

For Homeopathy: A Practicing Physician's Perspective*

Richard Moskowitz MD*

American Institute of Homeopathy, USA

*Corresponding Author: Richard Moskowitz, M. D, American Institute of Homeopathy, USA.

Received: November 18, 2024; Published: December 01, 2024

I am writing in response to "Against Homeopathy: a Utilitarian Perspective," [1] by Kevin Smith, Ph. D., whom I commend for the clarity of his writing and the thoroughness of his logic. I suppose I should also derive some comfort from the fact that, contrary to the advice he gives to his readers, he takes homeopathy at least seriously enough to go to such trouble to denounce it.

Long familiar to every homeopath, his main argument that homeopathic remedies are nothing but placebos was already current in Hahnemann's time, decades before Oliver Wendell Holmes made it famous 150 years ago, [2] and has since been incorporated into the conventional wisdom. When I was in medical school, the term "homeopathic dose" was used almost affectionately to signify an amount of medicine far too small to have any noticeable effect whatsoever; and even today, as various modalities of alternative and complementary medicine enter the mainstream, and many American physicians aspire to broaden their outlook in order to accommodate them, most would probably still agree with Dr. Smith, at least in private, that homeopathy defies common sense, ordinary logic, and some basic laws of chemistry.

Indeed, even I feel a little uneasy with patients who can swallow the whole concept without hesitation, utterly untroubled by these profound mysteries at the very center of it. For Hahnemann's Law of Similars, "Let likes be cured by likes," the founding principle of homeopathy, is still far from intuitively obvious, even to those of us who use it every day.

*Rebuttal to Prof. Smith's article, "Against Homeopathy: a Utilitarian Perspective," *Bioethics*, February 2011.

And remains essentially a postulate, by definition not amenable to conclusive proof or disproof as a scientific hypothesis must be. Nor has anyone ever satisfactorily explained how medicines diluted beyond the level of Avogadro's number could possibly have any effect on a patient, let alone a curative one.

But the mere fact that homeopathy is based on a mystery as yet unexplained by the science we have now is by no means sufficient to prove that it is a nullity, a fake, and thus a false belief, indeed a delusion, on the part of anyone who takes it seriously enough even to entertain the possibility that there might just be something to it. It almost embarrasses me to have to say that Dr. Smith's entire argument, like that of the distinguished Dr. Holmes before him, boils down to one defective syllogism, that because homeopathy can't possibly work, it therefore doesn't work.

Once that premise is accepted, to be sure, his reasoning sounds persuasive enough. For if it could be shown that the homeopathic phenomenon does not exist, that medicines do not in fact have the power to elicit or provoke the same symptoms that they help to cure, and that remedies diluted beyond the level of Avogadro's number are simply inert and have no effect of any kind, then he would be entirely right to insist that such beliefs are utterly groundless, that those who persist in them are mired in wishful thinking, and that public funds should not be provided for the medical care of indigent people based on them, or even for further research as to their efficacy, since more than enough would already have been carried out to disprove the need or value of proceeding any further along this path. As if all that were not enough, and saving the best for last, he adds the novel tour de force that homeopathy is not only ineffective,

but immoral as well, according to the utilitarian standard of doing the greatest good for the greatest number, mainly to the extent that it dissuades people from seeking the kind of heavy artillery that really does work.

Such a virtuoso display of logical reasoning might have been more persuasive had he not named as authorities on the subject the likes of Wallace Sampson [3] and Stephen Barrett, [4] both professional 'quackbusters' who have made discrediting homeopathy their life's work, and who automatically offer the most damning possible interpretations of anything pertaining to it. Proudly acknowledging Prof. Sampson as his chief mentor and source of information, [5] and falling back on the seeming absurdity of infinitesimals, he sheds all pretense at even-handedness, making quick work of the alleged benefits of the method, and deducing a litany of serious faults *ex cathedra* without any knowledge of or interest in the actual practice, like how the interview is conducted, how various possible reactions to the remedy are identified, and the like.

In any case, all his excellent reasoning goes for naught, because the postulates that it is built upon, the implausibility of the Law of Similars, and the common assumption that the remedies are nothing but blanks, turn out to be simply and demonstrably false. The basic "law" of homeopathy, for example, the phenomenon that medicines tend to elicit or provoke the same symptoms that they are meant to relieve, is widely familiar even in allopathic circles, where "paradoxical" effects, such as antihypertensives raising blood pressure, antidepressants making depression worse to the point of suicide, and so on, are commonplace and well-documented in standard reference texts like the Physicians' Desk Reference, [6] albeit not yet proclaimed as a general rule.

As for those notorious infinitesimal doses, experiments have repeatedly shown that highly diluted remedies are capable of both stimulating and inhibiting colony growth in bacterial cultures, [7] *in vitro* enzymatic activity in tissue culture and cell-free extracts, [8] seed germination and growth in various plant species, [9] and various global properties of higher animals. [10] While equally unambiguous results are naturally much more difficult to attain with human subjects in clinical situations, it is nevertheless irrefutably clear that highly diluted homeopathic preparations are capable of significant biological activity.

No matter what the correct explanation of these mysteries may prove to be, it is also undeniably true that dedicated physicians have continued to follow the same principles and to practice medicine

on the basis of them for more than two hundred years, and now do so on every continent and in most countries of the world. In the face of determined opposition, general ridicule, and the sacrifice of more prominent and lucrative careers for their sake, the mere fact that homeopathic medicine has managed to survive intact for so long and even continued to grow and develop under such adverse conditions is sufficient answer to the unexamined faith of Dr. Smith and the quack-busters that it is a delusion and nothing more, and indeed suggests precisely the opposite conclusion. Its singular propensity to attract qualified doctors from almost every country at a time when allopathic medicine has become the dominant model of health care in the world represents not only a significant historical achievement in its own right, but also a persuasive argument for the validity of the Law of Similars, the efficacy of Hahnemann's infinitesimal doses, and the ultimate authenticity of the homeopathic phenomenon itself.

I have practiced general and family medicine for 44 years. No matter what type of treatment we prefer to use, all physicians are obliged to know and live by what Dr. Smith seems to have overlooked, that our reputations and livelihoods depend on the extent to which our patients are benefited by our efforts on their behalf. For the past 37 years, I have treated mine with homeopathic remedies exclusively, not because I believe that pharmaceutical drugs have no value; I often refer patients whom I've not been able to help to my allopathic colleagues, and am more than grateful for what they do. I choose to practice homeopathy in part because I prefer to try a gentler and safer approach first, whenever possible, but mainly because matching the treatment to the individuality of the patient allows and encourages a deeper and more comprehensive level of healing than is possible with drugs that merely counteract a specific symptom or correct a particular abnormality by applying superior chemical force at that strategic point.

I will give a few examples from the early years of my practice. The first was an eight-pound baby girl who was born covered with thick meconium, took one gasp, and then breathed no more. Brisk suctioning produced only more of the same. At this point the child lay limp, white, and motionless with a heartbeat of 40 per minute, responding feebly to mouth-to-mouth resuscitation but incapable of breathing on her own. I put a few tiny granules of Arsenicum album 200C on her tongue, [11] and almost instantaneously she awoke with a jolt, crying and flailing, her heart pounding at 140 per minute, her skin glowing pink with the flame of new life. The whole evolution took no more than a few seconds. After a night in

the hospital to be on the safe side, mother and baby went home in the morning with no outward sign that anything untoward had happened. Experiences like these are imprinted for life in every practitioner's mind. [12]

Of course, I am well aware that this could have happened spontaneously without any remedies at all, for the child was well-formed and appeared normal in every other respect; and anyway, it was just one patient, a mere "anecdote," utterly without statistical significance. But all of us who were present, including my nurse, the baby's mother and father, and I daresay the child herself, by now fully-grown and undoubtedly steeped in the legend of her birth, know as surely as we can know anything that the conjunction of the infinitesimal dose and her abrupt awakening was no mere coincidence.

My second case was that of a 34-year-old R. N. who had been plagued with severe endometriosis since her teens. Already a veteran of four surgeries to remove large blood-filled cysts from her bladder and pelvic organs, and several courses of male hormones to suppress the condition, she came seeking only to restore her menstrual cycle, having long since abandoned any hopes of child-bearing. While intensely painful at first, her periods had become "dead," dark-brown, and scanty from so many years of surgery and hormonal treatments in the past.

After a few remedies, her menstrual flow became fuller and richer, and within six months she was pregnant. By the next time I saw her for a different ailment nearly eight years later, she had had two healthy children after uncomplicated pregnancies and normal vaginal births, and had remained in good health ever since. [13] While no one can attribute such an outcome to a homeopathic remedy or any other agency in precise, linear fashion, my patient has never stopped thanking me for it, which is reason enough to be grateful for a process that is inherently catalytic and persuasive, rather than forcible or compulsory.

Still less can these happy endings be imputed to any unusual skill of mine, since they are entirely comparable to what every competent prescriber has seen or could easily duplicate, and I could just as well have cited other patients whose conditions were far from hopeless, who believed in the remedies and in me, but whom I was nevertheless unable to help.

As Dr. Smith is at pains to insist, homeopathic remedies are safe, economical, simple to use, and gentle in their action, with notably

few serious or prolonged ill effects. What he does not say and As Dr. Smith is at pains to insist, homeopathic remedies are safe, economical, simple to use, and gentle in their action, with notably few serious or prolonged ill effects. What he does not say and clearly does not know is that they are also capable of acting thoroughly, deeply, and for a very long time, requiring only infrequent repetition of the dose, and posing minimal risks of chronic dependence. Patients, friends, and loved ones alike often notice a general improvement in vitality and a sense of well-being, such that recurrence seems less frightening and indeed less likely.

For medicinal substances, the reigning standard of efficacy is the Random Controlled Trial, or RCT, in which subjects are randomized into two groups, one receiving the drug, the other only a placebo or inert imitation, with both patients and doctors kept blinded as to who gets which. In these experiments, the causal power of any drug against a particular symptom or abnormality equals the extent to which patients actually taking it outperform their placebo controls; and rather than an optimal qualitative fit with the illness of each patient as a whole, as homeopaths aspire to, the best drugs and the ones most diligently sought after are simply the most potent ones, those with the most chemical power to compel the organism to function in whatever minutely targeted ways the profession decrees that they should.

Thus modern physicians are duly equipped with the latest chemical weapons to attack a vast array of diseases and abnormalities as if they were enemies on a battlefield: antibiotics to kill bacteria, antihypertensives to lower the blood pressure, anticonvulsants to control seizure activity, antimetabolites to destroy cancer cells, antihistamines to suppress the allergic response, and so forth, all developed to act as selectively as possible, but with little or no regard for the individuality of the patient as a whole. In advanced cases, such drugs may indeed save life, give miraculous relief, buy valuable time, or do the best that can be done under adverse or extreme circumstances.

Leaving aside the bottom-line question, whether most patients taking such drugs will actually feel better, live longer, and suffer fewer complications as a result of taking them, I am prepared to stipulate what is not always true in practice, that many of the drugs in common use do indeed have the power to accomplish at least some of what we ask and expect of them, in the hope that those more subjective and personal goals will eventually follow. But the high and often exorbitant price that we have to pay for such seemingly precise and overriding causal power comprises three huge, hidden cost and risk centers that are seldom recognized or talked about.

First, when a drug really works to suppress or counteract the target symptom or abnormality, the condition is likely to reappear with equal or greater intensity as soon as the drug wears off. Using chemicals in this fashion, to force the issue rather than simply to assist whatever self-healing processes are already under way, cannot fail to pose the major risk of needing to continue using them for long periods of time, if not indefinitely, and thus transforming what is often an idiomatic episode in the patient's life into an ongoing if not permanent chronic illness with the power to propagate itself through time.

Second, narrowly targeting drug treatment to specific chemical abnormalities and abstract pathological "entities" without rebalancing the energy dysfunction of the patient as an integrated whole naturally and inevitably leads to polypharmacy, the need for still other drugs to correct or control whatever other diseases and abnormalities we are able to identify in the future.

Last but not least, drugs powerful enough to do what we expect them to do are also capable of acting coercively on various other physiological functions, although these usually undesirable "side effects" may vary quite a lot, according to each patient's unique tendencies and predispositions, and will therefore be rather more difficult to attribute unequivocally to the action of the drug.

The ubiquity and relative invisibility of such adverse reactions make it a lot easier to understand why homeopathy has become so popular with patients caught in the tentacles of the medical system on the one hand, yet so easily dismissed by those who administer that system as ineffective, impossible, or unworthy of serious study on the other. In pointed contrast to allopathic drugs, which are developed solely for their power to force the organism to do what it has no natural inclination to do, homeopathy seeks rather to assist and even enhance the innate self-healing capacity that is synonymous with life, continually at work in every patient, and encompasses precisely those same individualizing tendencies, sensitivities, and predispositions which as physicians we are expected to ignore in our diagnoses, outperform in our research, and override in our treatment.

That is also the reason why, even when homeopathic remedies do act curatively, the results are simply dismissed or written off as isolated cases, perhaps "miraculous" at times, but in any case merely "anecdotal evidence" without scientific import, and therefore always located on the placebo side of the ledger, because medical

science as presently constituted restricts the term "cause" to those interventions that force things to happen, and measures that power against the idiomatic and somewhat unpredictable tendency of every individual patient to recover without it.

Even in the case of well-designed RCT's that demonstrate a statistically significant benefit from homeopathic treatment, the result still "feels" unscientific and unpersuasive to most people, simply because no such chemical force had to be exerted and no such resistance overcome, while to trained scientists its looser interpretation of causality and its emphasis on subjective and individual variables both disqualify it from serious consideration as a force potent, measurable, and consistent enough to count as "hard science."

So the standard argument that homeopathic remedies are merely placebos actually cuts both ways. In the first place, it's simply wrong. In addition to all of the evidence I have already presented, I can attest from my own experience that homeopathic treatment has an impressive track record in the treatment of animals, newborn babies, and patients in coma, in whom the possibility of suggestion is clearly remote. Secondly, if giving placebo, natural remedies, or nothing at all can achieve clinical results equivalent or even comparable to those obtainable with suppressive drugs or crippling surgery, who of sound mind would not prefer the cheaper, gentler, and safer alternative, at least to begin with?

Finally, and perhaps best of all, when homeopathic remedies do act curatively, our patients rightly feel that they have healed themselves, and may sometimes wonder if they might have done so without our help. To my mind, that "delicious quandary" is hardly a cause for complaint, much less ridicule, since I can imagine no higher compliment to pay to a medicine than that its action cannot be readily distinguished from a gentle, spontaneous, and long-lasting cure requiring no further treatment.

Indeed, as I see it, the irony lies wholly on the other side, that this optimal response is relegated to the placebo half of the equation, while pharmaceutical drugs are valued and considered effective only to the extent that they can overpower the physiology of as many patients and for as long a time as possible. I find it absurd and contemptible to boast of standards that prize brute force over elegance of fit, and that subordinate healing the sick to manipulating life functions artificially in the name of science, ambition, mastery over nature, or some equally abstract, hypothetical goal that we are obliged to take on faith.

That is why, for the present at least, I am thankful that our cures tend to remain snugly ensconced on the placebo side of things, because until we develop a kinder, more accurate, and inclusive model of causality, and a workable notion of the unified life energy of the patient as a whole, that is precisely where they belong. What the nuclear physicist J. R. Oppenheimer once told a group of psychologists thus seems even more apposite for the medical community as a whole:

We inherited at the beginning of the Twentieth Century a notion of the physical world as a causal one, in which every event could be accounted for if we were ingenious, a world characterized by number, where everything interesting could be measured, and anything that went on could be broken down and analyzed. This extremely rigid picture left out a great deal of common sense which we can now understand with a complete lack of ambiguity and phenomenal technical success. One [such idea] is that the world is not completely determinate. There are technical predictions you can make about it, but they are purely statistical. Every event has in it the nature of a surprise, a miracle, or something you could not figure out. Every pair of observations taking the form “we know this and can predict that” is global and cannot be broken down. Every atomic event is individual: it is not in its essentials reproducible. [14]

For all of these reasons, instead of competing with the placebo effect in order to defeat it, I have come to believe that the highest goal of medicinal treatment, whether homeopathic or otherwise, is precisely to assist and even to maximize it, by doing everything to promote healing in its most global sense, not just correct abnormalities, and by cultivating a deeper and more thorough knowledge of our patients, not ignoring, circumventing, or overriding what they have to teach us. To that end, while admiring the ingenuity and dedication of my colleagues who design and conduct RCT's to demonstrate the effectiveness of homeopathic treatment in the usual way, I offer an alternative model for clinical research, based on the inescapable bottom line of self-healing, which is equally applicable to allopathic medicine as well:

1. Nobody is blinded: all subjects know whether they are receiving homeopathic or allopathic treatment, having chosen it beforehand precisely because of their interest, belief, or faith in it.
2. Nobody gets placebo: everyone gets the treatment they select, while the doctors giving it out are matched to them by their

beliefs, and encouraged to use prayer, suggestion, exhortation, shamanic incantation, or whatever they or their subjects believe will most effectively assist them on their healing path. In other words, each group will serve as the control of the other.

3. Using the totality of signs and symptoms over time, including both subjective and objective criteria, and reports of family, friends, teachers, employers, etc., both homeopathic and allopathic subjects will be followed for a period of months or years, depending on the condition, and extending beyond the acute phase to include the chronic dimension. Both groups will then be evaluated as to how well or badly they are measuring up in their own lives, by their own standards and those of their community, and also with respect to appropriate clinical and pathological criteria.
4. Qualified judges not exclusively or doctrinally committed to either point of view will then ascertain which form of treatment proves more beneficial in which respects, and will publish the results in a friendly, fair, and unbiased journal of good repute, to be selected and agreed upon in advance. [15]

For myself and my colleagues, homeopathy has stood the test of time as a philosophy, a coherent, logical system of thought, derived from the self-evident unity of the life force, a simple truism, and the “Law of Similars,” a bold postulate, neither of which follows logically from anything else, or is therefore subject to experimental proof or disproof, like ordinary scientific hypotheses, as in Bertrand Russell's whimsical definition:

...the point of philosophy is to start with something so obvious as not to seem worth stating, and to end with something so paradoxical that no one will believe it. [16]

I freely admit, as I think even Dr. Smith would heartily agree, that homeopathy fits this description perfectly. Yet the authenticity of the homeopathic phenomenon, the enduring relevance of the point of view it offers, and the obvious effectiveness of minute doses when competently used, all imply the existence of a bioenergetic science that is still in its infancy, and will undoubtedly add to the atomic theory of matter and the laws of chemistry, many of which we already know, a further set of rules, laws, hypotheses, and predictions as it develops in the future, just as Dr. Smith has foretold. In that sense, homeopathy also looks beyond itself, to a more open and inclusive conceptual scheme that can accommodate both points of view, as well as perhaps others as yet unknown to us. Helping to envision, identify, and elaborate this new synthesis thus becomes our highest mission, which we share with like-minded physicians and healers of all persuasions and in every part of the world.

References

1. Smith, K, "Against Homeopathy -- A Utilitarian Perspective," *Bioethics*, 14 February 2011, pp. 1-12.
2. Holmes, O. W., "Homeopathy and Its Kindred Delusions," 1847, included in *Medical Essays*, Houghton Mifflin, Boston, 1895, pp. 1-102, passim.
3. Cf. Sampson, W., *The Braid of Alternative Medicine*, Prometheus, New York, pp. 21-31, and "Homeopathy Does Not Work," *Alternative Therapies in Health and Medicine* 1: 48-52, 1995. Cf. also the Health Care Reality Check website, www.hcrc.org: "Dr. Sampson is Professor of Medicine (Emeritus) at Stanford, Editor-in-Chief of *Scientific Review of Alternative Medicine*, and teaches about unscientific and aberrant medical claims. He sits on the Board of Directors of the National Council Against Health Fraud, and is affiliated with other organizations that protect consumers from bogus healthcare claims and products."
4. Cf. Barrett, S., "Homeopathy's Law of Similars" and "Homeopathy's Law of Infinitesimals," Homeowatch Home Page, www.homeowatch.org, posted March 20, 2002; and "Homeopathy: the Ultimate Fake," Quackwatch Home Page, www.quackwatch.org, revised August 23, 2009.
5. Smith, op. cit., p. 12, Acknowledgement: "The author would like to thank Wallace Sampson, M. D., for valuable comments and criticism."
6. Physicians Desk Reference, 63rd Edition, 2009, Montvale, NJ. Cf., for example, "Catapres, Overdosage," p. 842: "Hypertension may develop early . . ."; and "Prozac, Warnings: Clinical Worsening and Suicide Risk," p. 1854: "Patients with major depressive disorder may experience worsening of their depression and/or the emergence of suicidal ideation and behavior . . ."; et passim.
7. Cf., for example, Noiret, P., "Activity of several dilutions of copper sulfate in different microbial species," *Proceedings of 31st Congress, International League of Homeopathic Physicians*, Athens, 1976, pp. 137-147; and Brack, A., et al., "Effect of ultra-high dilutions of 3,5-dichlorophenol on luminescence of the bacterium *Vibrio fischeri*, in *Biochimica et Biophysica Acta* 1621: 253-260.
8. Cf., for example, Davenas, E., et al., "Effect on mouse peritoneal macrophages of orally- administered, very high dilutions of Silica," in *European Journal of Pharmacology* 135:313-319; Petit, C., "Effect of homeopathic dilutions on subcellular enzymatic activity," *Human Toxicology* 8:125-129; and Shabir, S., et al., "Effect of homeopathic drugs on in vitro activity of alpha-amylase from human saliva," *Indian Journal of Homeopathic Medicine* 31:93-98.
9. Betti, L., et al., "Effect of high dilutions of Arsenicum album on wheat seedlings from seeds poisoned with the same substance," *British Homeopathic Journal* 86:86-89, 1997; and Binder, M., et al., "Effects of Arsenicum album 45X on wheat seedling growth," *Forschende Komplementärmedizin und Klassische Naturheilkunde* 12: 284-291.
10. Banerjee, P., "Comparative efficacy of two dilutions of Arsenicum album to ameliorate toxicity by repeated sublethal injections of arsenious trioxide in mice," *Pathobiology* 75:156, 2008; Fisher, P., "The influence of the homeopathic remedy Plumbum metallicum on the excretion kinetics of lead in the rat," *Human Toxicology* 6:321, 1987; and Doutremepuich, C., et al., "Aspirin at ultra-low dosage in healthy volunteers: effects on bleeding time, platelet aggregation, and coagulation, *Hemostasis* 20: 99-105.
11. The 200C, or 200th centesimal dilution, means a dilution on a scale of 1:100, carried out 200 times, for a concentration on the order of 10-400!
12. Cited in Moskowitz, R., *Resonance: the Homeopathic Point of View*, Xlibris, Philadelphia, 2001, pp. 14-15.
13. *Ibid.*, p. 15.
14. Oppenheimer, J. R., "Analogy in Science," *The American Psychologist* 2:134, March 1956.
15. Moskowitz, op. cit., p. 342.
16. Russell, B., "The Philosophy of Logical Atomism," in *Logic and Knowledge: Essays, 1901-1950*, Allen & Unwin, London, 1968, p. 193.

Benefits of Publishing with EScientific Publishers:

- ❖ Swift Peer Review
- ❖ Freely accessible online immediately upon publication
- ❖ Global archiving of articles
- ❖ Authors Retain Copyrights
- ❖ Visibility through different online platforms

Submit your Paper at:

<https://escientificpublishers.com/submission>