Homeopathic Method

Implications for clinical practice and medical science

Second Edition

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NATURAL HEALING, HOLISTIC PRACTICE AND 'THE BLACK BOX'

Thinking what we are doing

If we are not only to practice homeopathy well, but also to be able to discuss and evaluate its therapeutic method and effects critically, we must have a thorough understanding of the whole therapeutic process of which the selection and administration of the homeopathic remedy itself is only a part. But that is to say nothing about homeopathic prescribing that is not also true of every medical intervention. The study, practice and evaluation of all medical activity requires the same understanding of the mixed dynamics of the clinical process. But it is a more pressing responsibility for practitioners and proponents of homeopathy because the stimulus provided by the homeopathic medicine still has to be convincingly proved, and certainly has yet to be explained. If we are to respond to the legitimate scepticism that the apparent implausibility of the homeopathic method attracts, we must have a very clear idea of its distinctive features, and the extent to which they do and do not correspond to established concepts of physiology, aetiology, epidemiology, pathology and symptomatology. In particular we need to be very clear about, and be able to adduce convincing evidence of those distinctive features that are revealed by unambiguously accurate case taking and clinical observation. This chapter and the next provide the critical context that allows us to identify these distinctive features and establish their significance.

Natural medicine and natural healing

Chapter 1 explained to what extent the homeopathic method provides insights into disease processes and healing processes that are unusual in contemporary conventional Western medicine. It discussed the importance of giving close attention to the natural history of these processes in order

to understand and respond effectively to the patient's predicament; and its importance for gaining the holistic perspective that is so necessary to a truly healing therapeutic relationship. And it explained the justification for regarding the self-regulating and self-healing effects of homeopathy as 'natural'. The preface to this second edition touched upon the phenomenon of 'the black box' – the various ingredient of the therapeutic process that contribute to its actual effectiveness. This chapter develops these themes, and puts them in a wider perspective.

One of the popular epithets applied to complementary and alternative therapies (CAM) including homeopathy is 'natural medicine'. This is by no means always appropriate. The highly sophisticated methods of acupuncture treatment and of homeopathic pharmacy, for example, are not at all natural. At least in the sense that a therapy is the application of readily and naturally available remedies in response to the particular need. The use of herbs and touch and tender loving care might by contrast be called natural. What is more important, and actually 'natural' in these and other therapeutic approaches, very definitely including conventional medicine, is not the method of treatment but the response in the patient; the natural *healing* that is evoked. In the case of CAM, of course, the therapeutic benefit is often dismissed by conventional medical scientists because it is attributed exclusively to this natural healing effect; whereas in conventional practice this effect is marginalised or disregarded in relation to the effect of the medical intervention itself. The suggestion that any element of an effective therapeutic process is 'merely placebo' is a travesty; a denial of the innate healing resources of body, mind and spirit, and an insult to the art of medicine.

Placebo

First we need to sort out a confusion of language. The term 'placebo' has come to be used to describe any effect of treatment that cannot be attributed directly to the specific effect, sometimes called the 'characteristic effect' of the treatment method – the drug, the surgical procedure, the acupuncture needle, the manipulation, etc.[1,2] But this is a mistake that limits our understanding of what is going on 'off the ball', as a footballer might say. Used correctly a 'placebo' is a sham treatment, an inert (inactive) replica of a drug for example. It is given so that, literally, 'I please' the patient, and encourage a positive response – when a specific and active treatment is not available, or not appropriate, or when the practitioner is uncertain what to do, or when he or she feels compelled to do *something* when no active intervention might be an appropriate, possibly better choice.

So the primary meaning and use of 'placebo' is as a deliberate alternative to a specific and active treatment for the patient's problem. Nowadays, actual placebos of this kind are rarely if ever dispensed, except in the course of placebo controlled trials of drugs or procedures to distinguish between the specific, characteristic effects of those drugs or procedures and their 'non-specific', or 'incidental' effects. This experimental method creates an artificial and partial understanding of the therapeutic process, but it is an explicit example of the true meaning of placebo as a deliberate and sham alternative, often a very effective one, to a specific medical intervention.

The deliberate giving of sham treatments in actual therapeutic situations may be very rare nowadays. But the giving of *active* treatments as, effectively, placebos is commonplace. Many prescriptions are given to please patients who expect, even demand, that something be done. The giving of inappropriate antibiotics for self-limiting infections is by now a familiar example because exhortations to doctors not to do it have appeared in the newspapers and not just in medical journals. Prescriptions are given to make life easier for doctors when an explanation, or education, or a fuller enquiry into the nature of the problem, would be more appropriate; but time, perhaps, does not permit it.

Treatments such as these, given when there is no clear and necessary indication for the drug or procedure's specific action, so that it is actually irrelevant to the clinical situation are by no means inert. But they fulfil the same purpose as a true placebo.

In any discussion of natural medicine, natural healing or placebo we need to be clear that:

- Self-regulation and self-healing are inherent biological properties of all organisms, and inherent properties of the human body, mind and spirit.
- Many experiences can stimulate and support their effectiveness in ordinary everyday life.
- Experiences that have a medical context provide particular and powerful stimulus and support to these processes.
- This effect is independent of the characteristic, intended and active effect of a particular medical intervention.
- The effect may be stimulated by an inactive or sham treatment, or by an active treatment not specifically indicated for the problem.
- The effect accompanies to some degree every medical encounter and every specific intervention.
- The effect is a response of the patient to the whole experience of the encounter and the intervention.

According to this account the use of a true placebo is actually a *deliberate and specific* therapeutic act intended to effect a positive response by means of an inert or sham treatment. This is a very clearly defined use of the term. And the 'specific' nature of a true placebo effect is confirmed by the knowledge that substances that are technically inert nevertheless trigger the release of naturally occurring, physiologically active chemicals in the brain.[3] Confusion arises when *any* spontaneous improvement in the condition of the patient that is independent or perceived to be independent of the specific action of a medical intervention, is described as a placebo effect.

In fact, this improvement may have nothing at all to do with the therapeutic process. It may be due to the natural course of the disease, fluctuations in the symptoms, regression to the mean (a statistical fact that if a variable is extreme on its first measurement it will tend to be closer to the average on its second measurement, and if it is extreme on a second measurement, it will tend to have been closer to the average on the first measurement), bias in the reporting of symptoms by patients, or some other concurrent treatment. But allowing for these possibilities, one way of overcoming the confusion caused by the use of 'placebo' to describe all the incidental effects of a therapeutic process rather than just the sham treatment, has been to describe them as the 'non-specific' effects.

Non-specific effects

But this really only adds to the confusion. Because we have to ask, 'When is non-specific, specific?', and vice versa. Here we meet a paradox, or at least a conceptual difficulty. When we deliberately use a non-specific factor of the therapeutic encounter, does it not become specific? The process of paraphrase – restating what the patient has said in our own words, either to be sure we have understood, or to encourage her or him to reflect on what was said – is likely to promote new and helpful insights. For some practitioners it will not be a 'technique' but an instinctive and unconscious response to the patient's narrative; it will be part of their non-specific repertoire. For a psychotherapist it will be a specific technique. The distinction between the specific and non-specific elements of a therapeutic encounter will often be a matter of context and usage, as Charlotte Paterson and Paul Dieppe explain in their review of characteristic and incidental effects in complex interventions.[1] For a complex therapy, such as physiotherapy or complementary medicine, the history taking process (the narrative), the diagnostic process particular to that therapy, discussion of the therapeutic theory, exploration of personal circumstances and lifestyle issues, patient education, the listening and the talking, may be inseparable from the

specific treatment and its characteristic effects. The diagnostic process and the specific treatment may emerge from the process as a whole, and each part of the package may be contingent on another. The process of case taking in some disciplines that require particularly detailed enquiry and attentiveness may be a specific technique whose purpose is an intellectual analysis of the case history in order to identify the indications on which to base a treatment strategy. But it is also therapeutic in its own right.

An active drug (specific agent) will always have an added placebo component (non-specific effect). One clinician's non-specific approach is another's specific technique. This dual effect of various aspects of the interaction between practitioner and patient is common to all medical disciplines. The specific–non-specific dualism is in many instances as artificial and unhelpful as the mind–body dualism that still permeates much of medicine. This fact of life does not excuse us from studying and seeking to define and manage the different elements of the specific/non-specific or mind/body continuum appropriately. But to prevent us getting the analysis of those different elements out of perspective we must remember that they are at best ambiguous, and at worst misleading distinctions.

What it boils down to is that the outcome of any medical endeavour depends (in varying degrees) on a combination of the direct effect (the *efficacy*) of whatever technique the practitioner employs and of the therapeutic experience as a whole. It is a package deal. All therapeutics is what is sometimes known as a black box, whose component parts are difficult to define; their separate contributions to the outcome (the overall *effectiveness* of the treatment) difficult to distinguish. It is the reason for the use of double blind randomised controlled trials to identify the characteristic action of a particular medical agent or intervention, its *efficacy*, as distinct from the *effectiveness* of the whole therapeutic process in a real world clinical situation.

It is important to investigate the efficacy of a specific technique in order that we may be sure of its active role (to 'prove' it); in order that we may understand it; and in order that we may improve it. It is equally important that we acknowledge and investigate the role of the therapeutic experience as a whole, so that we may understand that; and so that we may use it well and maximise its contribution to the therapeutic process – to the outcome, or effectiveness of the treatment.

Context and Meaning

Two concepts have been introduced recently into the discussion of healing processes associated with medical procedures that may be described as

'natural'. They help to clarify, and to an extent explain them, overcoming the confusion of 'placebo' and 'non-specific' effects. They are *context* and *meaning*. Together they describe the essential elements of the whole therapeutic experience.

The most important determinant of context is the quality of relationship between the practitioner and the patient; in which other factors like the physical environment of the encounter play a part. In the conclusion to their paper *The Power of Context: reconceptualising the placebo effect*, Franklin Miller and Ted Kaptchuk write:

> Contextual healing is precisely what has been off the radar screen of scientific medicine, which has focused on therapeutic benefit produced by medical technology. Fixation on the specific efficacy of treatment interventions obscures the fact that the technological tools of medicine are always applied in some context, which itself may contribute significantly to therapeutic benefit. We should see the context of the clinical encounter as a potential enhancer and in some cases the primary vehicle of therapeutic benefit.[4]

According to Arthur Kleinmann[5]

> Meaning is inescapable: that is to say, illness always has meaning. . . . To understand how it obtains meaning is to understand something fundamental about illness, about care and perhaps about life generally. . . . The experience and meanings of illness are at the centre of clinical practice.

The importance of 'meaning' in the therapeutic encounter or healing relationship cannot be overstated. Unless we can comprehend the 'story of sickness', and engage with it compassionately and creatively; unless we can help patients to find some meaning in it, I doubt the capacity of scientific medicine to achieve much at all that we could properly call healing. If we see medicine as a healing vocation it must comprehend and make real the meaning of our own and of our patient's life. And the uncomfortable truth is that this understanding must start with the understanding of ourselves. This 'meaning' is critical for the healing process in ourselves and in others. And it is revealed and can be explored and made whole through our stories.

> There is a human need to make sense of everyday events. To create a framework of meaning and causality. The framework doesn't have to be scientifically valid (much less "true"), but it does need to work for us, as a day-to-day explanatory model.
>
> David Misselbrook[6]

The attitude of the practitioner, and the rapport and dialogue between practitioner and patient, are obviously key contributors to the patient's sense of meaning in the experience of illness. Diagnosis is part of this dialogue, and as Howard Brody argued, writing about the role of diagnosis in assisting

what he describes as the 'placebo effect', "diagnosis is treatment".[7] He gives a brief account of characteristics of the placebo effect, but he goes on to say, "To understand the placebo effect – it is crucial to avoid a narrow focus on the sugar pill or other inert medication, and to look instead at the physician-patient relationship – there is a placebo-effect component to virtually every physician-patient encounter". So he moves from describing the pure placebo effect (the direct effect of the inert or sham treatment) to describing the contextual healing effect of the relationship. And he goes on to explain how important this process is to conferring meaning on the patient's experience of illness; and how important that is to the healing process. He describes the therapeutic value of the diagnostic process and the caring encounter together as the "meaning model". In this paper thirty years ago he anticipated the two concepts or mechanisms, *context* and *meaning* that are now proposed as the key components of the therapeutic process for promoting natural healing – self-regulation and self-healing.

'Meaning' as a vehicle for healing is explored thoroughly in *Meaning, Medicine and the 'placebo effect'* by Daniel Moerman.[8] There is a huge literature on the various manifestations of 'placebo', but this book provides a thorough and challenging review of the subject. In it, he explores how various 'placebo' phenomena achieve their effect through their meaning for the patient. These include, for example, the different placebo effects of different coloured tablets in different cultures because of the meaning associated with that colour in that culture.

I recommend the book by Moerman, and one other, *Understanding the Placebo Effect in Complementary Medicine: Theory, Practice and Research*, edited by David Peters,[9] as providing a sufficient overview of the subject of 'placebo' from different perspectives. Factors determining the working of the placebo effect are summarised in Box 2.1.

Not all 'natural' healing requires the reinforcement of placebo, context or meaning. Some conditions and some patients would get better anyway without recourse to medicine of any kind. But although we know this is so, the extent to which it is so is impossible to measure, because even a 'no treatment' group in a research study will have been affected by both the context and the meaning in the process of recruitment into the study. Those patients who simply do not present their problems to a healthcare professional and just 'let nature take its course', will by definition never be identified at the time of the illness, and in our pervasively health conscious culture, such people must be very few anyway.

Suffice it to say that there is general agreement within clinical practice and medical science, (a) that spontaneous healing processes can be stimulated by factors incidental to *any* specific treatment technique, and (b) that