

# BACK TO THE FUTURE: GENERAL PRACTICE AND HOMEOPATHY

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## INTRODUCTION

Homeopathy is a system of therapeutics based on the principle of treating 'like with like'. This means that the actions of the raw remedies produce, in well people, symptoms which closely resemble the clinical picture of the patient being treated. The technique was first devised by Samuel Hahnemann, a German physician in the late eighteenth century, and derived from his observations and studies of the works of Hippocrates and Paracelsus. His researches led to the observation that although small material doses of the compounds under investigation produced a reaction, by diluting and succussing (vigorous shaking in dilution) the preparation, the aggravation of symptoms could be avoided and the healing qualities significantly enhanced.

The term 'homeopathy', however, has nothing to do with the often subatomic concentrations which are used and which have tended to be derided in the past. It is the principle of simile which is crucial. It is believed that homeopathic remedies trigger a self-healing or correcting response in the sufferer. Although the mode of action remains unknown research suggests that the higher potencies (dilutions) may act through electromagnetic mechanisms, and recent work revealing how water can 'remember' molecules to which it has been previously exposed may shed further light on this.

## HOMEOPATHY AND GENERAL PRACTICE

### The consultation

It has been said that in general practice the consultation lasts as long as does the relationship between the patient and the doctor. Each seven to ten minute session builds up over the years towards a fuller understanding of the patient. I think that in many ways this is true. So much of the work of a general practitioner involves an appreciation of what it is that make one patient with a particular problem feel the way he/she does. In order to do this an awareness of the patient's background, circumstances, beliefs and so on is needed. This can only be gained over time with the development of a sustained and trusting relationship in which each subsequent meeting adds to the overall picture.

Patients realise this too and their usual desire to see their 'own doctor' should not entirely be taken as evidence of their opinion of a physician personally. It is more an expression of their appropriate feeling that what has gone before between them will contribute to and enhance the value of subsequent meetings. It is this which enables the doctor to offer the most suitable options for management for problems which may present *de novo* or be ongoing. In spite of this, where complex problems arise, a full assessment may well take longer than the few minutes allotted to an appointment will allow. The patient may then return on another occasion,

perhaps to be examined and for other relevant issues to be explored. These factors have led me to wonder whether homeopathy may be an appropriate technique for me to apply in my own practice.

### The approach in medicine

The pursuit of better understanding of pathological processes and biochemical disturbances in disease has, in my view, led much of the focus of orthodox medicine towards defining the abnormality in question as specifically as possible. Treatment is then aimed at correcting or reducing it, usually by chemical means. In concentrating on the mechanisms there may be a tendency to neglect 'the whole'. This is increasingly being realised and addressed, particularly in the field of palliative care where it is recognised that the goals are different from much of medicine and the approach, accordingly, has been broadened. I feel that this principle has scope for wider application in medicine generally.

### The significance of symptoms

It is an oft-quoted aphorism in medicine that although much is understood about the body and illness, there remains much more that is as yet unknown. Our incomplete understanding of disease has so far largely failed to explain why different people with the same illness may become ill in quite different ways. Often recognised patterns do develop but the determining factors remain a mystery. Medicine is very much about recognising these patterns of presentation which are crucial keys in diagnosis. The clinician will, in taking a history, search for these recurring features. Information not deemed relevant or helpful may be put aside or ignored.



Although a given illness will generally produce certain symptoms, it is rare for the 'full house' to appear and sometimes there may only be one or two pointers to go on. The best diagnostic skill is in discriminating between the symptoms and attaching significance appropriately. However this approach tends to ignore much potentially valuable information which may be so important if the problem is being approached from a different direction. To a homeopath these details are often of particular interest.

Homeopathy is a discipline which exploits the differences in people, the individuality of their responses and reactions to illness and problems they encounter. No two ill people *feel* identical, even with the same illness, so that in homeopathy the remedy (or remedies) used may well be quite different in managing each case as it unfolds.

The question in homeopathy is not so much 'what is wrong' but more 'how does it affect you?' The factors which influence the feelings produced are very relevant, such as the effect of different types of and changes in the weather, the time of day, the influences of food, feelings of thirst, sweating, sleep and many others. Some of these are recognised in conventional medicine such as the aggravation of some peoples' rheumatic complaints in damp weather; the mechanisms are unknown and the significance thus ignored. The past medical history, too, is crucial as are significant life events, particularly the circumstances pertaining at the onset of symptoms: all this helps to build up the picture. We all recognise different 'types' of people and remark how sometimes their personality is reflected in their build, posture, clothing and so on. A person's attitudes and beliefs will not infrequently be in keeping with such observable traits. Homeopathy recognises and uses such patterns in formulating the correct remedies.

#### **The body's self-healing capacity**

Doctors are not slow to acknowledge that the body's own defence and repair systems are of far greater importance in fighting disease than are the drugs given to support them. Most of us can recall a case where a perfectly fit person succumbed dramatically to a common infection which we would normally expect to be self-resolving or cleared up with a short course of antibiotics. In homeopathy it is the body's immense capacity for repair, renewal and regeneration which is targeted. The intention is to stimulate this ability to reassert a healthy balance which the disease process had disturbed. Thus the goal is towards restoring the well-being of the individual on all levels.

#### **Benefits of homeopathic remedies**

Pharmaceutical agents are being developed to address the chemical imbalances and derangements in disease processes. The escalating cost of research, however, is slowing this process down and fewer drugs (and more of them 'me too' versions with minor differences in profile) are appearing. As these more powerful drugs are more discriminating chemically they may be potentially more toxic and require more complex regimes and regular monitoring e.g. Angiotensin-converting enzyme inhibitors and second line drugs for rheumatoid arthritis.

Homeopathic remedies are extremely safe and it is very difficult to cause harm with them. There are very few contraindications and they are given widely in pregnancy, to children and to the elderly. Dose-related side-effects due to impaired hepatic or renal metabolism or excretion are not a problem. Some are appropriate in acute situations such as for shock in acute left ventricular failure, others for more chronic conditions such as asthma, although there is not a remedy for

each ill as it is the entire symptom picture which is addressed, not just the pathological diagnosis. They may be used adjunctively with conventional medicines: in the example of asthma the dosage of steroids needed for control may be reduceable. In general practice there is often no clear diagnostic disease process (50% of presentations are of undifferentiated problems with no distinctive features). In such a situation our prescribing will of necessity be a relatively blunt instrument e.g. Co-Proxamal for pain of uncertain cause, at least in the first instance. It may well be that a precise homeopathic remedy may be indicated here.

#### **Arguments against homeopathy**

The criticism that there is no explanation of how homeopathy works has been used to condemn it. However it is estimated that only 15% of orthodox medical techniques have been subjected to full evaluation and critical analysis. Many are accepted empirically because experience has confirmed their effectiveness. As a general practitioner I consider it by no means unusual to advise or treat patients and their problems with a therapy in which I have a low expectation of significant benefit, where I have nothing else to offer therapeutically. I find that these situations tend to be at the fringes of illness and disease – something is 'not right' but it is hard to define what, and the patient is not 'well'. Attempts to medicalise such situations may not be appropriate, and prescribing may not be either, but a full elucidation of the problem and its ramifications certainly is.

This touches on another of the arguments mounted against homeopathy: the assertion that the effects observed and reported are entirely a placebo response. This is also cited against other complementary approaches. The proposition is that if purely conventional doctors spent as long with their patients and did no more, then they would get equally good results. There is a measure of truth in this I'm sure, but I feel it misses the point and serves as a diversion from appropriate argument. The placebo response is very powerful and in spite of our awareness of it as doctors, it is not used to anything like its full potential. The fact that other practitioners are able to use it more effectively does not in itself imply that the methods being used are without effect themselves.

There has, in my view, been a tendency to dismiss the unconventional on the basis that it has neither been scientifically tested nor subjected to statistical scrutiny. This is at best unfair and in many cases may be inappropriate as the double blind randomised trial is not without its limitations.

#### **Change in attitudes**

As patients are quite rightly becoming increasingly involved in their own medical management so they become more enquiring and questioning. Their automatic acceptance of the prescription can no longer be taken for granted. They are more wary of drugs since such scares as those with Thalidomide, Opren, and more recently the contraceptive pill, and doubtless there will be more. Patients are also aware of the uncertainty about long-term effects eg with hormone replacement therapy. They are becoming better informed and are looking for options of which there is a number, some with very impressive pedigrees over many hundreds of years.

There has been a strong resistance to allowing doctrines other than those developed within our own recent culture to find a place within our caring institutions. The reasons for this have been partly to do with a regulated profession and also, I am sure, partly economic. The argument about protecting the patient from dangerous and unscrupulous peddlers of quackery has been far from the whole story.

Increasingly sophisticated technology is very expensive, the research tools of today evolve into the standard equipment of tomorrow and the spiralling cost of healthcare is forcing a reappraisal of much that is done in the National Health Service and what has been excluded (the rise of 'evidence-based medicine' testifies to this). The recent Acts of Parliament concerning regulation of osteopathy and chiropractic illustrates a shift in attitude both within the health service and also to a degree within some of those health-related professions practising outside it. These days doctors are becoming more responsive to changing attitudes, albeit sometimes slowly, but we are, generally, curious by nature. I think we are becoming more open-minded about considering the possible benefits of other approaches to care. Thus a number of different circumstances are combining to provide the atmosphere where such techniques may be applied in practice. I think, though, there is a risk of looking merely at how complementary therapies may fit into the orthodox model. There is a temptation to pick apparently attractive and accessible bits from them and to incorporate these into the mainstream. This would be a grave mistake and risks missing a promising opportunity. Homeopathy, like other alternative approaches, is based on a different philosophical doctrine to the anatomical/ pathological model to which as doctors we are accustomed. It is in my view an error to ignore the thinking behind the methods. Used inappropriately (like any treatment) complimentary therapies are bound to fail, resulting in summary dismissal as bogus charlatanism and consequently being ignored. This would be a great shame.

#### Homeopathy in general practice

Medicine today is an increasingly pressurised business. A combination of government policy, financial constraint and increasing demand allows clinicians less space and the one resource essential to provide proper care, which is of course, time, is becoming more and more scarce. A general practitioner will see thirty to forty patients a day, most for between six and ten minutes each. Efficient techniques for information-gathering, assessment and management need to be developed. The salient features must be identified quickly. I have discussed how the limitation of short appointments in general practice is offset by the evolving relationship between doctor and patient over time. Most homeopaths and, I suspect, other therapists will see a client for about one hour initially and for twenty minutes subsequently. I believe that this is the sort of time that is allocated in the homeopathic

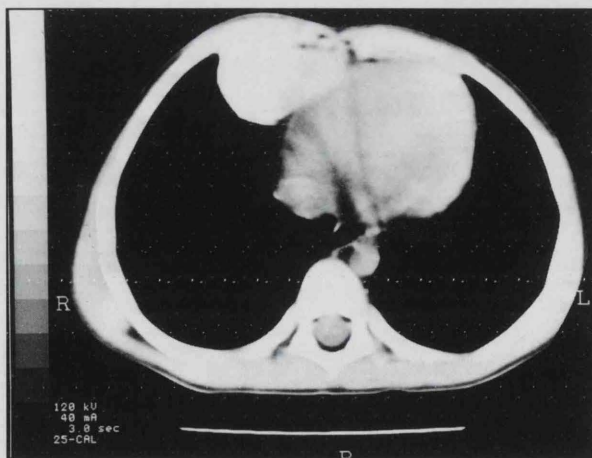
hospitals in the UK. Clearly unless a general practitioner has spare time, or considerable scope for reorganisation, redistribution or delegation in his other practice, and is thus able to set aside protected time, it will be very difficult for him or her to practise homeopathy to a significant degree. Much of the information may be known already, perhaps buried in the notes or a database, but a homeopathic history differs in many ways from the usual one. The handling of the information varies too, so considerable time will still be needed for in-depth assessment. Nevertheless there are situations where simple homeopathic remedies can be used quickly and effectively for minor problems, but the true value of homeopathy lies in its ability to explore the issues underlying the symptoms.

There is an increasing number of general practitioners who are developing the skills to practice homeopathy successfully in their surgeries. They are using the discipline as a valuable therapeutic tool to complement in varying degrees their orthodox treatments. I have found this extremely difficult to do on more than an occasional basis.

Fundholding has enabled general practitioners to be more responsive and creative in the way that their practices offer healthcare. One approach has been to bring a variety of therapists into their practices, including in some cases homeopaths. A GP's time is expensive and for many this may be a more cost-effective way of providing homeopathy for patients. Many doctors are, however, keen to expand their own interests and I feel that homeopathy is a fascinating technique which I believe warrants a more prominent place in the care of our patients.

There is a gap in understanding and to some degree in trust and respect between much of the medical profession and the alternative therapies. We have tended to practise in a state of mutual suspicion and ignorance. Attitudes are changing with the desire for doctors to know more about complementary treatments and for the practitioners of these skills to be acknowledged as having a potentially valuable contribution to make. For too long their expertise has been neglected, to our patients' cost. Increasingly doctors and complementary therapists are getting together to share their experiences and to seek areas of mutual interest. Groups such as the Doctor-Healer Network of which there is a branch in Lancaster meet regularly, providing a forum for such discussion and hopefully a catalyst for further integration.

### Answer to quiz on page 249



The condition shown is an anterior diaphragmatic hernia containing liver. The nature of this structure was confirmed by ultrasound scanning.