

# Harris L. Coulter

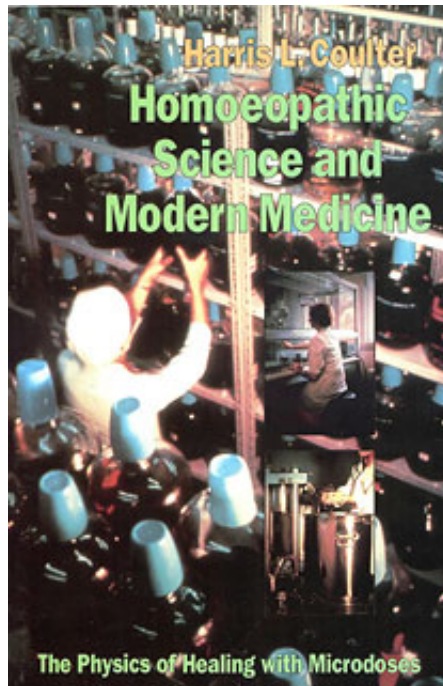
## Homoeopathic Science and Modern Medicine

Reading excerpt

[Homoeopathic Science and Modern Medicine](#)

of [Harris L. Coulter](#)

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## *Chapter Two*

# The Doctrinal Basis of Homoeopathic Practice

Homoeopathy differs from allopathy in possessing a precise set of principles governing diagnosis and treatment. The physician who does not follow these principles more or less accurately cannot be said to practice homoeopathy, even though he may on occasion employ homoeopathic medicines.

An American physician, Ian Stevenson, wrote in 1949 that "the basic laws of health and disease" have not yet been disclosed. Indeed, "the search for these laws has hardly begun. No discipline can claim a greater array of equipment by which its research is carried on, yet none is inferior to medicine in organizing its knowledge into coherent principles."<sup>1</sup>

This critique of allopathic medicine is a useful point at which to commence an examination of homoeopathy — which is the mirror image of the above picture, having always insisted on the necessity of practicing medicine guided by a set of principles of disease and health. Homoeopathy has always adhered to a set of assumptions about the functioning of the human organism in health and disease, the nature of its relationship to the external world, and the effects of the medicines used to treat disease. Since these assumptions are quite precise, the rules of homoeopathic practice are also precise.

Thus the first point to be borne in mind is that homoeop-

athy consists of a body of principles forming a coherent whole. These principles have been tested in practice for about 180 years, and the homoeopathic physicians feel that their scientific validity has been conclusively demonstrated.

While the application of these principles has expanded somewhat from decade to decade with the entry of new medicinal substances into homoeopathic practice, the principles themselves have not altered.

The purpose of these principles, and of the rules of practice emanating from them, is to enable the physician to discover for each sick person the medicinal substance which most closely meets his needs.

Thus homoeopathy is a system of pharmacological medicine, a set of rules for administering specially prepared drugs to sick people and thereby making them well. While surgery, diet, exercise, etc. are very important for health and are often recommended by the homoeopathic physician, they have nothing to do with the homoeopathic doctrine itself which is a set of rules for administering drugs.

Strict adherence to these rules enables the conscientious and painstaking physician to prescribe for each patient the precise medicine which will act curatively in his case.

Homoeopathy views the living organism as unceasingly reacting to its environment, attempting to ward off danger and repair damage. Thus, what is called "sickness" actually represents the organism's striving after health. The patient's symptoms are not the impact of some morbid stimulus on his organism but are the *reaction* of the organism to the morbid stimulus.

One corollary of this assumption is that all illness is "general" — representing the curative effort of the whole body. Homoeopathy does not recognize the existence of "local" illness. It does not admit that several such "local" illnesses can coexist in the body. Illness is always "general," and the patient can never suffer from more than one illness at a time, however many local manifestations this one illness may yield.

A second corollary is that the symptoms, however painful and undesirable, are beneficial phenomena, since they

indicate the pathway taken by the organism in its attempt to restore health.

A third corollary is that the symptoms are more important for diagnosis and treatment than are the structural or material alterations in the organism. This is because symptoms are chronologically prior to structural changes and lead the way to the structural changes.

Hence the homoeopathic physician sees his task as promoting the curative effort of the organism indicated by the symptoms. The homoeopathic therapeutic doctrine shows him how to assist the organism in this self-healing effort. It is a *set of rules* enabling him to select the medicine which, when administered to the sick person, will stimulate his self-healing effort along the lines already adopted.

The first of these rules is that the medicine must be prescribed according to the "law of similars" — meaning that the appropriate remedy for each sick person is the substance which would give rise to precisely his set of symptoms if administered to a healthy person.

The concept of treating with "similars" is very ancient and was resurrected in the early nineteenth century by Edward Jenner's use of cowpox vaccination as a preventive of smallpox. The "similar" cowpox was seen to confer immunity against smallpox. Later in the century Pasteur developed a vaccine against rabies which was made from the dried spinal cords of rabbits dead of rabies — thus, also a "similar." In the twentieth century immunization techniques have been developed for yellow fever, plague, poliomyelitis, and other diseases: the principle of treatment by "similars" received extensive application.

In the above instances the "similarity" is between the causal agents of the diseases: rabies in rabbits, rabies in man; cowpox and smallpox; polio in monkeys, polio in man, etc. Homoeopathy investigated this interpretation of "similarity" in the 1830's but rejected it in favor of similarity, not of cause, but of *symptom*.

To clarify, the powers of medicines are discovered in the homoeopathic school by administering these medicines in very small quantities to healthy persons for an extended period of time — weeks or months. This is called "proving" the medicine, from the German word, *Pruefung*, meaning "test"

## *Chapter Twelve*

# Conclusion: Homoeopathy and Scientific Method

The preceding pages have shown that there exists a considerable area of overlap between the principles of homoeopathy and the ideas and practices accepted by conventional allopathic medicine. At the same time, the differences between the two systems are great, and it is well to draw attention to them, if only to throw light on the reasons for the continuing allopathic incomprehension of homoeopathy.

The principal difference is that homoeopathy is a precisely structured doctrine. Even though most of its ideas find their parallels in allopathy, it differs from the latter in that the homoeopathic ideas are mutually consistent and coherent. Whatever is not compatible with these ideas is excluded from homoeopathy. In this discipline medicines may not be prescribed otherwise than in conformity with Hahnemann's three rules.

While these physicians resort to surgery, give dietary instruction, and may employ acupuncture or manipulation, they do not recognize other principles of pharmacological prescribing as compatible with homoeopathy.

Allopathy, in contrast, lacks a precisely defined and delineated set of ideas. It accepts concepts, principles, and procedures from any number of sources, with the result that the various parts of allopathic doctrine are at times inconsistent,

and even incompatible, with one another (for instance, the symptom in allopathy is sometimes regarded as beneficial, sometimes as harmful, and no justification or explanation is given for this arbitrary division). As was noted at the outset, in allopathy "the basic laws of health and disease" have not yet been disclosed. "No discipline can claim a greater array of equipment by which its research is carried on, yet none is inferior to [allopathic] medicine in organizing its knowledge into coherent principles."

The precision and rigor of homoeopathy make it harder to practice than the more diffuse allopathy. The homoeopathic physician has little leeway in his selection of the patient's prescription; he must at all times be guided by the symptoms, and if he chooses a wrong remedy, it will usually have no effect.

These difficulties of practice, about which the homoeopaths themselves have often complained and which even led to a split in the homoeopathic profession in the late nineteenth century,<sup>257</sup> make this therapeutic system less attractive to the ordinary physician — who feels that it restricts his freedom and creativity. Therefore, although the homoeopathic profession is a well-entrenched minority in most countries, and has a large and devoted following of patients, it seems unlikely ever to become a majority of the medical profession anywhere.

It is paradoxical that allopathy — which sees itself as searching for the ultimate laws of sickness and health, i.e., for the knowledge which will make medical practice scientific and hence rigorous — should reject the homoeopathic claim to possess this knowledge.

The reason for this rejection is that a rigorously structured medical discipline is burdensome for the practitioner in imposing limitations on his freedom of action (hence the assumed goal of allopathic research — to establish a firm and unwavering structure of cause-and-effect relations to serve as an infallible guide to the practitioner — will never be attained but, like the mirage that it is, will continually recede into the future).

Of course, the allopathic majority is unable to admit (or even recognize) this largely subconscious motive for its hostility to homoeopathy, and instead it relies on the accusation that homoeopathy is "unscientific."

This raises the issue of the true meaning of scientific method in medicine. Much has been written on it elsewhere", and we will limit ourselves to a few general remarks.

While the allopathic argument against homoeopathy has never been formulated clearly and comprehensively (one of the odder aspects of the 175 years of conflict between the two systems), from the occasional critical pieces appearing here and there one can see that the principal bone of contention is homoeopathy's lack of a physiological-pathological-pharmacological theory. Homoeopaths do not follow the ordinary allopathic technique of first defining an internal patho-physiological process and then selecting a remedy for its supposed capacity to counteract or otherwise influence this patho-physiological process. Instead, they base their selection of remedies exclusively on the symptoms in the provings.

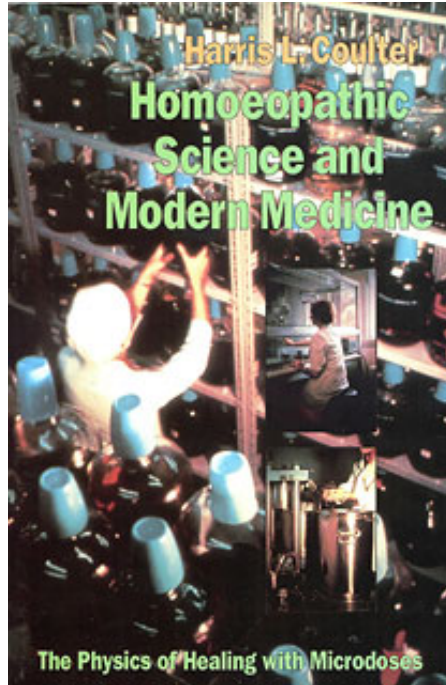
Some examples will make this contrast clear.

We have already noted that both homoeopaths and allopaths use colchicum in gout, digitalis and nitroglycerine in heart conditions, and gold compounds in rheumatism. While the former base these uses on the provings (and hence feel that the allopaths are unconsciously relying on the law of similars), the allopaths themselves justify these applications in terms of prevailing pathological and pharmacological theory:

Colchicine inhibits migration of granulocytes to the inflammatory area and reduces the increased lactic acid production associated with phagocytosis. By these and possibly other effects on leukocytes colchicine interrupts the cycle of urate crystal deposition and inflammatory response that sustains the acute attack.<sup>258</sup> The main pharmacodynamic property of digitalis is its ability to increase the force of myocardial contraction . . . a positive inotropic action . . . by increasing the rate at which tension or force is developed.<sup>259</sup>

"See the author's *Divided Legacy: A History of the Schism in Medical Thought*. Three volumes (Washington, D.C.: Wehawken Book Co., 1973-1977). Also, Harris L. Coulter, *Homoeopathic Medicine* (St. Louis: Formur, 1975).

°°And yet a case is reported where gouty arthritis was cured with colchicine even though the synovial fluid contained virtually no leucocytes (R. Wade Ortel and David S. Newcombe, "Acute Gouty Arthritis and Response to Colchicine in the Virtual Absence of Synovial-Fluid Leucocytes," *New England Journal of Medicine*, 290 (June 13, 1974), 1363-1364.



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