Is there a future for homeopathy?

Hughes Memorial Lecture, London, UK, 4 February 2010

Dr Ton Nicolai, President of the European Committee for Homeopathy
Divided Legacy

4 volumes:
• The patterns emerge – Hippocrates to Paracelsus
• The origins of modern western medicine – Van Helmont to Claude Bernard
• The conflict between homoeopathy and the American Medical Association
• Twentieth-century Medicine – the Bacteriological Era
Medical traditions

Two predominant schools of thought or traditions have dominated Western medical history since Hippocrates:

- **Empirical School**: medical knowledge grows through the accumulated experience of empirical physicians

- **Rationalist School**: formal logic and analysis are the source of knowledge; tries to explain workings of organism

Harris L. Coulter PhD
## Empirical vs. Rationalist school

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<thead>
<tr>
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<th>Empirical school</th>
<th>Rationalist school</th>
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<tbody>
<tr>
<td><strong>mind-body approach</strong></td>
<td>organism as an adaptable, flexible, living system in a dynamic equilibrium</td>
<td>mind and body separated entities; body as a complex machine that functions as result of physicochemical laws</td>
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<tr>
<td><strong>definition of disease/illness</strong></td>
<td>disturbed life process; failure in individual’s natural restorative power</td>
<td>generic entity, extraneous to physiology of the organism</td>
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<tr>
<td><strong>cause(s) of disease</strong></td>
<td>multiple, interacting causes, conditions and correspondences</td>
<td>‘the’ cause</td>
</tr>
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<td><strong>diagnostic focus</strong></td>
<td>know the person and describe the event; what made this person susceptible to illness/disease? process-related imbalance</td>
<td>know the disease and identify the cause; what is wrong in this person and has to be fixed? categorical disease entity</td>
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Empirical vs. Rationalist school

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<tr>
<td><strong>model of explanation</strong></td>
<td>largely based on world of patient’s everyday experience</td>
<td>largely based on a world not accessible to, nor understood by, the patient</td>
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<tr>
<td><strong>psychological aspects</strong></td>
<td>subjective experience and psychological explanations of illness/disease relevant</td>
<td>psychological explanations avoided as much as possible, subjective experience not relevant</td>
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<tr>
<td><strong>standardisation</strong></td>
<td>all symptoms are relevant, especially the &quot;propria&quot;; individualisation of care, depending on an individual’s unique history and constitution</td>
<td>only symptoms that are common amongst different patients, i.e. the &quot;communia&quot; are the most informative; standardisation of care, treatment protocols for a specific disease</td>
</tr>
<tr>
<td><strong>meaning of symptoms</strong></td>
<td>symptoms show how the organism is coping with morbific influences</td>
<td>symptoms are extension of noxious ‘cause’ inside and intrinsically harmful</td>
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<td><strong>treatment approach</strong></td>
<td>supportive mobilising patient’s own natural systems for fighting disease and maintaining health (assisting healing power of nature); first do not harm; cure through similars</td>
<td>interventionist eradicating, neutralising, counteracting disease, symptomatic pathology correction; better to accept the risk of a dangerous therapy than to let the disease to progress undisturbed; cure through contraries</td>
</tr>
<tr>
<td><strong>emphasis</strong></td>
<td>promoting health (salutogenesis)</td>
<td>defeating disease (pathogenesis)</td>
</tr>
<tr>
<td><strong>short term</strong></td>
<td>long-term focus on creating and maintaining health and well-being</td>
<td>emphasis on short-term results</td>
</tr>
<tr>
<td><strong>long term</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>patient/physician relationship</strong></td>
<td>empowering patient as an active participant in regaining health</td>
<td>disempowering patient as a passive recipient of external solutions</td>
</tr>
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Robert Koch (1843-1910): “bacteria are the smallest but most dangerous enemies of mankind”

Max Josef von Pettenkofer (1818-1901) “diseases are caused by poor hygiene”; he drank a large amount of a culture from a fatal case of cholera without falling ill
Pasteur vs. Bernard

Louis Pasteur (1822-1885) “microorganisms infecting animals and humans cause disease”

Claude Bernard (1813-1878) “diseases hover constantly above us, but they take root only when the terrain is ready to receive them”
Western medicine **battles with the forces of disease** conceived of invaders from without, alien bacteria, viruses and other microbes which are bent on our destruction.

Western medicine **fights against diseases** by using **anti**-biotics, **anti**-viral drugs, **anti**-inflammatory drugs, **anti**-retroviral drugs, **anti**-hypertensive drugs, **anti**-cancer drugs, **anti**-HIV-1 drugs, **anti**-thrombosis drugs, **anti**-rejection drugs, **anti**-arrhythmic drugs, etc.

and drugs that **block** tumor angiogenesis, **block** monoclonal antibodies, **block** interleukin-5, **block** Very Late Antigen-4, **block** histamine, **block** adrenergic receptors, **block** DNA replication, **block** prostaglandin synthesis, **block** Tumor Necrosis Factor-a, **block** mitochondrial permeability transition, **block** Angiotensin Converting Enzyme, **block** B-adrenergic receptors, etc.
Unsafe prescription drugs

WHO: Medicine morbidity and mortality is one of the major health problems.

European Commission: 100,000 - 200,000 Europeans a year die in hospitals due to adverse drug reactions.

More and more prescription drugs are withdrawn from the market because of adverse effects.
Antibiotic resistance

WHO: Increasing prevalence of resistant bacteria is health care catastrophe of tomorrow.

European Commission: 37,000 Europeans a year die due to hospital superbugs.

Pharmaceutical companies lose interest in antibiotics market because less profitable than drugs for chronic conditions and lifestyle issues.
Human gene therapy fiasco

Introducing genes into human cells in order to cure diseases.

Billions of dollars have been invested, hundreds of clinical trials carried out.

There has not been a single documented case of the promised cure.
Increasing prevalence of chronic diseases

- The prevalence of chronic diseases has doubled between 1985 and 2005.

- The proportion of patients with four or more chronic diseases increased in this period by 300%.

- Growing awareness that conventional Western medicine can control chronic diseases, cannot cure them.

Dysfunctional health care system

- not a health care system, but a medical delivery system of which the costs are spiralling
- more tests and more procedures do not cure the patient, but only raise costs.
- number of new prescription drugs being produced is declining while Research & Development expenditures are steadily increasing.
- economic pressures reduce the amount of time clinicians can spend with patients.
- emphasis on science and technology has devaluated and dehumanized the doctor-patient encounter.
Western medicine at a turning point
Trends – psychosocial determinants of health

• “The dominant model of disease today is biomedical, and it leaves no room within its framework for the social, psychological and behavioral dimensions of illness.”

• “How much longer must medicine’s science be bound by a 17th century world view?”

George L Engel (1913-1999)
Trends – psychosocial determinants of health

- Growing awareness in public health and preventive medicine that **socio-economic status, psychological factors such as stress are critical determinants of the health of the population**. They affect health directly and indirectly via their influence on lifestyle factors and health services utilisation.

- Growing awareness that more money and resources are needed in areas of **prevention**, as paying upstream for prevention is far more cost-effective than paying downstream for illness.
The real mystery is not that of understanding why people get sick and die. The pathogens are ubiquitous and endemic. The real mystery is to understand how some people, some of the time, suffer less than others, move toward health”. 

That insight led him to coin the term ‘salutogenesis’ - the origins of health.

Trends - Salutogenesis

- Within the concept of salutogenesis health is seen as a movement in a continuum on an axis between total ill health (dis-ease) and total health (ease), in which it is more important to focus on peoples’ resources and capacity to create health than the classic focus on risks, ill health, and disease.

- The concept of salutogenesis is increasingly gaining a more central position in public health and health promotion research and practice.
Trends – Emerging holistic sciences

• Complexity science

• Systems biology

• Psychoneuro-immunology
Complexity science studies how relationships between parts give rise to the collective behaviours of a system and how the system interacts and forms relationships with its environment.

It is used to model processes in biology, economics, physics and many other fields.
Systems biology

Systems biology focuses on the systematic study of complex interactions in biological systems, thus using a new perspective (holism instead of reductionism) to study them.

Over the last decade chairs and institutes of systems biology have been proliferating worldwide.
Psychoneuroimmunology

PNI investigates the relationships between behaviour, psychosocial factors, the nervous, endocrine, and immune systems, and disease.

Each system affects the others, enhancing and/or inhibiting processes elsewhere in the body.

Research in this field has grown tremendously in recent years.
This, then, is my vision of what will happen to our scientific perception of disease during the next century: we shall realise the wisdom of the ancient Aristotelian approach to the study of nature, which means that we shall no longer regard disease as a 'mechanical fault in the human machine' but as a disturbed life process. We shall apply the theories of open systems and nonlinear dynamics to medical problems, and we shall reach a fuller understanding of the development of disease.

[The Lancet, 2000, 354, December 1999, SIV50]
Trends – Soaring popularity of CAM

The soaring popularity of Complementary and Alternative Medicine (CAM) is a historically specific and unprecedented social phenomenon.
David Eisenberg’s national survey (1993):
• Substantial presence of CAM in the US health care system, ie 34% of the population had used CAM in the past year, and 11% seen a CAM provider

• Americans made more visits to CAM providers than to primary care physicians.

It shocked the medical community, media and governmental agencies.
CAM use by the public


Conclusion: federal agencies, private corporations, foundations, and academic institutions should adopt a more proactive posture concerning CAM.

Dr. David Eisenberg
Associate Professor of Medicine
at Harvard Medical School
CAM use in Europe

- 40-70% of the European population has ever used some form of CAM
- 20-60% of the European population has used some form of CAM within the previous year
- 10-20% of the European population has seen a CAM physician/practitioner within the previous year (about 70% a conventional GP)
- In populations of chronic patients these figures can be considerably higher
Reasons for popularity of CAM

- increasing **prevalence of chronic diseases** for which conventional medicine has offered only **limited success**
- **declining faith** that scientific breakthroughs will have relevance for the personal management of the disease
- **concern about morbidity and mortality** due to toxic prescription drugs
- reduced tolerance for **paternalism**
- increased sense of entitlement to **quality of life**
- increased sense of **personal responsibility** for health and health care
- increased interest in **wellness** and personal spirituality
- increase in public access to world-wide **health information**
- need of **more time** with practitioners
- consultation process and **holistic approach** of CAM practitioners make patients feel in more control of their illness
Core values of CAM

Core values of the more holistic CAM therapies, including homeopathy:

- **healing** originates within the patient rather than from the physician
- **wellness** orientation
- optimising **homeostasis**
- first do **not harm**
- use of **nutrition and natural products** in a fundamental role
- emphasis on **individuality**
- physician as a **guide/teacher/coach**
- getting the **patient to be active** an their behalf
- aimed at reducing **therapeutic dependency**
Governments of USA and Canada

White House Commission on Complementary and Alternative Medicine Policy

FINAL REPORT
March 2002

Perspectives on Complementary and Alternative Health Care
(a collection of papers prepared for Health Canada)
European resolutions

- Council of Europe (1999)

acknowledged the upsurge of CAM and took the position that policies and regulations on CAM should be formulated and implemented.

- European Commission did not act on the Parliament resolution.
WHO Resolution & Declaration

WHO Resolution of 28 May 2003 urges Member States to formulate and implement national policies and regulations on CAM and its integration into national health-care systems.

Reinforced by the WHO Resolution of 22 May 2009 at the 62nd World Health Assembly in Geneva, Switzerland
CAM legislation

National CAM legislation
- general
- specific therapies
Statutory regulation of homeopathy

National regulation of homeopathy

- by law
- by medical association
Statutory regulation of homeopathy

- Homeopathy as a distinct therapeutic system was recognised by law in Hungary (1997), Latvia (1997), Belgium (1999), Portugal (2003), Bulgaria (2005) and Slovenia (2007). Last year it was recognised as a medical act by the Spanish Parliament.

- Homeopathy has been statutorily regulated as an additional medical qualification in Austria, France, Germany, Hungary, Italy, Latvia, Lithuania (almost subspecialty), Romania, Spain and Switzerland (subspecialty for GPs, paediatricians and internists).
Statutory regulation of homeopathy

- **Professorial chairs** of CAM including homeopathy have been installed in Germany, Hungary, Italy and Switzerland.

- Homeopathy as a part of **familiarisation courses** on CAM are provided in the medical undergraduate curriculum at several universities in France, Germany, Hungary, Italy, the Netherlands, Romania, Spain and the United Kingdom; as a separate subject at some universities in Belgium, Bulgaria, Germany and Romania.

- **Postgraduate training courses** in homeopathy for doctors are provided at universities in Bulgaria, France, Germany, Greece, Italy, Lithuania, Poland, Romania and Spain.
Statutory regulation of homeopathy

- The community of homeopathic doctors in Europe is much larger than you might think.

- Approximately **45,000 medical doctors*** in the European Union have taken training and education in homeopathy and **99% of them practise on the continent**.

- And many more doctors in Europe prescribe homeopathic medicines without any substantial homeopathic training.

* compared to 25,000 eye specialists, 18,000 ENT specialists
Core values of Integrative Medicine

- **Integrative Medicine is not synonymous with CAM**, but has a far larger meaning and mission in that it calls for restoration of the focus of medicine on **health and healing**, emphasizes the centrality of the doctor-patient relationship.

- It focuses on **preventive maintenance of health** by attention to all relative components of lifestyle, including diet, exercise, stress management and emotional well being.

- It insists on **patients being active participants** in their health care as well as physicians viewing patients as whole persons – minds, community members, and spiritual beings as well as physical bodies.
Core values of Integrative Medicine

- It makes use of all appropriate (conventional and CAM) therapeutic approaches, healthcare professionals, and disciplines to achieve optimal health and healing.

- Approaches illness first by trying to support and induce the self-healing process of the individual. If recovery can occur from this alone, the likelihood of adverse effects and the need for high-impact, high-cost biomedical intervention is reduced.

- It asks physicians to serve as guides, role models, and mentors.
Integr Med in managed care organisations

- Kaiser Permanente, having millions of health plan members, over 150,000 employees, 15,000 physicians, 35 medical centres and 431 medical offices has accepted CAM with open arms.

- Mental health/behavioural medicine and self-help group models to empower patients' awareness of their ability to manage their own health

- Any therapy, either conventional or complementary, when shown to be a safe, effective method of care, is integrated into their total medical care program.

- Less needless medications and medical procedures and more prevention and personal lifestyle changes can add up to big financial savings and big improvements in quality of life.
Integrative Medicine in academia

- Consortium of Academic Health Centers for Integrative Medicine (CAHCIM) includes 44 academic medical centres in the USA, including Stanford University, Yale University, Johns Hopkins University, Harvard University, Mayo Clinic, etc.

- CAHCIM aims to "help transform medicine and healthcare through rigorous scientific studies, new models of clinical care, and innovative educational programs that integrate biomedicine, the complexity of human beings, the intrinsic nature of healing and the rich diversity of therapeutic systems".

- In Europe centres for Complementary and Integrative Medicine are being founded at some hospitals and universities. The third European Congress for Integrative Medicine will take place in November in Berlin.
Homeopathy, CAM and Integrative Medicine

- CAM is a powerful social phenomenon driven by patients/citizens.

- Integrative Medicine restores the focus of medicine on health and healing; because of its openness to both conventional and CAM paradigms, it meets less resistance from the medical establishment.

- Because homeopathy is still scientifically controversial, it can profit by jumping on the bandwagon of CAM and Integrative Medicine.

- Experience has learned that collaboration with other CAM organisations is effective at attaining political goals.
European Commission more open

- After intense lobbying by the CAM community, CAM was included into Seventh Framework Programme of the European Community for research, technological development and demonstration activities.

European Commission has selected a pan-European consortium of researchers at European universities to carry out the CAMbrella project (2010-2012), which aims

- to develop a network of research institutes in CAM
- to develop terminology of CAM interventions
- to review the current legal status and policies governing CAM provision in the EU
- to explore the needs, beliefs and attitudes of the EU citizens with respect to CAM
- to create a prioritised EU research roadmap for CAM.
CAMbrella project partners
After intense lobbying by the CAM community, the second Public Health Programme (2008-2013) includes the following phrase: “The programme should recognise the importance of a holistic approach to public health and take into account, where appropriate and where there is scientific or clinical evidence about its efficacy, complementary and alternative medicine in its actions.”

Spring 2011: a conference on the added value of CAM and Integrated Healthcare for the EU Public Health Agenda, supported by the European Commission.

Constructive meetings with executives of Directorate-General for Health and Consumers.
Conclusion

- EU public health officials are realising that the current system of health care is increasingly dysfunctional and needs to be reconfigured.

- EU public health officials have started to open up to increasing popularity of CAM and the concept of integrative medicine which is about restoring core values to health care.

- **Clinical legitimacy** has proven to be more important than scientific legitimacy: principally a political decision, rather than solely based on scientific evidence.

- Homeopathy is likely to benefit from that situation, its future is bright.