatment is recommended for any patient who meets the criteria for the disease. A trial can then be designed to test the efficacy of a particular medicine/treatment for all those patients with the specified diagnosis. In such a model, individual differences are usually perceived as random noise and are either ignored or statistically removed from the data, and thus the model may be described as nomothetic (because the focus is on what is common to the group). The fact that all patients are treated in the same way makes the double-blind, randomized, placebo-controlled trial an excellent choice to test hypotheses based on the allopathic model.

Homeopathic medicine is based on an inductive-idiographic model. As an inductive method, homeopathic medicine is based on observations rather than theories. This observational data is provided through provings which reveal the descriptions of the medicinal effects of various natural substances. The further observation that sick persons with a certain set of symptoms can be cured with a
natural substance which produces those same symptoms in a healthy person forms the basis of the Law of Similars. These observations have demonstrated the importance of the individual expressions in which diseases are manifest, and thus homeopathic medicine may also be described as an idiographic method. In this model, individual expressions of the disease process, rather than being ignored or removed from the data, are of paramount importance. It is through provings that the science of homeopathy has advanced during the past 200 years.

The difference between these two methods is complex, and an explanation of these differences would require, at the least, a longer article if not a book. But one example may demonstrate the difference between the models as well as the limitation of the allopathic approach. A woman sought help from me because of intermittent right upper quadrant abdominal pain. Because of the severity of the pain, she had already gone to an emergency room. The emergency room physician made a clinical diagnosis of symptomatic cholelithiasis, and ordered an ultrasound for confirmation and at the same time called a surgeon to remove her gallbladder. But no gallbladder was seen on ultrasound. A HIDA nuclear scan was then ordered, and again no gallbladder was visualized, most likely due to “cystic duct obstruction.” A CT-scan was then ordered, with the conclusion that the patient had a “congenital absence of the gallbladder.” Because the patient did not have a gallbladder, the theory that her symptoms were due to gallstones could not be confirmed, and obviously the usual treatment (cholecystectomy) could not be done. When I evaluated her, I considered the location of the pain (right upper
quadrant), the character of the pain (colicky), the extension of the pain (to her right scapula), and the modalities of the pain (the onset of the pain approximately four hours after eating, or in the early morning hours). Although I asked many other questions, the prescription was based only on the above four questions. It was an easy prescription – I told her to take a dose of Chelidonium 30c every 15 minutes the next time she experienced the pain. She took three doses, the pain resolved, and she never had a recurrence during the next few years she was under my care. I present this case simply to illustrate that homeopathy is based on an inductive method – given that the patient has these symptoms, what substance in nature produces the same set of symptoms? Had the radiation of the pain been different, had the patient’s pain been aggravated by eating, etc., I would have chosen a different homeopathic medicine. The absence of the gallbladder was not a limiting consideration.

Although there is a general understanding within the homeopathic community that provings are the most appropriate form of homeopathic research, there have been some attempts to transform the inductive-idiographic model of homeopathy into a deductive-nomothetic research design in order to conduct RCTs. Chapman, Weintraub, Milburn et al.’s double-blind, placebo-controlled RCT on Mild Traumatic Brain Injury was faithful to the homeopathic method by individualizing each patient’s treatment in accordance with homeopathic principles. His study demonstrated statistically significant effects of homeopathic treatment. Despite the significant findings, Chapman et al.
mentioned a significant limitation with the research as a result of the conversion of the inductive-idiographic model to the deductive-nomothetic model -- namely, being able to choose only among the pre-selected homeopathic medicines and potencies. Because homeopaths do not treat diseases per se, it is impossible to know in advance all the homeopathic medicines that may be needed for the study participants. This fact would tend to decrease the possibility of significant findings since some participants may be prescribed a homeopathic medicine which the prescriber does not judge to be the best (for example, if the best medicine for that participant was not one of the pre-selected medicines). Because of the inherent limitations of this type of research, it is debatable within the homeopathic community as to whether this type of research study should be pursued.

But there are certain situations in which homeopathic treatments can be studied using conventional RCTs -- this type of situation is one in which the effect of the causative agent is so great that individual differences become less important. Trauma is one such situation, though even in this case, the best prescriptions will take into account any individual differences which are manifest. The homeopathic medicine “Arnica montana” is the most commonly used medicine for trauma (especially blunt trauma), and it is often prescribed in an allopathic manner because most persons who have sustained trauma will benefit. Several studies have demonstrated statistically significant less post-operative edema and ecchymosis.11 The use of Arnica by surgeons for post-operative
healing is not consistent with Dr. Smith’s claim that the placebo-effect of homeopathy tends to pertain to “subjective symptoms.”

**PROVINGS**

Given the difference between the deductive-nomothetic and inductive-idiographic models, Dr. Smith’s false assumptions and failure to understand homeopathic medicine will become more apparent. Dr. Smith criticized provings for multiple reasons. First, he stated that they are unreliable because they were performed at a time when the necessity for placebo-controlled randomized trials was not appreciated. This argument is particularly ironic because Samuel Hahnemann was, to the best of my knowledge, the first practicing physician in the history of medicine to understand the importance of studying the effects of medicines on healthy volunteers and then to do the research on approximately 100 natural substances. While it is true that he did not use contemporary methods such as placebo controls, randomization, and double-blinding, his research was in some ways more sophisticated than current trials. He described his method in Paragraphs 121-144 of *The Organon of Medicine*, and although all the details cannot be enumerated here, some of his requirements included the following: 1) careful regulation of the diet, 2) avoidance of any undue emotional or physical stress, 3) the inclusion of only those provers with the necessary intelligence to describe their sensations, 4) inclusion of both males and females in order to see the different medicinal effects, 5) the chronology of the appearance of symptoms, 6) specific instructions on how to vary one’s circumstances in order to determine
the modalities of the symptoms (that is, what makes it better, what makes it worse), 7) the value of doing self-provings, and so forth. Furthermore, the materia medica are based not only on provings but also on toxicology reports and clinical experience. When clinical experience confirms the data from the provings, various notations in the material medica are added to demonstrate further the reliability of the data.

Dr. Smith has assumed that Hahnemann’s provings were unreliable rather than providing any evidence to support this conclusion. This possibility was considered in the 1840s and the editors of Oesterreichische Zeitschrift für Homoeopathie commenced a series of provings in order to test and revise as necessary Hahnemann’s provings. The re-proving of Colocynthis and Aconite in 1844, of Argentum and Thuja in 1846, of Bryonia in 1847, and Natrum muriaticum in 1848, corroborated nearly every symptom in Hahnemann’s provings. Similar results were found with the re-provings of Sulphur in 1857, of Clematis, Cyclamen, Lycopodium and Opium in 1862, and of Agaricus in 1863. Although the editors had planned to publish their findings in successive issues of their journal, the project was abandoned as it became clear that Hahnemann’s provings were reliable.

In addition, Dr. Smith’s misunderstanding of provings is manifest by his criticism that “participants were observed on an individual (rather than group trial) basis.” As discussed above, homeopathic medicine is based on an inductive-idiographic model. Once this model is understood, it should be apparent that
documenting the individual sensitivities and the particular manifestations of the disease process in the individual is essential. If only one individual experienced a particular sensation or had a particular reaction, it does not mean that the reported sensitivity or reaction is unreliable; it means that that individual is highly susceptible to the influence of the medicinal substance and one can expect that sick persons with similar sensitivities will react strongly to the medicine. Dr. Smith also criticized the provings because they contain symptoms which are “highly subjective” -- again, the sensations experienced by any individual during a proving represent an essential part of the proving data. In my own practice, I recall an elderly woman suffering from bilateral pneumonia who had received full courses of two different antibiotics with no improvement. I inquired about chest pain – there was none, but she said there was “fluttering” in her chest. This highly subjective sensation proved to be the key to finding the appropriate homeopathic medicine, and the patient was restored to health. And finally, Dr. Smith argued that “it is commonplace and entirely natural for healthy people to experience occasional unpleasant bodily feelings” and thus that a large sample size would be needed to distinguish true proving results from false positive results.” With this argument it is clear that Dr. Smith is assuming a deductive-nomothetic model which is not appropriate for homeopathy. Furthermore, Mollinger et al demonstrated in a placebo-controlled RCT that homeopathic medicines produce different symptoms than placebo.\textsuperscript{15} The authors noted “What is interesting in this study is the fact that there were virtually no specific
symptoms in the placebo group.” The authors explained their findings by the fact that they “encouraged participants to be as precise with their experiential description as possible, collecting a host of qualitative data in the diaries” – a process similar to that described by Hahnemann.

In summary, while Hahnemann’s provings lacked some of the standards of contemporary science, no evidence has been presented to indicate that his findings are in fact unreliable. The homeopathic community has had more than 200 years in which to assess the reliability of the materia medica. Without reliable data, it is difficult to believe that homeopathy would continue to thrive as a therapeutic modality. While there is general agreement within the homeopathic community about the reliability of the early provings, there is concern about the unreliability of some of the contemporary provings, and efforts are ongoing to separate the reliable from the unreliable data.16

HOLISM

When discussing the benefits of homeopathy, Dr. Smith stated that there is nothing unique about the holism of homeopathic medicine. I have not studied all systems of medicine, so I cannot assert that the holism of homeopathy is absolutely unique but I can say that what is meant by holism in homeopathy is very different from Dr. Smith’s understanding. As used in contemporary American medicine, the term “holism” typically refers to taking a bio-psycho-social-cultural approach to understanding illness and to incorporating some mind-body techniques (such as yoga, meditation, biofeedback, counseling, deep
breathing, etc.) to minimize the effects of stress. For example, a holistic approach may take into account various life-stresses as an etiological influence on the development of or exacerbation of various ailments such as headaches. This type of ailment is one for which there may be little objective physical exam or laboratory findings. The patient may acknowledge that their symptoms are worse when they are feeling stressed, and thus the physician may recommend various stress-reducing modalities. With this approach, there is no inherent relationship between the kind of ailment/disease and the kind of stress-reducing modality -- that is, the physician may recommend one or more techniques or the patients may choose the modality which is most appealing.

In contrast to the above, holism is inherent in the homeopathic medicine. To give one example from my clinical experience, a patient came for a consultation because of very painful hemorrhoids. Because hemorrhoids are perceived as a “physical symptom”, the typical physician would not be likely to perceive or to treat this ailment in a holistic way. I knew that the patient had a history of hemorrhoids and that they had never been particularly symptomatic. I thought, “something has changed.” A simple question, “What’s going on in your life?” revealed the answer. She immediately began weeping about the death of her dog. I asked her to describe the pain from the hemorrhoids – it was very sharp, like a knife cutting her. Most homeopaths would recognize that this patient needed Ignatia, for it is well-known for producing uncontrollable weeping after a loss and for producing sharp sensations. Furthermore, homeopathic medicines
have affinities for various parts and tissues of the body, and Ignatia is known to
have effects on the rectum and anus. In Hering’s materica medica is found this
description: “Sudden sharp stitches in rectum, extending upwards into body,
worse from excessive grief” and “cutting as from a knife.” This is what is meant
by holism in homeopathy -- the medicine itself produces both emotional and
physical symptoms, and thus when a homeopath is taking into account the stresses
of the patient, it is with the goal of finding the homeopathic medicine which has
in its pathogenesis the kinds of emotional as well as physical changes manifested
by the patient (though not all symptoms are necessary for the prescription of the
medicine). Dr. Smith’s failure to understand this meaning of holism is apparent
when he stated that the purchase of homeopathic medicines online means that
homeopathy is not holistic. Whether one buys a homeopathic medicine online or
from a homeopath is irrelevant -- the emotional-mental-physical components
belong to the medicine, not to an encounter. Obviously if a homeopath also has
an excellent bedside manner or chooses to recommend mind-body techniques, this
may assist the healing process -- but this is not the most significant way in which
homeopathic medicine is holistic.

A RESEARCH PROPOSAL: CAN IT BE JUSTIFIED?

Given the current situation in which the mechanism of action of
homeopathic medicines remains unknown and Dr. Smith’s recommendation
against further homeopathic research, I recommend that we make this abstract
discussion more concrete by looking at a specific proposal. I further recommend
that we proceed with a situation such as trauma which can most closely approximate the deductive-nomothetic model -- that is, homeopaths often recommend the routine prescription of Arnica montana as the first-line treatment for any trauma. Previously mentioned research has yielded statistically significant positive results with the use of Arnica. Homeopathic orthopedic surgeon Dr. Len Torok wanted to have the right to use homeopathic Arnica during surgery. The hospital required him to demonstrate that the use of Arnica was safe and that such use improved the standard of care. He taught the anesthesiologists how to administer Arnica during knee replacement surgery and the nurses how to administer the medicine post-operatively during the blood reinfusion process. He measured the volume of blood filtered and reinfused following a primary total knee replacement as his dependent variable. The hospital statistician stopped the experiment after 17 patients because statistically significant differences, and an improvement in the standard of care, had already been demonstrated -- during the year prior to this experiment, the average blood loss was 650cc; during the experiment, the 17 patients had an average blood loss of 170cc, representing a 74% decrease. The research also showed that the patients experienced less pain, less swelling, quicker rehabilitation, shorter hospital stays, less need for narcotics, and subsequently less nausea and vomiting and urinary retention associated with the use of narcotics. Dr. Torok then treated his patients using his Arnica protocol for the following 10 years until he retired from orthopedic surgery.
Dr. Smith might argue that this positive finding is due to the placebo effect. Yet he has stated that “Placebos are most effective for short-term, subjective symptoms, such as episodic pain; they are much less effective (or ineffective) for conditions with a profound pathological basis.” Presumably blood loss from trauma falls into the latter category. Dr. Smith might also argue that the findings are fraudulent -- but this would be unlikely given that the hospital administrators demanded that the study be done and it was their statistician who analyzed the data. Finally, Dr. Smith might argue that the finding is a false positive result due to chance. The only way to determine if it is indeed a false positive result is to replicate the study, using a double-blind, placebo-controlled RCT. While considering the argument as to whether or not to fund this research, the following should be considered:

1) “Unintentional injury” is the leading cause of death in the US for persons age 1-44,\textsuperscript{19}

2) the financial burden on society for the treatment of trauma is tremendous,

3) Dr. Torok’s study has shown a 74% decrease in blood loss and shorter hospital stays and less demand for prescription medications,

4) assuming positive results, the shorter hospital stays would most likely cover the cost of the study,

5) homeopathic medicines do not require special storage and could easily be used by paramedics in the field in an effort to reduce blood loss,
6) previous published research has yielded statistically significant positive results for the efficacy of Arnica.

Given the above, is it ethical, on purely utilitarian grounds, to fund a study in order to replicate Dr. Torok’s findings? If the answer is yes, then there can be no utilitarian argument against all homeopathic research -- in fact, one could argue on purely utilitarian grounds (given the cost savings from shorter hospitalizations) that the study ought to be funded. My own opinion is that the decision to fund research trials should be based on the clinical merits of the specific trial and this decision should be made by a review panel of experts. If many of the homeopathic clinical trials have been of poor quality, then the solution is to appoint more competent reviewers, not to stop all research. Ideally, reviewers who understand homeopathic medicine will be included as panel members.

ABOUT EXTRAORDINARY CLAIMS

Dr. Smith has stated:

From Hume onwards, it has been accepted that extraordinary claims require extraordinary evidence. Considering the extent to which the fundamental tenets of homeopathy run counter to established rules of science and reason, empirical evidence in support of homeopathy would have to be particularly robust, in view of the fact that acceptance of homeopathy would entail a major epistemic scientific revolution.

We can all agree that the scientific explanation of the mechanism of action of homeopathic medicines has not been elucidated. But, as stated earlier, the
paradox of homeopathic medicine has been a stimulus to research in the basic sciences. Just as the concept of hormesis does not completely negate all knowledge pertaining to the dose-dependent physiological response, I do not expect an overthrow of all scientific knowledge once the mechanism of action of homeopathic medicines is known. Only time will tell if this change will constitute a paradigm shift.

As Dr. Smith acknowledged, his criticisms of homeopathy have been made by many others. Many of my allopathic colleagues whom I know to be well-intentioned, dedicated and competent physicians have expressed the same criticisms. But it has been my experience that my colleagues who express such sentiments never have more than a superficial knowledge of homeopathic medicine -- and it is understandable that busy physicians would not want to spend time pursuing the study of homeopathic medicine given that “homeopathy makes no sense.” But the refusal to expend the time needed to understand homeopathy leads to false assumptions and ultimately false arguments against homeopathy, and I have attempted to demonstrate some of Dr. Smith’s failures to understand homeopathic medicine.

What is unique about Dr. Smith’s argument is his judgment that the behavior of homeopaths is “morally unacceptable” as well as his recommendation to stop all homeopathic research. These assertions are problematic for several reasons. One of the pillars of the academic community, and of the pursuit of science, is freedom to pursue the research of one’s interest. Given that some basic
science and clinical research trials have been supportive of homeopathic medicine, it seems that there can be no legitimate basis for denying access to government funds for homeopathic research. Dr. Smith has claimed that supporting homeopathy may weaken science-based medicine, but one could just as easily argue that using legislation to stop research is more likely to lead to a significant weakening of the scientific approach. Can we not trust our universities and grant foundations to determine which research projects are worthy of funding?

The labeling of the behavior of physicians in multiple countries and across multiple continents as “morally unacceptable” is an extraordinary assertion. Given that physicians must be licensed and that our actions are monitored by hospital and university administrators and chairpersons of departments, by licensing boards, by malpractice insurers, by colleagues to whom we refer patients, and by the patients themselves, it is difficult to believe that all these systems have failed to notice that our patients are (allegedly) being hurt by delayed access to competent medical care. By his own recital of Hume’s argument, Dr. Smith’s extraordinary assertions must be supported by extraordinary evidence. I do not see that Dr. Smith has offered such evidence.

What is perhaps most extraordinary is that the allopaths and homeopaths have been having essentially the same conversation for 200 years. The homeopathic community has consistently asserted that provings provide the research basis of our medical system. For any critic who chooses to attack
homeopathy on the basis of our research, this attack should begin with a refutation of our provings. Many such attacks on our provings are documented in the historical writings, but these experiments failed to demonstrate that the provings were false.²⁰ B.F. Joslin Sr., physician, mathematician, scientist, was a known critic of homeopathy and was asked to refute homeopathy. Being a scientist, he chose to examine the claims of homeopathy prior to publishing his attack on homeopathy. He wrote:

I took the third attenuation of a medicine, and avoiding the study of its alleged symptoms as recorded in books, I made a record of all the new symptoms which I experienced. When this record was completed, I examined a printed list of symptoms, and was surprised to find a remarkable coincidence between them and those I had experienced. I at first thought it probably an accidental coincidence. I repeated the medicine, and again found a coincidence equally striking. Another medicine was then tried, with similar precautions and similar results. There was a new set of symptoms, very different from the former, but generally corresponding with the printed symptoms of the last medicine taken. Thus the evidence accumulated from week to week, until I became thoroughly convinced that such a number of coincidences could not, on the theory of probabilities, be accidental. There were thousands of chances to one against such a supposition. I knew that the attenuated medicines were efficient, and the homeopathic materia medica, so far as I had tested it, substantially true. The incredibility of the power of the small doses and of the attenuations had
been my greatest stumbling block. This being removed by actual and direct experiment, I felt confidence in Hahnemann, and justified in making therapeutic experiments to test his grand law of healing. The result was equally satisfactory, and gave me a firm confidence—which every year’s practice has tended to strengthen—in the exact truth and inestimable value of the homeopathic law.\textsuperscript{21}

I include the above piece of history for one simple reason – scientific experimentation is more valuable than an opinion that something cannot be true “because it is untenable on logico-scientific grounds” (as Dr. Smith has said). It is a relatively straightforward process for a skeptic (assuming that he/she is in good health) who has a genuine desire to know the truth to test whether or not the potentized dose can create symptoms in him/herself and to compare these symptoms with those described in Hahnemann’s provings. I recommend that any such proving be done under the supervision of an experienced homeopath. The homeopath should choose one of the approximately 100 medicines proved by Hahnemann more than 200 years ago, and the results will reveal if the findings are comparable to those obtained by Hahnemann despite his lack of knowledge of contemporary standards for research. If the skeptics can complete this self-experiment, perhaps we can move forward in this conversation.

ETHICS AND HOMEOPATHY

Although I disagree with Dr. Smith’s conclusions regarding the alleged “morally unacceptable’ behavior of homeopaths, I do think there are some issues
regarding homeopathy which could benefit from the attention of the bioethics community and, in closing, I would like to offer some of these issues for consideration.

First, as explained earlier, homeopathic medicine and allopathic medicine are based on entirely different models. Are there ethical obligations for those persons in decision-making positions in society to demonstrate a reasonable understanding of the homeopathic medical system prior to making decisions regarding research funds and access to government-funded or insurance-covered medical care?

Second, bioethicists are often called upon to determine the appropriate ethical action when there is a disagreement between physicians and patients (or their families). Do bioethicists have a role in considering the rights of mentally competent patients who choose homeopathic medicine or the rights of licensed physicians who choose to use homeopathic medicines? Do bioethicists have an obligation to be well-informed about homeopathic medicine prior to making these ethical judgments?

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8 M.L. Rao et al., op. cit. note 4, p. 1487.

10 E.H. Chapman, R.J. Weintraub, M.A. Milburn, T.O. Pirozzi & E. Woo.


13 Ibid: 108-120.


20 Hering, op. cit. note 15.