

# **Boundaries or bridges: what should Homeopathy's relationship be with mainstream medicine?**

Lyn Brierley-Jones (PhD)

Dunelm, United Kingdom

## **ABSTRACT**

When Samuel Hahnemann devised homeopathy he constructed multiple arguments that both vehemently supported his new system and criticized the conventional medical practice of his day. At the end of the 19th century when homeopathy had grown within Britain and America, homeopaths failed to make use of some of Hahnemann's most successful arguments. Instead, homeopaths found themselves lose significant cognitive ground to their long time conventional rivals with the dawn of the 20<sup>th</sup> century, a ground they have not yet recovered. This paper uses the theoretical framework of Berger and Luckmann to analyse the dynamics of the arguments used against homeopathy and suggests that homeopaths failed to adopt a universalizing medical explanation that was available to them: the reverse action of drugs. Had they used this argument homeopaths could have explained conventional medicine successes within their own universe of meaning and thus neutralized the impact of conventional on their practice. The implications of these conclusions for the future survival and success of homeopathy are considered.

**Key words:** sociology of knowledge, epistemology of medicine, homeopathy, conventional medicine, reverse action of drugs.

## **Introduction**

In this paper I will discuss the ways in which homeopathy positioned itself against mainstream medicine (also known as allopathy) at key developmental points over the last 200 years. Starting with Samuel Hahnemann (1755-1843), I will look at how homeopathy defended itself and argued its case in relation to both mainstream medicine and successive incarnations of science. I will argue that at the end of the 19th century, conventional doctors successfully used a technique Hahnemann himself had previously used with consummate skill: 'explaining away' the opposition. At this same time, however, and unlike Hahnemann, homeopaths in Britain and the United States failed to capitalise on their own universalising potential in minimising the significance of an explanatory framework readily available to them: the 'reverse action of drugs'.

This hypothesis, which was sometimes referred to as the 'double' or 'diverse' action of drugs, stated that drugs had varying, even opposite, effects on the body according to the dosage administered. This hypothesis was closely allied to the observation, also reported by Hahnemann, that drugs had primary and secondary effects on the human organism. Nineteenth-century medical journals reported these observations in clinical practice. Some conventional doctors, indeed, acknowledged that physiological doses of a drug had directly opposite effects of dilutions of the same drug, though they remained officially agnostic on this hypothesis until the end of the century [1].

Homeopaths had a more nuanced understanding of this principle, suggesting that the most often used dilutions, as e.g. 30c, 200c, 1,000c, etc., elicited different symptoms and thus accomplished different cures [2]. American homeopath George Ockford, for example, called in 1879 for more work to be done by homeopaths on this phenomenon, in part to explain some of the apparently contradictory symptoms contained within the homeopathic material medica. Today, the biomedical community still attempts to explain away homeopathy, primarily by means of the placebo effect [3]. Thus, the questions arise: What position should homeopathy adopt today in relation to mainstream medicine to ensure its continued survival? What are its strengths that should be capitalised upon? What arguments can best further its development?

### **Hahnemann's approach**

Hahnemann vilified the scientific' medicine of his day, which was rooted in the heroic systems of William Cullen (1710-1790), John Brown (1735-1788) and Benjamin Rush (1745-1813). In the *Organon* (p. 14) Hahnemann claimed that so-called rational medicine was based upon 'vain suppositions and pet assumptions' [4], polypharmacy being the 'crown of this self-delusion' with the practices of bleeding and purging jeopardising human life 'in the hands of these perverted people [physicians]' [4, p. 51]. 'The miserable result of their [allopathic] treatment should have taught them that they were on the wrong road [4, p. 9] whilst occupants of university medical chairs he considered producers of 'pretentious fantasies' [4, p. 46].

Despite his disgust of conventional medical practice, Hahnemann did not completely disengage with, that is ignore, orthodox medicine but proceeded instead to deconstruct it. In the *Organon* particularly, he appears to take a four pronged approach. First, as above, he is unequivocal in his rejection of what he considers false and dangerous practice in medicine. Secondly, he recognises and shows an understanding of various orthodox medical theories and practices, which he readily identifies, names and explains in relation to his own method. Thirdly, he highlights commonalities with his medical adversaries when possible, particularly identifying the homeopathic principle inadvertently at work in orthodoxy, or crucially explains common medical phenomena in homeopathic terms. Fourthly, he maintains his right to both criticise and openly reply to criticism, directly attacking opposition to his new system of medicine.

On the third approach Hahnemann commented:

"The orthodox school has witnessed for centuries that nature itself has never once cured any existing disease with another dissimilar one, however intense' and that 'the original disease reappears and always has to reappear as soon as the decline of the patient's strength permits the allopathic attack on his life to continue". [4]

Showing some empathy with conventional doctors' misunderstanding of the nature of diseases and their cure, Hahnemann noted 'Because it often happens in chronic diseases, that the evacuations which nature excites, bring relief in cases where there are acute pains, paralysis, spasms etc the old school imagined that the true method of curing disease was by favouring, keeping up, or even increasing the evacuations' [4, p. 46].

Furthermore, Hahnemann was open in his agreement with Rush and Chapman in their consideration that the powers of nature, or the vital force, were devoid of intelligence and judgement [4, p. 50], claiming, " the pathologically untuned vital force has ... little ability to cure" [4, p. 25].

Crucially, however, Hahnemann went further explaining conventional and other cures in homeopathic terms. Hahnemann wrote:

“The physician of the old school rejoices when he has forcibly slowed the small rapid pulse of cachexia for several hours with the first dose of *Digitalis purpurea* . But this is the primary action of the drug, and soon the heart beats twice as fast as before. Repeated stronger doses are less and less effective and finally do not increase the pulse rate at all. Moreover in the secondary action the pulse becomes uncountable; sleep, appetite and strength wane and death is imminent, or else insanity” [4, p. 57].

Hahnemann even explained the efficacy of hydrotherapy in homoeopathic terms. Cold water (54 degrees Fahrenheit) from mountain springs and deep wells applied locally affected: “[...] an efficient homoeopathic local assistance for paralysed parts or such as are without sensation”. Hahnemann directed that such water should be poured upon the affected parts for one to three minutes, or by douch baths over the whole body for one to five minutes, daily or more often, together with appropriate internal, antipsoric treatment, sufficient exercise in the open air and judicious diet. [5]

Hahnemann also reviewed uses of homoeopathy throughout medical history, citing instances where the principle of the reverse action of drugs showed that conventional medicine and homoeopathy operated along a continuum of medical practice. Hahnemann cited Rucker as noting the ability of *Solanum nigrum* to produce swelling of the entire body and use of the same substance by Gatacker and Cirillo in the (homoeopathic) cure of a species of dropsy. Similarly, Hahnemann noted that Mayer Abramson administered *Hyosциamus niger* to a man who had become deranged through jealousy, which cured him speedily. Hahnemann noted quite simply that *Hyosциamus niger* could cure jealousy because it could cause it. A strong infusion of tea was known to produce anxiety and palpitation in those not accustomed to drinking it, whereas in small doses it was well known as an excellent remedy against anxiety, a point Hahnemann noted had been made by the well known physician G L Rau [4, p. 14]. Thus, Hahnemann argued that drugs had a reverse action and that this accounted for, or ‘explained away’ allopathic effects.

The fourth aspect of his approach saw Hahnemann defending as well as attacking. In the *Organon*, he responded to the German physician C. W. Hufeland’s (1762-1836) criticism that ‘Homeopathy can remove the symptoms but the disease remains’ [4, p. 14], as offered ‘partly out of spite’ because of homeopathy’s progress but also because of his still ‘totally material conception of disease [...] such is as yet the blindness of the old pathology’ [4, p. 25].

Combined with this multiple approach, Hahnemann , identified, named and evaluated the three principles of drug use he saw operating in medicine at that time. Of these orthodox medicine practiced two; namely, the suppressing of symptoms by creating their opposite, ‘antipathy’ or ‘enantipathy’, and the creation of symptoms that bore no relation to the disease or symptoms at all, that is the ‘allopathic’ method, a term Hahnemann created. Whilst the former was merely palliative and Galenical, useful ‘to win the patients trust most infallibly by deceiving him with almost instantaneous improvement’, the latter method ‘play [ed] with the life of the patient irresponsibly and murderously’ [4]. The third method was of course the homeopathic one, and according to Hahnemann the only safe, gentle and sure method, curing by means of symptom similarity.

Whilst this combined approach caused Hahnemann to become both itinerant and marginalised at various periods in his life, he did succeed in building a successful Parisian practice with a widespread reputation as a fine physician, before his death in 1843. It is worthy of note of course that he achieved this partly through the dedication and commitment of his second wife Melanie d’Hervilly-Gohier (1800-1878) [6]. It is the third of Hahnemann’s approaches, however, that the rest of this paper is concerned with.

## Changing 19<sup>th</sup> century fortunes

In the early 19<sup>th</sup> century, homeopathy had made ground in some elite social circles but its general advance was slow. However, by the middle of the century first Europe, then the United States, found themselves in the grip of a series of cholera epidemics and the lack of conventional medicine success in treating this disease left a therapeutic vacuum. Homeopathy began to gain a foothold among the wider population with reports of homeopathic cures appearing in newspapers, pamphlets, and public addresses as well as in hospital and public health records. This placed a once tolerant orthodox medical profession on the defensive [7]. Dr Schneider, for example, reported in 1832 a mortality rate in cholera of 21.1% in Russia, whilst conventional doctors achieved a rate of 74.19%. Even no treatment was superior to conventional medicine, the former producing a comparative mortality there of only 67.34% [7]. In Vienna, homoeopaths reported a mortality rate in cholera of 8% and conventional doctors 31%, whilst homoeopaths at the London Homoeopathic Hospital (LHH) reported a mortality of 16.4% with hospitals in London generally reporting a mortality rate of 77 %. In the United States, the conventional medical community denied the reports claiming homeopaths had created fictitious patients [8]. Homeopaths duly published names and addresses. In Britain the returns of the LHH were suppressed until they were finally presented to parliament after Lord Grosvenor intervened.

The attempts of conventional doctors to discredit homeopathic claims amounted to, what Berger and Luckmann call, 'ontological denial', that is homeopathic claims of cure had no reality [9]. The perceived success of the homeopathic defence, however, led to the conventional medical community to adopting a second and far more powerful and complex move that could be tolerated by their own medical reality or 'symbolic universe': 'conceptual translation'. Berger and Luckmann explain that here:

"The deviant conceptions [homeopathic claims] are not merely assigned a negative status, they are grappled with theoretically in detail. The final goal of this procedure is to incorporate the deviant conceptions within one's own universe [allopathic medical reality], and thereby to liquidate them ultimately. The deviant conceptions must, therefore, be translated into concepts derived from one's own universe.' [9, p. 133-4]

Most importantly, 'If the symbolic universe is to comprehend all reality, nothing can be allowed to remain outside its conceptual scope".

Berger and Luckmann use the term 'nihilation' to explain this process. Conventional doctors began to argue that both the failure of their own treatment and the apparent successes of homoeopathy were explicable by the same phenomenon- the body's natural healing powers. Homoeopaths cured cholera because, unlike conventional doctors, they were allowing the body to heal itself, since prescribing homeopathically with diluted doses was tantamount to doing nothing at all. Conventional doctors on the other hand were preventing the operation of this principle by giving medicine when it was not needed. Hence, the *vis medicatrix naturae* along with the concept of self-limiting diseases regained currency in conventional medicine. In so doing it both modified orthodox medical theory and practice and diluted the distinctiveness of one of homeopathy's distinctive conceptual markers.

Nevertheless, homeopathy continued to grow throughout the rest of the century in both Britain and the United States and created many innovations. New drugs were discovered, such as the *Tuberculinum*, by American homeopath Samuel Swan's (1814-1893) in 1876, and *Bacillinum* by London-based James Compton Burnett's (1840-1901) in 1885, whilst old drugs were experimented with and put to new uses, as in John Galley Blackley's (1850?-1910?) work with *Opium* [10], Alfred Pope's (1830-1908) description of the actions of various mercury preparations in 1902 [11], and Edward Blake's demonstration of the full action of *Vespa*

(wasp sting) in 1875 [12], all of which were based in Britain. In no technological backwater, homeopaths made technological breakthroughs, such as the British homeopath John Ellis Dudgeon's (1820-1904) portable 'sphygmograph' (heart / pulse tracer), which earned him first Prize at the Paris Medical and Sanitary exhibition of 1881. Later, Dudgeon published his research on the differences between 'stammering' and 'stuttering' heart [13]. Likewise the American homeopathic surgeon William Tod Helmuth (1833-1902) performed one of the earliest antiseptic operations in the United States in 1876 [14].

During the last quarter of the century, the conventional medicine expectant era, where medical intervention was minimised and nature given freer reign, gave way to the germ theory of Koch and Pasteur. The potential of germ theory and its associated therapies to legitimate homeopathic theory and practice was not lost on either medical school. This was a process underscored by Swan and Burnett's experiments with the nosodes (homeopathic drugs made from live, diseased tissue), initially frowned upon by some members of the medical profession (including many homeopaths), but later heralded as ground breaking. Both homeopaths and conventional doctors came to use various forms of serum therapy, a practice that used serum from diseased individuals in treatment, and one popularised by Almroth Wright, of St Mary's hospital London. Homeopathic treatments with such preparations as *Tuberculinum* came to increasingly resemble those used by conventional doctors, and by 1912 some of the therapeutic practices of the two schools were virtually indistinguishable. Conventional doctors used *Tuberculinum* in homeopathic doses, and homeopaths were in some cases administering it hypodermically and in material doses.

This sharing of medical practice gave orthodox medicine an opportunity to nihilate homeopathy at its very heart, a process made possible by the continuing awareness of conventional doctors of developments within homeopathy. Wright is himself said to have admitted his practice was, "pure homoeopathy" and even Von Behring, whilst working on a new tuberculo-therapeutic substance, conceded, "[Tuberculin's] therapeutic usefulness must be traced in origin to a principle which cannot be better characterized than by Hahnemann's word 'homoeopathic' [15].

Germ theory, the use of serum therapy by prominent members of the homeopathic profession and even the credit given to homeopaths for first using the practice, laid the groundwork for conventional doctors to more fully translate homeopathy into their own world view. Whilst sharing therapeutic practice, the language of bacteriology enabled them to maintain a significant cognitive distance from homeopaths. The 'vital force' became in conventional medicine parlance the 'natural protective mechanism', 'cure' became 'immunity', the '*simillimum*' became a 'vaccine', 'aggravation' became 'disturbance', 'dilution' became 'solution', 'subjective symptoms' became 'the patient's aspect', the 'minimum dose' became the 'minimal dose' and 'trituration' became 'pulverised'. Consequently, by 1910 they were able to incorporate homeopathy's two most distinctive, identifying concepts, - the *similia* principle and the minimum doses- and explain them in their own, orthodox terms. Further, and as Coulter has pointed out, such similarity made it possible for the American Medical Association to claim to represent the entire medical profession, and thus review the entire medical educational system (with disastrous consequences for homeopathy) [8].

By contrast, homeopaths failed to exploit a potentially universalising explanation available to them- the reverse action of drugs. Whilst they discussed both the principle and clinical evidence of its veracity, in their journals it was neither the only explanation offered for the *simillimum*, with vibratory theory, Ehrlich's hypothesis and electrolytic dissociation being firm contenders [16-20], nor was it consistently applied to explaining conventional medicine clinical experience, or we could say, their clinical 'successes'. R. W. Van Denburg, for example, showed that the reverse action of drugs was so well evidenced that even conventional doctors alluded to it. Referencing Hare, Bartholow, Ringer, Wood and Stille, Van Denburg argued that in all cases where small doses were advocated by these practitioners, they did so in accordance with the law of similar [35]. Thus asafetida was noted by these orthodox doctors as both impairing and curing digestion, arsenic as causing and curing memory loss, and causing and curing a certain type of fever, a certain asthma

etc. Belladonna was noted as both causing and curing dilated pupils, headache, delirium, a scarlet rash, and digitalis, whilst in toxic doses it was known to cause a great reduction in the pulse, it was yet recognised by conventional doctors as useful in all forms of heart failure with a small, weak, irregular, feeble pulse. What the likes of Van Denburg held back from saying was that use of material doses and the primary drug action they engendered were not curative. Indeed, they were deleterious if continued. In short, homeopaths failed to critically engage with conventional medicine knowledge and practice effectively. When they alluded to it, it was primarily to legitimate homeopathy's own practice and not deconstruct orthodox medicine.

Likewise in 1879, American homeopath George Ockford addressed the American Institute of Homeopathy (A.I.H.) on this subject, claiming the old school of medicine had long recognised a difference of action in large and small medicinal doses of drugs but were not investigating it [21]. Indeed the *Monthly Homeopathic Review* of 1876 had already drawn the profession's attention to the lack of investigation into this 'double' or 'reverse' action of drugs. The *Review* noted that conventional medicine was;

“[...] exclusively directed to the observation of the effects of full or physiological doses, and even though the opposite set of facts may be elucidated in the course of the experiments, their value is not perceived, and they are passed by without comment” [22] .

Yet homeopaths did perceive it. This was a conceptual space that homeopaths could occupy with the potential of broadening their explanation of medical phenomena to incorporate conventional medicine experience. Instead, reported orthodox experiments, poisonings and pathological findings were simply culled for fuller indications of drug action, any action. Seemingly lulled into a false sense of security and seeking the science accolade through means other than *similia*, homeopaths began to abandon their identity and relativised their practice [8]. American homeopath Eldridge Price outlined to the Institute in 1898 the “four pathies”; ‘Antipathy, Allopathy, Isopathy and Homoeopathy’, but not in the way Hahnemann had done in the third of his approaches less than a century earlier [23]. Price admitted that few homoeopaths at that time were exclusivists. They were simply physicians “[...] who reserve the right to draw from every field of mental achievement that which will aid in the healing of the sick, whether these contributions are from mechanics, from chemistry, from bacteriology or from the charmed circle of Homoeopathy” [23, p. 105].

Another American homeopath, W Geohegan claimed it “[...] was necessary to ascertain the proper limitation of the sphere within which the law of Similia is applicable [...]” [23, p. 124], whilst Price asked “What if, in following truth, we are led away from Homoeopathy? It matters not.” Subsuming the law of *similia* under the possibility of greater truths Price claimed “We will only be drawing nearer to the fact, to the roots of the universe, to that which is the cause of the law of similars” [23, p. 106].

The perception was that conventional medicine and homeopathy were undergoing the same ‘scientific’ sifting process. Geohegan claimed “The dominant school of physicians justly repudiate the term allopathic. The drugs chosen by their methods do not always bear the allopathic relationship; in fact, the use of similars abounds in their practice [23, p. 122]. “We believe in allopathy, in antipathy, and in Homoeopathy”, Price had continued, “each in its own place, and with a scientific reason for our beliefs, and we want the world to know it” [23, p. 105]. Science had become what was useful from all sectarian medicine. In the end, it was homeopathy as a profession that lost out in unequal measure.

Thus, homeopaths had become dangerously indifferent to explaining the discoveries, developments and clinical results of their main competitor. Unlike Hahnemann they did not, in the words of Berger and Luckmann, ‘grapple with [allopathic] concepts theoretically in detail’ but merely ‘assigned them a negative status’ [9]. They never moved from first to second order ‘nihilation.’ The President of the American Institute of Homeopathy, Benjamin F. Bailey, lamented in 1905:

“Contented in our own sufficiency we were unwilling to grant or recognise any accomplishment the result of scientific studies that might have been made by the regular school in the last twenty-five years, and we were inclined to change positions and to cry out against every new discovery - not on account of its negative evidence but on account of its origin. If it came from the regular school it must be false, it must be bad.” [24]

Thus homeopaths saw conventional medicine achievements as *a priori* illegitimate, and thus seemed to assume that they did not merit explanation. They were not, as Hahnemann had been, discriminating in either their criticism or their acknowledgement. They failed to explain conventional medicine on their own terms. “We rested on our oars [...]” Bailey said [24, p. 95]. He was right. The last quarter of the 19<sup>th</sup> century saw homeopathy lose valuable intellectual ground to conventional medicine.

By contrast some conventional doctors had begun to speak in favour of homeopathy. The prominent physician Horatio C. Wood (1841-1920) recognised that *similia similibus curentur* had survived for two thousand three hundred years, thus, “[...] it must possess some peculiar vitality, some measure of truth, and I myself believe that, as a rule of practice, it will at times lead to a good result” [23, p. 122]. Some homeopaths, in ignoring the fourth of Hahnemann’s approaches to orthodox medicine, saw in such musings invitations to conciliation, which they were keen to accept [8].

### Lessons from history?

Following the Hegelian principle stating that history is philosophy teaching by examples, we need to ask what lessons these events may have for homeopathy. They can be fourfold:

- First: homeopathy should be aware of and emphasise its strong points, viz. pharmacology and individualisation. To take note: it is within the consultation process and the putative power of the placebo effect that conventional doctors locate the success of homeopathy and other alternative medical practices [25,26]. The colonising impetus of orthodox medicine has not diminished.
- Secondly, homeopaths should deal with criticism as a group and be discriminating in their praise and criticism, always maintaining a right to reply. How often is homeopathy criticised in the press and no one from the profession responds (though patients who have benefited from it often do)?
- Thirdly, as a profession, homeopathy needs to remain aware of broader developments in medicine.
- Fourthly, homeopaths need to explain other medical phenomena in their own, homeopathic, terms.

That said, homeopathy today has to deal, not with medical factions or open market competition but with medical monopoly and state sanction, the result of what some historians refer to as ‘big science’ and what we might call ‘big medicine’ [27]. More than anything else, if homeopathy seeks integration into the mainstream (and I recognise that many homeopaths do not), it should ensure that it is the profession that is integrated and that the knowledge stays securely with homeopaths themselves. That is, homeopathy must retain its individual identity and homeopaths themselves must remain ‘knowers’, who at the same time must critically engage with conventional medical knowledge. Finally, it is worth pointing out that, historically speaking, the orthodox medical profession has never knowingly assisted homeopathy’s progress, though political, economic and state elites often have [8, 28]. Boundaries with conventional medicine, certainly of the cognitive kind, and not bridges, are what homeopathy needs to secure its future.

**References:**

- [1] Davis NS. Address on practical medicine. Transactions of the American Medical Association (1874): 101.
- [2] Ockford G. Diverse drug action. Transactions of the American Institute of Homeopathy (1879): 174-180.
- [3] Ernst E. Homeopathy: a “helpful placebo” or an “unethical intervention”? Trends in Pharmacological Sciences 2009;32(1): 1.
- [4] Hahnemann S. The Organon of medicine. 6<sup>th</sup> ed. London: Gollancz; 1982.
- [5] Hahnemann S. The chronic diseases: their peculiar nature and their homeopathic cure. New Delhi: B Jain; 2001.
- [6] Handley R. A homoeopathic love story. LOCAL: North Atlantic Books; 1993.
- [7] Squires RJ. Marginality, stigma and conversion in the context of medical knowledge: professional practices and occupational interests. PhD thesis University of Leeds 1985
- [8] Coulter HL. Divided legacy: the conflict between homeopathy and the American Medical Association. 2<sup>nd</sup> ed. Berkeley [CA]: North Atlantic Books; 1982.
- [9] Berger P, Luckmann T. The social construction of reality: a treatise in the sociology of knowledge. 2<sup>nd</sup> ed. Essex [UK]: Penguin Books; 1991.
- [10] Blackely JG. On the physiological action of certain alkaloids derived from Opium. Annals and Transactions of the British Homoeopathic Society and London Homoeopathic Hospital 1876;7: 42-53.
- [11] Pope AC. On the physiological action and therapeutic use of mercury and its salts. The Monthly Homoeopathic Review 1982: 267-283.
- [12] Blake E. A proving of *Vespa vulgaris* by clinical gleanings. The Homoeopathic Review 1875;19: 418-429.
- [13] Dudgeon RE. On stammering heart. The Journal of the British Homoeopathic Society 1893;1: 3-23.
- [14] Rothstein WG. American physicians in the 19<sup>th</sup> century: from sects to science. 2<sup>nd</sup> ed. Baltimore [MD]: The Johns Hopkins University Press; 1985.
- [15] Linn AM. Recent scientific confirmation of the law of similar. Transactions of the American Institute of Homeopathy 1907: 312-317.
- [16] Deschere M. The elective affinity of drugs. Transactions of the American Institute of Homeopathy 1897: 199-208.
- [17] Drury A. Homeopathy and Ehrlich’s hypothesis. Transactions of the American Institute of Homeopathy 1903: 97-103.
- [18] Gatchell C. On the mode of action of drugs in the crude form and in dilute solution, with an attempted interpretation of Hahnemann’s theory of dynamization. Transactions of the American Institute of Homeopathy 1903: 82-96.

[19] Hanchett WH. Meddlesome medicine. Transactions of the American Institute of Homeopathy 1901: 154-160.

[20] Foster RN. The logical basis of the law of similar: does it commend itself to our reason? Transactions of the American Institute of Homeopathy 1896: 145-156.

[21] Ockford G. Diverse drug action. Transactions of the American Institute of Homeopathy 1879: 174-180.

[22] Monthly Homeopathic Review (1876): 198.

[23] Price EC. The four pathies: antipathy, allopathy, isopathy and homeopathy; their place in therapeutics. Transactions of the American Institute of Homeopathy 1898: 104-131.

[24] Bailey BF. Homeopathy and the corporations. Transactions of the American Institute of Homeopathy 1905: 91-105.

[25] Shang A, Huwiler-Müntener K, Nartey L, Jüni P, Dörig S, Sterne JA, Pewsner D, Egger M. Are the clinical effects of homeopathy placebo effects? Comparative study of placebo controlled trials of homeopathy and allopathy. *The Lancet* 2005;366(9482): 726-732.

[26] Dowson DI, Lewith GT, Machin D. The effects of acupuncture versus placebo treatment of headache. *Pain* 1985;21: 35-42.

[27] Fuller S. Science. Berkshire [UK]: Open University Press, 1997.

[28] Nicholls P. Homoeopathy and the medical profession. London: Croom Helm, 1988.

---

## **Fronteiras ou pontes: como devem ser as relações da homeopatia com a medicina convencional?**

### **RESUMO**

Quando Samuel Hahnemann formulou a Homeopatia, ele construiu uma série de argumentos que tanto apoiavam seu novo sistema como criticavam a prática alopática da época. No final do século 19, quando a homeopatia já estava estabelecida na Grã-Bretanha e América, os homeopatas falharam por não fazer uso de alguns dos bem elaborados argumentos de Hahnemann. Além disso, os homeopatas não desenvolveram uma base conceitual adequada, distanciando-se ainda mais, com o alvorecer do século 20, dos rivais alopatas, distância essa que ainda não foi recuperada. Este trabalho utiliza o referencial teórico de Berger e Luckmann para analisar a dinâmica dos argumentos utilizados contra a homeopatia e sugere que os homeopatas falharam por não conseguirem adotar uma explicação médica universal que estava disponível para eles: a ação reversa de drogas. Se tivessem usado este conceito, os homeopatas poderiam ter explicado os bem sucedidos resultados alopáticos dentro de seu próprio marco conceitual e, assim, neutralizar o impacto da alopatia sobre a sua prática. As implicações destas conclusões para a sobrevivência e sucesso da homeopatia são consideradas.

Palavras-chave: Sociologia do conhecimento; Epistemologia da medicina; Homeopatia; Medicina convencional; Efeito paradoxal das drogas

---

## **Fronteras o puentes: ¿cuál debe ser la relación entre la homeopatía y la medicina convencional?**

### **RESUMEN**

Cuando Samuel Hahnemann formuló la homeopatía, desarrolló diversos argumentos que tanto fundamentaban vehementemente su nuevo sistema como criticaban la práctica médica de su época. Sin embargo, al final del siglo XIX, cuando la homeopatía ya se había desarrollado en Gran Bretaña y los Estados Unidos, los homeópatas dejaron de lado los argumentos más sólidos de Hahnemann y, al contrario, perdieron una parte significativa de su base cognitiva comparados a sus tradicionales rivales de la medicina convencional, siendo que esta situación persiste hasta la actualidad. Este artículo utiliza el marco referencial teórico propuesto por Berger y Luckmann para analizar la dinámica del discurso contra la homeopatía y concluye que los homeópatas dejaron de utilizar un argumento científico fundamental ya disponible, el de la acción opuesta (fenómeno rebote, acción paradójica) de las drogas. Si lo hubieran utilizado, podrían haber explicado el éxito de la medicina convencional dentro del propio marco referencial de la homeopatía y consecuentemente, neutralizado su impacto. Finalmente, son discutidas las implicaciones de estas conclusiones en el sentido de la futura supervivencia y éxito de la homeopatía.

Palabras-clave: Sociología del conocimiento; Epistemología de la medicina; Homeopatía, Medicina convencional; Efecto paradójico de las drogas

---

 Licensed to [GIRI](#)

Support: authors declare that this study received no funding.

Conflict of interest: authors declare there is no conflict of interest.

Received: 29 June 2010; Revised: 26 September 2010; Published: 30 September 2010.

Correspondence author: Lyn Brierley-Jones, [Lyn.Brierley-Jones@Eliesha.com](mailto:Lyn.Brierley-Jones@Eliesha.com)

How to cite this article: Brierley-Jones L. Boundaries or Bridges: What Should Homeopathy's Relationship be with Mainstream Medicine? *Int J High Dilution Res* [online]. 2010 [cited YYYY Month dd]; 9(32): 115-124. Available from: <http://www.feg.unesp.br/~ojs/index.php/ijhdr/article/view/402/443>