

# Homeopathy: a preventive approach to medicine?

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## ABSTRACT

By applying the principle of therapeutic similarity, homeopathy seeks to stimulate the organism to react against its own disturbs. For homeopathic medicines to awaken effective homeostasis responses they must be individualized, this means that they must be chosen according to their similarity to the set of characteristic symptoms in patients. In this way, by aiming at decreasing individual susceptibility predisposing to disease, homeopathic medicines have healing and preventive effects in many human illnesses. On the other hand, homeopathic medicines may have specific indications in the treatment and prevention of epidemic diseases provided they are also chosen according to the particular set of symptoms peculiar to a given epidemic, viz. the so-called “epidemic genius”, as historical examples show. This update paper discusses the epistemological foundations of Hahnemann’s homeopathy as a preventive medical approach, the scientific evidences supporting its clinical application and the minimum requirements to employ it both therapeutically and preventively in epidemics.

**Keywords:** Homeopathy; Promotion of health; Prevention of diseases; Prevention and control; Collective diseases; Epidemic genius; Isotherapy; Vaccination

## Introduction

In recent times, about half the population of the world has been using Complementary and Alternative Medicine (CAM), particularly acupuncture, homeopathy and phytotherapy, with high levels of satisfaction, and awakening growing interest among physicians. The main reasons behind this trend relate to the search for therapeutic approaches prioritizing the doctor-patient relationship, valuing individuals in their integrality (body-mind-spirit) and provoking less side effects [1,2].

As other preventive approaches (hygienic, dietetic, sports, etc.) that seek to keep the homeostasis functions of the organism in equilibrium as a measure of promotion of health, also individualized homeopathic treatments besides therapeutic can be rated as prophylactic tools against disease. By addressing and encompassing different types of human susceptibilities (mental, emotional, environmental, alimentary, physiological, etc.) in the understanding of the origin of disease and therapeutic decision-making, homeopathy seeks to diminish such bio-psycho-social-environmental idiosyncrasies that influence the predisposition to and the progression of diseases – an angle increasingly valued by modern physiopathology.

Independently from this intrinsic prophylactic character arising from the integrative dynamics encompassing the patient-disease binomium in an individualized way, homeopathy can contribute to the specific treatment of modern epidemics as it also did in the past, provided that the theoretical-practical assumptions postulated by Samuel Hahnemann are followed.

In order to systematize some features of the homeopathic medical rationality and its application in preventive clinical practice, I will approach the epistemological premises that make Hahnemann's homeopathy a preventive approach to medicine, the scientific evidences that support some of its indications and the way to apply it both therapeutically and prophylactically in epidemic diseases. On the other hand, after suggesting a doctrinal consensus, I will also discuss some proposals to employ homeopathic medicines in epidemic diseases that do not take the epistemological features of Hahnemann's homeopathy into account nor exhibit scientific evidence, in order to stimulate reflection and suggest possible experimental designs to back the contentions of such heterodox practices.

## Method

This study was grounded on the writings by Hahnemann, in order to discuss the main epistemological features of homeopathy that guide the treatment of diseases, and extending analysis to the particular instance of epidemic diseases while illustrating its clinical application with reports of treatments of epidemics that ravaged Europe in the past. In a second stage, I sought to broaden the discussion of possible therapeutic approaches by reviewing the writings of some authors held classic in homeopathy. Next, I made a search in databases Lilacs and Medline using as keywords "homeopathy", "clinical trial", "epidemic disease", "epidemic genius" and "isopathy" to select only scientific studies including control groups and statistically significant results. Finally, I reproduced this same search in Google and selected studies published in scientific journals of the past and that consequently are not available in the latest databases.

## Epistemological premises of the homeopathic model

Founded in 1796 by German doctor Samuel Hahnemann, homeopathy is a therapeutic approach that seeks to stimulate the organism to react against its own disturbs and also incorporates information from modern medicine to widen the understanding of the etiology of human diseases. The theoretical-practical foundations of the homeopathic model were systematized by Hahnemann in the *Organon of Medicine* [3], whose first edition was published in 1810; in this paper I discuss the contents of several of its chapters in order to acquaint the reader with the epistemological framework of homeopathy.

Homeopathy understands the human being as a complex entity and attributes to the biological body an organic and vital indissociable nature where thoughts and feelings interact with the physiological functions and organic vitality to preserve the state of health or to make individuality more or less susceptible to pathogenic agents.

"It is the morbidly affected vital energy alone that produces disease, so that the morbid phenomena perceptible to our senses express at the same time all the internal change, that is to say, the whole morbid derangement of the internal dynamis; in a word, they reveal the whole disease; consequently, also, the disappearance under treatment of all the morbid phenomena and of all the morbid alterations that differ from the healthy vital operations, certainly affects and necessarily implies the restoration of the integrity of the vital force and, therefore, the recovered health of the whole organism" (*Organon of Medicine*, §12) [3].

As a result of this vitalistic conception of human disease, where the organic-vital imbalance is translated into a set of manifest signs and symptoms, homeopathic semiotics values multiple features in patients and draws a symptomatic picture encompassing characteristics from different areas (physical, psychological, social and spiritual) to reach an individualized diagnosis of remedies. When a homeopathic remedy is thus well chosen it must elicit a feeling of general wellbeing (physical, psychological, social and spiritual) and prevent the manifestation of illnesses.

“There is, in the interior of man, nothing morbid that is curable and no invisible morbid alteration that is curable which does not make itself known to the accurately observing physicians by means of morbid signs and symptoms - an arrangement in perfect conformity with the infinite goodness of the all-wise Preserver of human life” (*Organon of Medicine*, §14) [3].

Homeopathic treatment is founded on 4 pillars: the principle of therapeutic similitude, experimentation of medicines on healthy individuals, use of diluted and agitated medicines (so-called “potencies” or “dynamizations”) and prescription of simple substances (single medicines).

According to the *principle of therapeutic similitude (similia similibus curentur)*, substances causing symptoms on healthy individuals can be used to heal similar symptoms in sick individuals in order to stimulate a reaction of the organism (vital or homeostasis) against its own disturbs. Hahnemann grounded such phenomena on what today is known as the physiology of paradoxical reaction of the organism, provoking a physiological response opposing the primary effect of drugs, and that currently has support in scientific evidences for the rebound effect of modern drugs [4-7].

“Every agent that acts upon the vitality, every medicine, deranges more or less the vital force, and causes a certain alteration in the health of the individual for a longer or a shorter period. This is termed primary action.[...] To its action our vital force endeavors to oppose its own energy. This resistant action is a property, is indeed an automatic action of our life-preserving power, which goes by the name of secondary action or counteraction” (*Organon of Medicine*, §63) [3].

In order to identify the effects that drugs cause on human beings and be able to apply the principle of therapeutic similitude into practice, Hahnemann *tested them on healthy individuals* following a specific protocol; he compiled all the symptoms thus elicited in the provers in the homeopathic materia medica.

“The whole pathogenetic effect of the several medicines must be known; that is to say, all the morbid symptoms and alterations in the health that each of them is specially capable of developing in the healthy individual must first have been observed as far as possible, before we can hope to be able to find among them, and to select, suitable homoeopathic remedies for most of the natural disease” (*Organon of Medicine*, §106) [3].

Seemingly, in order to avoid the aggravations that the prescription of medicines able to cause similar symptoms could awaken in patients, Hahnemann began to use so-called “dinamized medicines” (medicines serially diluted and agitated) and noticed that this type of pharmacotechnics besides awakening the intrinsic powers of drugs also acted on more idiosyncratic features of patients without the side-effects of stronger doses. Modern research seeks to understand this phenomenon that allows high dilutions to convey the “subtle information” of drugs [8-10].

“The homoeopathic system of medicine develops for its special use, to a hitherto unheard-of degree, the inner medicinal powers of the crude substances by means of a process peculiar to it and which has hitherto never been tried, whereby only they all become immeasurably and penetratingly efficacious and remedial, even those that in the crude state give no evidence of the slightest medicinal power on the human body. This remarkable change in the qualities of natural bodies develops the latent, hitherto unperceived, as if slumbering hidden, dynamic powers which influence the life principle, change the well-being of animal life [...]” (*Organon of Medicine*, §269) [3].

As experimentation on healthy individuals was always carried out by Hahnemann with simple substances, and being impossible according to him to predict the effects of previously untested mixtures, prescription of *single medicines* became a requirement essential to the safety and efficacy of homeopathic treatment.

“In no case under treatment is it necessary and therefore not permissible to administer to a patient more than one single, simple medicinal substance at one time. It is inconceivable how the slightest doubt could exist as to whether it was more consistent with nature and more rational to prescribe a single, simple medicine at one time in a disease or a mixture of several differently acting drugs. It is absolutely not allowed in homoeopathy, the one true, simple and natural art of healing, to give the patient at one time two different medicinal substance” (*Organon of Medicine*, §273) [3].

To exhibit clinical efficacy, Hahnemann stipulates that such *single medicines must be individualized*, i.e. must encompass the totality of characteristic symptoms of patients, where emotional and mental have paramount importance, agreeing thus with modern psychosomatic medicine.

“If, however, among the symptoms of the remedy selected, there be none that accurately resemble the distinctive (characteristic), peculiar, uncommon symptoms of the case of disease, and if the remedy correspond to the disease only in the general, vaguely described, indefinite states (nausea, debility, headache, and so forth), and if there be among the known medicines none more homoeopathically appropriate, in that case the physician cannot promise himself any immediate favorable result from the employment of this unhomoeopathic medicine” (*Organon of Medicine*, §165) [3].

“We shall, therefore, never be able to cure conformably to nature - that is to say, homoeopathically - if we do not, in every case of disease, even in such as are acute, observe, along with the other symptoms, those relating to the changes in the state of the mind and disposition, and if we do not select, for the patient's relief, from among the medicines a disease-force which, in addition to the similitude of its other symptoms to those of the disease, is also capable of producing a similar state of the disposition and mind” (*Organon of Medicine*, §213) [3].

In this way, the equilibrium of the homeostasis of organic and mental functions through the application of the principle of therapeutic similitude promotes human health and by itself is a preventive resource against disease.

### **Scientific evidences for the clinical efficacy of homeopathy**

Facing the singular features that make homeopathy an individualizing therapeutic par excellence, it is easy to anticipate the hindrances to the design of controlled clinical trials (RCTs) in conformity to the standards of classic scientific methods [11].

A first meta-analysis carried out by Kleijnen et al. [12] in 1991 analyzed the methodological quality of 107 homeopathic RCTs to conclude that only 22 studies (20%) were satisfactory (minimum score 55/100). Among those, 15 (68%) showed homeopathic treatment efficacy when compared to placebo. These results allowed the authors to conclude that there was positive evidence, albeit insufficient to make definitive conclusions.

Similarly, in 1997 Linde et al. [13] published a systematic review of 89 homeopathic RCTs and concluded that outcomes of homeopathic treatment were not placebo-effects (effects 2.45 times higher than placebo).

As discussed above, for homeopathic treatment to attain clinical efficacy, *individualization of medicines according to the totality of characteristic symptoms of patients* is a *sine qua non* requirement in the design of epistemologically fitting clinical trials. This is to say, for one and the same disease each patient may receive a different remedy and there are no specific medicines for specific clinical conditions.

Meta-analyses of clinical trials that disregarded therapeutic individualization [14-16] and prescribed one and the same remedy to several patients suffering from a same disease did not show significant results.

Seeking to assess the efficacy of homeopathy in studies that prioritized therapeutic individualization as the gold-standard in homeopathic clinical epidemiology, a meta-analysis of 32 homeopathic RCTs with variable methodological quality suggested that individualized homeopathic treatment is more effective than placebo [17].

Reviewing homeopathic RCTs, Jonas et al. [18] reported that clinical and laboratory studies showed results contesting the rationality of conventional medicine. They highlighted all 3 systematic reviews mentioned above [12,13,17] as the ones employing evaluation methods consistent with homeopathy and that showed better effects of homeopathy by comparison to placebo. By discarding meta-analysis with questionable methodology or that disregarded the specificity of the homeopathic model, they highlighted those that concluded for the efficacy of homeopathic treatment in allergy [19] and childhood diarrhea [20]. Moreover, when discussing the lack of conclusive evidence to evaluate homeopathic treatment in other clinical conditions, they emphasized the right of homeopathy to fair opportunities to prove its value through evidence-base principles.

Also isolated RCTs showed the efficacy of individualized homeopathic treatment in migraine [21], fibromyalgia [22] and attention deficit hyperactive disorder [23].

Thus, as an individualizing therapeutic approach, homeopathy can add efficacy, efficiency and safety into conventional medicine, with both healing and preventive actions, minimum side-effects and low costs [24,25]. Nevertheless, further research is needed in order to elucidate the mechanism of action of homeopathic medicines and to widen the scope of evidences of its clinical efficacy to further clinical conditions.

## **Guidelines for homeopathic treatment in epidemic diseases**

### **Hahnemann**

As in the case of acute and chronic diseases, Hahnemann laid down individualizing semiotic and therapeutic guidelines to approach epidemic diseases. Just as each individual patients exhibit a set of characteristic signs and symptoms distinguishing each one from all other patients suffering from the same acute or chronic disease, each epidemic disease “is a phenomenon of unique character” that must be distinguished from previous outbreaks. With this warning Hahnemann criticized the application of information obtained in past outbreaks in future ones without a “careful examination of the pure picture of the prevailing disease”.

“In investigating the totality of the symptoms of epidemic and sporadic diseases it is quite immaterial whether or not something similar has ever appeared in the world before under the same or any other name. The novelty or peculiarity of a disease of that kind makes no difference either in the mode of examining or of treating it, as the physician must any way regard to pure picture of every prevailing disease as if it were something new and unknown, and investigate it thoroughly for itself, if he desire to practice medicine in a real and radical manner, never substituting conjecture for actual observation, never taking for granted that the case of disease before him is already wholly or partially known, but always carefully examining it in all its phases; and this mode of procedure is all the more requisite in such cases, as a careful examination will show that every prevailing disease is in many respects a phenomenon of a unique character, differing vastly from all previous epidemics [...]” (*Organon of Medicine*, §100) [3].

As in all collective diseases, the image of the pathological picture emerges after observing a considerable number of patients, Hahnemann suggests to observe several cases in order to paint “the full picture of the disease”, “totality of characteristic signs and symptoms” or “epidemic genius”, according to the homeopathic connotation of this term.

“It may easily happen that in the first case of an epidemic disease that presents itself to the physician's notice he does not at once obtain a knowledge of its complete picture, as it is only by a close observation of several cases of every such collective disease that he can become conversant with the totality of its signs and symptoms. The carefully observing physician can, however, from the examination of even the first and second patients, often arrive so nearly at a knowledge of the true state as to have in his mind a characteristic portrait of it, and even to succeed in finding a suitable, homoeopathically adapted remedy for it” (*Organon of Medicine*, §101) [3].

When searching for the epidemic genius – which will allow through similitude to identify the most suitable remedy among the proven substances – the “characteristic picture of the epidemic” will emerge from the totality of the most peculiar, rare and uncommon signs and symptoms. The thus individualized remedy can then be therapeutically prescribed to all patients affected in a same outbreak.

“In the course of writing down the symptoms of several cases of this kind the sketch of the disease picture becomes ever more and more complete, not more spun out and verbose, but more significant (more characteristic), and including more of the peculiarities of this collective disease; on the one hand, the general symptoms (e.g., loss of appetite, sleeplessness, etc.) become precisely defined as to their peculiarities; and on the other, the more marked and special symptoms which are peculiar to but few diseases and of rarer occurrence, at least in the same combination, become prominent and constitute what is characteristic of this malady. All those affected with the disease prevailing at a given time have certainly contracted it from one and the same source and hence are suffering from the same disease; but the whole extent of such an epidemic disease and the totality of its symptoms (the knowledge whereof, which is essential for enabling us to choose the most suitable homoeopathic remedy for this array of symptoms, is obtained by a complete survey of the morbid picture) cannot be learned from one single patient, but is only to be perfectly deduced (abstracted) and ascertained from the sufferings of several patients of different constitutions” (*Organon of Medicine*, §102) [3].

Reflecting on the nature and treatment of epidemics of intermittent fever, Hahnemann restates the need to individualize the “specific” homeopathic remedy for the ongoing clinical manifestation according to the “totality of symptoms common to all”. Keeping coherence in thought, Hahnemann emphasizes the epistemological premise of employing simple and single substances and avoiding complex means in the individualization of the homeopathic remedy.

“Epidemics of intermittent fever, in situations where none are endemic, are of the nature of chronic diseases, composed of single acute paroxysms; each single epidemic is of a peculiar, uniform character common to all the individuals attacked, and when this character is found in the totality of the symptoms common to all, it guides us to the discovery of the homoeopathic (specific) remedy suitable for all the cases, which is almost universally serviceable in those patients who enjoyed tolerable health before the occurrence of the epidemic, that is to say, who were not chronic sufferers from developed psora” (*Organon of Medicine*, §241) [3].

Besides indicating homeopathic remedies as therapeutic means in manifest cases of epidemic diseases, Hahnemann also points to the use of individualized homeopathy as prophylactic.

“A striking fact in corroboration of this is, that whilst previously to the year 1801, when the smooth scarlatina of Sydenham still occasionally prevailed epidemically among children, it attacked without exception all children who had escaped it in a former epidemic; in a similar epidemic which I witnessed in Konigslutter, on the contrary, all the children who took in time a very small dose of Belladonna remained unaffected by this highly infectious infantile disease. If medicines can protect

from a disease that is raging around, they must possess a vastly superior power of affecting our vital force” (*Organon of Medicine*, note of §33) [3].

“Subsequently to the year 1801 a kind of pupura miliaris (roodvonk), which came from the West, was by physicians confounded with the scarlet fever, notwithstanding that they exhibited totally different symptoms, that the latter found its prophylactic and curative remedy in belladonna, the former in aconite, and that the former was generally merely sporadic, while the latter was invariable epidemic. Of late years it seems as if the two occasionally joined to form an eruptive fever of a peculiar kind, for which neither the one nor the other remedy, alone, will be found to be exactly homoeopathic” (*Organon of Medicine*, note of §73) [3].

Despite acknowledging the benefit of smallpox vaccination – introduced by Edward Jenner in 1796 after careful observation and description of a series of 27 immunized cases – Hahnemann criticizes the indiscriminate use of high dilutions of parts or sub products of a disease or pathogenic agent (*nosodes or biotherapics*) as prophylactic means or *isopathic treatment* (*principle of identity: aequalia aequalibus curentur*) without previous pathogenetic experimentation on healthy individuals and the application of individualizing symptomatic similitude.

“A third mode of employing medicines in diseases has been attempted to be created by means of Isopathy, as it is called - that is to say, a method of curing a given disease by the same contagious principle that produces it.[...] To attempt to cure by means of the very same morbid potency (per Idem) contradicts all normal human understanding and hence all experience. Those who first brought Isopathy to notice, probably thought of the benefit which mankind received from cowpox vaccination by which the vaccinated individual is protected against future cowpox infection and as it were cured in advance. But both, cowpox and smallpox are only similar, in no way the same disease. In many respects they differ, namely in the more rapid course and mildness of cowpox and especially in this, that is never contagious to man by mere nearness. Universal vaccination put an end to all epidemics of that deadly fearful smallpox to such an extent that the present generation does no longer possess a clear conception of the former frightful smallpox plague. Moreover, in this way, undoubtedly, certain diseases peculiar to animals may give us remedies and thus happily enlarge our stock of homoeopathic remedies. But to use a human morbid matter (a Psorin taken from the itch in man) as a remedy for the same itch or for evils arisen therefrom is - ? Nothing can result from this but trouble and aggravation of the disease” (*Organon of Medicine*, note of §56) [3].

It must be reminded that for any substance (simple or complex) to be rated a homeopathic remedy and be able to be used therapeutically or preventively safely and efficaciously according to the principle of similitude it must be subjected to experimentation in human beings for pathogenetic symptoms to be disclosed and described. In this way, any animal product or sub product can be used homeopathically provided it had been subjected to previous pathogenetic experimentation and prescribed according to the similitude of characteristics symptoms.

Therefore, it is worth to emphasize that isopathic or isotherapeutic treatments or medicines (used according to the principle of identity, dismissing previous pathogenetic trials, analogously to modern vaccination and immunotherapy) do not belong with the epistemological framework of classical and hahnemannian homeopathy and cannot be rated “homeopathic”.

### **James Tyler Kent**

Grounded on Hahnemann’s premises, Kent described in the third lesson of his *Lectures on Homoeopathic Philosophy* a semiotic protocol to diagnose the group of medicines of the epidemic genius [26]. Here he

proposes to carefully observe 20 patients affected by an epidemic disease recording all symptoms in a schematic way (repertory classification) that when addressed collectively “will present one image, as if one man had had expressed all the symptoms”. By placing before each symptom the number of patients exhibiting them, the homeopath will be able to “find out the essential features of the epidemic” (nature of the disease) through the common (pathognomonic symptoms) and characteristic (peculiar symptoms) symptomatic totalities. With the help of a homeopathic repertory, then he will select 6 or 7 medicines covering the symptomatic totality of the given epidemic (group of remedies of the epidemic genius) defining the individual picture of each remedy through the study of the homeopathic materia medica. Next, proceeding from the general to the particular – as “there is no other way to proceed in homeopathy” – he will adapt the characteristics of each patient to the particularities of each selected remedy (individualization), as even among members of a same family it will be seen “a little difference in each case”. In case none of the medicines is useful, “the physician must return to his original anamnesis to see which one of the other remedies is suitable”. Kent emphasizes that although the application of the epidemic genius in the choice of homeopathic remedies requires hard work it has spectacular results.

“[...] Every remedy has in itself a certain state of peculiarities that identifies it as an individual remedy, and the patient has also a certain state of peculiarities that identifies him as an individual patient, and so the remedy is fitted to the patient. No remedy must be given because it is in the list, for the list has only been made as a means of facilitating the study of that epidemic. Things can only be made easy by an immense amount of hard work, and if you do the drudgery in the beginning of an epidemic, the prescribing for your cases will be rapid, and you will find your remedies abort cases of sickness, make malignant cases simple, so simplify scarlet fever that classification would be impossible, stop the course of typhoids in a week, and cure remittent fevers in a day” (*Lectures on Homoeopathic Philosophy*, Lesson III) [26].

### **Evidences of the efficacy of homeopathy in epidemic diseases**

There are several studies published in the literature on the use of homeopathic medicines in the treatment and prevention of epidemic diseases; most are reports of healed or immunized cases through the use of epidemic genius medicines [27-30].

In lesser writing “Some Kinds of Continued and Remittent Fevers” [31], published in 1798 in *Hufelands Journal der practischen Arzneykunde*, Hahnemann describes the use of *Ignatia amara* in the treatment of a continual and sporadic fever affecting children in January 1797, presenting the following characteristic symptoms: instead of heat on the skin, continual chills and great lassitude; the forehead is covered by cold perspiration; weakness of memory; excessively short and spasmodic breath. Two months later, a similar fever once again affected children but presented different characteristic symptoms: immobility of the pupils; pressing pain around the navel; stupor; decrease of strength; relief by perspiration, etc. This time the healing remedy was *Opium*. And still the next month, *Camphora* was the remedy used in an epidemic of influenza, which aggravated by the use of *Opium* due to a different set of peculiar symptoms. With these examples, Hahnemann highlights the importance of individualizing medicines according to the characteristic symptoms of each similar epidemic (or epidemic stage).

In another lesser writing, “Cure and Prevention of Scarlet Fever” [32], Hahnemann describes the use of *Atropa belladonna* in the prevention and treatment of the initial stage of an epidemic in Königslutter in 1799; the remedy was chosen according to the epidemic genius of this stage of the disease; Hahnemann explains “a remedy that is capable of quickly checking a disease in its onset, must be its best preventive”. Here he also describes the use of *Opium* and *Ipeca* in the treatment of two conditions corresponding to the stage of full development of the disease, prescribed alone or in alternation, according to the state of each individual patient and the set of symptoms of each manifestation of disease: “For my own part, when summoned to cases



of the fully developed disease (where there was no question of prevention or suppressing its commencement), I found I had to combat two different *states of body* that sometimes rapidly alternated with one another, each of which was composed of a convolute of symptoms”. He also mentions the use of *Matricaria chamomilla* for what he describes as “unhealthy skin” and the characteristic suffocating cough that may appear in the course of scarlet fever.

It is worth to emphasize that in the treatment of any epidemic, Hahnemann prescribed different remedies in an individualized way and in different moments, never mixing medicines in one and the same prescription (“homeopathic complexes”).

Other doctors reported high levels of protection following prescription of *Belladonna* to children exposed to a similar epidemic in the 1820s: Dudgeon [28,29,33] tells that 10 conventional physicians employed it prophylactically in 1,646 children, and symptoms appeared only in 123 (7.5%) of them – an acknowledgeable high degree of protection in an epidemic that affected 90% of the exposed population at that time. A review of the prophylactic use of *Belladonna* in scarlet fever published in *Hufelands Journal* in 1826 [34], made the Prussian government turn mandatory its use during an epidemic in 1838 [28,29,35]. These data show that contemporary conventional doctors used *Belladonna* as “specific prophylactic” against scarlet fever without individualizing the characteristic symptoms of each outbreak, contrary to the indication of Hahnemann.

In “Cause and Prevention of the Asiatic Cholera” [36], Hahnemann describes the use of *Camphora*, *Cuprum metallicum* and *Veratrum album* as medicines homeopathic to the epidemic genius of each stage of the disease (*prescribed in an individualized way, according to the similitude to the symptoms of each stage of the disease*) for the prevention and treatment of a 1831 epidemic of Asiatic cholera in the German area. He would favor *Cuprum* as prophylactic, *Camphora* for the treatment of the initial stages, and *Cuprum* or *Veratrum* for the later stage (single or in alternation, as indicated by the symptoms). In a historical review [29], Shalts tells that during this epidemic (1831-32) mortality rate in European homeopathic hospitals was 7-10%, whereas with conventional treatment it varied between 40 and 80%.

After studying systematically the symptoms affecting patients during the cholera epidemic of 1846, Clemens von Bönninghausen [37] suggested lay practitioners to use *Camphora* as single epidemic genius remedy for the treatment of affected patients: “It is only the use of this remedy, which can and must be entrusted to the hands of a non-physicians”. According to Hoover [28] and Shepherd [38] the mortality rate during that epidemic was 5-16% among patients treated with homeopathy and 54-90% among patients treated conventionally. Homeopathy was also used in the 1854 epidemic in London [28,29,39-41] once again with significant reduction of mortality rates.

In Lesson XI of his *Lectures*, Kent describes the treatment of some cases of an epidemic of childhood diarrhea with *Podophyllum 30c* according to the similitude of pathogenetic symptoms and the epidemic genius, “the cures were almost instantaneous, it seemed as if there would be no more stool after the first dose of medicine”, despite he did not always use single doses [26].

Noticeably, a meta-analysis of 3 RCTs of homeopathy in epidemics of childhood diarrhea [20] showed that individualized homeopathic treatment was significantly more efficacy than placebo. Moreover, a RCT carried out by the same authors showed that non individualized homeopathic treatment (complex or association of 5 homeopathic medicines commonly used in the treatment of childhood diarrhea), dismissing the symptoms of the epidemic genius, showed no significant response when compared to placebo.

In a lesser writing “Treatment of the Typhus or Hospital Fever at Present Prevailing” [43], Hahnemann describes the use of *Bryonia alba*, *Hyosciamus niger* or *Rhus toxicodendron* as homeopathic medicines to the epidemic genius (*prescribed single or in alternation according to the symptoms in each stage of the disease*) in

the treatment of an epidemic of typhus in 1813: “Of 183 cases treated by me in Leipzig not one died, which created a great sensation among the Russians, then ruling in Dresden, but was consigned to oblivion by the medical authorities” [44].

Also a severe epidemic of diphtheria was successfully treated with individualized homeopathy: records for 1862-64 at Broome County, NY [29] report 84% mortality rate for conventional treatment and 16% for homeopathy.

In 1918, at the beginning of the Spanish Flu pandemic that infected 20% of the world population and killed about 30 million people, homeopathic physicians met at the British Homeopathic Society of London to discuss possible medicines of the epidemic genius on the grounds on observations of series of cases and their characteristic symptoms. Discussions and conclusions were published in a contemporary scientific journal and recommended individualized treatment of epidemic foci in different areas and countries [45]. Several remedies were used in the treatment of this epidemic, including *Arsenicum album*, *Bryonia alba*, *Baptisia tinctoria*, *Eupatorium perfoliatum*, *Gelsemium sempervirens*, among others, according to the epidemic genius observed in the different stages of the disease, times and places [28,29,46]. In estimations published in the *Journal of the American Institute of Homeopathy* in 1921 [47], McCann tells that 26 thousand cases treated with homeopathy in Ohio presented 1% mortality rate against 28% in 24 thousand cases with conventional treatment. Similar rates were observed in Philadelphia by Pearson, regarding 26,795 cases treated with homeopathy.

A systematic review of 3 RCTs (n=2,265) on the use of *Oscilococcinum* (nosode prepared from autolysate of heart and liver of infected wild duck, a vector for aviary influenza virus) as “specific preventive” against flu-like syndromes and ignoring the requirement of similitude between pathogenetic and patients’ symptoms, showed no significant effect when compared to placebo [48].

During an epidemic of conjunctivitis in Pittsburgh, PA [49] a RCT was carried out to assess the efficacy of *Euphrasia officinalis* 30cH, chosen on the grounds of the epidemic genius of earlier outbreaks on the prevention of disease, once again dismissing the symptomatic totality of the ongoing epidemic. Treatment group included 658 schoolchildren who took the homeopathic remedy during 3 consecutive days; control group was composed by 648 schoolchildren who took placebo with the same dosage system. There was no statistically significant difference in the incidence and severity of the disease between both groups.

In another epidemic of keratoconjunctivitis in Cuba in 1995 [50], 108 patients were distributed in a randomized design into homeopathic (n=48) and conventional (n=50) treatment, the former using *Pulsatilla nigricans* 6cH as homeopathic medicine to the epidemic genius of the ongoing outbreak. Homeopathic treatment was significantly more effective than the conventional one in eliciting improving of symptoms in less than 72 hours.

In 1830, Constantin Hering was seemingly the first to consider the use of diluted and agitated animal parts or products (nosodes or biotherapics) without previous pathogenetic experimentation or application of similitude of characteristic symptoms in the treatment and prevention of infectious diseases caused by the same etiologic agent (isopathy or isotherapy). However, as also other followers of Hahnemann (Timothy F. Allen, John H. Clarke, James T. Kent, etc.) who had also mentioned the possibility of using biotherapics as prophylactics, he never incorporated isopathy in his actual clinical practice [33].

The notion of universal and indiscriminate use of “isopathic” prophylaxis (that cannot be rated “homeopathic”) began to be spread out by Arthur Grimmer and Dorothy Shepherd [38]; there is a large number of diluted and agitated biotherapics prepared from parts of sub-products of disease or its etiologic agent and prescribed without taking into account the similitude of symptoms (pathogenetic experimentation), but they are

commonly prescribed for the prevention of almost all endemic and epidemic current diseases (Table 1), with no scientific evidence whatsoever supporting their efficacy and safety in humans [28,51].

Table 1. Indication of nosodes for the prevention of endemic and epidemic diseases

Type of disease	Indicated nosode	Source material [52]
Whooping cough	Pertussinum	Expectoration from patients with whooping cough
Diphtheria	Diphtherinum	Diphtheria pseudomembrane
Scarlet fever	Scarlatinum	Lysate of desquamation from patients with scarlet fever
Influenza	Influenzinum	Culture of 2 varieties of attenuated influenza virus supplied by Institut Pasteur, France
Meningitis	Meningococcinum	Lysate from culture of <i>Neisseria meningitidis</i> A and C, inactivated by heat at 120°C
Measles	Morbillinum	Oropharyngeal secretion from patients with measles
Tetanus	Tetanotoxinum	Tetanus toxin
Tuberculosis	Tuberculinum	Culture from <i>Mycobacterium tuberculosis</i>
Smallpox	Variolinum	Vesicle fluid from patients with smallpox

Besides the lack of controlled clinical studies confirming the efficacy and safety of so-called “dynamized isoprophyllaxis” (mistakenly known as “homeoprophyllaxis”), there are no experimental studies supporting the immunoprophyllactic activity of this method, as e.g. production of antibodies against the disease. In spite of promoting global use of so-called dynamized isoprophyllaxis, Golden reports rates of adverse effects higher than 10% in children subjected to this method – similar to those of conventional vaccination [28,53].

Reproducing the experimental study by Chavanon in 1932, Patterson and Boys [54] verified negativation of Schick’s Test (immunologic shift in the production of antibodies against diphtheria) in 60% (20/33) children who took nosode *Diphtherinum*, whereas modern vaccination gives 95% protection rate [55].

In an experimental model, Jonas [56] tested the isoprophyllactic action of a nosode for tularemia prepared from tissues infected by *Franciscella tularensis*, compared to conventional vaccination and placebo in rats (n=142) contaminated with the bacteria. Whereas conventional vaccination supplied 100% protection against death, the nosode gave only 22% when compared to placebo.

Controlled clinical trials in animals [57,58] could not confirm the efficacy of dynamized isoprophyllaxis by comparison to placebo, strengthening the arguments against the validity of this approach in humans.

## Discussion

By employing an integrative approach to the diagnosis and treatment of organic dysfunctions, homeopathy can act preventively in a wide scope of acute and chronic diseases, well before their actual appearance. To do so, homeopathic medicines must stimulate a homeostasis reaction in the organism against different

idiosyncrasies predisposing to disease; in this context, application of therapeutic similitude according to the totality of characteristic symptoms of each individual patient is a *sine qua non* requirement (individualized medicine).

In the case of epidemics, which owing to the virulence of their etiologic agents awaken symptoms common to most susceptible individuals, individualized remedies (epidemic genius) must exhibit similitude to the sets of symptoms shown by patients affected in the different stages or phases of each epidemic outbreak. According to Hahnemann's approach, and complying with the individual affection, such medicines may be prescribed single, in succession or alternation, but never in association (homeopathic complexes).

Historical data suggest that the recommendation by the British Homeopathic Society during the 1918 Spanish Flu pandemic [44] ought to serve as model for the semiologic approach to any modern epidemic, through thorough studies of the characteristic symptoms manifested by patients in the different stages of disease. Consistently, regarding the ongoing pandemic of swine flu (Influenza H1N1), *Liga Medicorum Homoeopathica Internationalis* (LMHI) designed an electronic protocol for the report of signs and symptoms observed in patients as well as case reports of treated patients worldwide in order to suggest in the future the remedy(ies) of the epidemic genius for the different stages of the disease and different areas of the world [59].

After defining the individualized medicine (epidemic genius) for the different stages of a given epidemic, according to the state of the art of homeopathic semiology as laid out by Hahnemann, large-scale application in prevention and treatment must be followed up through experimental and observational studies properly designed [60], to enable results to be analyzed complying with the tenets of modern clinical epidemiology and to avoid both systematic errors (biases) and chance effects that contaminate isolated results. In spite of the centuries-old evidences described in this paper, most attempts in this area only exhibit as results reports of "series of treated cases", with a low level of scientific significance, making thus impossible to infer definitive conclusions.

Among attempts carried out in Brazil, only Marino [61,62] in his MA dissertation assessing the action of single and individualized *Eupatorium perfoliatum* in the prevention of dengue during the 2001 epidemic in São José do Rio Preto, SP, included a control group and statistical analysis, showing a fall in the incidence of the disease after the homeopathic intervention.

These same methodological criteria ought to be reproduced in the design of research projects employing dynamized isoprophyllaxis, as mentioned above widely publicized as preventive against epidemic diseases, but without any support in Hahnemann's homeopathic epistemology and showing no scientific evidence regarding the benefit and risks of such method.

## Conclusions

Besides its acknowledged application in chronic diseases, individualized homeopathy can also act therapeutically or as coadjuvant in acute cases [63,64] including epidemic diseases. To attain these goals, homeopathy has a semiotic and therapeutic methodology that cannot be dismissed.

Unfortunately, during the last years a series of proposals were made in Brazil for the prophylaxis and/or treatment of dengue and influenza epidemics that do not comply with Hahnemann's homeopathic epistemology, but indicate the use of homeopathic complexes (associations of homeopathic and/or isopathic medicines with disregard of previous pathogenetic experimentation as well as individualization according to the characteristic symptomatic totality of each stage of an ongoing epidemic) on the whole population of a given area without using structured research protocols able to assess the efficacy and safety of such practices [62,65,66].

The indiscriminate distribution of homeopathic medicines promising to immunize populations against a given epidemic without data on their efficacy and possible side effects represents a risk to public health as may lead populations to ignore hygienic and prophylactic measures proved effective by feeling “protected” by homeopathy [67-69].

In the case of dynamized isoprophyllaxis, which dismisses pathogenetic experimentation and the principle of similitude – main pillars of rational homeopathic practice – the problem is even more acute: by irresponsibly suggesting to replace official vaccination schemes with “schemes of isopathic vaccinations” [38,53] with no scientific evidence whatsoever of efficacy and safety, proposers of this idea transgress the bioethical principles of beneficence and non-maleficence.

Criticized by Hahnemann himself in the 19<sup>th</sup> century, such empiricism becomes more serious in our days when the scientific method is accessible and can be applied by all. But some homeopathic physicians, enveloped by contra cultural obscurantism back their practice merely on their “personal experience”, dismiss the positive advancement of current science and reject knowledge essential to the development of homeopathic science itself.

In order to improve the homeopathic model it is needed an impartial stance, free from the prejudices of teachers, researchers and doctors in general so that rational and scientific homeopathy may have room to suggest, discuss and apply research projects in several fields of medicine.

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## **Homeopatia: prática médica preventiva?**

### **RESUMO**

Empregando o princípio da similitude curativa, a homeopatia visa estimular o organismo a reagir contra os seus próprios distúrbios. No entanto, para que o medicamento homeopático desperte uma reação homeostática efetiva, ele precisa ser individualizado, ou seja, ser escolhido pela semelhança com o conjunto de sintomas característicos do binômio doente-doença. Dessa forma, buscando diminuir as suscetibilidades individuais que predispõe ao adoecer, o medicamento homeopático atua curativa e preventivamente em muitas doenças humanas. Por outro lado, possui indicação específica no tratamento e na prevenção das doenças epidêmicas, desde que escolhido individualmente segundo o conjunto de sintomas peculiares à epidemia (denominado “gênio epidêmico”), com exemplos históricos descritos na literatura. Nesse artigo de atualização, discorreremos sobre as premissas epistemológicas que fazem da homeopatia hahnemanniana uma prática médica preventiva, as evidências científicas que endossam sua aplicação clínica e os requisitos mínimos para utilizá-la terapêutica e preventivamente nas doenças epidêmicas.

**Palavras-chave:** Homeopatia, promoção da saúde, prevenção de doenças, doenças coletivas, gênio epidêmico, isoterapia, vacinação.

## **Homeopatía: una praxis médica preventiva?**

### **RESUMEN**

Aplicando el principio de la similitud curativa, la homeopatía tiene como objetivo estimular al organismo a reaccionar en contra de sus propios disturbios. Sin embargo, para que el medicamento homeopático despierte una respuesta homeostática efectiva, ha de ser individualizado, es decir, elegido según su semejanza con el conjunto de síntomas característicos del binomio enfermo - enfermedad. Así, buscando reducir la susceptibilidad individual que predispone a la enfermedad, el remedio homeopático actúa de manera curativa y preventiva en muchas enfermedades humanas. Por otra parte, tiene una indicación específica en el tratamiento y prevención de las enfermedades epidémicas, siempre que elegido de manera individualizada, según el conjunto de síntomas propios de la epidemia (el llamado "genio epidémico"), como muestran ejemplos históricos descritos en la literatura. En este artículo de actualización, son discutidas las premisas epistemológicas que hacen de la homeopatía de Hahnemann un abordaje médico preventivo, las evidencias científicas que respaldan su aplicación clínica y los requisitos mínimos para utilizarla de forma preventiva y terapéutica en enfermedades epidémicas.

**Palabras clave:** Homeopatía, promoción de la salud, prevención de enfermedades, enfermedades colectivas, genio epidémico, isoterapia, inmunización.

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