

Blackie Memorial Lecture

Homoeopathy versus orthodoxy: the current state of play

by Galen Ives BSc, MSc, AFBPsS

The 1999 Blackie Memorial Lecture was held in conjunction with a two day international conference on Improving the Success of Homoeopathy.

What follows is a summary of the thought provoking lecture given by the guest speaker Mr Galen Ives.

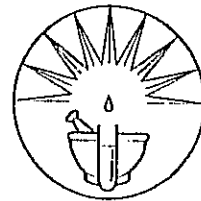
I have a variety of reasons to be most grateful to the Trustees of the Blackie Foundation. The most immediate is for their kind invitation to give this lecture. It is all the more auspicious because this is the centenary year of Dr Margery Blackie, whose generosity and foresight brought the Trust into existence. This year also sees the 150th anniversary of the Royal London Homoeopathic Hospital, the first of the country's homoeopathic hospitals which has championed the cause of homoeopathy since the middle of the last century.

Dr Blackie founded the Trust because she understood the importance of research in the present time; as a mode of communication. In her day, the majority of practising homoeopaths operated on a basis of personal experience and faith. They *knew* that homoeopathy worked because they saw their patients getting better and this is still true for many today. However, Dr Blackie was able to see that in the modern world of science in which medicine has its being, anecdotal evidence is quite insufficient, and that more concrete evidence is required. The quest

for such evidence will form the basis of my lecture.

I have repeatedly aimed to maintain a position of an enquirer who seeks to establish evidence. Homoeopathy is still derided in the scientific community and homoeopaths still struggle to provide hard scientific evidence. It is necessary to grasp the rational and irrational factors which surface in both orthodox and complementary research.

'Orthodox,' from its Greek roots, means sound opinion. Questions arise as to how sound opinions are defined and recognised. Even science cannot be viewed as a purely objective endeavour. Whilst



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it certainly strives to be objective, its practitioners are fallible and each orthodoxy defines which areas of knowledge are legitimate and which are not. Once these boundaries are set, they are remarkably hard to shift. Orthodoxies, particularly in medicine are selective of the data they allow and not necessarily on the basis of the quality of the data. Most of the major advances in medicine also met with stiff opposition in their time - one could cite antiseptic surgery, the use of anaesthetics, antibiotics, the notion that illness is caused by germs - the list is endless. Homoeopathy finds itself in the position of providing watertight scientific proof even today.

If orthodox medicine has its irrationalities, then homoeopathic research has also been flawed by irrationality. There are many factors which can hinder progress. Often, homoeopaths display an attitude that research is unnecessary because their experience shows that the remedies are having an effect on patients. This argument is unsound. Homoeopaths need to communicate in the language of science in order to gain respect of orthodox medicine. Also, many individuals rush headlong into research without employing the conceptual tools and methods respected by scientists. This almost certainly ensures that they will conduct an experiment which is fundamentally flawed and which is not recognised as a valid form of research.

Prevalent in homoeopathic research is the misuse of scientific concepts. Two commonly abused words are 'energy' and 'wavelength.' Everyday use of energy can mean a variety of things. We can talk about a painting by Van Gogh as possessing extraordinary energy. But in physics, however, energy always means a quantity which has the dimensions of mass multiplied by length squared divided by time squared. If a quantity has these dimensions, then it is energy and if it has any other dimensions then it is something other than energy. The concept is extremely

precise. This is an indication that when you hear someone talking about 'the energy of the potency' or that 'homoeopathy is an energy medicine' you can be pretty certain that they are engaged in something other than science even though their words may make some kind of metaphorical sense.

Clinical Efficacy and Meta Analysis

The best research evidence for the clinical efficacy of homoeopathy comes not from any particular clinical study but from meta analyses. Meta analysis is increasingly used to combine many studies to demonstrate effects at a level of certainty which is beyond any single study to demonstrate. There have been three such studies carried out of homoeopathic clinical trials.

The most recent was by Linde and co-workers and published in *The Lancet* in September 1997. A total of 89 clinical trials were analysed which met with rigorous inclusion criteria. These included the requirement that each trial followed a randomised double blind design and had sufficient data to be included in the statistical meta analysis. The 89 trials covered over ten and a half thousand patients. The result of the trial was strongly

positive and the authors concluded that "The results of our meta analysis are not compatible with the hypothesis that clinical effects of homoeopathy are completely due to placebo."

Placebo is often used by sceptics to explain homoeopathy's action. However, homoeopathy is better suited than conventional medicine to double blind trials as it does not induce strong physiological side effects like some conventional drugs do, say drowsiness, or dry mouth. Patients may be unable to distinguish homoeopathic substance from placebo thus allowing genuinely double blind trials to take place.

The meta analysis of Linde et al provides powerful evidence that overall homoeopathy does more

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than placebo does. If this study had involved almost any area of medicine other than homoeopathy, it would be taken as conclusive proof that the treatment method under study was more effective than placebo. There is an interesting double standard in operation here: orthodoxy requires almost superhuman standards of evidence for homoeopathy, whilst happily accepting much shoddy work in areas where its precepts are not challenged.

A good example of lax standards in orthodox research can be seen in the clinical trials of Prozac. This antidepressant was given approval by the American Federal Drug Administration on the basis of trials involving only 284 subjects rather than the 6,000 plus subjects claimed by the manufacturers. The remainder of the trials simply did not meet even reasonably stringent methodological criteria. Had the subject involved homoeopathy, this no doubt would have been quickly pointed out.*⁽¹⁾

In vitro work

One of the most methodologically successful pieces of experimental work currently available is by Jean Cambar, who is professor of pharmacy at the University of Montpellier.*⁽²⁾

It revolves around the metal cadmium, which is notoriously toxic and has a particular ability to destroy the kidneys. Cambar incubated cultured mouse kidney cells with homoeopathic solutions of cadmium prior to the application of a toxic dose of the metal. He consistently found that this pre-treatment has a protective effect on the tissue culture, even with solutions which are so dilute that no atoms of cadmium remain - a true homoeopathic effect. Further, his experimental method is impeccable. The control solutions are prepared by exactly the same method of serial dilution and succussion as the experimental solutions: the only difference being the presence or absence of cadmium in the starting solution.

Potency

Perhaps the greatest stumbling block to the wider acceptance of homoeopathy is its use of remedies in potency ie solutions often so dilute that no molecules of the original solute remain. Critics

assert that this means that homoeopathic potencies cannot possibly have any physiological effect and therefore homoeopathy cannot be more than placebo. Homoeopaths answer that an imprint of the original substance remains in the solvent but when asked for hard evidence, little is forthcoming.

However, the most promising line of research has come from the use of nuclear magnetic resonance. This technique is sensitive to changes in the way water is organised at a molecular level. The best work I have seen using NMR was conducted by Dr Demangeat at the Service de Medicine Nucleaire at Haguenau in France. He was able to show that homoeopathic potencies differed not only from controls but also from each other. The results indicate that at a molecular level, water in potencies is organised differently from controls and further suggest that the particular manner of this organisation is specific to particular remedies.*⁽³⁾

This is encouraging research, aiding progress in homoeopathy but not enough to convince the sceptics which is unlikely to happen until the physical basis of homoeopathy is known. However, a concept which may prove a useful bridge builder is that of *informational pharmacology* developed by Professor Bastide of Montpellier. She argues that medicine is fixated on the concept of molecular pharmacology,



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according to which biological systems can only be affected by the presence of atoms or molecules. We also know that all manner of physiological parameters can be raised or lowered purely by the input of the right information carried electromagnetically. Finally, whatever it is in homoeopathic potencies which has an effect beyond placebo, it must be more in the realm of information than of material substance.*⁽⁴⁾

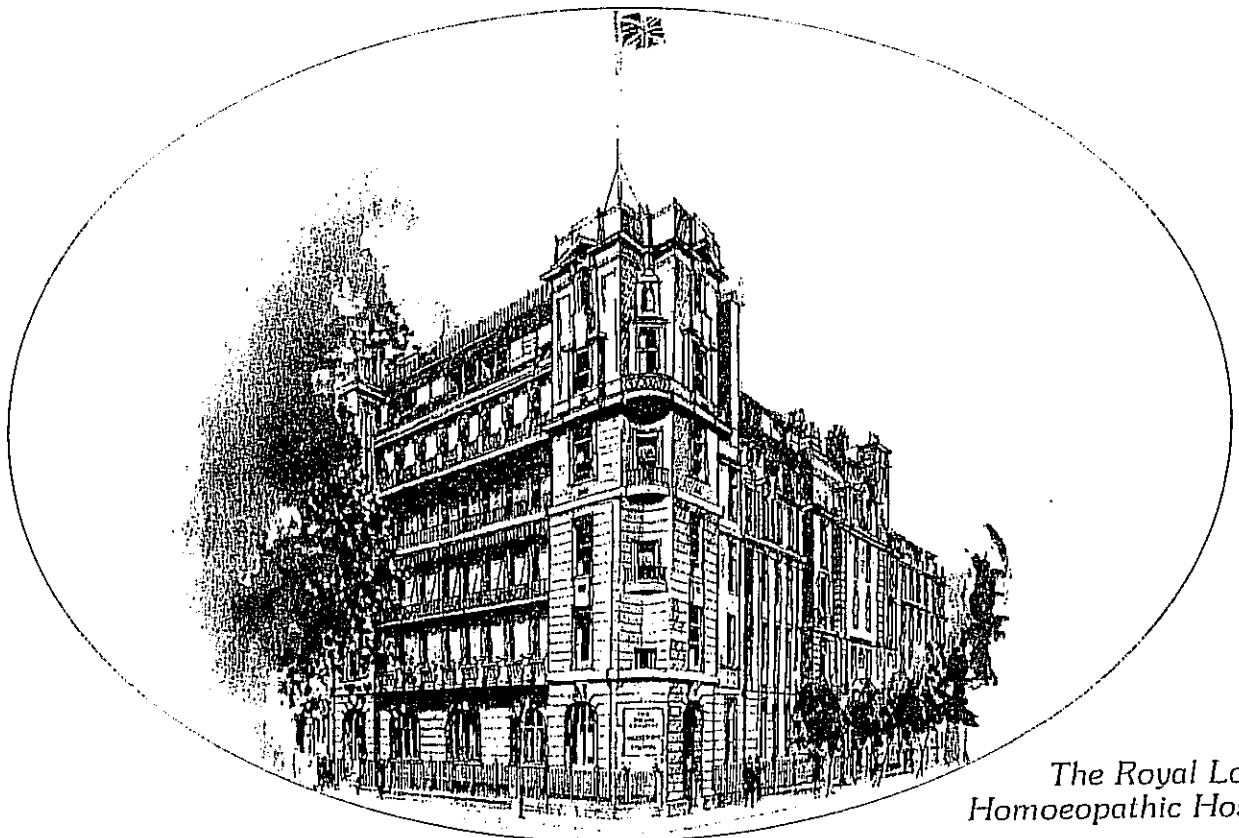
Conclusion

The match of homoeopathy versus orthodoxy remains at a continuing standoff with both sides frequently claiming the high ground with little justification. Definitive research in homoeopathy may not yet be available but there are some pointers as to the most promising areas to look. In my view, the establishment of a Chair of Homoeopathy within a medical school of a British university would be the best possible way forward. We have a Chair of Complementary Medicine, even a Chair of Parapsychology, so why not a Chair of Homoeopathy? All that is needed is a generous benefactor.

BHA

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