

Why not reconsider homoeopathy?

R. J. F. H. PINSENT, OBE, MA, MD, FRCGP, FRACGP

Retired General Practitioner; former Research Adviser, Royal College of General Practitioners

THOSE who taught us physiology explained bio-regulatory functions in terms of the knowledge of the day, concentrating on hormones about which most was known. The actions of insulin and the sex hormones, for example, were clearly demonstrable in every individual. Physiologists had to assume a standard man or woman while in fact external differences between people are almost certainly matched by internal differences of an equally subtle nature.

Though body systems differ in function they all respond to the central nervous system and it is here that the quest for new regulatory substances is making rapid progress. Neuroregulatory peptides are now known to facilitate or modulate neuronal activity and for every one so far isolated there may be a hundred awaiting discovery. The discovery of enkephalin in 1975 sparked off a virtual explosion of interest in the source and production of endorphins and peptides which profoundly influenced thought and behaviour. The existence of a third division of the nervous system, an endocrine one, has now been postulated in addition to the somatic and autonomic ones.

A link between endorphin production and acupuncture has now been shown and methionine enkephalin has an opiate-like activity in the brain. Could it be that the way we behave in health and the totality of symptoms presented in illness reflect changes in internal homoeostatic mechanisms which operate continually in all of us in a very personal way?

Our teachers also claimed that all bodies would respond to saturation doses of, say, iron or penicillin, in an identical way but all the time treatment was haunted by the placebo response. Saturation with a placebo seems to do as well in some patients as active therapy.

New insights into neuroregulatory mechanisms may help us to understand homoeopathy, a form of medical practice which has survived since its discovery in the nineteenth century wholly and entirely on its results. Against all the odds patients gained relief of symptoms from dilutions of substances which could not possibly achieve the body saturation required of conventional therapy. Either homoeopathy is completely fraudulent,

acting when it does act only by powerful suggestion, or it is the key to a hitherto undiscovered set of mechanisms which, when fully understood, can be harnessed in the care of patients in parallel with orthodox therapy.

Homoeopathy has never been evaluated objectively. None of its practitioners understand how their sometimes dramatic results are achieved. Outside observers see only the insubstantial overlay of mystery and quasi-science which, not surprisingly, leads them to reject it. This smoke-screen must be dispersed and strict objective examination made of the one therapeutic system which takes into account differences between one person and another.

The scientists have much to do. Soon endorphins may be measurable in sera, and the response to remedies studied. Element-derived remedies may be tested against cell cultures. Atomic absorption spectrophotometry may reveal metabolic changes following the administration of remedies and give a fuller understanding of the dilution/succession sequence, 'potentization'. Progress may be made in many fields from cellular biochemistry to particle physics.

Were homoeopathy to be substantiated in terms acceptable to conventional medicine, the clinical investigation of its application would be very much a matter for general practice. Homoeopathic medicine depends on close and accurate observation in the kind of doctor/patient contact found in the consulting room rather than in the hospital ward. The doctor can watch, over long periods, the effects of orthodox and homoeopathic treatment administered together—for there need be no incompatibility between them—or of homoeopathic treatment alone. Because orthodox clinical trial procedures cannot be applied to homoeopathy, new methods of evaluation, carrying equal objectivity, are being devised and tested. These will be used in general practice.

The Midlands Homoeopathy Research Group has brought together scientists from different disciplines, experienced homoeopathic practitioners, and others uncommitted to the point of scepticism. All have open minds and wish to see whether the empirical practice of homoeopathy involves new principles which could be developed and add a new dimension to the future care of our patients. Why not reconsider homoeopathy?