

## Novella-Saine Post-Debate Q & A

### **1- What do you consider to be the best clinical evidence supporting the efficacy of homeopathy for any indication? (March 28, 2013)**

Before presenting the best clinical evidence for homeopathy, it is necessary to address some of the implications attached to your question.

First, your question implies that homeopathy addresses indications, as it is understood in conventional medicine. It would be a logical fallacy to answer your question without further clarifying this point.

Second, it is implied that we have a mutual understanding of what constitutes homeopathy.

Third, by “the best clinical evidence,” it is implied that the clinical evidence for homeopathy has been evaluated through a grading system.

#### **The First Implication: Homeopathy Addresses Indications**

Let’s first look at the implication that homeopathy addresses indications, as it is understood in conventional medicine. It is very important to understand that homeopathy approaches patients quite differently than it is commonly done in conventional medicine. Typically in conventional medicine, a particular drug having a particular effect will be prescribed to address “a well-defined pathological disease”<sup>1</sup> (WPD).

Homeopathy presents a completely different clinical paradigm, as any one of the better-known 550 homeopathic remedies could be prescribed to a patient presenting with a WPD, as long as the remedy’s well-known pathogenesis is found

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<sup>1</sup> Steven Novella. Homeopathy: Great Medicine or Dangerous Pseudoscience? UConn Medical Center, March 22, 2013. ([http://www.homeopathy.ca/debates\\_2013-03-22.shtml](http://www.homeopathy.ca/debates_2013-03-22.shtml))

to be most similar to the totality of the characteristic symptoms (TCS) of the patient. This totality is obtained by assembling all the subjective and objective symptoms manifested since the onset of an acute or chronic disease, as well as all the concomitant circumstances associated with them. The most similar remedy, also called simillimum, is prescribed in an optimal posology (potency, repetition and mode of administration), which is monitored and adjusted at every visit by the homeopathic physician. In the absence of a satisfactory response after taking a remedy, the posology is either changed or the search of a remedy with a higher degree of similarity is resumed. This process is continued until the patient begins responding favorably to a remedy.

As the TCS will greatly change during the course of successful homeopathic treatment, the prescribed remedy will occasionally be replaced by a more similar one. *The remedy and the posology are therefore constantly individualized during the course of genuine homeopathic treatment.* This process of constant individualization is an art that takes many years of diligent study and practice to master.

To better illustrate the practice of homeopathy, let me briefly describe how it is applied in a patient with an acute disease, e.g. pneumonia. The homeopathic physician will first seek to obtain all the symptoms that have developed since the onset of pneumonia, including the characteristic aspects of the chills, fever, sweat, malaise, cough, sputum, respiration, thirst, appetite, energy, moods, sleep, etc., to which will be added the results obtained from physical examination (auscultation, percussion, pulse, respiratory rate, temperature, complexion, tongue, etc.), x-rays, other laboratory findings, reports from attendants, friends and closed relatives, and all the pertinent circumstances related to the development of pneumonia in this patient, e.g. exposure to cold wet weather during a period of particularly high emotional stress.

As in about fifty percent of the cases, the remedy that corresponds best to the acute state of pneumonia is the same as the one that corresponds best to the underlying chronic state of the patient, it will be preferable for the homeopathic physician to also obtain all the symptoms that existed prior to the onset of the acute disease. From this TCS, the simillimum is chosen and administered in an optimal posology, and the patient's response to the remedy is monitored within a few hours. In the absence of a positive response, the case is re-evaluated, and either the posology is changed, or a remedy with a higher degree of similarity is sought after to replace the previous prescription. This process is continued until a favorable response is obtained, following which the posology is evaluated and adjusted at each follow-up visit. If there is a change of picture, the case is re-evaluated to see if a more suitable remedy should now be prescribed in order to complete the cure. This process of searching for the simillimum and the constant optimization of the posology is continued until the patient has fully recovered.

In the case of a patient with a chronic disease, e.g. having rheumatoid arthritis (RA) as the WPD, the homeopathic physician must gather the TCS pertinent to the case since the onset of the disease, which would include the characteristic aspects of the pain and joint inflammation, all the factors and circumstances (weather, temperature, time of the day, menses, stress, etc.) that can affect the symptoms for the better or the worse, all the concomitant symptoms (e.g. insomnia, appetite changes and irritability with the pain), all the other concomitant complaints (e.g. recurrent headaches, seasonal allergies, recurrent herpes infection, warts, onychomycosis, etc.), the past medical history, the family history, the pertinent aspects of lifestyle and environment, the susceptibility to influences, temperament, disposition, sensitivities and personality of the patient, as well as characteristic aspects of sleep, appetite, thirst, digestion, menses, energy, etc., and reports from attendants, friends and closed relatives.

As in homeopathy we always address the entire person and expect from an effective treatment changes on the mental, emotional and physical levels of the patient, *it will be a logical fallacy to assume that we address indications defined as WPDs*. As an example to better illustrate this point, I recently saw a patient with Parkinson's disease (PD), who, aside from the common symptoms of PD, was also complaining of depression, insomnia, extreme fatigue and hypoglycemia. In conventional medicine, two or more drugs would have been prescribed in such a patient. However, he was treated with only one remedy to address this chronic state of dysregulation, and on his follow-up visit all of his five chronic complaints had improved under the same remedy as if it was one complaint.

In allopathy,<sup>2</sup> patients with many chronic complaints will be prescribed a number of drugs. For instance, a patient with RA who also has depression, insomnia and gastric reflux will likely be prescribed one or more medications for each of these four complaints, and perhaps other medications to counteract the side effects of some of them. In homeopathy, *one single* remedy would be prescribed to such a patient. This approach illustrates well the classic saying, "Homeopathy treats patients, not diseases," and the classic principle of medicine, *Tolle causam*, which stipulates that the physician must *a priori* address the causes and not the symptoms of diseases. In allopathy, patients are primarily categorized and labeled according to their WPDs, while in homeopathy patients are individualized according to their acute or chronic general state of dysregulation.

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<sup>2</sup> The words "allopathy" and "homeopathy" were invented by Hahnemann. Contrary to popular beliefs, allopathy is not in essence a pejorative word, however its practice has been associated with the dangers of an understandably, despised high iatrogenicity. Both words come from Greek roots, *alloios pathos*, meaning a dissimilar affection, and *homoios pathos*, meaning a similar affection, to clearly differentiate two drastic ways of prescribing medicines—the first one being based on empiricism or theory, and the later one being exclusively based on the principle of similarity. A medicine becomes homeopathic only when it is prescribed on the principle of similarity between the symptoms it can produce in healthy persons and the symptoms experienced by a sick person. When a medicine is prescribed on any other principle than the principle of similarity it is then referred to being allopathic.

From a diagnostic point of view, the focus in homeopathy is on the derangement of health of the whole person, which forms a unity, and from a therapeutic outcome point of view, the focus is on the restoration of health of the entire person, which forms another unity.

In the above cases, PD and RA are not considered “the” chronic disease of these patients but only one of many manifestations of a general state of dysregulation unique to each of these individuals, which we will never see again in any other patient, and which doesn’t need to receive any particular nosological label.

In allopathy, drugs are prescribed for their direct physiological effects, which are short in duration, and there is therefore the need to repeat them one or more times daily. The organism’s regulating power submits to the crude doses. In homeopathy, remedies are prescribed in order to trigger a general healing response, also referred to as an allostatic response of the whole person (ARWP).<sup>3,4</sup> The organism is here activated, and is the actor of the healing process, which is characterized by durable changes. As healing can only come from the living, self-regulating organism, allopathic treatments tend to be palliative while the homeopathic treatment tends to be curative.

Qualitative and quantitative manifestations of this ARWP will be used as guides by the homeopathic physician to adjust treatment until full recovery occurs. Also, once the patient’s reaction to the remedy becomes clear to the clinician, necessary lifestyle and environmental changes and health optimization practices will be recommended throughout the course of homeopathic treatment, as disturbances of health primarily related to lifestyle and environmental factors and

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<sup>3</sup> Iliia N. Karatsoreos, Bruce S. McEwen. Psychobiological allostasis: resistance, resilience and vulnerability. *Trends in Cognitive Sciences* 2011; 15 (12): 576-584.

<sup>4</sup> Iris R. Bell, Mary Koithan. A model for homeopathic remedy effects: low dose nanoparticles, allostatic cross-adaptation, and time-dependent sensitization in a complex adaptive system. *BMC Complementary and Alternative Medicine* 2012; 12 (1): 191.

influences will only be partially or not at all improved following an ARWP.<sup>5</sup> We can summarize by saying that indications addressed in homeopathy are not WPDs, as it is understood in conventional medicine, but acute or chronic states of dysregulation represented by a TCS particular to each individual patient.

This is the reality of homeopathic practice, however, for the purpose of communication, when discussing results or prognosis, homeopaths will refer to the treatment of patients with pneumonia, RA, PD, etc.

### **The Second Implication: We Have A Mutual Understanding of What Is Homeopathy**

The second implication contained in your question suggests that we have a mutual understanding of what constitutes homeopathy, which would be quite a rarity to find within the academic, scientific or conventional medical communities. A clear, unmistakable understanding of what constitutes genuine homeopathy must be established prior to any serious discussion on homeopathy.

It is important to understand that homeopathy was progressively developed on a purely scientific basis during more than fifty years of meticulous experimentation by Hahnemann, and has since continued to be perfected by practitioners who follow the same rigorous methodology. Hahnemann had clearly defined homeopathy, and whose long definition I included in my first post-debate question to you.

Also it is important to note that there is no guarantee that anyone who professes to be a homeopath is actually practicing *genuine* homeopathy, and, if so, it would be at an undefined level of expertise that can be anywhere from apprenticeship to great mastery. Also, experience shows that most research published

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<sup>5</sup> Lifestyle and environmental changes include diet for well-being and longevity, mental and physical exercises, adequate sleep and rest, fresh air and sun, stress management, and dealing with emotional and spiritual issues.

in peer-reviewed journals and professing to be on homeopathy is actually not about genuine homeopathy.

For instance, David Reilly from Glasgow began to research homeopathy to disprove it. He did a series of experimentations with patients with hay fever and their response to an ultra-molecular preparation (UMP) of pollen.<sup>6,7,8,9</sup> The model was very similar to the allopathic model of one drug (an UPM of pollen) for a WPD (hay fever). Despite the fact that his research was not about homeopathy, the titles of his articles still bear the name of homeopathy, and they are generally cited as research in homeopathy. The TCS in these experimentations was not considered, and the remedy and the posology were not individualized. It should simply be classified as research with an (isopathic) UMP, which obviously should never be confused with homeopathy.

Such gross misrepresentations are extremely common even in the supposedly highest academic circles, as it was for instance in the Shang et al. high-impact meta-analysis published in the *Lancet* in 2005.<sup>10</sup> Researchers from the universities of Berne, Bristol and Zurich reported having analyzed eight trials of homeopathy. However on close examination, we find that six of the eight trials<sup>11</sup> they choose for their final analysis were actually not testing homeopathy, but some

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<sup>6</sup> David Taylor Reilly, M. A. Taylor. Potent placebo or potency? A proposed study model with initial findings using homoeopathically prepared pollens in hay fever. *British Homoeopathic Journal* 1985; 74: 65-75.

<sup>7</sup> David Taylor Reilly, et al. Is homoeopathy a placebo response? Controlled trial of homoeopathic potency, with pollen in hayfever as model. *Lancet* 1986; 328 (8512): 881-886.

<sup>8</sup> David Taylor Reilly, et al. Is evidence for homoeopathy reproducible? *Lancet* 1994; 344 (8937): 1601-1606.

<sup>9</sup> Morag A Taylor, et al. Randomised controlled trial of homoeopathy versus placebo in perennial allergic rhinitis with overview of four trial series. *British Medical Journal* 2000; 321 (7259): 471-476.

<sup>10</sup> Aijing Shang, et al. Are the clinical effects of homoeopathy placebo effects? Comparative study of placebo-controlled trials of homoeopathy and allopathy. *Lancet* 2005; 366 (9487): 726-732.

<sup>11</sup> 1- Papp et al 1998: Flu prevention/Oscillocoquinum; 2- Rottey et al. 1995: Flu prevention/Mucococinum; 3- Weiser and Clasen 1994: Sinusitis/Complex remedy; 4- Labrecque et al. 1992: Plantar warts/ Polypharmacy: Thuja 30 C, Antimonium crudum 7 C and Nitricum acidum 7 C; 5- Vickers et al. 1998: Prophylaxis of soreness in runners/Arnica 30 C; 6- Schmidt and Ostermayr 2002: Support during fasting/Thyroidinum 30 C.

gross misrepresentations of it. In the other two of the eight trials,<sup>12</sup> individualized remedies were given but the posology was not individualized. In fact, none of the eight studies represent the principles and practice of genuine homeopathy, in which the remedies and the posology are individualized for every patient at each visit.

The peer reviewers of the *Lancet* did not notice these blatant misrepresentations of homeopathy, and its editors went as far as entitling their editorial, *The End of Homoeopathy*.<sup>13</sup> This incredibly bad science circulated through the media and academic circles around the world without having since been recognized as being flawed analyses or of being retracted by any the many authors, peer reviewers and editors involved, despite a lapse of time of almost eight-years. Skeptics who claim to be the champions of science-based medicine should at the very least alert academia and the public of such unscientific, misleading and damaging information about homeopathy.

Permit me to go a step further to illustrate how deeply embedded is this tendency to misrepresent homeopathy in academic circles. Edzard Ernst, the first professor to obtain a university chair in complementary medicine, has published numerous reviews and systematic reviews on homeopathy.

In one of his latest systematic reviews, entitled *Homeopathy: What Does the “Best” Evidence Tell Us*,<sup>14</sup> he reviewed the six review articles<sup>15</sup> on homeopathy

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<sup>12</sup> 1- J. Jacobs, et al. Acute diarrhea in children: (limited to the use of 19 medicines) Statistically significant ( $p < 0.023$  and  $p < 0.036$ ). 2- H. Walach, et al. 1997: Headache. Not statistically significant.

<sup>13</sup> Editorial. The end of homeopathy. *Lancet* 2005; 366: 690.

<sup>14</sup> Edzard Ernst. Homeopathy: what does the “best” evidence tell us. *Medical Journal of Australia* 2010; 192 (8): 458-460.

<sup>15</sup> 1- S. Kassab, et al. Homeopathic medicines for adverse effects of cancer treatments. *Cochrane Database of Systematic Reviews* 2009; 2- M. Heirs, M. E. Dean. Homeopathy for attention deficit/hyperactivity disorder or hyperkinetic disorder. *Cochrane Database of Systematic Reviews* 2007; 3- K. Linde, K. A. Jobst. Homeopathy for chronic asthma. *The Cochrane Library* (1998); 4- R. McCarney, et al. Homeopathy for dementia. *Cochrane Database of Systematic Reviews* 2003; 1; 5- A. J. Vickers, C. Smith. Homeopathic Oscillocochinum for preventing and treating influenza and



published by the Cochrane Collaboration working group. In total, these six review articles analyzed 25 randomized controlled trials (RCTs), of which twenty were testing gross misrepresentations of homeopathy, including two with isopathic remedies, six with remedy complexes, and eleven others with non-individualized remedies. In the five other studies, the remedies were individualized but in only three of these was the posology also individualized.

In view of this unfortunate set of facts, it is not surprising that Borgerson, a professor of philosophy of medicine, justifiably pointed out, “There is a trend toward the use of meta-analyses, systematic reviews, and predigested evidence-based guidelines produced by such groups as the Cochrane Collaboration. For all the good that comes from these guidelines and meta-analyses, we cannot ignore the potential for them to mislead physicians into believing that unbiased results are represented when they are not. This is particularly worrisome when we factor in some of the powerful and influential economic forces behind the production of much medical research today and the interests they have in ensuring their research is taken up by such guidelines. A recent article by David Cundiff<sup>16</sup> on the financial interests influencing members of the Cochrane Collaboration highlights the importance of critical attitudes toward even the most prestigious guidelines and meta-analyses.”<sup>17</sup>

In Ernst’s latest review of homeopathy, which was published in December 2012 and is entitled *Adverse Effects of Homeopathy: A Systematic Review of Published Case Reports and Case Series*, he reported 1,140 cases having had “ad-

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influenza-like syndrome (Review). *Cochrane Database of Systematic Reviews* 2006; 3; 6- C. A. Smith. Homoeopathy for induction of labour. *Cochrane Database of Systematic Reviews* 2003; 4.

<sup>16</sup> David K. Cundiff. Evidence-based medicine and the Cochrane Collaboration on trial. *Medscape General Medicine* 2007; 9 (2): 56.

<sup>17</sup> Kirstin Borgerson. Valuing evidence: bias and the evidence hierarchy of evidence-based medicine. *Perspectives in Biology and Medicine* 2009; 52 (2): 218-233.

verse events directly related to homeopathy.”<sup>18</sup> A careful review of the original references of the cases he reported revealed that *not a single one* of these cases that had received genuine homeopathic treatment had also experienced “adverse events directly related to homeopathy.” In fact, it is totally astonishing to find out that the great majority of these cases, 1,070 or 94% of them, were actually *phone inquiries* about accidental ingestion of supposedly homeopathic remedies. 37 of the other 70 cases were related to ingestion of crude doses of mother tinctures, eardrops, ointments, or complex remedies.<sup>19</sup>

To leave no doubt regarding the great travesty of this paper, one of the cases reported to have had experienced “adverse events directly related to homeopathy” had originally been published in the *New England Journal of Medicine* in 1986 and was about a man who had taken 100 “Regeneration Tablets” containing “a mixture of 19 ingredients.”<sup>20</sup> The fact that the authors and reviewers of this article, and the editors of one of the most prestigious peer-reviewed journals associated this case with homeopathy is another evidence of the great confusion and ignorance existing in academic circles about homeopathy. Quite a long stretch of imagination was needed to associate this case with homeopathy.

Likely the only patient, who had been treated with genuine homeopathy in these 1,140 cases reported by Ernst et al. as having experienced “adverse events directly related to homeopathy,” was a 62 year-old man with angina. He was a smoker and drinker who, five years earlier, had been successfully treated with homeopathy for epilepsy, and began experiencing chest pain while under stress. An EKG showed signs of ST ischemia. He then resumed homeopathic treatment and his angina disappeared. Eight years later, he returned to his homeopathic

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<sup>18</sup> P. Posadzki, A. Alotaibi, E. Ernst. Adverse effects of homeopathy: a systematic review of published case reports and case series. *International journal of clinical practice* 2012; 66 (12): 1178-1188.

<sup>19</sup> M-A. von Mach, et al. Intoxikationen mit Medikamenten im Kindesalter bei einem regionalen Giftinformationszentrum. *Klinische Pädiatrie* 2005; 218(1): 31-33.

<sup>20</sup> Harry D. Kerr, Garland W. Yarborough. Pancreatitis following ingestion of a homeopathic preparation. *New England Journal of Medicine* 1986; 314 (25): 1642.

physician with blood in his urine. He was then referred to a urologist for a complete urologic diagnostic work-up, and was soon diagnosed with cancer of the bladder. On the one hand, he received radiotherapy, and on the other hand, he responded well to homeopathy for the alleviation of the side effects of radiotherapy.<sup>21</sup> However to ascribe the development first, of angina and second, of cancer of the bladder to having received prior homeopathic treatment is a complete aberration, and is another example of the extremely bad science that circulates in academic circles about homeopathy and can even find its way not only into prestigious peer-reviewed journals, but can be repeatedly quoted by other researchers, peer reviewers, editors and the Cochrane Collaboration without ever being recognized as flawed and or of being retracted.

The fact that the peer reviewers and editors of the *International Journal of Clinical Practice* didn't recognize such basic flaws contained in Ernst's last review is again another blatant example of how ignorant the academic community is about genuine homeopathy. To add insult to injury, one of the editors commented, "We published a thoroughly peer-reviewed article on adverse effects of homeopathy," and that it must be difficult to keep critical comments factual about Ernst et al.'s article "as homeopathy is scientifically imprecise."<sup>22</sup>

### **Important Caveats Regarding Trials of Homeopathy**

It is necessary that the methodology of any trial pertaining to be about homeopathy be closely examined to make sure that it is truly representative of genuine homeopathy. Any misrepresentation of homeopathy in research is not only an incredible waste of time and resources but is shamefully delaying the course of medical science. When research is about UMPs, complex remedies or isopathy for example, researchers should simply state it in order that these other methods are not confused with homeopathy.

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<sup>21</sup> Alfons Geukens. Two more case histories. *Journal of the American Institute of Homeopathy* 2001; 94: 93-105.

<sup>22</sup> Graham Jackson. Homeopathic medicine. *International Journal of Clinical Practice* 2013; 67: 385.

Aside from the crucial aspect of having a truly representative and precisely applied methodology in trials conducted under the name of homeopathy, I will address another point that is very important to consider in any discussion about trials of homeopathy, namely that *all trials* with only one-known exception *equally* measure the skills of the practicing physicians and the efficacy of homeopathy. Clinical successes in homeopathy are *entirely dependent* on the capacity of the treating homeopathic physicians to *rigorously* apply the practical rules of homeopathy. It takes many years of assiduous study and practice to be able to obtain consistent and predictable good results.

Also, as the ARWP is a process that continues as long as homeopathic treatment is pursued, a sufficient amount of time must be allowed in order to appreciate its full effect.

Three basic questions must therefore be asked when examining a trial professing to test homeopathy:

- 1- Is the methodology truly representative of genuine homeopathy?
- 2- Was the methodology applied in a skillful and learned manner by experienced homeopathic clinicians?
- 3- Was the proper amount of time allowed to observe the full effect of the intervention?

The practice of homeopathy can't at all be viewed as a uniformly applied treatment that is based on WPDs, as it is generally done in conventional medicine. No prescription in homeopathy is routine, as the TCS must be meticulously obtained and exactly individualized in all cases at each visit, and, thus, all trials evaluate the art of the physician. The greater is the mastery of this art, the more predictable will be the results, and the greater will be the outcome of the trial.

To illustrate this point, during the debate I addressed the mortality rate of patients with pneumonia that are treated with homeopathy, and mentioned that in several thousand cases reported by a great number of physicians in many different countries over a period of close to 200 years, the mortality has consistently been low, usually between 0 and 3%. Experience shows that the greater the clinical skills and experience of the homeopathic physician the lower the mortality will be. Physicians known for *not* practicing homeopathy in a learned and skillful manner commonly obtain mortality rates in a range *not* lower than 5% in patients with pneumonia. On the other hand, skilled homeopathic physicians rarely report any mortality in patients with pneumonia. As an example, P. P. Wells who was well-known to have mastered homeopathy through many long years of assiduous study and practice reported a 0% mortality rate in close to 500 cases in the first 43 years of his practice.<sup>23</sup>

### **The Third Implication: Evaluation of the Evidence Through A Grading System**

The third implication of your question entails that the evidence for homeopathy has been fully and properly evaluated through a grading system, similar to the ones used today in evidence-based medicine (EBM).

EBM requires that physicians integrate the best available clinical evidence into practice.<sup>24</sup> In conventional medicine, it consists of an unceasing process of evaluation of the efficacy and effectiveness of a particular intervention for a particular WPD.

The evaluation of the clinical evidence for homeopathy is a completely different process, as it is *unnecessary* and *irrelevant* to know whether a particular remedy has ever been used in a particular WPD. It is homeopathy's fundamental principle (the principle of similarity) and its practical rules that must instead be satisfac-

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<sup>23</sup> P. P. Wells. Addresses, etc. *Homoeopathic Physician* 1885; 5: 414.

<sup>24</sup> David L. Sackett, et al. Evidence based medicine: what it is and what it isn't. *British Medical Journal* 1996; 312 (7023): 71-72.

torily verified, which, in essence, consists in verifying whether homeopathy works or not. Homeopathy should be considered as a single intervention representing the principle of similarity, whose therapeutic focus is *not* on any particular WPD but on the general state of dysregulation particular to each patient.

Physicians typically become seriously interested in homeopathy after having conducted, like true scientists, a therapeutic trial usually in a patient with an unfavorable prognosis, and become completely *surprised* by the promptness, gentleness and unexpectedness of the recovery.

To clearly illustrate this point, I will now give you a few examples of men of science and of great intellect who approached homeopathy with much skepticism, but who had remained at the same time sufficiently open to experiment and become surprised, as true scientists should be.

In the early 1820s, Hahnemann was obliged to leave Leipzig to escape the prosecutions of physicians and pharmacists, and it was thus expected that homeopathy would die out, but, as it did not, a major medical publisher intended to kill it, and asked a staunch opponent of homeopathy and professor of surgery at the university to write a book against homeopathy. Dr. Robbi, the surgeon in question, from lack of time recommended his assistant, as “the very best man to do the job,” as he had a brilliant scientific mind. His name was Constantine Hering.

The contract was made, and the book was nearly completed when the author came across an article of Hahnemann entitled, *Nota Bene for my Reviewers*, in which Hahnemann wrote, “Homeopathy appeals, not only chiefly, but solely to the verdict of experience—‘repeat the experiments,’ it cries aloud, ‘repeat them carefully and accurately, and you will find the doctrine confirmed at every step’—and it does what no medical doctrine, no system of physic, no so-called

therapeutics ever did or could do, it insists upon being ‘judged by the result.’ ”<sup>25</sup>

This induced the young Hering to experiment, and in the course of *two years*, he became, step by step, more and more convinced of the truth of all the practical rules of homeopathy. At this point in time, he developed a dissection wound, which, under the treatment of his teachers, reached such a degree of severity that amputation of the hand was advised. At the suggestion of a friend, who was a student of homeopathy, the efficacy of the potentized drug was tried. The result was a complete cure of the wound, which led to a thorough conversion of Hering. *Astonished* by the results, the book was discontinued and Hering dedicated the next 58 years of his professional life to homeopathy.

About five years later, in 1827, Baron Clemens von Boenninghausen, a known botanist, scientist and high civil servant for the King of Holland, was dying at the age of 43 of purulent tuberculosis. Being certain that he was about to die, he began writing farewell letters to his friends. Dr. Carl Ernst August Weihe of Hervorden, the well-known fellow botanist, wrote back that he was a practitioner of the new system of medicine and requested Boenninghausen to provide an exact and detailed description of his sickness with all the concomitants. Boenninghausen followed the instructions and Weihe sent him a potentized remedy, which Boenninghausen took, and following which he gradually recovered. The tubercular condition never returned during the rest of his life that was thus prolonged by 36 more years and was dedicated to homeopathy.<sup>26</sup>

In 1828, the wife of Count Sebastian Des Guidi, who was a Doctor of Sciences, Doctor of Medicine, Director of the University of France and university professor of mathematics, was deadly sick. Des Guidi wrote in his *Letter to the Physicians of France on Homoeopathy*, “My wife, afflicted for many years with a cruel dis-

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<sup>25</sup> Samuel Hahnemann. “*Nota Bene for My Reviewers.*” In *Materia Medica Pura*. Translated by R. E. Dudgeon. Vol. 2. (Liverpool and London: The Hahnemann Publishing House, 1880), 2.

<sup>26</sup> Clemens von Boenninghausen. In T. L. Bradford’s *The Pioneers of Homoeopathy*. (Philadelphia: Boericke & Tafel, 1897), 167-191.

ease, had exhausted all the aids of medicine. Eminent practitioners of Lyon, Paris, Grenoble and Montpellier, had with affectionate interest, lavished upon her case their ablest advice; but to transient ameliorations speedily succeeded new relapses, sometimes alarming, and always evincing a constitution profoundly affected. Expectant treatment and treatment very active, regimen, voyages, mineral waters, nothing had been neglected, nothing had had any durable success. ... My patient here only encountered more acute sufferings, and a cerebral fever menaced her life with immediate danger. In my distress, I earnestly solicited the hospital physician who proved to be one of my old friends, Dr. Cimone, of whose destiny I had been ignorant.”

Des Guidi learned that Cimone had been practicing homeopathy at the hospital and in his private practice. After examining the patient, Cimone referred her to his teacher, Dr. Romani. To this Des Guidi responded, “How can you, my dear friend, refer me in my situation, to secrets, quackeries or dreams; and how can you be the dupe of them yourself?” After a long speech about the benefits of homeopathy, the genius of Hahnemann, the importance of his discovery and the need to keep an open mind, Cimone said, “Listen, time presses; go to Dr. Romani; you know his splendid reputation as a practitioner, as a man of letters, as a philosopher, and above all as a man of probity and worth.”

Now put yourself in the situation of Des Guidi, let’s say one of your loved ones is on their deathbed and all avenues of conventional medicine have been exhausted: who would now hesitate to consult a learned and experienced homeopathic physician who was highly recommended? Who would let preconceived ideas have precedence over pure experimentation, like the legend tells of the inquisitor Aristotelian philosophers who refused to look into Galileo telescope to see the moons of Jupiter? This is the crossroad where staunch skeptics blinded with passion and true scientists depart from each others.

Des Guidi wrote, “Could I hesitate? I hastened to see Dr. Romani. ... This physi-



cian, full of sympathy for my situation, at once visited the patient and administered a homeopathic remedy. It was an atom of Belladonna, given with assurance, almost with the promise of success. Judge of my anxiety! The patient, worried at first, soon experienced a sensible alleviation, which gave me some courage. The treatment was long and difficult, but in the issue wonderfully successful.”

“It was not however till afterwards, when I saw sleep, bloom, strength return and manifest a general state of health unknown for twenty years, that I really comprehended the whole truth, the whole power of homeopathy; for, to what else could a cure so long unlooked for be attributed?

“The power of imagination, to which so many persons ascribe every thing which they have no other mode of accounting for, was easily satisfied.

“Nature? I prayed for nothing better; but nothing had indicated to me the period of her awakening, nothing taught me why nature had delayed for twenty years to come to my aid until the precise day and hour when the homeopathic treatment was commenced.

“From exclusion to exclusion, I always fell back to homeopathy. But atoms! Nothing!—The elixir of LeRoy, spider's web, any of the arcana, and the celebrated nostrums of the day would have put me greatly at my ease; all are something; almost all have great energy, producing some striking results which explain their transient credit; but millionths of a grain—what can they do?

“Yet how to get rid of the facts? I unavoidably concluded with the admission that a new fact, though incredible to me, was nevertheless a fact, and that the measure of my ideas was a little short of the powers of nature and the discoveries of genius.

“I made experiments upon myself and upon others, and my conviction soon became immovable. I attached myself for two successive years to the clinical

course, opened in the mean time in Naples, by Doctors Romani and Horatiis. ... At last, I studied unremittingly and ... a year afterwards, circumstances led me to Crest, where my homeopathic cases were replete with interest, and sanctioned the treatment by its incontestable success.”<sup>27</sup>

At about the same time, Dr. William Wesselhoeft, who had been tutored by Goethe in his youth and had been the favorite student of the great physician and naturalist Gotthilf Heinrich von Schubert, was urged by his father to make a trial of homeopathy. He wrote, “At first I was averse to what seemed to be the other absurd extreme from the then prevalent method of giving immense doses of such medicine as mercury. But because, homeopathy had a scientific basis I decided to make some experiments.”

“The infinitesimal doses were the hardest part of the method to accept, though my common sense had revolted from the large doses of allopathic practice. My very first experiment was in a case of ozena [which is the wasting away of the mucous membranes and bony ridges of the nose]. I was really ashamed to give the thirtieth dilution, and substituted the sixth!” When Wesselhoeft went to his patient the next day, he found her sitting up in bed, with the symptoms immensely aggravated. It was a lesson to him, which he never forgot. The patient was cured without the need of another dose of medicine. It is said that Wesselhoeft never gave another dose of an allopathic medication. He also dedicated the rest of his professional life to the advancement of homeopathy.<sup>28</sup>

Dr. Benjamin Franklin Joslin Sr. graduated in medicine in 1826 from the College of Physicians and Surgeons in New York City and, aside from practicing medicine, held the chair of mathematics and natural sciences, and lectured on anatomy and physiology at Union College, and later at the University of the City of New

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<sup>27</sup> Sebastien Des Guidi. *Letter to the Physicians of France on Homoeopathy*. Translated from the French by William Channing. New York: Monson Bancroft, 1834.

<sup>28</sup> W. P. Wesselhoeft. Some Reminiscences. *Proceedings of the International Hahnemannian Association* 1907: 23-43.

York. He published regularly in scientific and philosophical journals, and was known as a man of science.

In 1839, he dissolved his partnership with his colleague Dr. B. F. Bowers when this one adopted homeopathy, as Joslin was prejudiced against it.

Soon afterwards, Joslin was asked to write an attack against homeopathy. Unwilling to publish an opinion not founded *on knowledge*, he relinquished the request and instead determined to give homeopathy a trial.

He wrote, “I took the third attenuation of a medicine, and avoiding the study of its alleged symptoms as recorded in books, I made a record of all the new symptoms which I experienced.”

“When this record was completed, I examined a printed list of symptoms, and was *surprised* to find a remarkable coincidence between them and those I had experienced. I at first thought it probably an accidental coincidence.

“I repeated the medicine, and again found a coincidence equally striking. Another medicine was then tried, with similar precautions and similar results. There was a new set of symptoms, very different from the former, but generally corresponding with the printed symptoms of the last medicine taken.

“Thus the evidence accumulated from week to week, until I became thoroughly convinced that such a number of coincidences could not, on the theory of probabilities, be accidental.

“There were thousands of chances to one against such a supposition. I *knew* that the attenuated medicines were efficient, and the homeopathic materia medica, so far as I had tested it, substantially *true*.

“The incredibility of the power of the small doses and of the attenuations had been my greatest stumbling block. This being removed by actual and direct experiment, I felt confidence in Hahnemann, and justified in making therapeutic ex-

periments to test his grand law of healing.

“The result was equally satisfactory, and gave me a firm confidence—which every year’s practice has tended to strengthen—in the exact truth and inestimable value of the homeopathic law, and the superiority of the homeopathic method of practice over every other system and combination of systems.”<sup>29</sup>

Lastly, in 1850, Dr. Carroll Dunham, also a graduate of the College of Physicians and Surgeons in New York City, who was known among his peers to have an exceptionally brilliant mind, developed a dissection wound, while assisting in the autopsy of a woman who had died of puerperal peritonitis. He wrote, “Within a week, the finger had quadrupled in size, the hand and forearm were much swollen and edematous, a hard red line extended from the wrist to the axilla. The axillary glands were swollen. The arm and hand were intensely painful; the whole left side was partially paralyzed. The constitutional symptoms were extreme prostration, causing the disease to be at first mistaken with typhus, low muttering delirium at night, marked aggravation of suffering and prostration on awaking from sleep. The general condition grew steadily worse—abscesses forming under the deep fibrous tissues of the finger and hand. The allopathic surgeons in attendance advised calomel and opium, and gave a very discouraging prognosis.”

“The patient refused to take any drugs whatever determining to trust the issue of the case to homeopathy. Lachesis twelfth was taken thrice daily for five days, at the end of which period the constitutional symptoms had substantially vanished. The recovery of the finger was slow but complete. The effect of the Lachesis could not be mistaken by the patient.” Dunham was *smitten* by the event, which led him to investigate the principles of homeopathy. He soon became convinced of the extraordinary power of homeopathy and dedicated the

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<sup>29</sup> Benjamin Franklin Joslin. *Evidences of the Power of Small Doses and Attenuated Medicines*. Nashua, N.H.: Murray & Kimball, 1848.

rest of his professional life to it.<sup>30</sup>

Similar trials can be found by the hundreds in the homeopathic literature, in which clinical outcomes in patients with very poor prognoses totally *surprise* the experimenters, which are followed by further experimentations that keep confirming the original observations. True scientists, who will have the *courage* to investigate homeopathy, will eventually come to recognize the truth of its principles, as facts are more powerful than prejudices,

Hering, Boenninghausen, Des Guidi, Wesselhoeft, Joslin and Dunham were all men of science with great intellect and were all leaders of men; all were skeptical about homeopathy; all were *surprised* by the results of their first experiment, which gave them sufficient courage and confidence to go against tradition and to continue experimenting; all eventually became convinced of the unmistakable phenomena of the potentized remedies after repeated experimentation, usually over a period of two or more years, and all practiced homeopathy until their last day.

As this self-satisfactory level of evidence may not be satisfactory to everyone, I will now move closer to the central idea of your question.

### **What is the Best Clinical Evidence for Homeopathy?**

Unfortunately, the best clinical evidence for homeopathy has not been fully and properly evaluated, as most of its evidence is still lying dormant in its vast literature, in case reports, cohort studies, official reports from boards of health, hospitals, insurance companies and state prisons, orphanages and mental asylums.

It must therefore be understood *a priori* that any discussion about the best clinical evidence for homeopathy is based on a partial review of the existing evidence until more complete systematic reviews become available. If only a sober

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<sup>30</sup> Carroll Dunham. Observations on Lachesis. *American Homoeopathic Review* 1863-64; 4: 29-33.

evaluation of the potential of homeopathy to solve the healthcare crisis we are living, and that progressively worsens, would lead to funding to perform such a research, we would have a more definitive answer.

Contrary to allopathy, in which each drug must first be evaluated for its efficacy in each WPD and then for its own effectiveness (relative risks and benefits), *homeopathy must be viewed as one intervention* (the clinical application of the principle of similarity with all its practical rules), regardless of the remedy or potency used, and whether one or more remedies or potencies were used during the course of treatment of a patient with an acute or chronic condition.

The full evaluation of the evidence for homeopathy would be an extremely complex process, particularly because of the sheer mass of information on the effect of an entire system of therapeutic that has been practiced all over the world by hundreds of thousands of physicians with different levels of competence for more than two hundred years, and which has been reported in over 25,000 volumes of literature in a number of different languages.

To do justice to homeopathy, the majority of this evidence should be evaluated in order to arrive at a more exact estimate of all aspects of its short and long-term real-world effectiveness. However, this will have to wait until more in depth systematic reviews of large portions of its currently un-appraised evidence are completed.

Also in the evaluation of this evidence, it does not help that hierarchies of evidence of EBM were not developed with the perspective of processing, evaluating and integrating such enormous masses of information. A more appropriate hierarchy of evidence will likely need to be developed by scientists to fulfill this necessity, but this will also have to wait.

However, let's proceed forward by evaluating the best-known evidence within the current EBM standards.

One of the main purposes of science in general and EBM in particular is to establish cause-and-effect relationships among numerous variables.

By minimizing bias and confounding factors, a *well-designed*, and meticulously applied RCT, the gold-standard for evaluating the *efficacy* of an intervention, should be able to simply answer whether there is a causal-relationship between the well-applied principle of similarity and the restoration of health.

However, the broader and necessary questions of effectiveness (relative risks and benefits), costs, appropriateness, etc. will *unlikely* find their answers in RCT studies, which are more appropriate for strictly testing efficacy.

In 1979, the Canadian Task Force on the Periodic Health Examination produced the first formalized version of a hierarchy of evidence for clinical effectiveness,<sup>31</sup> which has since been refined in collaboration with the U.S. Preventive Services Task Force, which still stipulates to this day that level I, or the highest quality of evidence, must come “from at least *one properly* randomized controlled trial.”<sup>32</sup>

We can’t utilize the great majority of the RCTs purporting to test homeopathy, as we have seen that most of them misrepresent homeopathy, each having their own list of methodological shortcomings. There are many RCTs about UMPs, which are valuable to demonstrate the efficacy of their biological “activity,” but they can’t be used to represent homeopathy. Most of the in vitro and plant research I mentioned during the debate were about the efficacy of UMPs to affect living organisms. However, not all RCTs professed to test homeopathy have been misguided or are misleading.

Indeed, Bell et al. published a series of papers on a double-blind, randomized, parallel-group, placebo-controlled trial of the treatment of patients with fibromyalgia accompanied with a sub-study of quantitative EEG recordings. This well-

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<sup>31</sup> N. C. Hill, Lise Frappier-Davignon, Brenda Morrison. The periodic health examination. *Canadian Medical Association Journal* 1979; 121: 1193-1254.

<sup>32</sup> <http://www.phac-aspc.gc.ca/publicat/clinic-clinique/pdf/methe.pdf>

conducted trial is important as it shows correlation of the subjective improvement (pain) with objective changes (EEG).

A sample size was calculated at 30 per group enrolled in order to yield a statistical power of 0.8, assuming a dropout rate of approximately 15% and  $\alpha=0.05$ , which fully abides to RCT research conventions.<sup>33</sup>

A total of 53 of 62 patients completed the 4 months study up to the optional crossover phase (14.5% dropout rate). The primary reasons for the nine dropouts related to time and travel demands of the study, or excessive experience of scalp pain during EEG laboratory hook-up procedures. Dropout rates and baseline patient demographic characteristics of dropouts did not differ between active and placebo groups. The 3-month ratings on the Patient Satisfaction Scale did not differ between groups. Both groups progressed comparably.

Essentially, true clinical responders to homeopathic remedies could not only be identified through subjective reports of tender points and global health improvements, but also objectively through their EEG responses.

Consistent with the homeopaths' possible perception of a lack of expected improvements over time and consequent decisions to change remedy selections for placebo-treated patients, the average number of remedies recommended by the homeopaths was significantly higher in the placebo group ( $P=0.023$ ).

The active group exhibited a *significantly* greater improvement in tender point count and tender point pain on palpation, in the Appraisal of Fibromyalgia Scores, in quality of life and in Global Health Ratings, and with trends toward lower Profile of Mood States (POMS) depression, POMS anger-hostility and McGill Affective Pain scores compared with placebo at 3 months. Right prefrontal cordance findings correlated with subsequently reduced pain and trait absorption.

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<sup>33</sup> Kenneth F. Schulz, David A. Grimes. Sample size calculations in randomised trials: mandatory and mystical. *Lancet* 2005; 365 (9467): 1348-1353.



A significantly higher proportion of patients in the active group experienced at least a 25% improvement in tender point pain on examination (13/26, 50%) versus placebo (4/27, 15%) ( $P=0.008$ ). At the 4-month homeopathic visit, patients on active treatment rated the helpfulness of the treatment *significantly* greater than did those on placebo ( $P=0.004$ ).<sup>34,35,36</sup>

I mentioned earlier that trials of homeopathy *equally* measure the skills of the practicing homeopathic physicians and the efficacy of homeopathy, but with only one known exception. The experiment in which the greatest attempt was made to dissociate efficacy of these two equally distributed factors was the trial of Frei et al., which is therefore of great interest. I already referred to this unique trial during the debate, which entails the treatment of children with ADHD.

Prior to the randomized, double-blind, placebo controlled crossover part of the trial, all children were first treated with homeopathy to find out the specific remedy each child responded to.

The sample size was calculated for the Conners' Global Index (CGI), the primary endpoint in the crossover trial. To have a 5% significance level and a 95% statistical power, 27 patients were required in each treatment arm, or a total of about 50–60 patients.

After a mean of 5 months, 70 out of 83 children had obtained a satisfactory response to a (individualized) homeopathic remedy by having achieved an improvement of 50% or more on the CGI. 8 had inadequate response and 5 were non-compliant.

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<sup>34</sup> Iris R. Bell, et al. Improved clinical status in fibromyalgia patients treated with individualized homeopathic remedies versus placebo. *Rheumatology* 2004; 43 (5): 577-582.

<sup>35</sup> Iris R. Bell, et al. EEG alpha sensitization in individualized homeopathic treatment of fibromyalgia. *International Journal of Neuroscience* 2004; 114 (9): 1195-1220.

<sup>36</sup> Iris R. Bell, et al. Electroencephalographic cordance patterns distinguish exceptional clinical responders with fibromyalgia to individualized homeopathic medicines. *Journal of Alternative and Complementary Medicine* 2004; 10 (2): 285-299.

Of these 70 compliant responders, 62 children (5 refused to participate in the trial and 3 became eligible by being too late to enter the second phase of the trial) entered the second phase of the trial that was a randomized, double-blind, placebo controlled crossover trial.

Among these 62 children, the ones who developed acute diseases, incurred serious accidents or experienced severe social changes in their life during the crossover part of the trial were not assessed for all endpoints and were considered dropouts. However, they were still included in the primary endpoint analysis according to the intention-to-treat principle.

The double-blind part of the study consisted of two parallel arms. In Arm A, the children received verum (V) for six weeks followed by placebo (P) for six weeks (Arm A: VP). In Arm B, the children received a placebo for six weeks followed by verum for six weeks (Arm B: PV). Finally, both arms received another six weeks of open label treatment (Arm A: VPV and Arm B: PVV) and an additional long-term follow-up under treatment with a mean of 19 months (range of 10-30 months).

Relatively long, six-week crossover periods were chosen since a carry-over effect may be an obstacle for a crossover trial. From experience gained in a previous trial,<sup>37</sup> this duration was thus considered long enough to diminish this problem. No wash-out period was therefore incorporated between the two crossover periods.

At the beginning of the trial and after each crossover period, the parents reported the CGI and the children underwent neuropsychological testing. The CGI rating was again evaluated at the end of each crossover period and twice in long-term follow-up.

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<sup>37</sup> Heiner Frej, André Thurneysen. Treatment for hyperactive children: homeopathy and methylphenidate compared in a family setting. *British Homeopathic Journal* 2001; 90: 183–188.

At entry to the crossover trial, cognitive performance such as visual global perception, impulsivity and divided attention had improved *significantly* under open label treatment ( $P<0.0001$ ).

During the crossover trial, CGI parent-ratings and resistance to verbal interference in the VLMT<sup>38</sup> were significantly better under verum by an average of 1.67 points ( $P=0.0479$ ) and 11.27 points ( $P=0.0328$ ) respectively than under placebo.

At the end of the crossover period two, ADHD symptoms decreased in children receiving verum (CGI 9, range 3–19) while children on placebo still had a high CGI (12, range 4–21).

Also, at the end of the 6 weeks of open label treatment following part two of the crossover trial, the ADHD symptoms of both treatment groups had returned to around their values at beginning of the crossover trial (8, range 2–16 in arm A vs. 8, range 2–21 in arm B).

The median CGI of the 62 children had therefore dropped significantly from 19 (range 15–25) at treatment start to 8 (range 2–16), 6 weeks after the crossover trial.

The period effect referring to within-patient mean difference between entry and end of the crossover part of the trial was *significantly* better for verum for stability of moods ( $P<0.0001$ ) and reaction to unexpected events ( $P=0.0003$ ).

Comparison of the Conners' Parent Rating Scale scores between start of treatment and 14 weeks after the crossover trial still revealed *highly significant* improvements in all subscales, in both mothers' and fathers' ratings: behavior ( $P=0.0001$ ), learning/attention ( $P=0.0001$ ), psychosomatics ( $P=0.0004$ ), impulsivity/hyperactivity ( $P=0.0001$ ), ( $P=0.0001$ ), shyness/anxiety ( $P=0.0001$ ),

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<sup>38</sup> VLMT is the German version of the Rey auditory verbal learning test (RAVLT).

and CGI ( $P=0.0001$ ). Also, the Conner's Teachers Ratings Scale showed a *significant* improvement of behavior ( $P=0.0347$ ).

I mentioned earlier that the researchers of this study *attempted* to isolate the efficacy of homeopathy from the one of the homeopaths' prescribing skills. However, as homeopathy requests constant individualization of both the remedy and its posology at each visit, it would actually be almost impossible to design a RCT in order to *completely* dissociate the efficacy of the physician versus the efficacy of homeopathy without greatly compromising the way homeopathy is practiced and, more particularly, its outcome. The RCT study design was certainly not designed to test an intervention like homeopathy in which the physician *ongoing* decision-making is evaluated, as well as the efficacy of the principle of similarity and its many practical rules.

In the case of Frei et al., the homeopathic pediatricians had no more contact with the children or their parents during the eighteen weeks of the cross-over and the following open-label parts of the trial, and where therefore unable to know whether some children needed a change of remedy and, most likely, an adjustment of posology during that period.

This was a major limitation of this study, which is not uncommon with RCTs' internal validity rigorous requirements, and was therefore not a faithful reflection of actual practice, as it would be expected that the best indicated remedy would have needed to be changed in certain children during the eighteen weeks following the beginning of the cross-over period of the trial, and an even more likely probability during the mean 19 months of the entire treatment period. This means that a certain number of children likely received remedies that were only partially or not at all helping them anymore once the cross-over period of the trial had began. Also, details on the frequency at which the posology was adjusted during the course of the open label periods that preceded and followed the 12 weeks of the crossover part of the trial are not at all not mentioned.

To illustrate the point that the constant individualization required by genuine homeopathic treatment is an art whose mastery is only acquired after years of diligent study and practice, and that this trial was still measuring the efficacy of the clinicians, despite the great efforts made to dissociate it as much as possible from the efficacy of homeopathy, Frei et al. reported having noticed “a stronger carry-over effect” in this trial compared to their earlier trial, which “may be partially due to more precisely prescribed individual homeopathic medication.”

Another limitation of this RCT, as in most RCTs, is the imposed time-frame limit. It is important to realize that in order to observe the full effectiveness of homeopathy in a chronic condition like ADHD, a 19-month mean limit is only showing what is possible with homeopathy on a relatively short term in patients with chronic diseases. In this study it took an average of five months to find 70 responders among 83 children. This prescribing accuracy within this time-range is a measure of the qualifications of these treating homeopathic physicians, which illustrates again that the application of the science of homeopathy is an art.

It is also important to mention that it is much easier to find the initial simillimum a patient needs than any of the succeeding simillima that may be required during the course of treatment that may last many years in patients with chronic diseases. Again, the great mastery in the art of prescribing becomes crucial for guiding a patient most efficaciously to complete recovery. In this study this was done diligently as 25% of the 19-month mean time of treatment was used to find the initial remedy each child needed.

However, once the “correct” remedy is found and the ARWP is obtained, patients with chronic diseases who are treated with genuine homeopathy typically experience a progressive health improvement year after year, which would definitely apply to children with ADHD. This cumulative, overall improvement in pa-

tients with chronic diseases from year to year is generally unseen in conventional medicine, and would unlikely be noticeable in a short-term RCT.

Despite all these limitations, the final assessment (median duration of treatment 19 months, range 10–30 months: early entry into the trial led to longer follow-up times), 53 children reached a median CGI of 7 points (range 2–15), or a 12-points improvement, corresponding to an overall improvement of 63% ( $P < 0.0001$ ).

This trial thus suggests scientific evidence of the efficacy and the long-term effectiveness of homeopathy in the treatment of children with ADHD, and more particularly in the areas of behavioral and cognitive functions.<sup>39</sup>

Sackett et al. remarked that it is important for RCTs to “achieve complete follow-up of their subsequent outcomes.”<sup>40</sup> However, it would be extremely difficult to *fully* evaluate the long-term effectiveness of homeopathy with patients with chronic diseases through RCTs,<sup>41</sup> whose primary purpose is mainly to answer whether an intervention works or does not work (efficacy).<sup>42</sup> In order to fully evaluate other very important parameters of an intervention such as long-term impact on the whole person with relative risks and benefits (effectiveness), cost, appropriateness, etc., other study designs are then required.<sup>43,44</sup>

Regarding the skeptics’ bias argument of setting aside all studies that are not high internal validity RCTs, David Sackett, a pioneer of EBM, suggested in 1997

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<sup>39</sup> Heiner Frej, et al. Homeopathic treatment of children with attention deficit hyperactivity disorder: a randomised, double blind, placebo controlled crossover trial. *European Journal of Pediatrics* 2005; 164 (12): 758-767.

<sup>40</sup> David L. Sackett, John E. Wennberg. Choosing the best research design for each question. *British Medical Journal* 1997; 315 (7123): 1636.

<sup>41</sup> This is not limited to homeopathy. It has been found that antidepressants and antipsychotics don’t show the promise inferred from RCTs.

<sup>42</sup> Jan P. Vandenbroucke. Benefits and harms of drug treatments: observational studies and randomised trials should learn from each other. *British Medical Journal* 2004; 329 (7456): 2-3.

<sup>43</sup> David Evans. Hierarchy of evidence: a framework for ranking evidence evaluating healthcare interventions. *Journal of Clinical Nursing* 2003; 12 (1): 77-84.

<sup>44</sup> David Atkins. Creating and synthesizing evidence with decision makers in mind: integrating evidence from clinical trials and other study designs. *Medical Care* 2007; 45 (10): S16.

that each medical question should be approached by using the appropriate research tools—this effectively precludes the idea of a single grading of levels of evidence for all types of research questions.<sup>45</sup>

In 2000, Benson et al. and Concato et al. suggested that the findings of observational studies are similar to those produced by RCTs.<sup>46,47</sup>

Benson et al. wrote, “We found little evidence that estimates of treatment effects in observational studies reported after 1984 are either consistently larger than or qualitatively different from those obtained in randomized, controlled trials.”<sup>48</sup>

Concato et al. searched MEDLINE for meta-analyses of RCTs and meta-analyses of cohort or case-control studies in five clinical areas. They found “remarkable” similarities and concluded that these observational studies *did not systematically overestimate the magnitude of the treatment effects*. They ended by stating, “The popular belief that only randomized, controlled trials produce trustworthy results and that all observational studies are misleading does a disservice to patient care, clinical investigation, and the education of health care professionals.”<sup>49</sup>

Grossman et al. went further by remarking that observational studies are often

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<sup>45</sup> David L. Sackett, John E. Wennberg. Choosing the best research design for each question. *British Medical Journal* 1997; 315 (7123): 1636.

<sup>46</sup> Kjell Benson, Arthur J. Hartz. A comparison of observational studies and randomized, controlled trials. *New England Journal of Medicine* 2000; 342 (25): 1878-1886.

<sup>47</sup> John Concato, Nirav Shah, Ralph I. Horwitz. Randomized, controlled trials, observational studies, and the hierarchy of research designs. *New England Journal of Medicine* 2000; 342 (25): 1887-1892.

<sup>48</sup> Kjell Benson, Arthur J. Hartz. A comparison of observational studies and randomized, controlled trials. *New England Journal of Medicine* 2000; 342 (25): 1878-1886.

<sup>49</sup> John Concato, Nirav Shah, Ralph I. Horwitz. Randomized, controlled trials, observational studies, and the hierarchy of research designs. *New England Journal of Medicine* 2000; 342 (25): 1887-1892.

not only more feasible but actually give *more accurate* results than RCTs.<sup>50</sup>

More recently in 2007, David Atkins from the U.S. Center for Outcomes and Evidence, Agency for Healthcare Research and Quality argued that other study designs are necessary in order to assess real-world effectiveness of an intervention, “Research using cohort and case-control designs, disease and intervention registries, and outcomes studies based on administrative data can all shed light on who is most likely to benefit from the treatment, and what the important tradeoffs are. This suggests the need to revise the traditional evidence hierarchy, whereby evidence progresses linearly from basic research to rigorous RCTs. This revised hierarchy recognizes that other research designs can provide important evidence to strengthen our understanding of how to apply research findings in practice.”<sup>51</sup>

### **Beyond the Limitations of the RCT Study Design for Evaluation of the Evidence for Homeopathy**

As the two *well-designed* RCTs mentioned earlier *conclusively* show the *efficacy* of homeopathy, namely that homeopathy works, we can now move beyond efficacy studies and look at effectiveness studies, which examine how much does the treatment helps people, also known as real-world effectiveness. Physicians aim to use the best treatment in any given case, while patients want full access to it. Knowing now that homeopathy works is fundamental to clinical decision-making but not sufficient.

In order to make an enlightened decision on the best therapeutic approach for instance in ADHD children, parents and health care providers need to be aware of the actual *complete* and *long-term* outcome of homeopathic treatment versus other approaches such as Ritalin.

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<sup>50</sup> Jason Grossman, Fiona J. Mackenzie. The randomized controlled trial: gold standard, or merely standard?. *Perspectives in Biology and Medicine* 2005; 48 (4): 516-534.

<sup>51</sup> David Atkins. Creating and synthesizing evidence with decision makers in mind: integrating evidence from clinical trials and other study designs. *Medical Care* 2007; 45 (10): S16.



In the 1990s, the Canadian Evidence-Based Care Resources Group developed the first version of the EBM process, which included an estimate of the expected benefits, harms, and costs for each alternative. They wrote, “After valid research is located or the quality of the available evidence is determined the next step is to estimate the *expected consequences* of the options being considered. In general there are three categories of outcomes: expected benefits, potential harms and costs.”<sup>52</sup>

The EBM GRADE Working Group recommends, “The first step is to identify and critically appraise or prepare systematic reviews of the best available evidence for all important outcomes.”<sup>53</sup>

Atkins wrote that together with RCTs, observational studies “produce a more complete picture of the potential benefits and harms of a clinical decision for individual patients or health systems.”<sup>54</sup>

It is important to point out that effectiveness studies are typically carried out under the conditions of clinical practice and have thus high external validity and ensure more clinically representative results than can be obtained by the more rigid structure of the RCT design.

During the debate, I presented two representative, large-scale, long-term, prospective observational studies,<sup>55,56</sup> a summary of observational studies,<sup>57</sup> a sys-

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<sup>52</sup> A. D. Oxman, J. W. Feightner (for the Evidence Based Care Resource Group). Evidence-based care. 2. Setting guidelines: how should we manage this problem. *Canadian Medical Association Journal* 1994; 150: 1417-23.

<sup>53</sup> Andrew D. Oxman, GRADE Working Group. Grading quality of evidence and strength of recommendations. *British Medical Journal* 2004; 328 (19): 1490-1494.

<sup>54</sup> David Atkins. Creating and synthesizing evidence with decision makers in mind: integrating evidence from clinical trials and other study designs. *Medical Care* 2007; 45 (10): S16.

<sup>55</sup> D. S. Spence, E. A. Thompson, S. J. Barron. Homeopathic treatment for chronic disease: A 6-year, university-hospital outpatient observational study. *Journal of Alternative and Complementary Medicine* 2005; 11: 793-798.

<sup>56</sup> Claudia M. Witt, et al. How healthy are chronically ill patients after eight years of homeopathic treatment? Results from a long term observational study. *BMC Public Health* 2008; 8 (1): 413.

<sup>57</sup> Harald Walach, et al. Research on homeopathy: state of the art. *Journal of Alternative and Complementary Medicine* 2005; 11 (5): 813-829.

tematic review of most of the clinical trials of homeopathy published between 1821 and 1998,<sup>58</sup> a health technology assessment commissioned by the Swiss government,<sup>59</sup> a summary of the partially assessed epidemiological evidence, which as a whole *show homeopathy to be safe and cost-effective*, but above all they disclose *a very consistent and strong therapeutic effect and real-world, long-term effectiveness of homeopathy*.

Anyone taking the time to seriously search the homeopathic literature will most likely at first be stunned by the mass of effectiveness studies such as controlled cohort studies, observational studies and outcomes studies from official reports from hospitals, boards of health, insurance companies, and state orphanages, prisons and mental asylums. Secondly, as stunning will also be the robustness and magnitude of the effect and the significance of the outcome contained in them.

Additionally, there is another very rich field of evidence for homeopathy that wasn't addressed during the debate, which is contained in the innumerable case reports often of patients on their deathbed experiencing *quick* and *totally unexpected* recovery. To give an idea of the sheer mass of cases contained in the homeopathic literature, summaries of close to 3,800 cases published before 1840, when homeopathy was still in its infancy, have been assembled in a nine volume series.<sup>60</sup> Since 1840, the number of cases has likely increased by 50 to 100 fold. Perhaps ten percent of these cases document, by all means, extraordinary outcomes of patients with very serious diseases.

### The Value of the Evidence Contained in Case Reports

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<sup>58</sup> Michael E. Dean. *The Trials of Homeopathy: Origins, Structure, and Development*. Essen: KVC Verlag, 2004.

<sup>59</sup> Gudrun Bornhöft, Peter F. Matthiessen. *Homeopathy In Healthcare: Effectiveness, Appropriateness, Safety, Costs: an Hta Report on Homeopathy As Part of the Swiss Complementary Medicine Evaluation Programme*. Each, 2011.

<sup>60</sup> David Didier Roth. *Clinique homoeopathique; ou, Recueil de toutes les observations pratiques publiées jusqu'à nos jours*. Tomes I-IX. Paris: Baillière, 1836-1840.

In the current hierarchies of EBM, case reports tend to not be highly valued. However, the conventional medical literature, for which these hierarchies have been developed, contains proportionally much less evidence of effectiveness of drug therapy, and extraordinary cases of recovery related to a particular pharmacological intervention are rather sparse. It is thus not surprising that the Canadian Task Force on the Periodic Health Examination had remarked in 1979, “Evidence from cohort studies and case-control studies was infrequently found.”<sup>61</sup>

However, case reports represent the first step in the scientific method by relating basic observations and play an important place in the progress of medical science. A great proportion of cases that show clear and sudden changes toward recovery during the course of very serious and/or stubborn diseases soon after initiation of treatment tend to indicate new directions in research and treatment, and establish new prognostic expectations. Despite the fact that the homeopathic literature is very rich in such cases, the scientific community as a whole has remained indifferent to homeopathy.

I will now illustrate the value of evidence provided by single case studies with a few examples in cases presenting with very serious acute diseases (e.g. rabies, meningitis) and in a case with a stubborn, unremitting chronic disease (PD). The information they provide can’t be easily obtained through RCTs, partly because of the rarity of some these conditions (rabies), or the need for the long-term treatment (6 or more years) in order to be able to better appreciate the entire effectiveness scope of homeopathy.

Many cases of clinical rabies in both animals and humans and experimental rabies have been reported to have fully recovered under homeopathic treatment. By clinical rabies, it is typically meant that an animal with an abnormal behavior,

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<sup>61</sup> N. C. Hill, Lise Frappier-Davignon, Brenda Morrison. The periodic health examination. *Canadian Medical Association Journal* 1979; 12 (9): 1193-1254.

usually a stray dog, comes into a village located in an area in which rabies is known to be endemic, and, unprovoked, bites a number of animals and persons. Within a couple of weeks some of the bitten animals develop abnormal behaviors, are put in isolation, eventually develop the full unmistakable manifestations of furious rabies, and are killed. Some weeks later, one of the bitten persons develops general malaise with heightened redness, swelling and unusual sensation at the site of the bite, which are followed within a few days by spasms, especially when swallowing, hydrophobia, and convulsions. A physician, usually an allopath, is called in, who in turn calls in other colleagues as consultants. The spasms, hydrophobia and the convulsions become progressively more severe. From the history and the symptomatology, they all concur without any doubt in their minds that the patient has hydrophobia and is thus incurable. As a last resort they try various nostrums but in vain, and the patient is now in a state of almost constant convulsions and is on the verge of dying. Typically a priest, a distant family member or a friend suggests calling *in extremis* a homeopath, who is called in with great reluctance. This one comes, examines the patient, concurs with the diagnosis, and administers a homeopathic remedy. Within a short period of time, the spasms and convulsions begin to diminish in intensity, duration and frequency. The remedy is repeated as needed. The patient becomes more restful, falls into a deep and prolonged sleep, and eventually becomes capable of drinking without experiencing any spasms or convulsions. A convalescent period, typically of two to three weeks, follows with a progressive recuperation of strength, after which the patient seems completely recovered subjectively and objectively.

I will now only give the summary of a typical case, of which the author, Dr. Anastasio Alvarez Gonzalez of Madrid, said that the diagnosis of rabies in the case he published with great details was as certain as it was possible to ascertain.

Around the middle of April 1864, Mrs. Torcuato Guevara of Madrid, the 28-year-old wife of a Spanish army officer, had received the visit of a lady, who was accompanied by her female dog. A few days later this dog disappeared from the home of her master without anyone ever knowing what happened to her.

On April 22, the dog of Mrs. Guevara that had been in contact with the visiting dog became uneasy and sad. He avoided caresses and light. Instead he sought out corners, changed places often and hid under furniture. He appeared fearful and was holding his head between his front legs and chest. He wasn't eating much but was drinking often. He remained this way until April 25 when he became more fearful and that night wandered through the house. With its hackles up, he began to continuously and strangely bark, which would end in a short howling.

Early that morning, he lightly bit the tip of the fourth finger of Mrs. Guevara 4-year-old daughter who was trying to play with him. While she was screaming, the dog went at once hiding under her bed. A servant who tried to have the dog come out from under the bed was also lightly bitten. Both bites were superficial and without any blood shed. The dog continued to growl until his mealtime, when Mrs. Guevara took him out from under the couch and while she was holding and caressing him, he suddenly bit her right thumb deeply at the level of her interphalangeal joint. Nothing much had been so far thought about these erratic behaviors, despite the fact the dog had been drooling since April 22. The dog began then running in all directions throughout the house. His eyes were injected and extremely brilliant. He tried to jump through glass doors and finally found an open window and fled. The head of the house understood at once that the dog was rabid and ordered that he be pursued and be killed, which was done.

During the succeeding eight days, Mrs. Guevara experienced pain in her right hand, which extended to her shoulder, and was at times experienced in her left arm. She was left afterward with only heaviness and malaise. Mrs. Guevara who

was then four months pregnant consulted eleven of the best physicians of Madrid to see if anything could be done to prevent the development of rabies. She was only told that nothing certain was known to be efficacious, but tried the various suggestions they had to offer.

Three weeks after having been bitten, she woke up from sleep in a state of extreme restlessness with hallucinations of numerable shining glows. She was experiencing a very intense headache with heat of the face and eyes and cold extremities, pain in her limbs without being able to flex them, loss of appetite, sleeplessness and startling with frightening thoughts that came as she would fall asleep. She was in a state of constant restlessness and terror. She was sad and preferred to be left alone. All her senses, especially her sight, were acute. Her hallucinations were worse when she looked at water, crystal or any shining object. The clock at her bedside had to be removed for this reason. She felt in her throat, as if she was being strangled by a tourniquet, and oppression of her chest, which greatly limited her capacity to breathe. These sensations were preceded by a burning heat in her chest and throat. She was extremely thirsty but could not come to drink, especially plain water. However, she was able to drink beer with lesser struggle.

Several allopathic physicians were consulted. The last one recommended to the family that the patient be sent to the San Carlos College where she would be treated with outmost care. She refused to leave home. On the thirty-first day after the bite, she woke up at night in a jerk and in a state of suffocation with violent convulsions and loud screams. This attack lasted four minutes. Similar fits continued throughout the night between periods of total calmness. Eventually the fits lead to states of unconsciousness during which she would try to bite. Another prominent allopathic physician was then called in who said that medicine had no effective treatment now that the patient had entered the second stage of rabies. The only resort left was to send her to the hospital. The

couple refused again to be separated. This last physician still tried various medicines. In the following twenty-four hours, the fits continued to be more frequent and to last longer.

Eventually, Abbot Hilario Guerrero, the grand sacristan of San Francisco and Grande Parish, was called in to administer the last rites. Seeing her in this deplorable state the abbot suggested that a homeopathic physician should instead be called. Mrs. Guevara answered that she had no confidence in homeopathy as her cousin, Mr. Sagasti, the governor of Madrid, had died while under homeopathic treatment. The priest respected her opinion but impressed her husband sufficiently that as a last resort a homeopathic physician should be called, as no allopathic physician would now accept to treat her unless she was in the hospital. She finally acquiesced to be seen by a homeopathic physician.

Abbot Guerrero called on Dr. Gonzalez, and pleaded with him “for the sake of humanity,” to care for this patient with declared rabies. At 3 P.M. on May 29, Dr. Gonzalez found the patient in a state of unconsciousness, as an extremely violent fit had just ended. Her face was inflamed with the expression of terror, despite her eyes being closed. She was cold to touch and her limbs were in tetany. She eventually regained consciousness and greeted the new doctor. She was surprised by his thorough examination. Her eyes were completely injected. Her mouth and enlarged tongue were completely coated, as if macerated by thick and viscid saliva. The mucous membrane under her tongue was inflamed with two confluent ganglions underneath. The wound on her right hand was sensitive to the slight touch.

Mrs. Guevara who was alert said that she was experiencing an intense burning sensation in her chest and throat with great difficulty breathing and that the sight of water made the throat constriction much worse. When she tried to drink water she would experience not only a very distressing internal convulsion but also burning heat in her mouth and chest. Any noise, music, shining object or

shimmer of light would trigger fits of uncontrolled fury. A slight draft would increase the burning in her chest, the difficulty breathing and would trigger shaking fits with palpitation. She wanted silence and to be in a dark room. She was experiencing soreness throughout her body as if was broken. She couldn't move her legs. She couldn't eat and had barely slept in 12 days. She was in despair of recovery, but was at the same time resolute that she was going to die, and was now only waiting for God to come and take her.

After completing his detailed examination of the patient, Dr. Gonzalez went into the next room to prepare a half glass of water with seven pellets of a homeopathic remedy in the 200 potency. He returned to the room hiding the glass and asking her to keep her eyes closed. While her husband held her head down, Dr. Gonzalez covered her eyes with his hand, and gave her half a teaspoon of the solution, which triggered a fit with suffocation and convulsions with a bright red face and injected eyes, which was followed by unconsciousness and the desire to bite. An hour later, he gave her a second dose, which triggered a similar fit. He then left with the instruction to give her a third dose in another hour, being satisfied that he had done all he could for the moment.

The next day, Dr. Gonzalez returned to find the patient in a very happy, greeting mood when she saw him. After his departure on the previous day, she was given a third dose of the remedy and she had a similar fit as after the first two doses but shorter and with less desire to bite. Her state of terror progressively diminished during the rest of the day, and the night was calmer. She was able to sleep even though she kept being interrupted by jerking and frightful dreams. She continued to improve until the following morning (May 31), when around seven o'clock she went into a biting fit that lasted 45 minutes.

Dr. Gonzalez was called and he found her in a state of constant restlessness, trying to escape, having great difficulty breathing and with tetanic convulsions. Her limbs were now extremely cold. She was experiencing coldness ascending



from her lower limbs to her mid-chest where it met a burning sensation that had now worsened and was extending to her throat. When this heat would extend to her head, she would choke until she would faint. Her jaw and lips were tight and her eyes were closed shut. She uttered frightening sound with inability to breathe, as if she had great chest pain. Her screams would get longer, as the fits would peak. During the fits, the muscles of her face would alternately contract and relax; she would then open her eyes, which were injected, shiny and fixed with an expression of furor but without being able to see. Her face was again inflamed.

In her state of unconsciousness, she would convulsively open her mouth followed by the desire to bite anything she could find. After three minutes of intense furor, she would slowly calm down but would continue to moan but less loudly. The same remedy was again given and was repeated every three hours. She was better by the evening when Dr. Gonzalez decided to test her by making a new preparation of the remedy in water before her. This provoked a fit but of a lesser intensity as compared to the previous days when she was trying to escape at the sound or sight of water.

She eventually passed a good night. She had only one mild dream. By the next morning (June 1), she was feeling much better. The remedy was continued now every six hours. She continued to improve but began to cry non-stop for no reason in the following twelve hours. From then on, she improved daily. She remained weak mentally and physically, and her body was sore for some days. She would startle when she heard or saw a dog. All her symptoms eventually disappeared to full recovery.

Dr. Gonzalez never mentioned which remedy he prescribed. He said this case would be of interest to three classes of individuals, namely, laypeople, allopaths and homeopaths. What is important for laypeople is to know that a patient with a disease known to be incurable was cured under homeopathy. By telling allo-

paths which remedy was used would not help them to be better doctors. As for homeopaths he wanted to remind them that there is no specific for a disease, and that the remedy must be individualized in every patient with the same nosological disease. He would however name the remedy he prescribed to whom would inquire. The remedy prescribed from the detailed description of the symptoms provided by Dr. Gonzalez was most certainly Belladonna.<sup>62,63</sup>

In a scientific (unbiased) *system* of medicine, the consistency of the response and the magnitude of the effect in desperate cases as the one above should have great significance and therefore initiate great interest, and more particularly when serious work done with experimental rabies in animals supports beyond a reasonable doubt the curability of rabid persons with homeopathy.

Dr. Edmond Plantureux, a French military veterinarian, was head of the microbiology department at the Pasteur Institute in Alger during the middle half of the twentieth century, and published numerous works on rabies. In 1925, he developed an anti-rabies prophylactic vaccine for dogs that would be used for the following 30 years.

In 1942, Plantureux made a number of experiments by producing rabies in healthy dogs and rabbits by injecting them with brain extracts of animals that had died of rabies. These injections were either intracerebral, intraocular, or intralingual and/or intralabial. One hundred percent of the animals that received the intracerebral injection developed the most severe type of rabies. One hundred percent of the animals that received the intraocular injections developed rabies but of a somewhat less severe type. Between 50-70 percent of the ones that received intralingual and/or intralabial injections developed rabies.

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<sup>62</sup> Anastasio Alvarez Gonzalez. Guérison d'un case de rage. *Bulletin de la Société Médicale Homoeopathique* 1864-1865; 5: 740-763.

<sup>63</sup> Anastasio Alvarez Gonzalez. *Historia Clinica de un Caso de Rabia Declarata*. Madrid: Imprenta de Vicente, y Lavajos, 1864.

Dr. Plantureux acknowledged making various experiments with homeopathic dilutions for prophylactic and therapeutic purposes, but with little knowledge of homeopathy and with no one to guide him. He was able to observe complete protection from rabies in only a few animals. However, one of the most revealing outcomes of his work is that, out of about 300 rabid dogs, 35 were cured while all of the 158 controls, “without an exception,” died of rabies. None of the ones that received an intracerebral injection survived, but 10 of the ones that received an intraocular injection were cured, and 23 of the ones that received an intralingual and/or intralabial injection were cured. The two other dogs that were cured of rabies had the furious form (not the paralytic form) of rabies, which had been acquired in nature.

To verify that the recovered dogs had really been cured of rabies, four to five months later, he re-injected them with intraocular or intracerebral injections of the rabies virus. All the control developed rabies but none of the cured animals showed any sign of rabies. He kept the cured dogs under observation for up to 2 years. Also, he would inject into the brain of healthy rabbits brain extract taken from all the cured dogs once they would die. None of the rabbits had any reaction to these injections after more than 3 months of observation proving without a doubt that these dogs had been really cured of rabies.

Plantureux mentioned that these experiments were still in their *preliminary* stages and were unfortunately interrupted by the war. As he was unable to resume them after the war, he recommended that, for anyone interested to continue such experiments, it would be indispensable to have “some knowledge” of homeopathy. The main recommendation and conclusion he drew from these experiments were:

- 1- The prophylactic approach would have to be started all over again but this time by producing rabies with less severe introduction of the rabies virus than by the intracerebral, intraocular or intralingual/intralabial way, as it is a well-

known fact that rabies occurs more frequently, more rapidly and more severely the closer to the brain is the introduction of the virus.

2- As for the treatment of fully developed rabid animals, even if only in its early phase of experiments, the 35 cured dogs provided the *absolute proof* that rabies *can no longer be* considered an incurable disease and this because of homeopathy.<sup>64</sup>

These experimental findings are consistent with the clinical data, and provide greater strength to the evidence of the curability of rabid animals and humans by homeopathy.

Let's now look at two examples of dramatic recovery in patients who were in the last stage of AIDS and meningitis.

Late on the evening of Tuesday November 3, 1987, I received a phone call from a nurse who was asking if homeopathy could help an AIDS patient imminently dying in the ICU of the Toronto General Hospital.

This 37-year-old man began experiencing a full relapse of pneumocystic carinii pneumonia two days after having been released from two weeks of hospitalization. After another two weeks of IV antibiotics, he developed acute cryptococcal meningitis, a very insidious and often fatal form of meningitis. Two antifungal drugs, flucytosine was given orally and amphotericin B was given IV, both in increasing doses, as he was not responding.

100 mg of prednisone was added to counteract the severe adverse effects of these two antifungal drugs, which the patient experienced as severe headaches, nausea, vomiting, cramps, spasms, chills, fever, photophobia and general weakness.

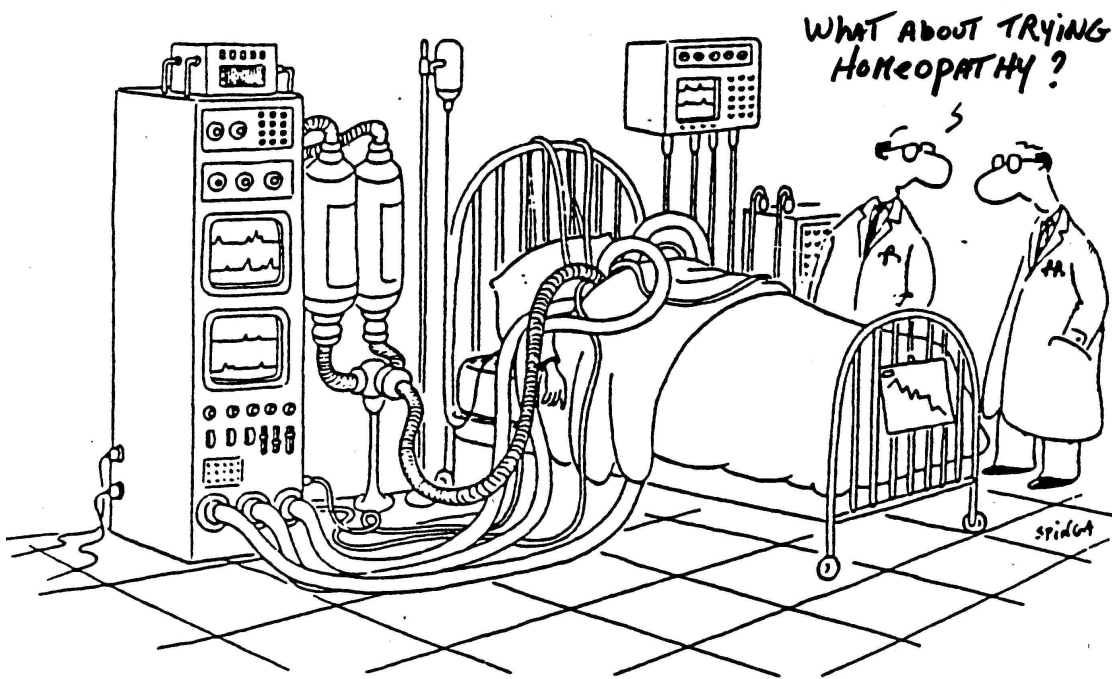
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<sup>64</sup> E. Plantureux. Recherche sur le traitement de la rage et de diverses maladies par l'homoeopathie. *Homoeopathie Française* 1950; 37: 217-226.

In the following week, the patient's condition continued to deteriorate. He was vomiting several times a day a green-brownish vomitus, and developed pitting edema in both legs with persistent kidney pains (nephrotoxicity and kidney failure are among the more serious adverse effects of amphotericin B).

His liver became enlarged and tender (hepatitis and acute hepatic injury are among the more serious adverse effects of flucytosine). His hemoglobin level had dropped to 6.0 and his potassium level at 2.7 (N: 3.5.-5 mmol/L). The pain he was experiencing was so severe that morphine was finally administered and his attending physicians notified his friends that the patient was not responding to treatment and they should expect the worst in the coming days.

The patient was unconscious, and was tied to the bed because of excess of restlessness. This is when I was contacted, which is very reminiscent of the following classic caricature:



A remedy was prescribed on the phone that evening, which could only be obtained the next day from a pharmacy located near the hospital. Within 15 minutes of receiving the homeopathic remedy, he began showing signs of improvement. His recovery continued almost uninterrupted from the moment he began homeopathic treatment. Homeopathic treatment was reevaluated and adjusted from one to four times a day depending on the various complications experienced by the patient. As he eventually regained consciousness, he requested that morphine and then prednisone be stopped.

On Thursday November 19, he notified his physicians that he wanted to leave the hospital. However, he was persuaded by these physicians to first have an examination of his CFS before leaving. As it was still positive for the presence of *Cryptococcus*, he was emphatically told that for certain the meningitis would return within 24 hours and he would quickly succumb from it.

On Friday afternoon, he signed a waiver about leaving the hospital against medical advice, and left all allopathic medications behind. At about 11 the next morning, I received a call informing me that the patient woke up with a severe headache, pronounced nuchal rigidity, great incoordination and much confusion. He was prescribed a remedy fitting this presenting picture. He responded quickly and recovered completely from the meningitis and the lingering pneumonia that had remained in the background. In the following three months, he regained the 25 pounds he had lost during the previous acute illness. In May 1988, or seven months after initiation of the homeopathic treatment, he left my care symptomless to return to his country of origin in Asia.

Let's now look at another case of dramatic and unexpected recovery, which also commenced the moment homeopathic treatment was instituted. On May 29, 2003, I received a phone call again late in the evening from a friend of a 30-year-old woman who was dying in the ICU of the Montreal General Hospital from major complications associated with *Neisseria meningitides* meningitis, namely

septic shock, acute respiratory distress syndrome, complete anuria with pre-renal failure, liver failure, myocardial depression, bone marrow ischemia with consequent anemia (Hg: 8.8) and thrombocytopenia (Pl: 14), purpura fulminans, and disseminated intravascular coagulation. Earlier that evening, her family and friends present at the hospital had been notified that they expected her to have less than 2 days to live.

Within half-hour, at 10:30 that evening, I was visiting the patient in the ICU, who was in a comatose state. Her body was completely covered with large purpurial patches and petechiae with about one centimeter between each other. The distal part of all her fingers and the four lateral toes of her left foot had turned black and some of them were necrotic. She also had several large, 3-10 cm, gangrenous patches throughout her body. This gangrenous process had been quickly progressing in the last 36 hours. Her face was waxy and so swollen that her eyes were wide open, rolled upward, bulging and completely injected. She had no pupillary or corneal reflexes. Her mouth was also wide open with her tongue protruding to one side. Beside the petechiae and purpura, the base of her skin was grayish-blue, giving her the overall appearance of a monster akin to the ones kids tend to spontaneously draw.

She was completely flaccid and toneless, and was irresponsive to pain and speech. The Babinsky response was present on her left foot and no plantar response could be elicited on her right foot. Her arms were tied down as, earlier in the day, she had episodes of restlessness. The left side of her body was cool while the right side was warm. She had not produced any urine since her admission to the hospital three days ago. Her CSF lactic acid level had been steadily climbing to now 21 mmol/L (N: 0.5-3.2 mmol/L).

She was on a respirator, and on continuous dialysis. She was on a number of drugs, including antibiotics, steroids, dobutalamine and activated protein C (thrombin antagonist). She had already received blood and platelet transfusions.

Her prognosis had not been favorable from the beginning because of the speed at which she became unconscious, the great number of petechial lesions, the purpura fulminans, the septicemia and the absence of normal reflexes. The text-book says, “The greater the number of asymmetric extremity and truncal petechiae, the less likely that the patient will survive,”<sup>65</sup> and her body was completely covered with them. Her physicians had told the family that nothing more could be done than to wait.

After examining the unconscious patient, I obtained relevant information from the attending nurses, the chief of staff, members of her family, and her friend and boyfriend.

Shortly after 11 that night, she was prescribed a homeopathic remedy to be administered every hour throughout the night until they would report back to me the next morning. At 9 a.m., it was reported, “She seemed to have changed after the first dose.” Overall, she has had more color in her face, her mouth is less widely open and her tongue protrudes less. This morning she responded to light and mildly to speech, and she could feel a squeeze of her right hand. Her eyes were less injected and less bulging, and were more closed when resting. Last night, she produced a small quantity of urine for the first time since her admission now four days ago. The frequency of the respirator assistance level had been lowered from 25 to 10. The CSF lactic acid level had dropped overnight from 21 to 9 mmol/L. The black discoloration and gangrenous process of her digits and skin seemed to have stopped progressing. There were more pink coloration in her toes.

During the following 12 weeks of her hospitalization, she was prescribed six different homeopathic remedies in different potencies to address different complications she was then experiencing. The first remedy prescribed to her, which

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<sup>65</sup> David A. Greenberg, Michael J. Aminoff, Roger P. Simon. *Clinical Neurology*. 5th edition. McGraw-Hill/Appleton & Lange, 2002.



was on the night of May 29, was eventually resumed after her hospitalization in late August, and was continued in ascending potencies until March 2004. Her recovery was progressive, uninterrupted and complete.

Here are some passages of greatly abbreviated notes of the later part of her recovery:

On June 24, she saw a hand surgeon who suggested amputation of the tips of five of her fingers. She refused the operation.

From July 19 to 29, she gained 4 pounds, from 87 to 91 pounds. She weighted 110 pounds before her sickness.

By August 13, 2003, the nails and distal phalanges of her right fifth finger and of her left first and fifth toes started to grow back.

By August 22, 2003, the nails and distal phalanges of her right third and fourth fingers had started to grow.

By October 1, 2003, she had gained 6 more pounds, from 91 to 97 pounds. All the swelling of her fingers and toes had abated. The tips of her fingers and toes had continued to grow and were becoming more full. The hard, dried-up tips of her digits were shrinking and were being pushed away by the new growth of tissues. The skin at the edge of the gangrenous parts was becoming very healthy.

By December 2, 2003, her strength had continued to improve and was now up to 80% from normal. Her weight had climbed to 103-104 pounds.

By January 9, 2004, her physical strength and stamina were 95% from normal. Her energy was up to 9-9.5 out of 10. She still required a lot of sleep, about 10-12 hours per night. Her fingernails and distal phalanges were still growing. Her skin continued to improve. Her weight was 105-107 pounds. Her appetite was 80-85% from normal. She saw a plastic surgeon of the hand who recommended clipping the tiny dried up fingertips in about a month from now.

On February 10, 2004, she had the hand surgery.

By April 14, 2004, she reported not having needed to repeat her homeopathic remedy in the last six weeks. Her sleep was down to 8 hours per night. She had started exercising 4 times per week for 1 1/2 hours per session. She had resumed her full time employment as a physiotherapist for the Cirque du Soleil. All the nails and distal phalanges of her previously gangrenous digits had grown to about 90-95% of their original sizes.

Let me now illustrate the value of single case studies in the long-term treatment of patients with chronic diseases known to be unremitting. In November 2001, a 45 year-old musician and conductor began experiencing progressive balance problem, postural changes, stiffness and clumsiness in his left hand.

In February 2002, he was diagnosed with PD and was started on Sinemet. He soon experienced a 50% improvement of his symptoms. The neurologist suggested discontinuing Sinemet after 20 days for diagnostic purpose, which was positive as his condition relapsed completely.

In August 2002, the diagnosis of PD Hoen and Yahr stage 1 was confirmed at the movement disorders department of the Rush-Presbyterian-St-Luke's Medical Centre in Chicago.

In December 2005, he began taking ropinirole (Requip), as all his symptoms had slowly worsened since the onset of the first symptoms in 2001, despite many lifestyle changes (including organic foods and yoga) and alternative treatments. In November 2006, he developed a tremor with increasing clumsiness and stiffness in his left hand, which was now preventing him from playing piano and conducting. The limp in his left leg had become more pronounced. Stooping was progressively getting worse and his left arm had stopped swinging while walking. In December 2006, Sinemet was added to the ropinirole he had already been taking for one year.

From 2003 to 2007, he had tried homeopathy but unfortunately to no avail. He had been prescribed seven different remedies from two different homeopathic physicians. He was referred to me in November 2006, and I saw him in February 2007. He was then losing his balance 15-20 times a day especially when turning in close spaces. By the end of the day, his left shoulder and upper arm were stiffer and he wrote with greater difficulty and in very small characters. He was now finding himself drooling throughout the day. He had been experiencing for the last 2-3 years sleeplessness after 3 to 5 in the morning. He had been experiencing for the last 18 months shortness of breath with anxiety.

After a thorough examination, he was prescribed a remedy that he continued taking in ascending potencies until December 2010. A second remedy was then prescribed in ascending potencies until July 2012. A third remedy was then prescribed in ascending potencies until now.

In the last 6-plus years, since the beginning of homeopathic treatment under my care, *progressive* improvement was *not* reported in only three monthly reports. He can now play piano without any difficulties and can conduct without any signs of PD. In May 2012, he conducted in Washington D.C. five two-hour performances in four days, without any difficulties or showing any signs of having PD. He can now skip doses of his allopathic medications without any worsening of his symptoms.

To assume *a posteriori*, this patient must not have real PD but suffers instead from a similar condition that can spontaneously remit, would be an easy way to escape the obligation to seriously investigate the phenomenon, as any responsible and courageous scientist would do.

The unique and surprising outcomes obtained in these acute and chronic cases are not only very convincing regarding the efficacy and the effectiveness of homeopathy, but provide prognostic perspectives unknown to conventional medi-

cine. Thousands of such cases of recovery from the *same intervention* should be sufficient evidence for authorities to seriously investigate the effectiveness of such an intervention. The fact that the worldwide research budget for homeopathy is less than \$2 million annually, or 1/100,000 of the worldwide \$200 plus billion budget for biomedical research, clearly shows that homeopathy remains medicine's most unappreciated therapeutic approach.

It is clear to the unbiased mind that recovery began in all the above cases at the very precise moment the homeopathic intervention was started, after long enough time that rules out a transitory change. The fact that a very large number of such cases have been reported in the homeopathic literature should stimulate great interest in scientific minds, and entice people to consider genuine homeopathy at the very least in cases presenting with very serious and/or life-threatening illnesses and unfavorable prognoses.

It is ironic that any intervention in conventional medicine demonstrating a fraction of the ranges of effectiveness reported for homeopathy would attract limitless attention, and would turn the research world around particularly if there were great financial incentives for the medical-industrial complex. On the other hand, homeopathy is continually and thoughtlessly being dismissed in people minds since a huge negative prejudice was stamped on it in the 1830s, which was actually based on completely false premises and flawed evidence. Ever since generation after generation of skeptics have been repeating the same arguments without ever taking the time to look at the original facts. Homeopathy had to be a sham, as like magic its reported results were too good to be true.

Medical historian Michael Dean explored the rejection of homeopathy by some of the most prominent skeptics in the first half of the nineteenth-century. He wrote, "The rejection of homeopathy by the medical establishment has been portrayed as a watershed in medical history because it is deemed to have been based on evidence rather than prejudice: homeopathy was given a fair trial, especially by

the pre-eminent Paris School, and was found wanting. This belief forms the basis of an influential thesis that the development of modern scientific medicine, as a unified discipline, can be dated to that rejection in the 1830s and 1840s.”

However, Dean dared to ask some very pertinent questions regarding this early rejection, as true scientists should do, which are, “How valid was the trial evidence used by sceptics such as the French Académie de Médecine (1835) and Holmes (1842) in their rejection of the claims of homeopathy? Was their use of evidence biased in any way?”

After a review of the trials of homeopathy used as evidence for its rejection, he emphatically reported, “A systematic review of prospective trials of homeopathy that took place before 1842 shows not only that the individual trial evidence used by the most notable critics was wholly invalid, but also that virtually no fair trials of homeopathy had taken place at that time.”<sup>66</sup>

However, as facts are more stubborn than prejudice, truth will prevail in the case of homeopathy, as Lincoln had so well remarked, “You can fool all the people some of the time and some of the people all the time, but you cannot fool all the people all the time.”<sup>67</sup>

It is important that in order to hasten the progress of medical science that true scientists begin to pay greater attention to these effectiveness studies, because of their *shear mass*, and the *consistency* and *magnitude* of their effect. Guyatt et al. argued, “When methodologically strong observational studies yield *large or very large and consistent* estimates of the magnitude of a treatment effect, we may be confident about the results ... and in unusual circumstances they may

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<sup>66</sup> Michael E. Dean. *The Trials of Homeopathy: Origins, Structure, and Development*. (Essen: KVC Verlag, 2004), 101.

<sup>67</sup> Abraham Lincoln. In *The Collected Works of Abraham Lincoln*. Edited by Roy P. Basler. Volume 3. (Rutgers university Press, 1953), 81.

produce moderate or even high quality evidence.”<sup>68</sup>

### Epidemiological Evidence

As I mentioned in the debate, likely the most compelling evidence for the effectiveness homeopathy is found in its extensive records in times of epidemics. In 2003, I began reviewing the literature on this subject, and I have so far uncovered over 7,000 references of which the first 2,000 have been incorporated into a comprehensive text that is now over two thousand pages.

All the epidemics, in which homeopathy has been involved since 1799, have been included in this extensive review of the literature.

The main finding of this research is that results obtained by homeopathy during epidemics reveal a very important and clear constancy, *which is a very low mortality rate*. This constancy remains, regardless of the physician, time, place or type of epidemical disease, including diseases carrying a very high mortality rate, such as cholera, smallpox, diphtheria, typhoid fever, yellow fever and pneumonia.

Since society values the saving of life more highly than any other outcome, most of these reports give accounts of rates of recovery versus mortality, and should therefore warrant great attention from academia, governments and health authorities, and be followed with strong recommendations.<sup>69</sup>

Hierarchies of evidence of EBM have not been developed with the perspective of integrating such massive amounts of evidence, as the allopathic literature prior to WWII is relatively poor in valuable therapeutic interventions. Aside from a sparse number of trials, such as the ones of Lind’s with citrus in sailors with scurvy (1747), and Louis’ with bleeding and expectancy in patients with pneu-

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<sup>68</sup> Gordon H. Guyatt, et al. Rating Quality of Evidence and Strength of Recommendations: What is “quality of evidence” and why is it important to clinicians? *British Medical Journal* 2008; 336 (7651): 995-998.

<sup>69</sup> Gordon H. Guyatt, et al. Rating quality of evidence and strength of recommendations: GRADE: an emerging consensus on rating quality of evidence and strength of recommendations. *British Medical Journal* 2008; 336 (7650): 924-926.

monia (1828), there are not many astounding *therapeutic* trials that are worth recounting, or whose therapeutic interventions would have any clinical significance today. However, *this is not at all the case with homeopathy*, whose literature overflows with all types of very meaningful case studies, trials and outcome reports that remain as pertinent today as when they were first published. Results obtained by homeopathy don't really lose any of their value with the passing of time, and are like all facts as relevant as if they had occurred today, and particularly in view of the fact that its methodology has essentially not changed since early development.

Also, in the hierarchies of EBM, expert opinion tends to be the least valued. This is understandable, as expert opinion, with rare exceptions (e.g. incurability of rabid persons (except outside homeopathy)), tends to greatly change from one expert to another, and from one era to another. No one will contest this to be true within conventional medicine, but it is actually not at all the case in homeopathy, as Hahnemann had so well explained the perennial relevance of the principles and practice of homeopathy, "Homeopathy is a perfectly simple system of medicine, remaining always fixed in its principles as in its practice."

The practice of homeopathy is based on two series of independent phenomena, namely the symptoms observed during proving of a medicine and the presenting symptoms of a patient, which are connected by the homeopathic physician through the principle of similarity. The symptoms that disappeared with certainty under the influence of a remedy are called cured symptoms, and are integrated into the materia medica with the pathogenetic symptoms. They form the basis of the homeopathic materia medica, which is cumulative in nature and never stops being relevant like any natural science that is based on the study of phenomena.

Dr. Joel Shepperd wrote in an admirable paper on this subject, entitled Hahnemann's *Pure Method of Science*, that Hahnemann's "works are the result of care-

ful observation of phenomena, rigorous experimentation, and repeatable verifications. In other words, he has created a science. ... He developed a purely descriptive method of science rather than a theoretical science. ... None of his conclusions are based on theories. ... Hahnemann has also described a pure method in the practical application of the law of similars. The signs, symptoms and circumstances of the sick person are matched with the known symptoms of the remedies. The most similar remedy is chosen. No theory, no abstraction, no generalization is to stand in the way. *The unique characteristics of each sick person are not to be reduced to some imagined theme.* The whole or totality of the symptoms is not to be found by retreating to an abstraction in the mind. The totality is found by directing attention more and more into the symptoms instead of away from them. ... The many symptoms enrich the reality, and each phenomenon is an essential part of a concrete wholeness. This method of science is called the phenomenological science of nature or Goethean science.”<sup>70</sup>

Expert opinion thus plays an important role in homeopathy to establish prognoses, and clinical experience, being cumulative, becomes more refined from one generation to another. A review of expert opinions in homeopathy would provide completely new perspectives on prognoses and on the practice of medicine in general.

Incidentally, it is a strange fact how detractors of homeopathy rely so much on expert opinion when they recognize it to be the least valuable level of evidence. From earlier time until now, professed experts on homeopathy, whom skeptics have relied on, have been found to be shams and/or the evidence they advanced against homeopathy have been shown to be flawed, like we have seen above

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<sup>70</sup> Joel Shepperd. Hahnemann’s pure method of science. *Simillimum* 2002; 15: 66-72. This article is available here: [http://www.centerforintegralhealth.com/papers/hannemann.htm#\\_ednref4](http://www.centerforintegralhealth.com/papers/hannemann.htm#_ednref4). Two excellent references to Goethe’s way of science are: 1) H. Bortoft. *The Wholeness of Nature*. New York: Lindisfarne Press, 1996. 2) David Seamon, Arthur Zajonc. *Goethe's Way of Science*. New York: SUNY Press, 1998.



with the French Academy of Medicine, Holmes, Shang et al., the *Lancet* editors, Edzard Ernst, etc.

### Statistical Analysis of the Epidemiological Evidence

Statistics in homeopathy don't need to be extensively elaborated in the majority of studies, as differences in the outcomes during times of epidemics tend to be very obvious and serve as a reminder of Sir Ernest Rutherford's pertinent remark, "If your experiment needs statistics, you ought to have done a better experiment."

Odds ratios and relative risks with two-by-two tables are often sufficient to fully appreciate the effect size of these outcome studies. As an example, let's now look at the outcomes of homeopathy versus allopathy in patients with pneumonia before and since the introduction of antibiotics.

First let's look at the average mortality from pneumonia under pre-antibiotic allopathy (PAA), which has been quite uniform throughout the nineteenth century. In fact, in 1912, William Osler wrote, "Pneumonia is one of the most fatal of all acute diseases, killing more than diphtheria, and outranking even consumption as a cause of death. The statistics at my clinic at the John Hopkins Hospital from 1889 to 1905 have been analyzed by Chatard. There were 658 cases with 200 deaths, a mortality of 30.4 percent. Excluding 35 cases of terminal pneumonia the percentage is 26.4. ... Greenwood and Candy in a study of the pneumonia statistics at the London Hospital from 1854-1903, a total of 5,097 cases, conclude that the fatality of the disease has not appreciably changed during this period. In comparing the collected figures of these authors with those from other institutions, there is an extraordinary uniformity in the mortality rate."<sup>71</sup>

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<sup>71</sup> William Osler. *The Principles and Practice of Medicine*. 8th ed. (New York and London: D. Appleton and Company, 1912), 96.

In the following two tables, the first one for PAA and the second one for homeopathy, I have assembled outcomes of patients with pneumonia from mixed populations of ambulatory and hospitalized care that can be found in the literature during the same times in both Europe and the United States. Outcomes of patients with pneumonia during the 1918-1920 influenza pandemic will be discussed separately.<sup>72</sup>

First, we find that among 148,345 patients under PAA there were 36,073 reported deaths for an average mortality rate of 24.3%.<sup>73,74,75,76,77,78,79,80,81,82,83,84,85,86</sup>

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<sup>72</sup> There is one exception to this separation of the cases of pneumonia with the ones that occurred during the 1918-1920 influenza pandemic, which is the case cohort reported by G. Harlan Wells covering the period of 1906 to 1921 at the Hahnemann Hospital in Philadelphia, and did include an indefinite number of cases of pneumonia with influenza. Rather than boasting the results obtained by homeopathy, it diminishes them, as it was mentioned that many cases admitted during the pandemic were in a moribund state.

<sup>73</sup> Charles Henry Routh. *The Fallacies of Homœopathy*. London, 1852.

<sup>74</sup> Willis A. Dewey. Editorials. Pneumonia and its treatment. *Medical Century* 1912; 19: 250-253.

<sup>75</sup> Henri de Bonneval. *Considérations sur l'homœopathie*. (Bordeaux: Imprimerie Adrien Bousin, 1881), 19-22.

<sup>76</sup> Krüger-Hansen. Ueber das Heilverfahren bei Pneumonien. *Medicinischer Argos* 1842; 4: 341-361.

<sup>77</sup> J. Greenwood, R. H. Candy. The fatality of fractures of the lower extremity and of lobar pneumonia of hospital mortality rates, 1751-1901. *Journal of the Royal Statistical Society* 1911; 74: 363-405.

<sup>78</sup> William Osler. The mortality of pneumonia. *University Medical Magazine* 1888; 1: 77-82.

<sup>79</sup> Samuel Henry Dickson. *Essay on Pneumonia*. In *Studies in Pathology and Therapeutics*. New York: William Hood & Co., 1867.

<sup>80</sup> O. Sturges, S. Coupland. *The Natural History and Relations of Pneumonia*. 2<sup>nd</sup> edition. London: Smith, Elder & Co., 1890.

<sup>81</sup> William Osler. *The Principles and Practice of Medicine*. 8th ed. New York and London: D. Appleton and Company, 1912.

<sup>82</sup> J. P. Barber. Pneumonia in children. *Homœopathic Journal of Pediatrics* 1907; 2: 24-26.

<sup>83</sup> L. Emmett Holt. *The Diseases of Infancy and Childhood*. 5<sup>th</sup> edition. New York: D. Appleton and Company, 1909: 556, 577.

<sup>84</sup> Russell L Cecil, Horace S. Baldwin, Nils P. Larsen. Lobar pneumonia: A clinical and bacteriological study of two thousands typed cases. *Archives of Internal Medicine* 1927; 40: 253-280.

<sup>85</sup> In the statistics of the London Hospital, cases from broncho-pneumonia have been excluded, which tend to have a higher mortality rate particularly in young children. Osler said, "Primary acute broncho-pneumonia, like lobar form, attacks children in good health, usually under two years. ... The death rate in children under five has been variously estimated at from 30 to 50 per cent." (William Osler. *The Principles and Practice of Medicine*. (New York: D. Appleton and Company), 1912, 102, 106.)

Allopathic Treatment	Cases	Deaths	Mortality (percent)
Dr. Brouillard, Paris <sup>74</sup>	152	18	11.8
Dr. Louis, Paris <sup>74</sup>	107	32	29.9
Dr. Grissolle's collection <sup>74</sup>	304	43	14.2
Vienna Hospital <sup>74</sup>	1,660	350	21.1
Drs. Balfour and Thompson <sup>74</sup>	125	35	28.0
Glasgow General Hospital <sup>74</sup>	122	38	31.2
Parisian Hospitals <sup>74</sup>	300	100	33.3
New York Hospital <sup>74</sup>	87	32	36.8
Dr. Dietl, Vienna <sup>74</sup>	106	22	20.8
Prague Hospital <sup>74</sup>	259	68	26.3
St. Louis City Hospital <sup>74</sup>	23	12	52.2
Dr. Leroux's collection <sup>74</sup>	364	85	23.4
Drs. Taylor and Walsh <sup>74</sup>	78	12	15.4
Dr. Peacock <sup>74</sup>	48	3	6.3
Philadelphia General Hospital <sup>74</sup>	991	533	53.8
Boston City Hospital <sup>74</sup>	949	341	35.9
Chomel, Paris <sup>75</sup>	24	13	54.1

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<sup>86</sup> L. Emmett Holt. *The Diseases of Infancy and Childhood*. New York: D. Appleton and Company, 1909: 556, 577.

Andral, Paris, 1830 <sup>75</sup>	65	37	56.9
St-Petersburg, 1834 <sup>76</sup>	10,123	3,358	33.2
Mussy, Paris, 1835 <sup>76</sup>	86	38	44.2
Broussais, Paris, 1835 <sup>75</sup>	218	137	62.9
Becquerel, Paris, 1838 <sup>75</sup>	46	40	90.0
St-Petersburg, 1839 <sup>75</sup>	16,015	5,303	33.1
London, 1845 <sup>75</sup>	1,133	404	35.7
Pinel, Paris <sup>75</sup>	23	11	47.8
Cochin Hospital <sup>75</sup>	63	16	25.4
Cayol <sup>75</sup>	24	6	25.0
St. Joseph Hospital, Lisbon <sup>75</sup>	52	21	54.2
Geneva Military Hospital <sup>75</sup>	27	11	40.7
London Hospital, 1784-1903 <sup>77,83</sup>	5,692	1,157	20.3
Charité Hospital in New Orleans, 1830-1879 <sup>78</sup>	3,969	1,509	38.0
Basel Hospital 1839-1871 <sup>77</sup>	922	213	23.1
Seraphim Hospital in Stockholm, 1840-1855 <sup>77</sup>	2,710	375	13.8
Pennsylvania Hospital, 1845-1887 <sup>78</sup>	704	205	29.1
Vienna General Hospital, 1847-	5,990	1,441	24.1

1857 <sup>77</sup>			
Edinburg Infirmary, 1848-1856 <sup>78</sup>	1,726	333	19.3
Dr. Routh's collection, 1852 <sup>73</sup>	388	66	17.0
Montreal General Hospital, 1853-1887 <sup>78</sup>	1,012	206	20.4
Dickson's Tables, 1867 <sup>79</sup>	80,437	16,915	21.0
Stockholm Military Hospital <sup>77</sup>	670	49	7.3
Middlesex Hospital, 1869-1888 <sup>80</sup>	1,010	192	19.0
Boston City Hospital, 1875-1887 <sup>75</sup>	1,443	421	29.1
Collective Investigation, London, British Med. Ass. 1884 <sup>77</sup>	1,060	191	18.2
St. George's Hospital 1884-1888 <sup>80</sup>	86	18	20.4
Guy's Hospital 1884-1888 <sup>80</sup>	62	10	16.1
St. Bartholomew's Hospital, 1884-1888 <sup>80</sup>	137	28	20.4
Westminster Hospital, 1884-1888 <sup>80</sup>	247	52	21.1
Osler, John Hopkins Hospital, 1889-1905 <sup>81</sup>	658	200	30.4
St. Bartholomew's Hospital, 1897-1906 <sup>77</sup>	1,111	173	15.6
Barber, 1907 <sup>82</sup>	165	13	7.9

Holt, 1909 <sup>86</sup>	1,943	362	18.6
Bellevue Hospital, NYC, 1920-1925 <sup>84</sup>	2,629	825	31.4
<b>Total</b>	<b>148,345</b>	<b>36,073</b>	<b>24.3 (average)</b>

Now, let's look at the outcome under homeopathy of patients with pneumonia in also a mixed population of ambulatory and hospitalized care during the same period of time and in the same parts of the world. Contrary to cherry picking, I have included all the case and cohort series of 5 or more cases that I have so far found in the literature, and are therefore representative of different levels of expertise in homeopathy. We find that out of 25,208 cases there were 865 deaths, a mortality rate of 3.4%, or 7 times less than under

PAA.<sup>87,88,89,90,91,92,93,94,95</sup>

<sup>87</sup> André Saine. *The Weight of Evidence. The Extraordinary Success of Homeopathy in Times of Epidemics*. In preparation, see here: [http://www.homeopathy.ca/publications\\_det02.shtml](http://www.homeopathy.ca/publications_det02.shtml)

<sup>88</sup> Henri de Bonneval. *Considérations sur l'homœopathie*. (Bordeaux: Imprimerie Adrien Bousin, 1881), 19-22.

<sup>89</sup> Christopher Osmond Bodman. Pneumonia in children; illustrated by fifty consecutive cases treated at the New Orphan Houses, Bristol, without mortality. *Journal of the British Homoeopathic Society* 1910; 18: 213-244.

<sup>90</sup> Willis A. Dewey. Editorials. Pneumonia and its treatment. *Medical Century* 1912; 19: 250-253.

<sup>91</sup> R. del Mas. Thirty cases of pneumonia. *Homoeopathician* 1914; 4: 53-54.

<sup>92</sup> G. Harlan Wells. A study of the comparative value of the homeopathic treatment and other methods of treatment in lobar pneumonia. *Journal of the American Institute of Homeopathy* 1922-1923; 15: 541-550.

<sup>93</sup> E. Rodney Fiske. A survey of the statistics of the homeopathic treatment of lobar pneumonia. *Journal of the American Institute of Homeopathy* 1928; 21: 886-993

<sup>94</sup> Alfred Pulford, Dayton Pulford. *Homoeopathic Leaders in Pneumonia*. (Published by the authors: Dayton, Ohio, 1928), 5.

<sup>95</sup> D. M. Foubister. Homœopathy in the treatemnt of pneumonia and acute bronchitis. *British Homœopathy Journal* 1956; 45: 65-71.

Homeopathic Treatment	Cases	Deaths	Mortality (percent)
Infantry Hospital, St. Petersburg, 1829 <sup>83</sup>	71	0	0
Rosenberg Collection, 1843 <sup>83</sup>	390	14	3.6
Dr. Bosch <sup>83</sup>	100	3	3.0
Mercy Hospital, Vienna, 1835- 1842, 1849-1854 <sup>83</sup>	954	47	1.1
Mercy Hospital, Vienna, 1843- 1848 <sup>83</sup>	88	1	1.1
Nechanitz Hospital, 1846-1848 <sup>83</sup>	19	1	5.3
Mercy Hospital, Kremsier, 1846- 1848 <sup>83</sup>	49	8	16.3
Turin Military Hospital, 1851 <sup>83</sup>	89	0	0
Bruges Dispensary, 1861 <sup>83</sup>	19	0	0
Five Points House Industry Hospital, NYC, 1861-1887 <sup>83</sup>	222	7	3.2
Military Hospital Kansas City, 1861- 1863 <sup>83</sup>	194	3	1.6
Roubaix Hospital, 1863-1864 <sup>83</sup>	49	2	4.1
Cavalry Depot Hospital, St. Louis, 1865 <sup>83</sup>	25	1	4.0

St. Rochus and Besthesda Hospitals, Budapest, 1870 <sup>83</sup>	711	63	8.9
Gyongyos Hospital, Hungary <sup>83</sup>	20	0	0
Guns Hospital, Hungary <sup>84</sup>	32	0	0
Leipzig Hospital <sup>84</sup>	34	2	5.9
Military Hospital, Vienna <sup>84</sup>	79	0	0
Munich Hospital <sup>84</sup>	5	0	0
Bond Street Dispensary, 1865-1871, NYC <sup>83</sup>	815	12	2.5
Poughkeepsie Dispensary, 1865-1867 <sup>83</sup>	15	0	0
Dr. Routh's collection, 1852 <sup>85</sup>	738	45	6.1
Gumpendorf Hospital <sup>85</sup>	1,415	48	3.4
Leopoldstadt Hospital, Vienna <sup>85</sup>	149	9	6.0
Linz Hospital <sup>85</sup>	99	1	1.0
St. Marguerite Hospital, Paris <sup>85</sup>	41	3	7.3
London Homoeopathic Hospital <sup>85</sup>	63	3	4.8
Professor Henderson, Edinburgh <sup>85</sup>	11	0	0
Dr. Watkins, London, 1898 <sup>83</sup>	14	0	0
Dr. Bodman, Bristol, 1900-1910 <sup>92</sup>	50	0	0



Dr. Hood's collection (50 physicians), 1906 <sup>85</sup>	6,605	251	3.8
Dr. Del Mas, 1914 <sup>86</sup>	30	0	0
Hahnemann Hospital, 1908-1921 <sup>86</sup>	190	14	7.4
Fiske's survey: Am. Inst Hom., 1928 <sup>87</sup>	11,526	323	2.8
Drs. A and D. Pulford, Ohio, 1928 <sup>94</sup>	242	3	1.2
Royal London Hom. Hospital, 1948-1953 <sup>95</sup>	55	1	1.8
<b>Total</b>	<b>25,208</b>	<b>865</b>	<b>3.4 (average)</b>

### Confounding Factors

It is generally agreed that hospital patients with pneumonia tend to be as a whole more advanced and difficult cases, as pointed out by Dr. Jas. Railey of New York, "A few years ago we were gathering our statistics at the Metropolitan [Homeopathic Hospital] and a friend said to me, 'This is quite a different thing from private practice in families.' Dr. [G. Harlan] Wells and some of us treat in hospitals and private cases, and it is like Dr. Jekyll and Mr. Hyde."<sup>96</sup> It could easily be argued by a stranger to this literature that the difference in outcomes could

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<sup>96</sup> Jas. Railey. Discussion. A study of the comparative value of the homeopathic treatment and other methods of treatment in lobar pneumonia. *Journal of the American Institute of Homeopathy* 1922-1923; 15: 541-550.

perhaps be explained by the fact that allopathic hospitals received more sick patients than homeopathic hospitals.

There is no evidence to this argument, and to the contrary, it is common to find in the literature allusions that allopaths would send their moribund patients to homeopathic hospitals, likely in order to transfer the blame. Also, such an argument is not really meaningful as critical cases of pneumonia respond almost just as well to homeopathy as the non-critical cases.

Dr. G. Harlan Wells, professor of clinical medicine at the Hahnemann Medical College in Philadelphia, examined the records of the Hahnemann Hospital between 1908 and 1921 for the outcomes of patients with lobar pneumonia that were treated, depending of the attending physician, either with only homeopathy or only allopathy or with a mix of allopathy and homeopathy.

He wrote, “The purpose of the following study has been to determine the comparative value of homeopathic and physiological medication in the treatment of lobar pneumonia. This is a day when theories and theorists abound in the realm of medicine. It is usually impossible to determine by the ordinary processes of reasoning which theories are true and which are false. The court of last resort for the practical physician is the bedside of the patient and laying aside all theoretical considerations, what he most desires to know is ‘What is the effect of the treatment upon those to whom it is administered?’ In the present study of 444 cases of lobar pneumonia, the writer has endeavored to approach the subject with an unbiased mind. No attempt has been made to prove or to disprove the value of either homeopathic or non-homeopathic treatment. The duty of the physician is not to practice homeopathy or allopathy but, as Hahnemann so admirably stated, *to heal the sick*. ... It is well known that the mortality rate in pneumonia varies from year to year; that it varies with the different types of pneumococci; that it varies with the age and condition of the patient, and that it is notably higher in hospital than in private practice. It is always difficult in any

comparative study to make due allowance for all of these factors and it has seemed equitable to study, without any attempt at selection, the ordinary run of cases as admitted to the wards of the Hahnemann Hospital over a period of thirteen years in the service of ten different clinicians. ... It was found in a study of the treatment employed in lobar pneumonia that some patients received no medication except the homeopathic remedy, others received the homeopathic remedy and a few doses of some physiological drug, such as codeine or strychnine, while still another group received physiological [allopathic] drugs throughout the major portion of their illness.”

The mortality varied among the ten staff doctors from 0% to 37.5%. Out of 190 patients who were treated exclusively with homeopathy, 14 died, a mortality of 7.4%. Three members of the staff had zero mortality. Out of 153 cases that were treated exclusively with allopathy there were 92 deaths, a mortality rate of 60%.

Wells concluded, “The assumption that all the cases in this series that were treated homeopathically were mild infections (Type IV) is invalidated by the severity of many of these cases, by the extended period of time covered and the varying conditions present. ... Intelligent hygienic care combined with the indicated homeopathic remedy is the most effective treatment for lobar pneumonia now known.”<sup>97</sup>

The 3.4% mortality rate in patients with pneumonia ascribed to homeopathy represents the tabulated average from all the cases and cohort series with 5 or more patients treated with different levels of expertise that has so far been found in the homeopathic literature. In no way does it represent the best results that can be obtained by genuine homeopathy.

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<sup>97</sup> G. Harlan Wells. A study of the comparative value of the homeopathic treatment and other methods of treatment in lobar pneumonia. *Journal of the American Institute of Homeopathy* 1922-1923; 15: 541-550.

In the discussion following G. Harlan Wells' paper, Dr. W. H Hanchette from Sioux City said, "The question of the treatment of pneumonia, which, as a school of medicine, we have been remarkably successful in treating. Pneumonia has been called one of the most dreaded diseases, and certainly any physician of extended practice knows that it is one of the fatal diseases. The statistics as compiled on the treatment of pneumonia, have always seemed to me exaggerated in the wrong direction. I can hardly believe that a good homeopathic physician loses anything like the per cent of cases that we see so often reported. In a long and extensive practice in general medicine, I have felt that pneumonia was a disease in which our remedies acted most magically. ... I am sure that if we know how to select the remedy in pneumonia there is no reason why such fatalities, as has sometimes been reported, should occur. I realize that in the large cities, where patients are brought in from the slums near unto death at the time they enter the hospital, the treatment can not be compared with the work of the physician in general practice."<sup>98</sup>

In 1928, Drs. Alfred and Dayton Pulford wrote in their monograph on pneumonia, "It has been stated, and we have every reason to believe truly, that fully 80 percent of all pneumonia cases would get well without any medical interference whatever, under proper nursing, so that any system or method of medical healing that cannot lower the death-rate to less than 20 percent would seem rather a menace than a blessing to pneumonia patients. After treating 242 cases of pneumonia, of *all* types and degrees of severity, some coming directly from and others having been confirmed in the diagnosis by allopaths, with but 3 deaths, a rate of but 1.4 [1.2] percent, we can hardly understand a fixed minimum death-rate of 25 percent much less a maximum rate of 95 percent, in a disease as readily amenable to the proper remedy as is pneumonia. The death rate under

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<sup>98</sup> W. H Hanchette. Discussion. A study of the comparative value of the homeopathic treatment and other methods of treatment in lobar pneumonia. *Journal of the American Institute of Homeopathy* 1922-1923; 15: 547.

the homeopathic *simillimum* should at no time exceed 5 percent, a higher rate would rather reflect on our ability.”<sup>99</sup>

In 1885, the venerable Dr. P. P. Wells of Brooklyn commented that a death rate of even 2 or 3 percent is still too high under “right” homeopathy and gives the example of Dr. Reiss, who in his practice between 1843 to 1848 in the hospital of Linz, Austria, had a 1 percent mortality rate. He continues, “We believe this because we have the proof of this in our own experience. In a practice of this system which reaches forty-three and two-thirds years, which most of the time has been very large, and of a general character as to the diseases treated, of which, no doubt, pneumonia has made an average part, I have *not lost one case*.”<sup>100</sup> Pneumonia was quite common in the days of Dr. Wells, just by the fact that many acute diseases, common to his time and place, such as influenza, diphtheria, measles, rubella, whooping cough, scarlet fever, typhus and typhoid fever, would often end up in pneumonia. If we assume that he saw at the very minimum one patient a month with pneumonia during his career, he would have had no deaths in well over 500 cases.

Wells’ success is corroborated by the present author’s experience. In over 30 years of private practice that include over 180 cases with pneumonia, some of which were treated on their deathbed, having failed under allopathy, there has not been a single death under homeopathic treatment. It is in fact hard to imagine a person dying of pneumonia under genuine homeopathic treatment, even in the worst of circumstances and for whom all hopes had been given up, whether it is infants or children in the last stage of viral pneumonia, a 99-year-old woman in a very weakened state, patients with advanced lung cancer or a comatose patient in the last stage of AIDS. However, four million people will continue to die

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<sup>99</sup> Alfred Pulford, Dayton Pulford. *Homoeopathic Leaders in Pneumonia*. (Published by the authors: Dayton, Ohio, 1928), 5.

<sup>100</sup> P. P. Wells. Addresses, etc. *Homoeopathic Physician* 1885; 5: 414.

every year of pneumonia until more efficacious treatment is sought after or is requested by the tired victims of the politics of medicine.

### **Outcomes of Pneumonia Patients Under Contemporary Conventional Care**

Pneumonia remains today a major health concern that has been increasingly getting worse in the last few decades. Let's now examine the outcome of pneumonia patients under contemporary conventional care (CCC), which benefits from advances in nursing care such as hydration, nutrition, oxygenation that would be positive confounding factors not present in the last two sets of statistics (PAA and homeopathy). On the other hand, the increasing incidence of antibiotic-resistant bacteria is a negative confounding factors and balances somewhat the equation.

Pneumonia is today divided in two main categories, namely community-acquired pneumonia (CAP) and health-care-acquired pneumonia (HCAP), and their statistics are as a rule kept separate.

Despite the advent of antibiotics, pneumonia remains today a major cause of morbidity and mortality even in developed countries. For instance, it is the leading cause of death due to infectious diseases in the United States. The 2003 Pneumonia Fact Sheet from the American Lung Association reported, "In 1996 (the latest data available), there were an estimated 4.8 million cases of pneumonia resulting in 54.6 million restricted-activity days and 31.5 million bed days."<sup>101</sup> 1.2 million Americans are hospitalized every year due to pneumonia. In 2005, pneumonia and influenza together represented a cost to the U.S. economy of \$40.2 billion.<sup>102</sup> CAP cost \$30 billion in 2002 to the European economy.<sup>103</sup>

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<sup>101</sup> Pneumonia Fact Sheet. American Lung Association. October 2003.

<sup>102</sup> Centers for Disease Control. MMWR Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2007; 56 (July): 1-54.

<sup>103</sup> T. Welte, A. Torres, D. Nathwani. Clinical and economic burden of community-acquired pneumonia among adults in Europe. *Thorax* 2012; 67 (1): 71-79.

The *age-adjusted* annual mortality rate for pneumonia/influenza has steadily been rising over the last few decades in the US. In 1979, it was 11.2 (per 100,000 persons per year), in 1998, it was 13.2, in 2011, it was 15.7, and pneumonia consistently accounts for the overwhelming majority of deaths between the two.<sup>104,105</sup>

An estimated 1.2 million children under the age of five die every year worldwide from pneumonia—more than AIDS, malaria and tuberculosis combined.<sup>106</sup> The mortality from pneumonia in children remains relatively low in developed countries, however the World Health Organization (WHO) estimates that in developing countries 1 in 3 children die from or associated with acute respiratory tract infections.<sup>107</sup>

CAP remains a major cause of mortality at 13.7 percent, while HCAP carries a higher mortality of between 50 and 70 percent. In Fine et al.'s meta-analysis, "mortality was lowest in studies of hospitalized and ambulatory patients (5.1%); intermediate in hospitalized (13.6%), elderly (17.6%), and bacteremic (19.6%) patients; and highest in nursing home (30.8%) and ICU (36.5%)."<sup>108</sup>

If pneumonia develops in patients already hospitalized for other conditions, the mortality rates are higher, and range between 50 percent to 70 percent.<sup>109,110</sup> Mortality goes up to 35% in cases of pneumonia associated with *E. coli* and *Klebsiella* species and 61% with *Pseudomonas aeruginosa*, and ranges between 5 and 9% with virus other than influenza B and adenovirus. There is also no gener-

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<sup>104</sup> Sherry L. Murphy. Deaths: Final data for 1998. *National Vital Statistics Reports* 2000; 48 (11): 25.

<sup>105</sup> Donna L. Hoyert, Jiaquan Xu. Deaths: preliminary data for 2011. *National Vital Statistics Reports* 2012; 61 (6): 28.

<sup>106</sup> Pneumonia. WHO April 2013: Fact sheet N°331.

<sup>107</sup> M. Gareene, C. Ronsmans, H. Campbell. The magnitude of mortality from acute respiratory infections in children under 5 years in developing countries. *World Health Statistics Quarterly* 1992; 45 (2-3): 180-191.

<sup>108</sup> M. J. Fine, et al. Prognosis and outcomes of patients with community-acquired pneumonia. A meta-analysis. *JAMA* 1996; 275: 134-141.

<sup>109</sup> <http://www.nym.org/healthinfo/docs/064/doc64severity.html>

<sup>110</sup> <http://www.ucdmc.ucdavis.edu/ucdhs/health/az/64pneuomnia/doc64severity.html>

ally effective treatment in conventional medicine for most types of viral pneumonia, such as severe acute respiratory syndrome (SARS), whose case fatality averages 14.5%.<sup>111</sup>

In 11,229, or one third of the patients surveyed in Fine et al.'s meta-analysis, the mortality rose to 12.8% when the associated microbes were unknown.<sup>112,113</sup>

In 2005, there were more than 60,000 deaths due to pneumonia in persons aged  $\geq 15$  years in the United States alone. The hospitalization rate for all infectious diseases increased from 1,525 hospitalizations per 100,000 persons in 1998 to 1,667 per 100,000 persons in 2005. Admission to an intensive care unit was required in 10 to 20% of patients hospitalized with pneumonia. Mortality was highest for CAP patients who were hospitalized; the 30-day mortality rate was as high as 23%. Despite the availability and widespread adherence to recommended allopathic treatment guidelines, CAP continues to present a significant burden in adults. Furthermore, given the aging population in North America and the ubiquitous increasing microbial resistance to drugs, allopathic clinicians can expect to encounter an increasing difficulty to treat an increasing number of adult patients with CAP.<sup>114</sup>

Let's now look side-by-side the outcomes of mixed populations of ambulatory and hospitalized patients with pneumonia for the three different therapeutic intervention groups, namely homeopathy, PAA, and CCC. As the morbidity and mortality are much more significant in today's HCAP, I will therefore limit the mortality comparison of CCC to only CAP. In the last available meta-analysis on the outcome of CAP, Fine et al. reported that out of 33,148 patients there were

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<sup>111</sup> WHO. Update 49: SARS case fatality ratio, incubation period. May 7, 2003. Available at: [http://www.who.int/csr/sarsarchive/2003\\_05\\_07a/en/](http://www.who.int/csr/sarsarchive/2003_05_07a/en/)

<sup>112</sup> M. J. Fine, et al. Prognosis and outcomes of patients with community-acquired pneumonia. A meta-analysis. *JAMA* 1996; 275: 134-141.

<sup>113</sup> Pneumonia Fact Sheet. American Lung Association. December 2012 (<http://www.lung.org/lung-disease/influenza/in-depth-resources/pneumonia-fact-sheet.html>).

<sup>114</sup> T. M. File, T. J. Marrie. Burden of community-acquired pneumonia in North American adults. *Postgraduate Medicine* 2010; 122: 130-41.



4,541 deaths, or mortality of 13.7%.<sup>115</sup>

Treatment	Number of patients	Number of recoveries	Survival Rate	Number of deaths	Mortality Rate
Homeopathy	25,208	24,343	96.6	865	3.4
PAA	148,345	112,272	75.7	36,073	24.3
CCC (limited to CAP)	33,148	28,607	86.3	4,541	13.7

Statistics from these outcomes show that:

- a) The odds of *surviving* CAP are 28 to 1 with homeopathy, were 3 to 1 with PAA, and are today 6 to 1 with CCC.
- b) The relative risk of *dying* from CAP was 7.1 (95% CI 6.7 to 7.6), or 7 times greater with PAA than with homeopathy ( $P < 0.0001$ ).
- c) The relative risk of dying from CAP is today 4.03 (95% CI 3.75 to 4.32), or 4 times greater with CCC than with homeopathy ( $P < 0.0001$ ).
- d) The odds ratios of surviving pneumonia with homeopathy were 9.1 (95% CI 8.48 to 9.73), as compared with PAA ( $P < 0.0001$ ), and would today be 4.5 (95% CI 4.2 to 4.9), as compared with CCC ( $P < 0.0001$ ).

### Pneumonia during the 1918-1920 Influenza Pandemic

<sup>115</sup> M. J. Fine, et al. Prognosis and outcomes of patients with community-acquired pneumonia. A meta-analysis. *JAMA* 1996; 275: 134-141.

These statistical records about the survival from pneumonia take on a very particular significance when they are considered within the perspective of recurrent influenza pandemics, which can be associated with an extremely high mortality. Today, the USCDC regroups the mortality from influenza with the one from pneumonia, as the great majority of deaths from influenza are related to pneumonia. The USCDC reported that 50,097 persons died in the USA in 2010 from pneumonia and influenza, of which only 500 or 1% were from influenza and 49,597 were from pneumonia.<sup>116</sup>

In some “highly pathogenic” influenza epidemics, the mortality rate can be very high, particularly at their onset, which is usually characterized by fulminant pneumonia.<sup>117</sup> For instance, from 2003 to 2012, nearly 600 human infections with highly pathogenic H5N1 viruses, which first appeared in Hong Kong in 1997, have been reported to the WHO, and about 60% of these people have died from their illness.<sup>118</sup>

The 1918-1920 influenza pandemic (NIP) had the highest mortality worldwide ever reported for any epidemic, and ranks as the single greatest recorded mortality event in human history.<sup>119</sup> Revised calculations of this influenza pandemic estimate that at least 40-50 million and possibly as many as 100 million persons died worldwide.<sup>120,121</sup> In only 24 weeks, between 2-5% (50 to 100 million peo-

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<sup>116</sup> [http://www.cdc.gov/nchs/data/dvs/deaths\\_2010\\_release.pdf](http://www.cdc.gov/nchs/data/dvs/deaths_2010_release.pdf)

<sup>117</sup> [http://www.who.int/mediacentre/factsheets/avian\\_influenza/en/](http://www.who.int/mediacentre/factsheets/avian_influenza/en/)

<sup>118</sup> [http://www.flu.gov/about\\_the\\_flu/h5n1/](http://www.flu.gov/about_the_flu/h5n1/)

<sup>119</sup> J. H. Walters. Influenza 1918: The contemporary perspective. *Bulletin of the New York Academy of Medicine* 1978; 54: 855-864. It is considered that up to 100 million people may have also died from the Justinian plague (6th century). (B. Lee Ligon. Plague: A Review of its History and Potential as a Biological Weapon. *Seminars in Pediatrics Infectious Diseases* 2006; 17: 161-170.

<sup>120</sup> J. S. Oxford. Influenza A pandemics of the 20th century with special reference to 1918: virology, pathology and epidemiology. *Reviews in Medical Virology* 2000; 10: 119-133.

<sup>121</sup> “The recorded statistics of influenza morbidity and mortality are likely to be a significant understatement. ... A recurring feature of the work on the pandemic in the last couple of decades has been the consistent upward revision of mortality figures. ... In almost every instance where a researcher has reexamined the pandemic with a view to determining the true level of mortality, this has led to a significant upward revision. ... Global mortality from the influenza pandemic appears to have been of the order of 50 million. However, even this vast figure may be substantially lower than the real toll, perhaps as much as 100 percent understated.” (Niall Johnson and Juergen

ple) of humanity died. More people died of influenza in a single year than in four-years of the black-death bubonic plague that swept Europe from 1347 to 1351.<sup>122</sup> As an illustration of the great mortality associated with the NIP, 1.9% of the soldiers in Camp Sherman died of the combined effects of influenza and pneumonia (CIP) per month during the fall of 1918.<sup>123</sup>

An estimated 675,000 Americans or 0.7 percent of the U.S. population (103 million<sup>124</sup>) died of influenza during this pandemic, ten times as many as in WWI. When compared to the number of Americans killed in combat in World War I, World War II, Korea, and Vietnam combined—423,000—it becomes apparent that the NIP was far more deadly than all four wars. Of the U.S. soldiers who died in Europe during WWI, half of them fell to the influenza virus rather than to the enemy. An estimated 43,000 servicemen mobilized for WWI died from influenza.<sup>125</sup>

Some countries lost significant proportions of their population from influenza during the NIP, such as 2.6% for Portugal, 2.8% for the Philippines, 3% for Indonesia, 3.7% for Japan, 4% for Guatemala, 4.5% for India (or 13.9 million people), Ghana and the Maori population of New Zealand, 5.5% for Fiji, 6% for Kenya, 24% for Western Samoa, and 45% for Cameroon.<sup>126,127,128,129</sup> Among the Inu-

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Mueller. Updating the accounts: global mortality of the 1918-1920 “Spanish” influenza pandemic. *Bulletin of the History of Medicine* 2002; 76: 105-115.)

<sup>122</sup> One third or about 23 million people died when the black death (plague) swept through Europe in the fourteen century.

<sup>123</sup> Warren T. Vaughan. *Influenza: An epidemiologic study*. American Journal of Hygiene. Monographic Series No. 1. Baltimore, 1921.

<sup>124</sup> Population Estimates Program, Population Division, U.S. Census Bureau Internet Release Date: April 11, 2000. Available at:

<http://www.census.gov/population/estimates/nation/popclockest.txt>

<sup>124</sup> Wade Hampton Frost. The epidemiology of influenza. *Public Health Reports* 1919; 34 (33): 1823-1836.

<sup>125</sup> <http://virus.stanford.edu/uda/>

<sup>126</sup> Siddharth Chandra, Goran Kuljanin, Jennifer Wray. Mortality From the Influenza Pandemic of 1918–1919: The Case of India. *Demography* 2012; 49: 857-864.

<sup>127</sup> Niall P. A. S. Johnson, Juergen Mueller. Updating the accounts: global mortality of the 1918-1920 “Spanish” influenza pandemic. *Bulletin of the History of Medicine* 2002; 76 (1): 105-115.

<sup>128</sup> Siddharth Chandra. Deaths associated with influenza pandemic of 1918–19, Japan. *Emerging Infectious Diseases* 2013; 19: 616-622.

it, the death toll was terrible, as some villages lost their entire adult population.<sup>130</sup>

Could such a high mortality rate have been prevented from both a prophylactic and a therapeutic aspects? Dr. Eldridge C. Price of Baltimore wrote in December 1919, “Efficiency is ‘the power that accomplishes a desired or designed work.’ Therapeutic efficiency, therefore, is the restoration of the patient to health by the application of some means designed for that purpose.

“Efficiency is also a matter of degree. One method may be more efficacious than another, and while several methods may be more or less effective, yet only that power which comes nearest to the full accomplishment of that designed may be regarded as approximating most closely complete efficiency. The effort to discover the method or detailed means by which more lives were saved in the epidemic influenza of last year, than by any other method or means, should be welcomed by all schools of medicine no less than by the public at large; simply because such research will put it into the power of the general medical profession to reduce the mortality of future similar epidemics to the lowest possible percentage. Should the results of such an investigation contradict our preconceived theories and practices we should not resent such discovery, but welcome the improved resources placed at our command.”<sup>131</sup>

What Dr. Price suggested is not an easy and simple task, namely reviewing the comparative results obtained by homeopathy and allopathy during the NIP, first, because such compilation has never been done and the documentation on this subject is quite voluminous, and would require much work; second, homeopaths

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<sup>129</sup> Christopher J. L. Murray, et al. Estimation of potential global pandemic influenza mortality on the basis of vital registry data from the 1918–20 pandemic: a quantitative analysis. *Lancet* 2006; 368 (9554): 2211–2218.

<sup>130</sup> Warren T. Vaughan. *Influenza: An epidemiologic study*. American Journal of Hygiene. Monographic Series No. 1. Baltimore, 1921.

<sup>131</sup> Eldridge C. Price. Therapeutic efficiency in the treatment of epidemic influenza. *Hahnemannian Monthly* 1919; 54: 721–739.

published their results obtained through a number of surveys conducted among members of different homeopathic associations, while no similar surveys can be found in the allopathic literature. However, many outcome results have been published by public health services and the armed forces that could be used for outcome comparison.

Physicians like other scientists have been reporting their observations, successes and failures for centuries, particularly in times of epidemics. Homeopaths reported all around better results and felt a greater responsibility to publish them, as it would normally be expected, and as Dr. John Hutchinson of New York correctly pointed out in 1920, “The fact is established that homeopathic remedies cure pneumonia, each and every one when clearly indicated. And that is why the mortality rate in our school is so low—lower, much lower than any other statistics. Witness the extraordinary success of homeopathy in epidemic influenza, *the only success that has made a record*.”<sup>132</sup> Homeopaths have thus made some efforts to assemble and publish their records following the NIP.

Dr. Lewis P. Crutcher of Long Beach, California pointed out in July 1919 in an editorial that it was in fact a great social responsibility for homeopaths to publicize their results, “The uniformity of results obtained from homeopathic practice in all parts of the country leaves nothing to be desired, for in practically all of the experiences of practitioners of the homeopathic school the mortality was almost nil, while the sequelae were inconsiderable. But what doth it profit a school of medicine if it cures all of its patrons and do not make it known to those who likewise would prefer to be cured, if they but knew? Publish and preach these facts, broadcast and do not be ashamed or afraid, and homeopathy will live again.”<sup>133</sup>

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<sup>132</sup> John Hutchinson. Prescription factors. Discussion: Influenza: a favorable mortality and publicity. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 807-813.

<sup>133</sup> Lewis P. Crutcher. Now is the time. *Pacific Coast Journal of Homoeopathy* 1919; 30: 274- 275.

Aside from having less desirable results, there were other reasons that could explain the paucity of outcome reports from allopathic physicians. First, as influenza was then not a reportable disease in most localities, it became incumbent on physicians to keep good records. Second, most physicians were too busy to keep good records. As an illustration of this point, Dr. W. F. Edmunson of Pittsburgh, who followed his private patients as well as hospitalized patients during the NIP, reported, “I do not know the number of cases I treated. I would start out at eight thirty or nine, work until dinnertime, get dinner, tend the office until ten and then go out and work until one. It was a continuous strain which lasted all season, running far into the spring.”<sup>134</sup> Dr. Eli G. Jones of Buffalo reported there were so many cases to treat that he “could hardly find time to eat his meals.”<sup>135</sup> Dr. John C. Calhoun of Pittsburgh wrote, “When calls were accumulating at such a rate that there were not hours enough in the day to make them, something had to be done to get a short route to prescribing. For a time I was seeing from 75 to 100 persons a day. We had a scarcity of doctors due to war conditions and sickness of those at home.”<sup>136</sup>

Dr. Crawford Green, a pediatrician from Troy, N.Y., reported that, despite the heavy work over several months, the results remained consistent, “Unfortunately, I am unable to present accurate statistics from my own practice. I do not know how many hundreds of cases of influenza passed through my hands. Like many of my colleagues I never had time to count my cases. From September 20, 1918, to May 12, 1919, there was not a single day that I did not have influenza under my care. I have had as many as 17 cases of influenza pneumonia at one time, but I do not know how many I treated altogether. In fact, I have not even separated my cases among children from my cases among adults. But among them all, there were two deaths in children. One, at eight months, was under-

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<sup>134</sup> W. F. Edmunson. Discussion: Influenza: a favorable mortality and publicity. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 598.

<sup>135</sup> Eli G. Jones. Some interesting facts. *Homoeopathic Recorder* 1919; 34: 11-15.

<sup>136</sup> John C. Calhoun. A “flu” experience. *Hahnemannian Monthly* 1919; 54: 738-739.

nourished and had been a bad feeding case. It survived six days. The other, at twenty-two months, died after a very brief pneumonia. I saw this child only twice. The surroundings were bad and the child had no nursing care.”<sup>137</sup>

Dr. E. E. Vaughan of Chicago painted a similar scenario, “Heavy general work for four weeks. One day, forty-two homes visited, and sometimes six in a family. Epidemic characterized by sudden rise of fever and very high temperature with general aching; serious infections showing marked tendency to pleuro-pneumonia. Four deaths from sequelae to influenza. All were young men; all had taken aspirin freely; two were heavy drinkers. A fifth fatality observed was a man with ‘an earache,’—at the specialist’s office in the afternoon, became unconscious during the night, developed meningitis in the morning, pulmonary complication during the day, and died in the evening. ... In Union Hospital of thirty nurses, ten were stricken at the same time, but there was no death either in the nursing or the medical staff.”<sup>138</sup>

Similarly, Dr. O. N. Hoyt, a homeopathic physician from Pierre, South Dakota, wrote, “During this siege of influenza, when we have all been worked to death out here, I have handled over two hundred and fifty cases with no deaths.”<sup>139</sup>

Dr. Dudley A. William of Providence, who had tried to compile outcome statistics of homeopathy for all the New England States, explains the frustration of gathering reliable epidemiological records for the NIP, “I did in a way try to collect statistics regarding our results in the treatment of influenza and its complications but my replies were so indefinite that I gave it up mainly because they lacked accuracy. When replies came in saying, ‘I treated about so many cases with so many deaths,’ no mention made of the exact number of cases or of the frequency of pneumonia in this number, I grew to believe that to offer any defi-

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<sup>137</sup> Crawford R. Green. The treatment of Influenza in children. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 1102-1112.

<sup>138</sup> E. E. Vaughan. Clinical comment of influenza. *Journal of the American Institute of Homeopathy* 1918-1919; 11: 682-684.

<sup>139</sup> O. N. Hoyt. Letter to the Editor. *Clinique* 1919; 40: 127.

nite number of cases with a definite death rate, a definite number of complications with their death rate was impossible if any semblance of accuracy was desired. That our death rate was decidedly low in both the disease and its complications, I know to be true but to be able to quote definite statistics for the purpose of comparison with other methods of treatment I do not think practical with the returns I was able to get.”<sup>140</sup>

He was right as some of the requisites for epidemiological studies, namely, clear differential diagnoses, systematic records of occurrence and all concomitant circumstances and factors, are lacking for the entire NIP throughout the world.

However, in the absence of absolutely precise records, Dr. W. H. Frost, who compiled statistics of the NIP for the United States Public Health Service (USPHS), pointed out that “statistics of mortality from the group comprising influenza and all forms of pneumonia afford, perhaps, the nearest approximation to a record of influenza.”<sup>141</sup>

It is widely recognized that the great majority of people who died from influenza during the NIP had pneumonia. A 1919 USPHS bulletin reported, “The death rate was by no means parallel to the influenza attack rate, but was correlated closely with the pneumonia rate. In other words, the case fatality of pneumonia tended to be fairly constant, around 30 percent.”<sup>142</sup>

Dr. Walter Sands Mills, professor of the New York Homoeopathic Medical College, confirmed these numbers from autopsies conducted among the victims of the NIP in an army camp, “When the influenza came in the fall of 1918 I was an officer of the Medical Corps of the Army, stationed at the Base Hospital in Camp Meade, Maryland. All the patients were soldiers, picked men who were physically

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<sup>140</sup> Dudley A. Williams. Influenza peculiarities in New England. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 585-587.

<sup>141</sup> Wade Hampton Frost. The epidemiology of influenza. *Public Health Reports* 1919; 34 (33): 1823-1836.

<sup>142</sup> Wade Hampton Frost. The epidemiology of influenza. *Public Health Reports* 1919; 34 (33): 1823-1836.



in the full powers of early manhood. Camp Meade was one of the great army training camps. During the influenza epidemic the average daily census was 43,500 men. Of that number 11,400 had influenza, and about 3,000 of these developed pneumonia. Of the pneumonia cases approximately 800 died. Every case that died had been diagnosed pneumonia beforehand, and of the many that came to autopsy that diagnosis was confirmed. Just one man of the 800 who died, died unexpectedly and abruptly. Autopsy showed an old heart lesion. In every other case death was expected for from 24 to 48 hours before hand. ... The Camp Meade death rate from uncomplicated influenza was nil. Someone writing in the *Medical Record* in 1919 said that there was no authentic autopsy report the country over of a death from uncomplicated influenza. There probably was none. The influenza-pneumonia death rate was 27 percent at Camp Meade, and that corresponds very closely to the average pneumonia death rate at any time in the big hospitals throughout the United States.”<sup>143</sup>

Dr. Victor Vaughan, dean of the “regular” department the University of Michigan School of Medicine and director of the Surgeon General’s Office of Communicable Diseases, was charged with Dr. William Henry Welch (as “the two best epidemiologists”) by the Surgeon General to investigate the mortality and morbidity of the NIP. In 1921, Dr. Vaughan’s son, Warren Taylor Vaughan, published the most detailed statistics on all influenza epidemics and confirmed that pneumonia was by far the main cause of mortality for both the civilian and military populations during the NIP. He wrote, “The cause of death in the vast majority of cases is some form of pneumonia. In fact it has been questioned whether influenza uncomplicated can cause a fatal issue. Post-influenzal meningitis has been the cause of death in an appreciable number of cases. More remotely the disease has caused many deaths by hastening the fatal outcome of what were otherwise subacute or chronic conditions of the respiratory, cardiovascular, or renal sys-

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<sup>143</sup> Walter Sands Mills. Lagrippe or influenza. *Journal of the American Institute of Homeopathy* 1921-1922; 14: 793-794.

tems.”

He further wrote, "The pandemic of influenza in 1918 seems to have been more closely associated with the pneumonias than appears in any previous pandemic. From the reports as sent to the Surgeon General's Office, it appears that uncomplicated influenza was not by any means a fatal disease and that the high death rate was due to the pneumonias which followed. Pneumonia is a serious disease at all times. Recent records for the United States Army show that the case mortality rate for this disease has been as follows during the different periods of the last two years:"<sup>144</sup>

	Case mortality of pneumonia
The year 1917	11.2
Six winter months, 1917-1918	23.1
Five summer months, 1918	18.8
Four autumn months, 1918 (Influenza period)	34.4

I have not so far found any reliable large-scale *case fatality* rates from civilian populations in which the allopathic and homeopathic outcomes have been separated, as about 10% of American physicians were homeopaths during the NIP and their respective results would be mixed together in any civilian population outcomes.

On the other hand, armed forces tabulated quite detailed records, and, as enlisted homeopathic physicians and surgeons with few exceptions didn't have access

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<sup>144</sup> Warren T. Vaughan. *Influenza: An epidemiologic study*. American Journal of Hygiene. Monographic Series No. 1. Baltimore, 1921.

to their remedies for treatment, we can assume that the outcomes of U.S. armed forces are close to 99% related to allopathic practice. Indeed, despite the fact that 1,862 homeopathic physicians and surgeons were commissioned by the U.S. armed forces, they were not provided with their remedies, and, as a rule, had to follow the medical protocols already established in their treatment manual of the forces.<sup>145</sup>

Dr. Lewis P. Crutcher of Long Beach, California wrote on this point, “The new schools of practice, including the homeopathic, were given to understand, by the medical powers that be in the military army of our government, that none of their un-orthodox ‘nonsense’ would be tolerated, even though soldiers and sailors by the thousands preferred heterodox treatment, and those professional patriots of the new schools of practice who went into active service, were compelled to subscribe to and put into practice the methods outlined by the ‘majority party.’ ”<sup>146</sup>

However, a very small minority of homeopaths found ways to treat their patients homeopathically and were thus able to report their results.

It is important to also note that the US army kept very precise reports from individual camps, such as this one from Camp Bowie in central Texas, “There were received at the detention camp during the course of the epidemic 4,108 drafted white men and 2,360 drafted colored men. Among white men, 252 per thousand men who were exposed developed the infection, 114 per thousand developed pneumonia. Not every case pneumonia patient gave a history of an antecedent influenza infection. Among the 795 cases of pneumonia, a history of influenza within the preceding month was obtained in 728. No deaths were attributable to

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<sup>145</sup> Also over 600 homeopathic medical students joined the Student Army Training Corps in the various universities and independent medical colleges in which homeopathy was taught, and over 1,500 homeopathic nurses served in the war.

<sup>146</sup> Lewis P. Crutcher. Now is the time. *Pacific Coast Journal of Homoeopathy* 1919; 30: 275.

uncomplicated influenza. The total deaths in the 833 cases of pneumonia, numbered 156, a mortality of 18.7 per cent.”<sup>147</sup>

Of all the many available statistical reports from the numerous camps and troops of the US army stationed in different countries or on ships during different waves<sup>148</sup> of the NIP, we will look at the two largest ones.

The first one comes from the Surgeon General’s Office for the troops stationed in the US during the autumn of 1918. It has been estimated that during the 1918 autumn wave of the epidemic “one out of every four men had influenza” in the United States Army Camps, and “one out of every twenty-four men encamped in this country had pneumonia. ... During the four autumn months of 1918, 338,343 cases of influenza were reported to the Surgeon General’s Office; there were 61,691 cases of pneumonia. ... During the same period 22,186 men were reported to have died from the combined effects of influenza and pneumonia [a 6.6% mortality rate for the CIP]. This means that among the troops in this country one out of every sixty-seven died [from CIP].”<sup>149</sup>

The second large statistical report regards the *entire* US armed forces for the autumn of 1918, “In the United States Army there was a total of 688,869 admissions for influenza. The total deaths ascribed to the disease are 39,731 [from CIP].”<sup>150</sup>

	Number	Number	Number of	% of	Number	% of
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<sup>147</sup> J. C. Greenway, C. Boettiger, H. S. Colwell. Pneumonia and some of its complications at Camp Bowie. *Archives of Internal Medicine* 1919; 24: 1-34.

<sup>148</sup> There were essentially four waves during the NIP, spring/summer of 1918, fall of 1918, winter/spring of 1919 and winter/spring of 1920. The second wave, in the fall of 1918, was the most severe wave. The third wave, in the winter of 1919, was the second most deadly wave.

<sup>149</sup> Warren T. Vaughan. Influenza: An epidemiologic study. *American Journal of Hygiene*. Monographic Series No. 1. Baltimore, 1921.

<sup>150</sup> Warren T. Vaughan. *Influenza: An epidemiologic study*. *American Journal of Hygiene*. Monographic Series No. 1. Baltimore, 1921.

	of cases with in- fluenza	of cases of CIP	cases with pneumonia	pneumonia cases	of deaths from CIP	deaths from CIP
US Army Camps, Fall of 1918	338,343		61,691	18.2	22,186	6.6
Entire US army, Fall of 1918	688,869				39,731	5.8

These numbers are similar to the ones of other armed forces stationed overseas. For instance, for the American Expeditionary Forces, the case fatality from CIP in the period between July 1, 1917 and April 30, 1919 was 6.06% out 220,971 cases; for the British Expeditionary Forces, the case fatality from CIP was 6.75% out of 113,801 cases between September 28, 1918 and April 19, 1919, and in the French army in the “Zone of the Army” between September 20, 1918 and April 30, 1919 it was 7.21% out of 145,992 cases.<sup>151</sup>

Prior to the major wave of influenza in October 1918, Dr. S. Anson Hill of San Francisco predicted the outcome that should ensue from homeopathy, as it is a principle instead of an empirical based treatment, “Without having yet seen a case of the present epidemic we predict that careful selection of drugs according to the homeopathic principle will shorten the duration of an attack, permitting an early crisis or rapid defervescence by lysis, will decrease the frequency of

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<sup>151</sup> Edwin O Jordan. *Epidemic Influenza. A Survey*. Chicago: American Medical Association, 1927.

complications, and will show the lowest mortality of any form of treatment.”<sup>152</sup>

Dr. Ralph Mellon, doctor of public health and of medicine, and editor of the *New England Medical Gazette*, wrote in December 1918, immediately after the most deadly wave of NIP of the opportunity to collect large numbers of cases in order to compare therapeutic outcomes, “In this city (Rochester, N.Y.), the impression prevails in some quarters that patients on the whole have fared better under homeopathic than under ‘regular’ treatment. Three men claim that of three hundred and seventy-five odd cases under their care, no deaths have resulted, and a very low percentage of pneumonias occurred. It may be argued that we do not know how many of these cases were true influenza and how many just common colds, but it is fair to assume that in the midst of a raging epidemic a generous percentage of them conformed to the clinical entity known as influenza. One leading allopathic physician reported a mortality of 25-40 per cent of his cases, under 40 drop doses of the tincture of digitalis every four hours. We may conjecture, if we do not know, that such dosage is the result either of ignorance or a hysterical state of mind resulting from a consciousness of therapeutic impotence. These instances are not related for the purpose of drawing conclusions nor for the purpose of holding a brief at this time for the superiority of any form of therapy, be it vaccines, convalescents' serums, or drugs; but the opportunity is presented for those treating large numbers of cases to report their findings, if records were kept. Such a widespread epidemic will make such reports of much greater value than those of a few cases covering several seasons. It is only from thousands of cases that we can finally arrive at some estimate of the worth of the various therapeutic agents employed. It is to be earnestly hoped that the reports will contain the data necessary for their scientific employment, inasmuch as so many case reports must be regarded only as anecdotes.”<sup>153</sup>

Homeopaths used this opportunity by making certain efforts in assembling large

<sup>152</sup> S. Anson Hill. “Spanish flu.” *Pacific Coast Journal of Homoeopathy* 1918; 29: 505-509.

<sup>153</sup> Ralph R. Mellon. The influenza epidemic. *New England Medical Gazette* 1918; 53: 562-564.

numbers of therapeutic outcomes. After the second and third waves of the NIP, which occurred in the fall of 1918 and winter of 1919 and were the more severe ones, American homeopathic physicians conducted several surveys among their members to obtain statistical outcomes of treatment. Dr. William Pearson, dean of the Hahnemann Medical College in Philadelphia, reported in a survey made among the members of the American Institute of Homeopathy (AIH), that 88 physicians reported having treated 26,795 patients with a loss of 273 cases, a mortality of 1.02%. 24 of these 88 physicians reported no deaths in 3,519 cases. Dr. Pearson wrote, "The object of this contribution is to present reliable data in regard to the actual mortality of the epidemic when patients were treated by homeopathic physicians. ... The original reports are on file for inspection of all interested. I am only sorry that a larger number of physicians did not report their results, but physicians are very poor correspondents. It is evident that the above data are fairly representative of the results obtained by all homeopathic physicians, and it only remains to compare the results with the colossal epidemic influenza mortality (average mortality about 30% [for the pneumonia cases]) to realize how very much better chance a patient had when treated by a homeopathic physician. Since the mortality as reported all over the country includes the much lower mortality had by homeopathic physicians, the comparison with official records becomes still more favorable for homeopathic physicians. All reports received have been tabulated and no attempt made to report only the more favorable results."<sup>154</sup>

In the discussion that followed the presentation of this paper before the 1919 annual meeting of the AIH, many doctors who had not yet reported by writing began reporting verbally some of their experience and statistics. One after the other, physicians reported among other things the number of cases treated and deaths. Dr. Pearson, who was chairing the Bureau, eventually put an end to the

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<sup>154</sup> William A. Pearson. Epidemic influenza treated by homeopathic physicians. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 11-13.

discussion by saying, “We might go on for an indefinite length of time. We have shown clearly that the mortality rate of influenza patients treated by homeopathic physicians is possibly one-third less than when they were treated by physicians of the other school. If we had an open-minded jury, we would have no difficulty in convincing it of the value of our methods.”<sup>155</sup> This one-third lower mortality estimated by Pearson is either a very charitable estimate, or a stenographer’s mistake, as we can now see.

Dr. Ernest F. Sappington reported that during a symposium on influenza held in November 1918 fifteen physicians of the Homoeopathic Medical Society of the District of Columbia reported having had 15 deaths among 1,500 patients, a mortality of 1 percent despite the difficult working conditions. He said, “This bears out Dr. Pearson’s average as the average of homeopathic physicians all over the country. Recoveries in the Homeopathic Hospital in Washington were 100 per cent. The physicians in the District of Columbia had an unusually hard time. Those who were not familiar with conditions in Washington during war times could hardly appreciate our housing conditions. One doctor found thirteen war workers sleeping in an attic room. This room had only two small windows. Seven of those girls came down with influenza. It was impossible to get nurses, so the other six volunteered to nurse the sick. I escaped without any mortality in that attack. The experience could be multiplied many times in the District of Columbia.”<sup>156</sup>

In another survey, Dr. Herbert Roberts of Derby reported that thirty physicians in Connecticut had lost 55 out of 6,602 patients treated, a mortality of 0.83

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<sup>155</sup> William A. Pearson. Discussion: Influenza: a favorable mortality and publicity. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 599.

<sup>156</sup> Ernest F. Sappington. Discussion: Influenza: a favorable mortality and publicity. *Journal of the American Institute of Homeopathy* 1919-20; 12: 588.



percent. He said, “There were 21 cases of meningeal form of influenza, and 496 cases of pneumonia.”<sup>157</sup>

Professor Guy Beckley Stearns of the New York Homoeopathic Medical College reviewed reports of 16,913 cases treated by the members of the International Hahnemannian Association (IHA)<sup>158</sup> with 67 deaths, a mortality of 0.4 percent.<sup>159,160</sup> These last numbers must be fairly representative of the results obtained by genuine homeopathy, as they received 79 responses out of about 130 active American members of the IHA. Dr. Stearns reported that it was notably difficult to obtain replies from many physicians, especially in such busy times, and the tallying sent in probably represents the usual average outcome of the members of the IHA. In fact, subsequent conversations held by Dr. Stearns with many who had not answered showed about the same mortality average as given in the compilation.<sup>161</sup>

Professor Willis A. Dewey of the University of Michigan reported in a survey of 30 homeopathic physicians a loss of 17 among 9,250 patients, a mortality of 0.18 percent.<sup>162</sup>

Dr. L. A. Royal reported the results of a survey conducted among the Central Iowa Homeopathic Association, “In all we asked twenty-eight physicians, with the flattering results that we heard from eighteen with a report of five thousand thirty two cases, (5,032) enough surely to be of some importance in making a report. ... Only one hundred and thirty-seven cases developed pneumonia. ... However we should be proud of the small percentage that developed pneumonia

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<sup>157</sup> H. A. Roberts. Discussion: Influenza: a favorable mortality and publicity. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 591.

<sup>158</sup> Members of the IHA were known to practice genuine homeopathy.

<sup>159</sup> Guy Beckley Stearns. *Treatment of influenza*. New York: New York Homœopathic College, 1919, 3.

<sup>160</sup> D. C. MacLaren. President’s address. *Proceedings of the International Hahnemannian Association* 1919: 16.

<sup>161</sup> Donald Macfarlan. Materia medica meeting. *Homoeopathic Recorder* 1920; 35; 262-265.

<sup>162</sup> W. A. Dewey. Homeopathy in influenza—A chorus of fifty in harmony. *Journal of the American Institute of Homeopathy* 1920-21; 13: 1038-1043.

less than 3 percent against an estimated 30 per cent of the old-school. The majority of these cases were reported as coming on the fifth or sixth day. With about the following history: the attack of influenza would be practically well in three days the patient then against orders would over expose themselves with a result that on the fifth or sixth day they would develop this so called pneumonia, and you would immediately have a very sick individual on your hands. ... In all five thousand thirty two cases were reported quite a few were able to send in reports with no deaths at all (I am sorry that I am not among that number) but I am more than proud to give the others the wonderful results, for in all there were only eighteen deaths reported [a mortality rate of 0.36%]. I challenge any other school of medicine to show as good percentage in as many cases.”<sup>163</sup>

We can find throughout the homeopathic literature many individual reports of outcomes without any indication as to whether they have been included in one of the above surveys. As an example, Dr. W. B. Stewart of Indianapolis wrote in May 1919, “Homeopathic treatment surely in this epidemic kept the mortality to a minimum. I treated about six hundred cases of what was erroneously named Spanish flu. I say erroneously because the Spanish people never had studied this disease, they never named it, nor did it originate in Spain. All the cases I treated are alive with one exception, and that case died of simple metastatic meningitis. I had seven cases of pneumonia as a complication, and they all recovered.”<sup>164</sup>

The compilation of these five different surveys conducted among American homeopathic physicians shows that there were 445 deaths among 66,092 cases (a mortality of 0.7 percent) from a mixed population of private and hospitalized of both civilian and non-civilian patients who had been treated homeopathically during the fall-winter of 1918-1919.

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<sup>163</sup> L. A. Royal. Influenza and its results under homeopathic care in Central Iowa. *Iowa Homeopathic Journal* 1919-1920; 13: 194-198.

<sup>164</sup> W. B. Stewart. Duffels. *Homoeopathic Recorder* 1919; 34: 297-307.

Let's now compare side by side the results reported in these five surveys by homeopathic physicians with the ones of the large statistical reports for the US armed forces, namely the one with the lowest mortality rate (5.8%), which represents the case mortality rate from CIP for the entire US armed forces during the fall of 1918.

Treatment	Number of Patients	Number of Recoveries	Survival Rate in %	Number of Deaths	Case Mortality Rate in %
Homeopathy  Fall and Winter 1918-1919	66,092	65,677	99.3	445	0.7
Entire US Army, Fall of 1918	688,869	649,138	94.2	39,731	5.8

Statistics from these outcomes show that at the very least:

- a) The odds of surviving CIP were 148 to 1 with homeopathy versus 16 to 1 with PAA.
- b) The relative risk of dying of CIP was 8.3 (95% CI 7.6 to 9.1) or 8 times greater with PAA than with homeopathy ( $P < 0.0001$ ).
- c) The odds ratios of surviving CIP with homeopathy were 9.0 (95% CI 8.2 to 9.9) as compared to PAA ( $P < 0.0001$ ).

### The Prophylactic Role of Homeopathic Intervention

The importance of the role of homeopathy during epidemics must also be viewed within the perspective of its omnipresent prophylactic role that it plays through three different ways. The first way of the prophylactic power of homeopathy during epidemics relates to the fact that homeopathic remedies can be given to large segments of populations as protective agents prior or in the midst of an epidemic. For instance, in 1974-75, there was a major epidemic of meningococcal meningitis that devastated Brazil. Around 250,000 became ill, more than 11,000 died and over 75,000 people were left with permanent brain damage. Many victims fell desperately ill in minutes with a stiff neck and fever leading to hemorrhages, coma and death within a day.

Such a paroxysmal epidemic of *Neisseria meningitidis* is uncommon, but because this microorganism spread easily in overcrowded living conditions, it claimed a lot of victims once it had begun. Without antibiotics the mortality rate sometimes exceeds 80 percent in children. Much like the polio virus, *Neisseria meningitidis* produces far more “silent” carriers than symptomatic infections. This is a factor that helps fuel hysteria in populations already shaken by the precipitous, seemingly random appearances of gruesome cases.

During this epidemic in Guaratingueta, a city with a population of 78,000 in the state of Sao Paulo, 18,000 children received one drop of *Meningococcinum A* and *C* 10 Centesimal, but only once during the entire length of the epidemic. Within the first three months 5 of these 18,000 children fell sick with meningitis. Given that one child fell sick two days after receiving homeoprophylaxis (suggesting that he was already infected) only four cases actually proved a failure, or 0.021 percent compared to 10 cases in a control group of 6,364, a morbidity rate of 0.15 percent or seven times greater incidence (odds ratio) in the ones who didn't receive homeoprophylaxis with a  $P= 0.0009$ . This highly significant fact means that in a population of 100,000 people, the morbidity rate

would have fallen from 150 to 21 cases, despite the fact that the posology employed was totally inadequate in such an epidemic.<sup>165</sup>

Homeoprophylaxis is free of side effects compared to conventional vaccination with its introduction directly into the blood stream of microbial toxins and other known and unknown biological and non-biological contaminants such as mercury, aluminum or other very toxic preservatives and agents. The short and long-term consequences of such assaults particularly in immunocompromised persons or in infants with immature immune systems have been poorly studied. While few scientists seem to be interested in investigating such the side-effects of vaccination, they are significant with up to 3 percent of 2 to 6 month old infants developing moderate to severe local reactions, and up to 37 percent developing a fever following the conventional method of vaccination with the meningococcal group C vaccine.<sup>166</sup>

A second example of homeoprophylaxis on large segments of population has been reported in India where epidemics of Japanese encephalitis have been recurrent since 1970. From 1987 to 1989 there were 5,172 deaths among 16,871 cases of Japanese encephalitis, a mortality rate of 30 percent. In 1991, a single dose of Belladonna 200 C (the genius epidemicus) was given as a prophylaxis to 322,812 persons in 96 villages in four districts of India. Follow-ups with 39,250 persons were conducted and it was found that none reported any signs or symptoms of Japanese encephalitis. The research team also treated homeopathically 223 patients with encephalitis in remote areas who had not received any treatment, as well as 14 other patients who had been discharged from hospitals and were suffering from sequellae of encephalitis, such as convulsions (7 cases), unconsciousness (6 cases) and opisthotonos (3 cases). All the

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<sup>165</sup> David Castro, Jorge W. Galvao Nogueira. Profilaxis de la meningitis con meningococcinum. *Homeopathia* 1974; 41 (5): 6-11.

<sup>166</sup> M. B. Rennels et al. Safety and immunogenicity of four doses of *Neisseria meningitidis* group C vaccine conjugated to CRM197 in United States infants. *Pediatric Infectious Disease Journal* 2001; 20 (2): 153-9.

223 patients received symptomatic relief and improvement was seen in varying degrees in almost all the symptoms in the second group of 14 patients. Four out of these 14 experienced complete recoveries.<sup>167</sup>

A third example of homeoprophylaxis on large segments of the population was conducted in Cuba in 2007 during an epidemic of Leptospirosis, which is a zoonotic disease of major importance in the tropics where the incidence peaks in rainy seasons. Natural disasters represent a big challenge to Leptospirosis prevention strategies especially in endemic regions. The symptoms caused by Leptospirosis infection are extremely variable and potentially dangerous, they include meningitis, pneumonitis, hepatitis, nephritis, mastitis, myocarditis, hemorrhagic crisis and multi-organ failure, with a reported mortality varying between 4 and 50%.

In the midst of an epidemic occurring in 2007, homeoprophylaxis was administered orally to 88% of 2.4 million persons living in three high-risk provinces of Cuba.

Homeoprophylaxis was initiated in week 45 of 2007 with two oral doses of Nosolep 200 C with an interval between doses of 7-9 days was administered to 2.1 million persons (88% of the population).

Ten to twelve months later, the schedule was completed by the administration of another two oral doses (7-9 days apart) of Nosolep 10 M to 2.3 million persons (96% of the population).

There was a significant decrease (84%) of the disease incidence in the intervention provinces, while incidence rose in the non-intervention regions by 22%—despite significantly higher risk of disease in the intervention regions.

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<sup>167</sup> D. P. Rastogi and V. D. Sharma. Study of homoeopathic drugs in encephalitis epidemic (1991) in Uttar Pradesh (India). *Central Council for Research Quarterly Bulletin* 1992; 14: 1-11.

The cost of homeoprophylaxis was about 2% of the one for the conventional vaccine even though that the world's only commercially available vaccine against Leptospirosis is manufactured in Cuba.<sup>168</sup>

During the NIP, homeopathic physicians applied homeoprophylaxis, as they have commonly done in all epidemical diseases since Hahnemann. Many reports on homeoprophylaxis during the NIP can be found in the homeopathic literature. For instance, Dr. W. A. Pearson, dean of the Hahnemann Medical College in Philadelphia, wrote, "Just previous to the epidemic of influenza the Hahnemann Unit of the Students Army Training Corps was organized. Dr. G. Harlan Wells was chief Medical Officer and was directly responsible for the health of our students. Gelsemium 3 decimal was given to every student four times a day as a prophylactic and not a single serious case of influenza developed, and, of course, no deaths, while the Spring Garden Institute Unit, which was housed in the same armory with the Hahnemann Unit, had seven deaths directly attributable to influenza. This is even more remarkable since our senior and junior students were released for one week to do emergency work with influenza patients, and many of them worked day and night during this period. During the epidemic when all the nurses in the Hahnemann Hospital were working day and night without any consideration for their own health, a total of fifty-seven of them at different times had to finally go to bed, and a large proportion of these had influenza, but not a single one of them developed pneumonia. It is perfectly proper to state that these nurses were under the care of Dr. William R. Williams. How would it be possible to convince any one of the merits of homeopathy if he failed to believe that homeopathic physicians had a much lower mortality than the average? Homeopathy requires no apology. Its practical value is its greatest asset."<sup>169</sup>

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<sup>168</sup> Gustavo Bracho, et al. Large-scale application of highly-diluted bacteria for Leptospirosis epidemic control. *Homeopathy* 2010; 99: 156-166.

<sup>169</sup> William A. Pearson. Epidemic influenza treated by homeopathic physicians. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 11-13.

The second way of homeoprophylaxis relates to the prevention of the development of the complications and the later stages of an epidemical disease as soon as homeopathic treatment is initiated. When genuine homeopathic treatment is administered to persons experiencing the first symptoms of an epidemical infection the progression of the infection is soon mitigated, and it would therefore be very unlikely for such persons to develop the more advanced stages of morbidity and complications, the ones leading to death. Professor A. H. Grimmer of the Hering Medical College in Chicago, who was known to be a Hahnemannian, pointed out while in the midst of the NIP, "It is a rare thing for a pneumonia to develop if a good homeopathic physician is called during the first twenty-four hours of an attack of influenza."<sup>170</sup>

Dr. John McBride of Zanesville, Ohio remarked, "During the epidemic of 1918, when in my city the death rate was very high, it was the other fellow who kept the undertakers busy, so that they said our profession did not have cases of pneumonia. I do think our treatment prevented the development of pneumonia."<sup>171</sup>

A good example of this aspect of homeoprophylaxis is found in the survey mentioned earlier that was conducted in Central Iowa among homeopathic physicians, in which Dr. L. A. Royal reported that, out of 5,032 cases of influenza, only 137 developed pneumonia, which is 3% instead of the 30% reported under allopathic care.<sup>172</sup> This 27% difference could also be related to other factors, such as the promotion of pneumonia and other complications of influenza from the use of the allopathic interventions used during the NIP.

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<sup>170</sup> A. H. Grimmer. Remedies frequently indicated in the recent epidemics of Spanish influenza and pneumonia. *Clinique* 1919; 40: 11-16.

<sup>171</sup> John McBride. Discussion. A study of the comparative value of the homeopathic treatment and other methods of treatment in lobar pneumonia. *Journal of the American Institute of Homeopathy* 1922-1923; 15: 541-550.

<sup>172</sup> L. A. Royal. Influenza and its results under homeopathic care in Central Iowa. *Iowa Homeopathic Journal* 1919-1920; 13: 194-198.



The third way that homeoprophylaxis takes effect is through the heightened resistance to the causes of diseases in people who have already been under homeopathic care for some years prior to an epidemic. Dr. R. F. Rabe pointed out this aspect of homeoprophylaxis in his September 1919 editorial of the *Homoeopathic Recorder*, “It is an undoubted fact that patients accustomed to good homeopathic prescribing, have been more resistant to the infection of influenza, or for that matter, to the infection of any other disease. When such patients do become ill the illness is likely to be less severe and more quickly and easily overcome. For this reason homeopathic physicians are often charged with having the easy cases, when in reality they prevent them from becoming difficult. This is at the same time an advantage, as well as a disadvantage of homeopathy, for to the uninitiated it appears so ridiculously simple that to their minds there can be nothing in it.”<sup>173</sup>

In the same editorial pages, Dr. Rabe added, “Homeopathy, being [based on] a law of nature and working in harmony with her, raises resistance by gradually restoring the physiological balance, in other words, by bringing about a state of health. *Real* homeopathy does not suppress, change or distort disease manifestations. The cure is never worse than the disease! ... The homeopathic treatment of such bacterial diseases as influenza, pneumonia, typhoid fever, erysipelas, etc., amply proves that bacteria need have no terrors for him who understands the art of homoeopathic prescribing. Such a prescriber raises the resistance of his patient to bacterial attacks, increases the phagocytic power of the leucocytes; or, in plain language, enables the sufferers to *throw off* the disease.”<sup>174</sup>

### Confounding factors

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<sup>173</sup> R. F. Rabe. Editorial notes and comments. *Homoeopathic Recorder* 1919; 34: 426-427.

<sup>174</sup> R. F. Rabe. The power of resistance. *Homoeopathic Recorder* 1919; 34: 427-429.

Many confounding factors, aside from allopathic and homeopathic interventions, could possibly explain the great difference in mortality between the ones reported by homeopaths and the US army, such as differences in their respective population (a mix of ambulatory and hospitalized patients of all ages, races and socio-economic status, including infants, pregnant women, elderly people and persons with compromised respiratory, cardiac or renal functions for homeopaths while it was limited to mostly young men between 18-40 years for the army), differences in their respective environments (such as rural, urban, camps, ships, boarding schools for the homeopaths while it was limited to camps, troop ships and battlefields for the army), and differences in the waves of reported treatment (reports from the homeopaths included the waves of the fall of 1918 and the winter of 1919 while the army reports were limited to the four last months of 1918).

The higher percentage of patients presenting with complications, such as pneumonia, or meningitis, would certainly be the major factor to explain mortality differences. Patients with compromised health, e.g. respiratory diseases (tuberculosis, asthma, emphysema, silicosis), or cardiac or renal failure, at the time of influenza are rarely mentioned and would affect outcome negatively for homeopaths who treated mostly civilian populations. Lastly, could the numerous inoculations given to US soldiers during WWI have affected their immune response to the influenza virus and subsequent bacterial infections, and played a role in the higher morbidity and mortality of the military versus the civilian populations?

During the NIP, the University of Michigan had two departments in its school of medicine, one homeopathic and the other allopathic. Dr. W. B. Hinsdale was the dean of the Homeopathic Department of the University of Michigan Medical School at that time and rightly pointed out that confounding factors must be examined in order to come to a correct assessment of the differences in mortality between the homeopathic and allopathic departments of the university, “No

matter how good a comparison we can make as to recoveries and deaths, it was a staggering experience. Our homeopathic record is not particularly a piece of work of which to be proud, although somebody else did considerably worse. At the best it is only a negative consolation that we derive from comparison. As we had it at the university, with about two hundred students, it melted the heart to see even one side. ... With him who treated three hundred cases of influenza without a death or with him who reported twenty-seven deaths out of one hundred and eighty-five cases, it is not recorded whether the influenza was simple or complicated. The reports would have very much more value if we could know this and just how many pneumonia as well as influenzas the one lost and the other saved.”<sup>175</sup>

However, the more one examines the various existing therapeutic outcome reports on the NIP, no clear or significant confounding factor seems to emerge, and the more the *consistency* of the results obtained by homeopathy and allopathy are confirmed regardless of the place, population, circumstance or wave of the epidemic.

This consistency is very clear for anyone perusing the homeopathic literature as expressed in 1920 by Dr. Crawford Green, a pediatrician from Troy, N.Y., “From every corner of our great country, wherever homeopathy is practiced and wherever there is opportunity for the exact study of comparative statistics, there comes indisputable testimony of the wonderful efficacy of homeopathy. Parallel groups of cases everywhere show a homeopathic mortality almost negligible when compared with any other system of therapy.”<sup>176</sup>

Dr. H. O. Skinner, a pediatrician from St. Paul, Minnesota, similarly remarked, “The remarkable thing about the homeopathic record in this epidemic is not so much its low mortality, as the fact that it was made by physicians widely sepa-

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<sup>175</sup> W. B. Hinsdale. Thw “black death” of 1918-919. *Homoeopathic Recorder* 1920; 35: 314-323.

<sup>176</sup> Crawford R. Green. The treatment of Influenza in children. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 1102-1112.

rated, even to different countries and without inter-communication, with the same line of treatment and the same drugs. When it is considered that this epidemic was unlike anything which had ever preceded it, that it came on so suddenly as to forbid any study (to say nothing of the fact that subsequent study has not yet revealed much) and that it had, therefore, to be met, not specifically, but on general principles, the uniformity of the homeopathic treatment the world over and the uniformly good results there from, demonstrating homeopathy's ability to cope with this protean emergency, when the other schools of medicine failed utterly, behooves us no more by apathy than by design to permit it to perish from the face of the earth."<sup>177</sup>

A clear illustration of the consistency of the results obtained by the two schools of medicine is found in the following report from Dr. E. B. Finney of Lincoln, Nebraska, "I know of a physician on the border line of Kansas and Nebraska who reported to Kansas and Nebraska 700 cases without a single death when he was taken sick and had to go to bed. The disease was very virulent. There were forty deaths in one week which speaks well for his treatment as he was the only homeopathic physician in that city."<sup>178</sup>

## Age

The fact that the outcome of the entire army is related to a population of young men between 18-40 years old who were in relatively good health prior to the epidemic would tend to disfavor the homeopaths who treated an overall less healthy and more susceptible population, which included infants and the older segment of the population. Statistics support this hypothesis, as it can be seen in the District of Columbia where the Commissioners kept good records during the epidemic and reported that in 1918 the average case mortality rate for in-

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<sup>177</sup> H. O. Skinner. Influenza in children. *Journal of the American Institute of Homeopathy* 1920-1921; 13: 505-514.

<sup>178</sup> E. B. Finney. Discussion: Influenza: a favorable mortality and publicity. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 590.

fluenza and pneumonia was 8.6%, but was 20% for the ones under 1 year-old, 7.3% for the ones between 20-29 years, 14% for the ones between 60-69 years, and 33% for the ones with 70 years and over.<sup>179</sup> Similarly the average case mortality for the entire US civilian population was about twice as much for infants and the older segment of the population, as it was for the 20-39 year-old segment (1.9% for the ones between 20-24 years, 3% for the ones between 25-29 years, and just above 2% for the ones between 30-39 years, but was about 5% in infants, and about 4% for people over 65 years).<sup>180</sup>

Also, regardless of the different conditions associated with the armed forces, such as inoculations and confined spaces, it appears that the same demographic group was similarly affected in the civilian population. The Metropolitan Life Insurance Company based in New York City found that the disease killed 3.26% of its insured US industrial workers aged 25–45, a population of young men most similar demographically to the one of the armed forces.<sup>181</sup> Given that 25–40% of the population contracted the disease, the case mortality can be estimated to have been between 8–13% in that population.<sup>182</sup>

Age and being a civilian do not therefore appear to explain the higher case mortality of 5.8-7.21% for the different armies versus the much better results of 0.7% reported by the homeopaths.

Dr. H. O. Skinner, a pediatrician from St. Paul, Minnesota, reported having lost not a single child out of several hundred cases.<sup>183</sup> Dr. Plumb Brown, a pediatrician from Springfield, Massachusetts, said, “My experience was entirely outside of the

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<sup>179</sup> Annual Report of the Commissioners of the District of Columbia Year Ended June 30, 1919. Volume 3. Washington, 42.

<sup>180</sup> Wade Hampton Frost. The epidemiology of influenza. *Public Health Reports* 1919; 34 (33): 1823-1836.

<sup>181</sup> John M. Barry. Pandemics: avoiding the mistakes of 1918. *Nature* 2009; 459 (7245): 324-325.

<sup>182</sup> Edwin O Jordan. *Epidemic Influenza. A Survey*. Chicago: American Medical Association, 1927.

<sup>183</sup> H. O. Skinner. Influenza in children. *Journal of the American Institute of Homeopathy* 1920-1921; 13: 505-514.

hospital. I was in general practice. Fortunately the Board of Health obliged us to report our cases. Afterwards by looking up the records we were able to differentiate and find what percentage of cases were children. I found that 44 per cent of my cases were in children below the age of 14, many in young infants. The mortality in all cases was 16 per cent [for Springfield]. Ten per cent of all the cases developed pneumonia. I did not lose a single child.”<sup>184</sup>

Dr. Stella Q. Root, a homeopathic obstetrician from Stamford, Connecticut, reported, “I only had 91 cases of influenza altogether, and 20 per cent of these were among children; 25 per cent of the children had pneumonia. I had no deaths among the children, and but one death in the 91 cases.”<sup>185</sup>

Dr. J. G. Dillon of Fargo, North Dakota further remarked, “The children cases I saw were those in general practice, as well as the patients at the Institution known as the North Dakota Children’s Home. ... Sixty-seven cases developed [influenza] at the Children’s Home without any complicating pneumonia or death; most of these cases were on Bryonia and Gelsemium, which seemed to be successful in carrying them through to complete recovery.”<sup>186</sup>

Also some particular segments of the civilian population were greatly more affected than the members of the armed forces. For instance, it was known that the mortality of coal miners was much higher for the same age-male population. For instance, the death rate in coal miners from the 1918 flu epidemic was 36% higher than the same age-adjusted population.<sup>187</sup> Dr. Geo Krepreka of Stacyville, Iowa reported in a paper on pneumonia secondary to influenza, “During the months of October, November and December, as an assistant surgeon in the U.

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<sup>184</sup> Plumb Brown. Discussion: The treatment of influenza in children. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 1107.

<sup>185</sup> Stella Q. Root. Discussion: The treatment of influenza in children. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 1108.

<sup>186</sup> J. G. Dillon. Discussion: The treatment of influenza in children. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 1110.

<sup>187</sup> E. B. Starr. Excessive mortality from influenza-pneumonia among bituminous coal miners of Ohio in 1918. *American Journal of Public Health* 1920; 10 (4): 348-351.

S. Public Health Service, approximately 2,000 cases of influenza were thrust into my hands, and as a result, received at least some form of homeopathic treatment. About one half the time was devoted to the coal mining camps in the vicinity of Albia and Ottumwa, while the other half was spent in towns where the residing physicians were either stricken with the disease themselves, or were in the army. During this time I had visited 15 different localities, so that I undoubtedly must have come in contact with the disease in all forms of its virulence. The death rate under homeopathic treatment, as we all know, has been exceedingly low, in fact I know of but four deaths out of the list wherein homeopathic treatment failed.”<sup>188</sup>

### **Comparative Mortality in Pregnant Women**

It is widely recognized that during the NIP the mortality rate was highest in pregnant women. Since that population wasn’t present in the army, it serves as a completely different demographic group for evaluating and comparing the outcomes of the two schools of medicine.

A survey conducted among (allopathic) physicians in Maryland and members of the American Gynecological Society, the American Association of Gynecologists and Obstetricians and local obstetric societies in four of the larger cities in Maryland found that the case mortality was 27% in 1,350 pregnant women with influenza. About 50% of the pregnant women with influenza eventually developed pneumonia, and of those, 54% died. Miscarriages occurred in 26% of the ones without pneumonia and in 62% in the ones with pneumonia. The morbidity and mortality were highest in the later months of pregnancy. In the ninth month of

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<sup>188</sup> George Krepreka. Clinical varieties of pneumonia as secondary to influenza. *Iowa Homeopathic Journal* 1920; 13: 253-258.

pregnancy 67% of the women developed pneumonia. Of the ones who developed pneumonia in the last three months of pregnancy, 60% died.<sup>189</sup>

During the fall of 1918, 101 pregnant women with pneumonia were admitted to the Cook County Hospital; 52 of them died, a mortality of 51.4%. The mortality among all other admitted patients with pneumonia during the same period was 33.3% (719 deaths among 2,154 patients). Of the 49 women discharged, 21, or 43%, had miscarried.<sup>190</sup>

During the NIP, 950 patients with influenza were admitted to the Western Pennsylvania Hospital at the University of Pittsburgh. The mortality among those patients was 22.3%. Drs. Paul Titus and J. M. Jamison reported that an analysis of 50 pregnant women from this group found that 32 died, a 64% mortality rate: “With the outbreak of the recent epidemic we were quite unprepared for the appalling loss of life among pregnant women affected by this disease. ... Considerable doubt as to just what course should be pursued in the care and treatment of any given patient or number of patients.”<sup>191</sup>

When the San Francisco Board of Health tried to determine the effect of treatment in the different wards of the San Francisco Hospital, it found that there were 60 pregnant women admitted with influenza. “Forty-two of these had pneumonia, and eighteen were simple uncomplicated influenzas. Of the forty-two with pneumonia, nineteen died and twenty-three recovered. Of the simple influenza cases none died, the mortality in the pneumonia group was 45.6%. The mortality in the whole group was 31.2%.”<sup>192</sup>

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<sup>189</sup> John W. Harris. Influenza occurring in pregnant women. *Journal of the American Medical Association* 1919; 72: 978-980.

<sup>190</sup> Wesley J. Woolston, D. O. Conley. Epidemic pneumonia (Spanish influenza) in pregnancy. *Journal of the American Medical Association* 1918; 71: 1898-1899.

<sup>191</sup> Paul Titus, J. M. Jamison. Pregnancy complicated by epidemic influenza. *Journal of the American Medical Association* 1919; 72: 1665-1668.

<sup>192</sup> Harold P. Hill, George E. Ebright. A report of influenza pneumonia. *California State Journal of Medicine* 1919; 18: 224-227.



In his review of the effects of influenza on pregnant women during the NIP, Dr. Aleck Bourne, the prominent British gynecologist and obstetrician, wrote about the higher risk of complications: “When a pregnant woman contracts influenza, the feature of outstanding importance is her *liability to abortion or premature labor*. It may be said that the disease differs little in its prognosis whether the patient is pregnant or not, provided the pregnancy is uninterrupted during the period of fever, but should abortion or premature labor occur the outlook at once becomes very much more serious, and in the experience of many the mortality rate rises above 50 percent. Thus Titus and Jamison report a mortality of 48.2 percent where pregnancy was undisturbed, but a death-rate of 80.9 percent in those cases who aborted. Again, Harris gives mortalities of 16 percent and 41 percent, respectively, whereas Grillet reports 70 percent of deaths in women who had premature labor after six months. At Queen Charlotte’s Hospital, of seven patients admitted in labor with influenza three died. From these figures it will readily be seen that the occurrence of influenza and abortion or premature labor is a very serious combination for the patient.”<sup>193</sup>

Despite such overwhelming odds, the usual consistently good results were obtained by homeopathic treatment in various populations of pregnant women, as was reported by many homeopathic obstetricians.

In 1920, Dr. W. W. Winans of Rochester, New York, and Dr. G. A. Huntoon of Des Moines, Iowa, conducted a survey among obstetricians who were members of the Obstetric Society of the American Institute of Homeopathy on the outcomes of their treatment of pregnant women with influenza and pneumonia. The obstetricians who answered the survey reported having treated 2,772 pregnant women with influenza homeopathically. Of these, 118 had pneumonia. Of 119 women who were within one month of full term, 71 experienced complications of influenza (e.g., pneumonia) or pregnancy (e.g., renal problems). The homeopathic

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<sup>193</sup> Aleck W. Bourne. Influenza: pregnancy, labour, the puerperium, and diseases of women. In *Influenza: Essays by Several Authors*, edited by F. G. Crookshank. London: William Heinemann, 1922.

obstetricians reported also 109 deliveries with complications (premature delivery, pneumonia, complicated influenza or other complications, among which they reported 18 stillborns, 12 maternal deaths and 11 infant deaths). In total, out of the 2,772 pregnant women, they reported 19 deaths, or a mortality of 0.7%.<sup>194</sup>

Dr. L. A. Royal of West Liberty, Iowa reported in the survey of homeopathic physicians from Central Iowa that was mentioned above, “Another complication or condition that complicated the flu was pregnancy. I had a report of about fifty cases. Four of which miscarried. Two poorly developed blue babies were reported where the mother had the flu late in her pregnancy. I had six cases with the combination of pregnancy, flu and pneumonia at the same time with no mortality. In fact of the forty some cases reported of pregnancy complicated with flu and pneumonia there was no mortality reported. This is a striking contrast between no deaths out of fifty and the reports by Harris in the AMA Journal, volume 72, page 978 where he recorded 1,350 cases of flu and pregnancy of which 54 percent [of the ones with pneumonia or 365 women] resulted fatally and 62 percent aborted.”<sup>195</sup>

Dr. George Krepreka of Stacyville, Iowa, while acting as assistant surgeon in the U.S. Public Health Service during the NIP, reported having treated approximately 2,000 cases of influenza with four deaths, one of which was among the eight pregnant women he treated: “I have treated eight of these cases with one fatality: four within the sixth or seventh month of pregnancy, one in the second, which aborted, and three cases just prior to and following parturition at term. The fatal case was one among the first group. The others made a complete re-

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<sup>194</sup> W. W. Winans. Influenza and pregnancy. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 929-935.

<sup>195</sup> L. A. Royal. Influenza and its results under homeopathic care in Central Iowa. *Iowa Homeopathic Journal* 1919-1920; 13: 194-198.

covery. In addition there were four cases of pneumonia following labor within a period of four days, with good recoveries.”<sup>196</sup>

Dr. Stella Q. Root, a homeopathic obstetrician from Stamford, Connecticut, said, “I did not complete my record in time to write Dr. Huntoon, and so I brought it with me. It is comparatively simple. I only practiced six weeks of the influenza period. During that time I had 91 cases of influenza, with 23 cases of pneumonia. I had 42 pregnant women, varying from two months to term. Of these 42 pregnant cases, a little less than 25% had influenza, and only three of these ten had pneumonia. I only lost one case out of the 91.

“I thought until I heard the statistics this morning in the Bureau of Homeopathy that my record was nothing but luck, but now I hope it was due to homeopathic therapeutics. The case I lost was a woman four months pregnant. She induced an abortion on herself, had been flowing for five days and was almost exsanguinated. Her home conditions were such, that although the hospital was well filled with pneumonia I had no alternative but to take her there. She stood the curettage well and was in fair condition when I sent her home in an ambulance at the end of a week. A week from the time she went home she developed influenza, and almost immediately pneumonia. We felt that a week was rather long for the exposure if she had contracted it from cases in the hospital. She died within four days. The fetus was stillborn.

“There were four others with influenza delivered during this period. One had pneumonia quite severely but did not have premature labor, but a few days after her temperature went to normal she was normally delivered. Two others had influenza but not pneumonia, and were delivered almost immediately after the subsidence of the temperature, with no bad symptoms afterwards. One was delivered who had influenza with mild pneumonia after her delivery. Of the other

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<sup>196</sup> George Krepreka. Clinical varieties of pneumonia as secondary to influenza. *Iowa Homeopathic Journal* 1920; 13: 253-258.

five cases three have since been delivered safely. Two were only about two months pregnant at the time of the influenza and are still not delivered. This was not the experience of Stamford Hospital generally. Of course a good many cases were sent in rather extreme conditions, but the superintendent told me that the feeling at the hospital was that if a woman had influenza and was pregnant, or had a miscarriage, it was practically a fatal case. The cases I treated were all treated homeopathically, so I give all the credit to homeopathy.”<sup>197</sup>

Similarly, during the same meeting, Dr. Anna Johnston of Pittsburgh reported the same consistent results in pregnant women: “Before I left home I was too busy to fill out the questionnaire. I had 266 patients and did not lose a single case. I had 12 cases of pneumonia, mostly among children. Part of those were in the hospital. We had some very sick children there who had come in from different families. They had originally had influenza but developed pneumonia. One child ran a temperature of 106.6°F, and the worst one had a temperature of 107°F, pulse 180, respirations 80. She got well. I had eight pregnant cases, two were seven months pregnant. The peculiarity of one case was that she was practically over the influenza when she developed pernicious vomiting. The vomiting was very severe and lasted for days. We had to resort to rectal feeding. We thought we would lose her, but she recovered. I did not lose any of those cases. All went through to term, were delivered, and everything was all right.”<sup>198</sup>

If we compared the outcomes of the four allopathic with the five homeopathic reports, we find:

Treatment	Number of pregnant women with	Number of pregnant women re-	Percentage of pregnant women who devel-	Number of deaths	Mortality rate from CIP

<sup>197</sup> Stella Q. Root. Comments. In discussion: Influenza and pregnancy. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 931-932.

<sup>198</sup> Anna Johnston. Comments. In discussion: Influenza and pregnancy. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 933.

	CIP	covered from CIP	oped pneumo- nia		
Allopathic	1,561	1,093	51%  (717 out of 1,410)	468	30%
Homeopathic	2,848	2,827	5.7%  (161 out of 2,832)	21	0.7%

Those statistics show that at the very least:

- a) The odds for pregnant women of *surviving* CIP during the NIP were 135 to 1 under homeopathy versus 2 to 1 under allopathy.
- b) The odds for pregnant women of developing pneumonia during the NIP were 1 to 17 under homeopathy, and even odds or 1 to 1 under allopathy.
- c) The relative risk for pregnant women of *dying* from CIP during the NIP was 41 (95% CI 26 to 63) or 41 times greater under allopathy than under homeopathy ( $P < 0.0001$ ).
- d) The odds ratios for pregnant women of *surviving* CIP during the NIP were 58 (95% CI 37 to 90) under homeopathy as compared to allopathy ( $P < 0.0001$ ).

During the NIP homeopaths also treated especially difficult cases of pregnant women with uniformly good results even though pregnancy was associated with a higher incidence of other complications, such as puerperal fever. Dr. Martha I. Boger had been assigned to the Portsmouth Hospital, New Hampshire, during the NIP. The population of Portsmouth had more than doubled during the NIP, grow-

ing from 16,000 to 35,000 due to the influx of military personnel. “Conditions were rather crowded. We had 25 doctors there [at the Portsmouth Hospital], and the Government was forced to send four doctors to help out during the epidemic.”

She said that morbidity often increased several days after deliveries, “When the temperature would shoot up to 103 or 104 °F; scarcely no leucocytosis; urine normal, and yet these cases were dying.” She said that while in Boston for a medical meeting, she visited the new Robinson Memorial attached to the Boston School of Medicine (homeopathic), which was then “the latest word in obstetrical hospitals. Dr. Earl told me that they had had an experience similar to ours; that the patients were delivered, and were apparently all right until the 12th or 13th day, when they had this terrific temperature. Although they did everything possible, some died, while others got well.”

Despite the burden of an overcrowded hospital, she reported a perfect record in these puerperal cases, “One of the old school doctors paid me a compliment. After his patient had been delivered eight days he came to me and asked me to take the woman off his hands. I treated her and got her out of bed. As soon as the temperature went down to 101 °F we let them get up. The longer you kept the patient in bed the more temperature she had. Let the patient get up and around the room, but keep her in the hospital. We do not know what these patients had. We had 25 or 30 cases of that same nature. I would like to know if any others had similar experiences. I lost no patients.”<sup>199</sup>

Dr. Susan J. Fenton of Oakland reported several difficult cases in the late stage of pneumonia, as in this pregnant woman with double bronchopneumonia: “Mrs. H., mother of three, had been under another [allopathic] physician’s care for one week when I was called. I found a complication of seven-month pregnancy with

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<sup>199</sup> Martha I. Boger. Comments. In discussion: Influenza and pregnancy. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 932.

double bronchial pneumonia, temperature, 102-103 °F, pulse 110-120, respiration 50-60. The patient was unable to breathe except by having the head rose [sic] on three pillows, mild delirium was present, and great restlessness. She has no nurse except a sister who attended her by day while the husband was at work, and he took care of her at night. On the eighth day, her baby was delivered, weighing four pounds. A wet nurse was secured and the child is well and thriving. Fortunately the lungs began to clear after delivery, and while she made a slow recovery, she is now well.” She concluded, “I had thought my record pretty good with only one death in 100 cases during the first epidemic, and none in the same number of cases for the second, until I read in some journal of one homeopath who reported 2,000 cases without a single death.”<sup>200</sup>

Dr. A. M. Linn of Des Moines, Iowa, described the contrast between his results and those of other obstetricians in his town during the NIP: “May I have your forbearance while I marshal a little evidence from actual practice. This evidence would win a verdict from any sane jury. Listen. Recently in consultation with a very clever allopathic physician he made this statement, ‘Doctor, I am making a specialty of obstetrics, yet during the epidemic I have lost every pregnant flu case I have treated. Moreover, Doctor P. who has as large a practice as any physician in the city, told me he has had the same fatal experience.’ He then added, ‘I will use any remedy you can name which will help save my cases.’ I advised him how and added that I had saved 100 percent of my cases. To this date in treatment of flu, not one case, including cases of pregnancy and of pneumonia has fallen. Gelsemium aided by a few polychrests named above has saved for me every case.”<sup>201</sup>

### **Complications and Mortality Rates in Military versus Civilian Populations**

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<sup>200</sup> Susan J. Fenton. Experiences during influenza epidemic. *Pacific Coast Journal of Homoeopathy* 1919; 30: 142-144.

<sup>201</sup> A. M. Linn. Gelsemium the honor remedy in influenza. *Iowa homeopathic Journal* 1919-1920; 13: 190-193.

Whether the percentage of complicated cases and the ensuing death rate were higher in the military versus the civilian population is not obvious at first glance. However, there are more indications that the mortality rate was overall actually higher in the civilian population, of which about 90% received allopathic treatment and 10% received homeopathic treatment. For instance, following the NIP, the Health Commissioner of Buffalo conducted a very thorough survey with more than 2,000 public school teachers at his command for a house-to-house canvass. He was able to establish the fact that during the influenza epidemic practically all influenza cases in the city of Buffalo had been reported. He wrote regarding the verification of their statistics, "Much has been said and written about the inaccuracy of morbidity statistics relative to influenza. ... With 2,000 teachers at my command I was enabled to accomplish much which otherwise would have remained impossibility. First, I was enabled to check up the reported cases. As a result of this comparison I found that fully 95 per cent of all the cases were reported, the remaining 5 per cent, being practically those in which the patients were only slightly ill, therefore deeming it unnecessary to call a physician, or those in which, for some reason or other, it had been impossible to obtain a physician." Out of 31,842 cases of influenza and pneumonia there were 28,663 recoveries and 3,179 deaths, a mortality of 10%.<sup>202</sup>

These numbers are not dissimilar to the ones of another reliable larger scale report from the Public Health Service conducted in the District of Columbia: "The total number of cases of influenza reported to the Public Health Service from October 1, 1918 to February 1, 1919 was 33,719, and the total number of deaths from that disease was 2,215, a mortality of 6.6%. In addition to the number of deaths from influenza during this period, 680 deaths resulted from pneumonia, probably largely due also to influenza."<sup>203</sup> Without including the

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<sup>202</sup> Franklin C. Gram. The influenza and its after-effects in the city of Buffalo. *Journal of the American Medical Association* 1919; 73: 886-891.

<sup>203</sup> Annual Report of the Commissioners of the District of Columbia Year Ended June 30, 1919. Volume 3. Washington, 17-18.



pneumonia cases, the cases mortality rate is similar to the ones reported by the different armies. However, by including the pneumonia cases as it was done in the army, the mortality was significantly greater at 8.6%. Unfortunately, the statistics of the outcomes from both the homeopathic and allopathic health care are mixed together in this civilian population, and can't be used for comparison. However, as the homeopaths had significantly less mortality throughout the country as well in the District of Columbia, as seen in the survey mentioned earlier,<sup>204</sup> the case mortality average for this civilian population would even be higher by subtracting the homeopathic outcome.

### **Percentages of Cases with Complications**

It is possible that homeopaths as a whole had less cases of influenza that developed complications (pneumonia, meningitis, etc.), as homeopathic treatment will prevent influenza from further progressing as soon it is implemented and will thus greatly prevent the incidence of complications.

However, homeopaths did have their share of complicated cases as Dr. C. Martz of Fort Wayne, Indiana pointed out, "During the influenza epidemic I was busy day and night, treating the most serious and complicated conditions of this disease. However, throughout the entire run of the epidemic I had no serious developments of pneumonia, no bad 'after effects' of the disease, and not one death. This is sure proof of the efficiency of homeopathic treatment, as I treated all cases strictly homeopathically."<sup>205</sup>

Similarly, the assumption that physicians didn't see fulminant cases in the civil population is clearly contradicted by Dr. Royal H. S. Hayes' experience, who wrote in the winter of 1919, "I would say that Waterbury [Connecticut] was one

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<sup>204</sup> Ernest F. Sappington. Discussion: Influenza: a favorable mortality and publicity. *Journal of the American Institute of Homeopathy* 1919-20; 12: 588.

<sup>205</sup> C. Martz. Discussion. A study of the comparative value of the homeopathic treatment and other methods of treatment in lobar pneumonia. *Journal of the American Institute of Homeopathy* 1922-1923; 15: 541-550.

of the hardest-hit cities in the country and there were many cases of pneumonia here of that malignant type during October with occasional cases since. ... Dr. George Royal furthermore says he studied but could not find a simillimum for these desperate cases.<sup>206</sup> If we turn to the Hahnemann's provings of Cuprum metallicum, it will be seen that Cuprum metallicum is exactly the remedy. It has, in fact, checked many of the cases for me, and quickly, the cure being more rapid than the progress was downward, sometimes. If the condition is so far advanced that the rattling has become extensive in both lungs and the pulse above 120, Cuprum metallicum can only palliate, and often with borderline cases careful observation and dexterity is necessary to bring reactions to the viable point. I have had no experience with potencies lower than the 200th, preferring after some observation to hit hard at once with the 40 M or 50 M."<sup>207</sup>

In an article written in 1921, Dr. Hayes described several such cases with fulminant pneumonia he treated during the NIP, " 'Black' cases and swift ensuing deaths raged in certain neighborhoods as if struck by overwhelming fate. Cuprum metallicum was the genius of the 'Spanish' strain of influenza here and often, turned the vitality streaming back where the apparently indicated Bryonia had not availed.

"The writer lost two malignant cases right at the start of the epidemic and had a third going, which necessitated a halt in the rush to find out why men in the prime of vitality should go down almost as if struck by lightning without response to his efforts. The first case was known to be a Cuprum metallicum case—after the patient was dead. The second case got Cuprum metallicum in

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<sup>206</sup> Dr. Hayes was referring to Dr. George Royal who had previously reported that during the NIP he had difficulty finding the genius epidemicus, and recommended that homeopaths should never stop proving medicines in order to be able to face any upcoming contingencies (George Royal. Drug proving: why and how should homeopaths prove drugs. *Journal of the American Institute of Homeopathy* 1918-1919; 11: 727-733).

<sup>207</sup> Royal H. S. Hayes. Influenza: brief comments. *Journal of the American Institute of Homeopathy* 1918-1919; 11: 846.

time to palliate the wild delirium, causing sleep after each rather frequent dose, but not in time to cure.

“The first case was so typical and inclusive not only of the entirety of the *genius epidemicus* but also of Cuprum metallicum that its course and symptomatology deserves description: October 10. Mr. D., 50, short, fleshy, dark skinned and dark eyed, the old-styled lymphatic temperament. This is the type which succumbs quickest to malignant influenza. He had been ill two days when I first saw him. Besides extensive areas of pulmonary consolidation he presented the usual symptoms of the epidemic. Frontal headache, muscular pains, prostration, mental dullness, painful cough, dizziness when rising, chilliness, sweat. All these symptoms were so aggravated by motion that he refused to move except when urged. Bryonia was, of course, given and on October 12th he was bright with pulse and temperature about normal. The physical signs were much; improved. Contrary to advice he arose and went about the house. By afternoon his fever was up and tubular breathing had returned with extensive mucous rattling in the left. From then on he sank rapidly and died on the 15th.

“His symptoms were significant but because of the rush and delays the remedy arrived apparently too late. This will look familiar to those who have studied the provings of Cuprum metallicum and its salts: Sudden effusion of fluid into the air spaces of the lungs, coarse rattling, intense dyspnea, jerky respiration, shooting pains through sides of the chest but soon disappearing because of exhaustion, respiratory motions of the alae nasi, intense thirst for cold drinks, drenched with sweat; at first refused to move, later throwing himself about the bed partly to find a cool place. Cold sweat on hands, feet and forehead, would not remain covered, intense mental anguish, premonition of death, constant groaning, cried out repeatedly ‘Wait a minute,’ thought he was going to be stabbed, shrinking to a corner of the bed in terror, could not be appeased, staring as at some object in terror. Stabbing pain in epigastrium, drenched with cold perspiration, cold

breath, running tongue out quickly to lick lips like a snake, eyes brilliant, complexion ashy and dark, lips white, later bluish, frequently escaping from bed in spite of attendants. Convulsion began suddenly with cramps in feet then legs then all over, the face last, muscles rigid but quivering, thumbs turned in at first then snapped out; cyanosis, then sudden agitation of face and neck muscles and death. Cuprum metallicum was not given because of my absence in the rush. These later symptoms were obtained from the nurse.

“Another case that died: Mrs. C, 27, same type, had been ill five days when first seen. T. 105.6, P. 130, R. 40. Hunger during fever; craving cold drink, copious sweat, expected to die; thought her mother had died out in the yard. Consolidated areas in the lungs, mucous rales in the lungs; the true remedy was not recognized. Phosphorus was given. A few hours later, sudden delirium, supernatural strength, restrained with difficulty, tried to ‘go home,’ constant chattering and screaming, eyes brilliant, countenance sunken, dark, ashy countenance, lips purplish. Dr. D. was sent for in my absence and injected one-half grain morphine with no effect whatever. Cuprum metallicum CM in water every half hour, gradually lengthening the doses until twelve hours had elapsed. Became quiet before the second dose was given, remained quiet and rational all night and slept considerably. Next morning, P. 120, T. 101. The Cuprum metallicum was discontinued. I was delayed in seeing the patient, all symptoms became aggravated and death occurred a day later. The palliative effect of Cuprum metallicum was striking. Had it been used differently the patient might have survived.

“Some pleasanter experiences: Mr. T., 34, same type. Sore throat, headache which cough aggravated, moves about the bed, thirstless (fever), dizziness on rising, some ordinary remedy was given, P. 80, T. 102. October 15th, no change. Next day, coarse rattling in tubes, areas not recorded but extensive, tracheal rhonchi audible in the adjoining room, restless tossing, eyes brilliant, staring as if at something frightful, escaping from bed, fear of death, dark, ashy,

sunken countenance, copious sweat, sleepless. P. 112, T. 104, jerky, distressing. Cuprum metallicum CM, one dose. Next day, no delirium, small area of moist rales at base of right only, uninterrupted convalescence, no other medicine used.

“A striking cure: Edw. W., 39, same type except fair skin, light fine hair and blue eyes. Influenza began October 17th; lung involvement suspected but not detected until the 20th, then consolidation and many moist rales. No response from Phosphorus or previous remedies. October 21st, prostration had rapidly increased, strange quivering sensation all over, trembling with anxiety like delirium tremens, spells of thirst, cough hurt the head, headache aggravated by motion, dizziness when moving, sweating spells, lying on the back only, rattling in trachea, countenance darkened, ashy; abject sunken expression, skin doughy and relaxed. Dreams of crashing accidents, of the house being pushed over, of someone about to be hurt. Cuprum metallicum CM, one dose. Next day improved and the day after much improved. Then sudden but mild delirium. He arose at 1 A.M. and went downstairs, refused to return to bed saying it was wet, wanted to ‘go home,’ speech indistinct, confused and interrupted. Staring blankly at whoever entered the room, lies long with motionless staring, rising in bed looking intently and moving arms slowly as if seeing something that appeared queer. Pulse and temperature low. Hyoscyamus 1 M, one dose was given. Four days later was found much worse. Had been out and around house and outdoors all night, there being no one to restrain him, bluish countenance, lips and nails, pulse too feeble and quick to be counted. Cuprum metallicum CM, one dose. Next day unconscious, incontinence of urine but pulse full, 80, T. 99. Ten hours later P. 100, T. 104, mind clear, resting, no further medication was needed.

“We met scores like this: Influenzal fever with or without sweat, with or without spells of thirst, with or without perceptible lung involvement. Frontal headache aggravated by motion, hurting with cough. Cough, tearing or scraping or causing sharp pains. Muscular pains aggravated by motion. Dizziness, nausea or faintness

when rising or moving. Aggravated entirely by moving and desire to keep perfectly still. Is this Bryonia? No. Bryonia would act but would seldom act well. It usually had to be repeated, perhaps several times, the patient making a slow, prostrated recovery with slow pulse, later rapid, and slow return of strength. *Searching further*, especially for slight but peculiar mental, nerve or dream symptoms, Cuprum metallicum is then found to be the remedy; the patient is found to be much improved next day with pulse and temperature nearly normal and strength is recovered rapidly as in other acute diseases.

“To illustrate with a real case: Mrs. M., 43, tired out caring for others. Chilliness aggravated by cold drinks (the opposite in large type in Kent's *Repertory*,<sup>208</sup> not found elsewhere in materia medica or toxicology). General soreness, head heavy and dull, nausea, hard cough, tightness in chest, all symptoms relieved by quiet and lying down. P. 112, T. 101. Cuprum metallicum 10 M, one dose. Fourteen hours later, felt better than, in several days, P. 78, T. 99.

“Son of same, age 11, headache ameliorated by cold applications. Thirst for cold one day, thirstless the next; chilliness when moving; dizziness when rising; cough that hurts; strained pain in the back; wanted to be quiet—all like Bryonia—but *also*, pain in epigastrium; respiratory dilating of alae nasi (verified with Cuprum metallicum many times). Fidgety; delirium, went out of bed, said a man was in his room. Cuprum metallicum 10 M, one dose. Improved that same evening and almost normal next day.

“A striking cure: Boy, 6 years. October 25th. Projectile vomiting, bloody. Sweaty and flushed all over. Beating frontal headache ameliorated by holding it with the cold hand. Averse to touch or motion. Delirium about his play; appears wild. Dozing and starting, escaping from bed. P. 144, T. 103. Belladonna 1 M, one dose (was not then familiar with Cuprum metallicum) That evening: active delirium,

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<sup>208</sup> A repertory is a dictionary of symptoms and remedies having these symptoms. Kent's *Repertory* was the most used repertory for a period of about 90 years (1897-1987).

great muscular strength, could hardly be held down by two strong women, constant attempts to escape, constant stream of talking and screaming, tears running down face, drenched with sweat; insatiable thirst but taking only small drinks, pain in epigastrium, rapid running of tongue out and in, gnashing teeth, right lung involved. T. 106, P. about 160. Cuprum metallicum CM, one dose at noon. Next day his temperature was 100 and he was sitting at the table eating soup notwithstanding which he made a rapid recovery. His mother said that she could see him improve each hour until at night he fell asleep.

“Cuprum metallicum made the most brilliant and sensational cures of severe or prolonged cases besides curing the mild ones at every turn. It is difficult to resist the temptation to report them but we will close by reporting one or two actions of the remedy in sequelae or imperfect recoveries. ... There were many cases of debility persisting weeks or months after allopathic treatment presenting more or less clear symptoms for Cuprum metallicum and the remedy acted quite satisfactorily.”<sup>209</sup>

Mario DiCecco of Litchfield, Connecticut reported having discussed with his grand-father, Dr. Royal Hayes, the great influenza epidemic, and Dr. Hayes had told him that after losing a few cases at the beginning of the epidemic he discovered that Cuprum metallicum was the *genius epidemicus* for the area, and subsequently didn't lose any more case in over 900 patients, of which 69 presented with the “malignant” type of pneumonia.<sup>210</sup>

It is known that patients, even in the most advanced and desperate state of pneumonia, or any other acute infections, will recover under the simillimum if it is properly administered. Dr. C. A. Dixon of Akron, Ohio described such a desperate case of pneumonia he saw being treated by a more experienced colleague during the NIP, “The patient was in complete collapse, jaw dropped, tongue

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<sup>209</sup> Royal H. S. Hayes. Using Cuprum in “flu,” etc. *Proceedings of the International Hahnemannian Association* 1921: 280-286.

<sup>210</sup> Personal communication with Mario DiCecco held on July 5, 2013 in Litchfield, Connecticut.

black, breathing irregular, unconscious defecation, etc. A desperate case I think you will all admit. The homeopath who had it in charge did not resort to morphine, nor to digitalis, nor anything but the indicated remedy, which in that case we thought was *Lycopodium*. That was given I think in a 50 M. The lady made a complete recovery from that deathbed scene, and is now well, very much to the surprise of even the nurse who was on the case.”<sup>211</sup>

### Case Fatality in Pneumonia Cases

As we are more interested in pneumonia cases, not all returns from homeopaths separated the cases of pneumonia from the ones of uncomplicated influenza. However, there are a sufficient number of reports from homeopaths indicating the total numbers of influenza and pneumonia cases and deaths *with the same consistency of outcome*, as the following one from Dr. T. O. Barnhill of Findlay, Ohio, “We had a whirlwind in Ohio, which lasted until the first of January. I treated four hundred and fifty-five cases of influenza and twenty-six of pneumonia. I lost not a case.”<sup>212</sup>

### Comparative Records Between the Two Schools Within the Same Locality

When physicians were practicing in the same town with the exact same population this consistency of results is again observed, as it was reported by Dr. H. H. Crum of Ithaca, New York, “I had three hundred cases with one death. One good homeopathic doctor had two hundred and seventy-five cases and no deaths [0.17% mortality for the combined outcome from these two homeopathic physicians]. I am the health officer for the city of Ithaca and had all cases reported to me. In October and November 1918, twenty-four hundred cases of influenza were reported. Seventy-five died [3% mortality for the combined homeopathic and allopathic outcomes]. Of the twenty-four hundred cases, between nine and

<sup>211</sup> C. A. Dixon. Discussion. Some indicated remedies in pneumonia. *Central Journal of Homeopathy* 1921; 2 (7): 32-35.

<sup>212</sup> T. O. Barnhill. Discussion: Influenza: a favorable mortality and publicity. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 595.



ten hundred were Cornell students, eight hundred of them belonging to the army. They were students of military tactics and all of them were cared for by army doctors. They were hospital cases. The dormitories were turned into hospitals. The treatment was entirely allopathic. Students of the army class were healthy but, even so, forty-five of the seventy-five deaths occurred among those nine hundred students [5% mortality]. Private patients fared much better. In going over the records of deaths, I found that I had but one death while the old school man next to me, who has patients of the same class as mine are, had fifteen deaths among the same number of cases. Think of it! Two hundred and ninety-four cases with fifteen deaths! [5% mortality] ... There are other homeopaths in Ithaca and we feel that we have a right to be proud of losing so few patients.”<sup>213</sup>

Dr. Martha I. Boger of Portsmouth, New Hampshire reported, “During the first epidemic, I treated 531 cases with two deaths. One patient committed suicide. The temperature had become normal, but there was insanity in the family. The other patient was mahogany colored, having been pronounced as dying by the regular physicians who preceded me. In spite of that, she lived five days longer. Had I been a better prescriber, I believe she would have recovered. In the second epidemic, I have not kept so close a record, but I have lost but one, also diagnosed by my predecessors as hopeless. However, two other cases with similar verdict recovered. Dr. Stone of the Kittery, Portsmouth U. S. Sanitary Zone, said that I had the lowest death record in the community. This sounds boastful, but I have openly declared that it was not my luck, but the therapeutics which I have practiced.”<sup>214</sup>

In some localities, homeopaths were reporting an almost nil mortality rate. Dr. Harry B. Baker of Richmond, Virginia wrote, “Our results have been much superi-

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<sup>213</sup> H. H. Crum. Discussion: Influenza: a favorable mortality and publicity. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 595.

<sup>214</sup> Martha I. Boger. Influenza—brief comments. *Journal of the American Institute of Homeopathy* 1918-1919; 11: 1216.

or to those of the old school. Neither Dr. Tabor nor myself have lost a case. Gelsemium was the *genius epidemicus* and covered probably 95% of the cases. I used it as a prophylactic also with very satisfactory results.”<sup>215</sup> While Dr. B. E. Miller of Portland, Oregon wrote, “We have had our quota of influenza, but I have not heard of a death under homeopathic treatment. One of the severest cases I have had is that of Dr. A. L. Canfield, who developed pneumonia with influenza. He is now well and on the way to recovery. Our doctors are worked to the limit.”<sup>216</sup>

In December 1918, the editor of the *Iowa Homeopathic Journal* reported a similar experience, “In Iowa City for instance, our practitioners have had their full share of them to treat and thus far have had but a single fatality. What is true here is also true the state and country over. The death rate has been almost negligible.”<sup>217</sup>

Dr. A. P. Stauffer of Hagerstown, Maryland further remarked that his results were consistent with his homeopathic colleagues in town, “It is with special delight that I have heard these statistics for I have had the same experience. I treated during the month of October five hundred and fifty-five cases. During the first three weeks I did not lose a case. In the last week of the month I lost three cases, due to pneumonia. My experience in Hagerstown is like that of other homeopaths of the city. It makes a man feel that his life is worthwhile when he realizes what he has accomplished in an epidemic of this kind, while the other school of medicine lost case after case. We may certainly be grateful for the fact that we belong to a school that can bring such results.”<sup>218</sup>

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<sup>215</sup> Harry B. Baker. Clinical comments on influenza. *Journal of the American Institute of Homeopathy* 1918-1919; 11: 682.

<sup>216</sup> B. E. Miller. Clinical comments on influenza. *Journal of the American Institute of Homeopathy* 1918-1919; 11: 682.

<sup>217</sup> Narrow-mindedness in medicine. *Iowa Homeopathic Journal* 1918-1919; 12: 246-250.

<sup>218</sup> A. P. Stauffer. Discussion: Influenza: a favorable mortality and publicity. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 596.

Dr. W. J. Grier of Independence, Kansas reported, “I have been about as busy as any and lost one case,” and after describing a difficult case in a pregnant woman who recovered and her baby was saved he said, “These cases have been nearly 100 per cent fatal here in the hands of the regulars. ... Dr. W. B. Kelley, who is 75 years young, has practiced here for thirty-three years and never lost a case of influenza going day and night. He is homeopathic. People are beginning to comment on the record of the homeopaths in this epidemic.”<sup>219</sup>

Likely the most obvious of such examples occurred in Washington, D.C., as we earlier saw that a reliable large scale report from the Public Health Service conducted in the District of Columbia reported that from October 1, 1918 to February 1, 1919 there were a 8.6% mortality among 33,719 cases of influenza/pneumonia among the civilian population treated by the different schools of medicine.<sup>220</sup>

Dr. Ernest F. Sappington of Washington, D.C. reported, “I escaped without any mortality in that attack. The experience could be multiplied many times in the District of Columbia.”<sup>221</sup> For instance, Dr. F. A. Swartwout of Washington, D.C. reported, “In Washington we were very active and I had a great opportunity to notice the effects of our treatment. Eleven of us got together about the middle of November [1918] and talked things over. The eleven men reported thirty-six hundred cases treated and six deaths among them. We had another whirlwind in January and it ran the number of cases up a great deal. The exact number is not known. Some of the men treated fifteen hundred to two thousand cases with only three or four deaths. I questioned one man just before coming here and he had had four hundred cases with one death. My record shows about seven hun-

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<sup>219</sup> W. J. Gier. Influenza: a clinical report from Kansas. *Journal of the American Institute of Homeopathy* 1918-1919; 11: 1099-1100.

<sup>220</sup> Annual Report of the Commissioners of the District of Columbia Year Ended June 30, 1919. Volume 3. Washington, 17-18.

<sup>221</sup> Discussion: Influenza: a favorable mortality and publicity. *Journal of the American Institute of Homeopathy* 1919-20; 12: 588.

dred and fifty cases with one death. We kept no account of percentage. The National Homeopathic Hospital figured up the records of its cases. At one time no cases were in but influenza and there was not a single death from that disease. I can't give you anything further on statistics. These facts were noted by the health department in Washington. One of our leading physicians, Dr. Kingsman, said that a health officer had called him up to find out why he had sent in no death certificates. His only reason was that he had had no deaths. That was the way the record ran in Washington. An old school friend of mine said that he was 'tickled to death' to be able to keep his mortality rate down to fifty per cent."<sup>222</sup>

Unfortunately, no detailed records from the National Homeopathic Hospital have so far been found. However, from a rare allopathic hospital outcome that could be found in the literature the hospital mortality in Washington, D.C. was far from being negligible. A temporary influenza hospital with a capacity of 19 beds was opened by the USPHS in Washington, D.C. at the beginning of the second wave. From its opening on December 19, 1918 to its closing on March 15, 1919, the number of patients admitted was 223, of whom 30 died, or a case mortality of 13.4%.<sup>223</sup>

### Confined Spaces

The more detailed studies on the NIP reported that the incidence and mortality of influenza were higher in people living in confined spaces, such as crowded troop ships, camps or boarding schools with dormitories. Surgeon General William Gorgas told one training camp commander, "We know perfectly well that we can control pneumonia absolutely if we could avoid crowding the men, but it is not practicable in military life to avoid this crowding." The Medical Department even asserted, "There is to be expected a definite relation between the degree

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<sup>222</sup> F. A. Swartwout. Discussion: Influenza: a favorable mortality and publicity. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 597.

<sup>223</sup> Annual Report of the Commissioners of the District of Columbia Year Ended June 30, 1919. Volume 3. Washington, 42-43.

of crowding and the amount of respiratory infection.”<sup>224</sup>

As an example of the high incidence of cases in more confined spaces, in the fall 1918 influenza developed in 90% of the 1,217 persons on board the New Zealand “crowded” troop ship Tahiti.<sup>225</sup> Also, about 75% of the crews of two destroyers of the Brazilian fleet developed influenza in the fall of 1918, of which nearly 10% of the crews died, a case mortality of 13–14%.<sup>226</sup>

Aside from influenza, other infectious diseases were clearly more prevalent in the confined spaces of army camps, as Dr. Alexander Lambert, president of the American Medical Association, pointed out for meningitis, “The occurrence in the camps of meningitis, another disease of the respiratory group, as far as its portal of infection is concerned, has been forty-five times as frequent in the army as its occurrence in civil life among the same age group. This has been due to overcrowding and the diminution of air space allowed the individual soldier in badly ventilated barracks.”<sup>227</sup>

However, homeopaths reported the same consistent favorable results whether they were practicing in rural or urban areas, hospitals, camps, troop ships or boarding schools. For instance, Dr. Herbert A. Roberts recalled some of his experience as the physician in charge on a US troop ship. “During the first voyage over to Brest I was Transport Surgeon. We had very little influenza during September. In the month of October, I was sent over with another load of 2,000 men, and we developed on the way over in the course of two weeks, over 81 cases of influenza. This is what we did. We put all these cases in the Hospital Bay of the ship, and from sunset to sunrise every porthole had to be closed

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<sup>224</sup> Carol R. Byerly. The U.S. Military and the Influenza Pandemic of 1918–1919. *Public Health Reports* 2010; 125 (Supp. 3): 82-91.

<sup>225</sup> Jennifer A. Summers, et al. Mortality risk factors for pandemic influenza on New Zealand troop ship, 1918. *Emerging infectious diseases* 2010; 16 (12): 1931-1937.

<sup>226</sup> Cynthia Schuck-Paim, et al. Exceptionally high mortality rate of the 1918 influenza pandemic in the Brazilian naval fleet. *Influenza and Other Respiratory Viruses* 2013; 7 (1): 27-34.

<sup>227</sup> Alexander Lambert. *Medicine, a determining factor in war*. *Journal of the American Medical Association* 1919; 72: 1714-1721.

tight on account of danger of submarines. These cases of influenza presented three meningeal and several of the pneumonic form. However, I landed every man in Brest in good condition. This ship was the only ship in our convoy of nine ships that had that record. I was the only homeopathic surgeon on these nine ships. One ship in that convoy which carried 4,000 troops, lost 31 on the way over. Every man in our ship received homeopathic treatment, and careful individual treatment.”<sup>228</sup> Once another boat pulled alongside to get all the spare coffins from Dr. Roberts’ boat because it’s mortality rate was so high. On his return to port, the commander said to Roberts, “Used all your coffins?” To which Roberts replied, “Yes, and lost not one man!”<sup>229</sup>

Dr. Roberts explained that despite the fact that a great number of homeopathic physicians had joined the army their medicines were not included in the armed forces Medical Manual, “The remedies which are used largely by the homeopathic physician should be at our command. This would seem just, especially as we have had 1,862 surgeons from our school of medicine in service in this war. There is a proviso that other remedies than those in the Medical Manual may be obtained and used when it is deemed necessary for the saving of life. It was by taking advantage of this proviso of the Manual that we were able to prescribe homeopathically while in service.”

When called to service he was first assigned at the base hospital in Newport News and was put in charge on the mumps ward for five weeks. His results were here complimented and he was moved to the measles ward. He wrote, “I had charge of the measles ward for six weeks and homeopathic remedies were used entirely. This gave a very good opportunity to demonstrate the value of our school of medicine, for measles in the army is a serious disease and up to the time I took it over the ward had a mortality of 4%. This disease ranks next to

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<sup>228</sup> H. A. Roberts. Discussion: Influenza: a favorable mortality and publicity. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 591.

<sup>229</sup> Julian Winston. Influenza-1918: homeopathy to the rescue. *New England Journal of Homeopathy* 1998; 7 (1) : 1-3.

pneumonia in importance. When a disease of childhood is contracted by an adult many complications are sure to develop. ... These six weeks were well spent and brought a deal of satisfaction, for I closed the service with no deaths under my care during this busy period.” Then he became Ship Surgeon for troop transport. In his first trip he reported having to deal with his “old friends, mumps and measles, and some influenza.” He wrote, “We were laboring in the hold of the ship with port holes all closed from sunset to sunrise during rough weather and no attendants but enlisted men of the medical corps. No trained nurses were aboard either trip and we landed each time all of the men we started with and in good condition, thereby gaining a deal of satisfaction in the use of, and confirming our faith in the homeopathically applied remedy.”<sup>230</sup>

It is not clear how many homeopathic physicians and surgeons had access to homeopathic remedies during the war, but it seems to be a very small minority. Base Hospital No. 48 was one of the rare units having access to a complete homeopathic pharmacy. This Base Hospital had been organized by the Metropolitan (originally homeopathic) Hospital of New York City, which was at that time the largest hospital in the United States with 2,200 beds. Dr. Frederick M. Dearborn, who was in charge of the organization of this hospital pointed out, “We were the only Unit in the Center possessing a complete line of homeopathic remedies.” There were 21 homeopathic physicians in this Unit.<sup>231</sup>

Dr. J. Arnold Rockwell related his experience as a physician who had access to homeopathic remedies in a base hospital near the battlefield in France, and how extreme was the crowded spaces he was working in, “The staff of Base Hospital No. 44 was made up mostly from the homeopathic hospitals in Boston and consisted of thirty-eight officers, one hundred nurses and two hundred enlisted men. ... During that epidemic of influenza which raged at the time it did in this

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<sup>230</sup> H. A. Roberts. The homeopathic therapy of an army medical officer. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 793-795.

<sup>231</sup> *American Homeopathy in the World War*. Edited by Frederick M. Dearborn. (Chicago: American Institute of Homeopathy, 1923), 169.

country, the trains were filled regardless of medical or surgical cases, with mixed cases, so when the trains came to us forty per cent of the cases had influenza which had spread through car after car, so those who at first needed surgical attention only had been infected with influenza as well as others. That condition ought to have been averted. As a result, there were many deaths, much time was lost, and many patients came down with influenza which possibly otherwise would have been free.”

He further explained that despite the most dire therapeutic conditions they came out with an unusually low mortality rate, “When these cases arrived, and especially those complicated with influenza, they were in a pitiable condition because of the two days on the road in excess of the time expected that they would put in. There were thirty-eight fresh pneumonias taken off the train. These pneumonias were lobar, apparently, and were very fatal. We had no time to give much medical care. The small rooms into which these patients were crowded gave no opportunity for any method of isolation. The fresh pneumonias were put in a room by themselves, and the uncomplicated influenzas by themselves. We did the best we could, but had no opportunity of making a study of them, or giving the proper care. When I tell you that the surgical teams of our unit were at the front, that fifty-seven of the nurses had been requisitioned and taken from us before the flu epidemic came on, and ten of our men down with influenza, and had from one thousand to seventeen hundred patients—that in this critical condition the work piled up in proportions which we were not able to cope with. We found that *Gelsemium*, *Eupatorium perfoliatum*, *Arsenicum album* and *Bryonia* made up our group of remedies, which did excellent work as far as we could give it. Some only lasted two or three days. We lost thirty-three cases out of the three thousand patients under our care [a mortality rate of 1.1%]. Many of the three thousand were convalescent patients. It seemed to us as if they were dying by thousands—they were in such a critical condition that they died in a short time after arriving in the hospital. I do feel that if they had re-



ceived proper care on the train, with proper allotment of air space, and with little more than army regulation consideration of the value of human life, we would have made a better record on the pneumonia cases. It was brought out in the Bureau of Homeopathy that we did better in pneumonia than any other school, and I am glad we can make these assertions. However, we could not get this in the army because we did not have the essentials to work with to secure good results. We had many cases of poliomyelitis, diarrhea, gangrene, aggravated by exhaustion, poor food and drinking water. These cases will probably present intestinal difficulties for many years, and will have a long and tedious recovery.”<sup>232</sup>

Dr. W. Y. Mackenzie, physician of the Knights of Pythias Widows and Orphans Home in Weatherford, Texas, reported that, despite the confined space common to an orphan home, no deaths in 103 cases of influenza, of which four had pneumonia. He had as many as sixty patients in bed simultaneously.<sup>233</sup>

Dr. George H. Wright of Forest Olen, Maryland reported a similar experience in a boarding school for girls, “I had charge of a young ladies' academy of about 360 girls. I attended over 100 cases there without any fatalities.”<sup>234</sup>

Similarly, Dr. W. H. Hanchette of Sioux City reported the same consistency of good results when homeopathy was introduced in a boarding trade school in the midst of the epidemic, “There was a school nearby my office, a tractor and automobile school, where young farmers came in large numbers. These young men had come from twelve states, and brought the influenza with them. They were dying at the rate of two a day at that time. The school was turned into a hospital. After they became ill they lived, on an average, only two or three days. One of the teachers had been a patient of mine. He had been sick with pneumonia, and had recovered. This man went to the manager of the school, and said, ‘Why

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<sup>232</sup> J. Arnold Rockwell. Report of Base Hospital No. 44. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 795-798.

<sup>233</sup> Profession at large. *Pacific Coast Journal of Homoeopathy* 1919; 30: 157.

<sup>234</sup> George H. Wright. Discussion: Influenza: a favorable mortality and publicity. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 589.

don't you try homeopathic treatment?' The manager said, 'I will try anything. We will have to close the school if this keeps up.' He was panic-stricken. He came to me in the midst of a very busy office hour, and said it was important that he see me at once. He said, 'I want you to take charge of the school, and give talks on how the students shall take care of themselves, regarding ventilation, proper clothing, etc.' I treated 40 cases at this school, and every one recovered. The principal of this school will bear me out in my statement. Any of you with your homeopathic medicines could have done the same."<sup>235</sup>

### **Comparative Mortality in Hospitalized Patients**

During the NIP, mortality among patients with CIP was, as a rule, higher in hospitalized patients than in private practice. That was because the more severe cases were usually referred to hospitals and were often in a later stage of the disease and even in a moribund condition. For example, the Hahnemann Hospital in Chicago reported that out of 245 patients admitted during the height of the NIP, 108, or 44%, were in the late stage of the disease or had one or more of its complications.<sup>236</sup> The Boston City Hospital reported a mortality of 38% among 993 influenza patients, and the Cook County Hospital in Chicago had a mortality of 39.3% among 1,735 influenza patients.<sup>237</sup>

There are many reports that the great majority of the patients hospitalized for influenza during the NIP had pneumonia. Such was the case in the San Francisco Hospital: "At the San Francisco Hospital, Ward G, under homeopathic care, has had its full share of the patients of the epidemic. Since the ward was opened for the influenza patients there have been between eighty and one hundred patients

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<sup>235</sup> W. H. Hanchette. Discussion: Influenza: a favorable mortality and publicity. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 593.

<sup>236</sup> Jos. P. Cross. The annual report of the dean of the Hahnemann Medical College. *Clinique* 1919; 40: 303-306

<sup>237</sup> Edwin O. Jordan. *Epidemic Influenza. A Survey*. Chicago: American Medical Association, 1927.

admitted, most of which were suffering with pneumonia, and there has been much work for the attending physicians and interns.”<sup>238</sup>

Dr. Clarence Bartlett said that 94% of the influenza patients admitted to the Hahnemann Hospital in Philadelphia had bronchopneumonia: “In private practice, the illnesses were always typical, the bronchopneumonias being fewer and less severe than in hospital. All of the patients, with but three exceptions, came under care during the first 24 hours, and these three were physicians. All of my personal private cases recovered. Not one has since had any sequelae. ... The ward cases were quite different. Of the 166 cases, there were only ten in which the physical signs of pulmonary consolidation were more or less were absent. In other words, we noted that bronchopneumonia was so generally present that it might well be accepted as a part of the disease, and not as a complication.”<sup>239</sup>

However, severe and complicated cases were certainly not limited to hospitals. In the discussion following Dr. Bartlett’s presentation to the Homoeopathic Medical Society of the State of Pennsylvania, Dr. E. A. Krusen pointed out that serious and complicated cases of influenza were met with in private practice as well, particularly among the less affluent population: “We observed different types of cases according to environment or conditions. The physician who has a regular or established clientele is, as a rule, consulted early in the course of the illness, and is, therefore, enabled to secure excellent results. On the other hand, patients who enter the hospitals, generally defer treatment until their condition is so serious as to make attention imperative. In the poorer districts of our large towns and cities many people did not send for a physician until the illness had advanced to such a stage as to make the prognosis practically hopeless. When the patient sent for his physician early, it was nearly always possible to avert an oncoming pneumonia. I have treated 692 cases with but five deaths. Of the lat-

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<sup>238</sup> University notes. *Pacific Coast Journal of Homoeopathy* 1918; 29: 594.

<sup>239</sup> Clarence Bartlett. The influenza epidemic as observed at the Hahnemann Hospital of Philadelphia. *Hahnemannian Monthly* 1919; 54: 739-748.

ter three could have been saved in all probability had they had proper care in the beginning.”<sup>240</sup>

As a rule, homeopaths did not indicate in their outcome returns the percentage of patients treated in hospital versus private practice. A great opportunity for more detailed statistics was thus lost, for in the U.S. during the time of the NIP, there were 101 accredited homeopathic hospitals and inpatient institutions, and 151 other similar institutions with which homeopathic physicians had affiliation.<sup>241</sup>

In 1916, Dr. W. A. Dewey of the University of Michigan had been charged with compiling a list of the institutions that the homeopathic school of medicine possessed in the U.S. In this work, he reported their capacity to receive patients and some of their statistics, such as their consistently low mortality rates, “All the properties of our school, which we have thus far determined are strictly homeopathic properties. To date we have in the accredited class, 101 institutions. By that we mean that these institutions are homeopathic in management, homeopathic in staff, and the work is all done by homeopathic physicians. These 101 institutions represent 20,092 beds. There were treated in these institutions during the last fiscal year 110,000 inpatients. The average death rate in these institutions is the very small percentage of 4.1 percent for the 110,000 patients. I do not believe you can beat that in any aggregation of 101 hospitals anywhere else in the world other than in the homeopathic school. When we think that some of these hospitals are children's hospitals where the mortality is very high; that others are emergency institutions where perhaps 7,000 ambulance cases

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<sup>240</sup> E. A. Krusen. Discussion on influenza. *Hahnemannian Monthly* 1919; 54: 745.

<sup>241</sup> W. A. Dewey. Minutes. *Proceedings of the Homeopathic Medical Society of the State of Ohio* 1916; 52: 35-38.

are attended to annually, and that in some there are from 1 to 50 accident cases per day, I think it is a remarkably low mortality rate.”<sup>242</sup>

The number of patients seen by homeopathic physicians in those institutions was significant, since many of them also had outpatient dispensaries. In fact, Dr. Dewey reported, “We have estimated that at least 750,000 of the sick and injured in this country are receiving in institutions homeopathic treatment and aid.”<sup>243</sup>

However, the capacity of those institutions was small in comparison to the population interested in receiving homeopathic care in the United States. According to the Council on Medical Education of the American Institute of Homeopathy, the number of homeopathic patrons in 1916 represented quite a significant segment of the population: “In states wherein a survey has been made indicating the medical faith of the population it was found that actually 35.5% employs homeopathic treatment and 48.5% are kindly disposed toward homeopathy.” That was at a time when the U.S. population was 102 million.<sup>244</sup>

It is most unfortunate that the homeopathic community didn’t do a better job of recording and making public all the results they obtained during the NIP. Previous generations of homeopaths had had to work and fight hard to obtain recognition, privileges and institutions in order to practice their art, as it should be practiced, despite the fact that they were already treating a large segment of the tax-paying population. To give an example, Dr. W. S. Mills recounted how the Metropolitan Hospital in New York City came under homeopathic management.

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<sup>242</sup> Dr. Dewey estimated that in 1916 the property valuation of these 101 hospitals and the 20 other institutions eligible for accreditation amounted to close to 50 million dollars (or the equivalent of over one billion in 2014).

<sup>243</sup> W. A. Dewey. Minutes. *Proceedings of the Homeopathic Medical Society of the State of Ohio* 1916; 52: 35-38.

<sup>244</sup> Council on Medical Education of the American Institute of Homoeopathy. *Hospitals and Sanatoriums of the Homoeopathic School of Medicine*. Chicago, 1916: 107.

Early in 1875, during a regular monthly meeting at the Union League Club,<sup>245</sup> “One of the gentlemen suggested that the homeopaths were entitled to a city hospital. Under the existing conditions, all of the public hospitals, supported as they were from the public funds, excluded homeopathic practitioners. Because of the large proportion of taxes paid by the patrons of homeopathy, he believed that the homeopaths were entitled to recognition. A petition was drawn up on the spot requesting a Charity Hospital under city patronage to be placed in homeopathic care. ... Six hundred and fifty-five signatures, representing over half the estimated wealth of the City of New York, were obtained.” It was said during the presentation of the petition to the city commissioners, “We feel that an opportunity is thus offered to the commissioners to give to those who pay the majority of the taxes of the city a voice in the way in which said taxes shall be dispensed, without increasing by one dime the total amount [of expenses]. It would be an anomaly in a democratic government that the large taxpayers of this city are debarred from any voice in the care of the city’s poor, and we respectfully ask as a right that this injustice shall cease.”<sup>246</sup>

This failure to report outcomes from hospital services during the NIP was not limited to homeopathic institutions, but was common among all hospitals throughout the United States. However, despite this lack of reporting, descriptions of the consistently favorable outcomes from the practice of genuine homeopathy can again be found in countless references to this subject in the literature.

Dr. Wallace McGeorge of Camden, New Jersey, pointed out that many moribund patients who had been hospitalized during the NIP owed their lives to homeopathy: “In the terrible epidemic of influenza that visited us last month and is now passing over the Western States, homeopathy has come out with honor. Many

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<sup>245</sup> A private social club that was founded in 1863, see: [http://en.wikipedia.org/wiki/Union\\_League\\_Club\\_of\\_New\\_York](http://en.wikipedia.org/wiki/Union_League_Club_of_New_York)

<sup>246</sup> Walter Sands Mills. *History of the First Twenty-Five Years of the Ward’s Island and Metropolitan Hospital, 1875-1900*. New York: Rooney & Otten Printing Co., 1900: 10, 16.

people are alive today because of the curative action of homeopathic remedies, carefully prescribed and conscientiously given. Some of our physicians who have been called to attend the sick and dying in emergency cases in our hospitals have been sorely tried, yet even these have had cause to rejoice in the curative action of homeopathic medicines.”<sup>247</sup>

Dr. Ernest F. Sappington of Washington, D.C., reported that during the NIP, “Recoveries in the National Homeopathic Hospital in Washington were 100 percent.”<sup>248</sup> Unfortunately, records from this hospital are not available at this moment.

Lieutenant Foster J. Curtis, who was one of the homeopathic physicians commissioned to the Letterman Army Hospital in San Francisco, the largest army hospital in the United States, also had no mortality on his ward during the NIP.<sup>249</sup> No records from the Letterman Hospital have so far been found with the exception of this short note, which showed that they had an average number of complicated cases with pneumonia: “There has been no epidemic affecting this hospital except the one of influenza which started in October 1918, and continued with unabated virulence until the last part of January 1919. The disease was characterized by an onset with chill, chilliness, marked prostration, slight coryza and general soreness and pain, the latter most marked in the lumbar region. The incidence of pneumonia as a complication was the same as that experienced throughout the country generally.”<sup>250</sup>

If we then examine the records of another large army hospital, the one located at Camp Grant in Illinois, we find that from September 21 to November 3, 1918, 10,739 soldiers had been admitted to its base hospital and infirmaries. Of these,

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<sup>247</sup> Wallace McGeorge. Influenza remedies. *Homoeopathic Recorder* 1919; 34: 1-4.

<sup>248</sup> Ernest F. Sappington. Discussion: Influenza: A favorable mortality and publicity. *Journal of the American Institute of Homeopathy* 1919-20; 12: 588.

<sup>249</sup> Profession at large. *Pacific Coast Journal of Homoeopathy* 1919; 30: 156-157.

<sup>250</sup> Extracts from reports relative to the influenza, pneumonia and respiratory diseases. Office of Medical History, U.S. Army Medical Department. <http://history.amedd.army.mil/>

2,332, or 22%, developed pneumonia, and 1,060, or 46%, of the pneumonia patients died.<sup>251</sup>

It was not unusual for *professed* homeopaths to offer “mixed treatments,” particularly when they were practicing in hospitals, but those who did ended up, as a rule, with mixed results. Before the American Institute of Homeopathy, Dr. Samuel Clement, Clinical Instructor in Contagious Diseases at the Boston University School of Medicine and resident physician at the Haynes Memorial Hospital for Contagious Diseases of the Massachusetts Homeopathic Hospital in Boston, described the kinds of patients that were often admitted to his hospital during the NIP: “I have enjoyed hearing during the session these reports of influenza treated with homeopathic remedies. These, however, were mostly from private practice, where the physician was called early to see the patient, and gave instructions on what to do—put to bed, given proper diet, liquid diet, etc. I had a low mortality rate, but can speak only from the institutional standpoint.

“Those of you who were engaged in this work will know that for a long time, along the latter part of September and October, the hospitals were the dumping ground to which all kinds of people were sent who had had all kinds of treatment. I was glad to hear what one physician had to say about the use of aspirin. Many of the patients, especially ladies, had been advised to take aspirin as a prophylactic against influenza or influenza-pneumonia. One lady had taken 240 grains in less than 48 hours. She was sent to the hospital—not as a case of influenza, but as scarlet fever because of the red spots on her body. If the doctor who had examined her had done it more carefully, he never would have made the diagnosis of scarlet fever.”<sup>252</sup>

Dr. Clement then pointed out that their treatment was handicapped in a great

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<sup>251</sup> Base Hospital, Camp Grant, Illinois. Office of Medical History, U.S. Army Medical Department. <http://history.amedd.army.mil/>

<sup>252</sup> Samuel Clement. Influenza at the Haines Memorial. *Journal of the American Institute of Homeopathy* 1921-1922; 13: 157-159.



number of patients who had previously been treated with allopathy, “So, many of the cases that came to the hospital were neglected cases, patients filled up with aspirin, codeine, morphine and digitalis. Therefore, it is a poor thing to try to report to you these cases and have a very low mortality rate in 632 cases. The largest number I admitted to the hospital in one day was 45. Out of these 632 cases, 264 were pneumonia cases. I am glad to say out of the 264 pneumonia cases, only 15 developed pneumonia after admission to the hospital.”<sup>253</sup>

Despite the fact that the patients at the Haynes Memorial were treated with homeopathy, as well as with (non-homeopathic) vaccines and beef and human serums, the result were reasonably good in view of the fact that 42% of all the ones admitted had pneumonia, 48% were severe cases and a great number had been weakened by allopathic drugs, but were by greatly inferior to the ones found under genuine homeopathy: “Out of the 632 cases, 175 were mild cases, temperature not higher than 101°F; 158 were average cases, temperature about 102°F; 306 were very severe cases, temperature about 103°F. Out of 109 cases reported above, the highest temperature was 107°F. Of our pneumonia cases, the diagnosis was made on actual physical findings; 222 were bilateral broncho-pneumonia, septic, resembling pulmonary edema and started inside of 24 hours.

“Some died a few hours after admittance to this hospital, and we did not have time to work out the records. Of the 128 that died, some lived two days, other only two hours. Our mortality rate was 20 percent. This isn't camouflage. The mortality rate in septic pneumonias was 44 percent; our mortality rate in pregnant women was about 46 percent.

“Many of our cases were drawn from the United States Navy enlisted men, about 109. One of the men at the Naval Hospital, having heard of the wonderful results of homeopathic treatment at the Massachusetts Hospital, said to me, ‘Our men are dying like flies.’ I went over there with the commanding officer and re-

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<sup>253</sup> Ibid.

viewed their treatment. The patients were given codeine, morphine and aspirin as a routine affair, also digitalis. They didn't like to send the officers to us, thinking they had better care at the Naval Hospital. However, they saw and admitted that our treatment was better than theirs and some of the officers and men were sent to our hospital. After only a short time in our hospital, they were pretty sure they were not going to die.

“I want to say that out of these 109 cases there were only 3 deaths, and these were moribund when admitted into the hospital. I want to emphasize this. These men in Government work praised our hospital for homeopathic treatment in influenza. They do not all agree, however, but they have a feeling in Boston that we have a wonderful treatment for influenza.

“Just a word with regard to allopathic prescribing. Of the five cases that had developed pneumonia under allopathic treatment, all died.”<sup>254</sup>

This mixing of homeopathy with allopathy by professed homeopaths practicing in hospitals was quite common, as was seen in the Haines Memorial. Often, the allopathy was termed “physiological medication.” Such an approach of giving drugs for their effects is not part of homeopathy and should simply be considered a failure to apply homeopathy properly.

Like all other large U.S. cities, New York City had its share of deaths from influenza-pneumonia during the NIP. On a single day in mid-October, more than 850 New Yorkers died from the flu.<sup>255</sup> From September 1, 1918, to February 15, 1919, there were 145,976 cases of influenza and 27,388 of pneumonia hospitalized in New York City, for a total of 173,364 cases of CIP. There were 14,873 deaths among the influenza patients, a 10.2% mortality rate, and 15,471 deaths among the pneumonia patients, a 56.5% mortality rate, resulting in a to-

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<sup>254</sup> Ibid.

<sup>255</sup> Paul Kupperberg. *The Influenza Pandemic of 1918-1919*. New York: Infobase Publishing, 2008: 49.

tal of 30,344 deaths, or 17% for CIP. This figure was six times as great as in the same period the year before.<sup>256</sup> By the end of the NIP, the total number of deaths from CIP exceeded 35,000 for New York City.<sup>257</sup>

During WWI, a great number of the New York City Metropolitan Hospital homeopathic staff had gone overseas with Base Hospital No. 48. Nevertheless, the hospital continued to operate at full capacity during the NIP. The Metropolitan Hospital was quite large and had, before the war, a capacity of 1,897 beds. It was not only the largest general hospital in the world under homeopathic management, but was also a very busy one, and it accepted only charity cases. Frequently, the actual number of patients exceeded the normal bed capacity. For instance, it was reported that on January 26, 1915 there were 2,238 patients on the wards, which meant 20% above full capacity.<sup>258</sup>

In his oral autobiography, Dr. John Renner, who was the former editor of *Midwest Homeopathic News Journal* and who was known to be an accurate reporter of events, talked about the results obtained by the Metropolitan Hospital with influenza patients during the NIP: “Another statistic along that line is what happened at the Metropolitan Hospital in New York City. As a city hospital, they had to take every case brought to them, so it was a difficult place to build up a favorable record. Senator Royal Copeland was a [homeopathic] doctor before he became a senator, and he was in charge of the city hospital as Health Commissioner of the City of New York. He had such a good record [in the Metropolitan Hospital] in New York—the lowest death rate of any hospital in the city—that

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<sup>256</sup> Gradual and steady decline of the influenza epidemic. *Weekly Bulletin of the Department of Health, City of New York* 1919 (February 22); N.S. 8 (8): 57-58.

<sup>257</sup> Paul Kupperberg. *The Influenza Pandemic of 1918-1919*. New York: Infobase Publishing, 2008: 49.

<sup>258</sup> Council on Medical Education of the American Institute of Homoeopathy. *Hospitals and Sanatoriums of the Homoeopathic School of Medicine*. Chicago, 1916: 25.

they awarded him a banner to signify their appreciation. He was able to do this because of his homeopathic medicine.”<sup>259</sup>

The favorable results obtained by homeopaths with hospitalized patients during the NIP were also met with in a non-American population. Dr. Marguerite Everham, a missionary homeopathic physician, reported that she was busy treating influenza patients in a hospital accommodating 75 inpatients and an average of 100 outpatients a day in the dispensary in Swatow, China where “this influenza epidemic is like the plague.” She wrote that when influenza broke out in her region, “I had ever so much medical work, and so far as I know all the people I saw recovered.”<sup>260</sup>

### **Comparative Mortality in Hospitalized War Casualties**

There were probably no more challenging conditions under which to obtain favorable results with CIP patients than among the soldiers wounded at the front in Europe.

In 1917, American homeopathic physicians and surgeons were asked by the U.S. Surgeon General, W. C. Gorgas, to organize two base hospitals and one hospital unit, namely Base Hospitals No. 44 and No. 48 and the Flower Hospital Unit. The first two served near the front at the Mars Hospital Center in the center of France, where they received the sick and wounded soldiers directly from the frontline casualty clearing stations.

Dr. H. M. Stevenson, president of the Southern Homoeopathic Medical Association, noted the close ties that existed for a short time between the U.S. Government and the homeopathic officials: “During the recent war, our school stood staunchly by the Government. Officials of the American Institute of Homeopathy

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<sup>259</sup> Adelaine Suits. *Brass Tacks: Oral Biography of a 20th Century Physician*. Ann Arbor: The Halyburton Press, 1985: 79-82.

<sup>260</sup> Marguerite Everham. Some experience in China. *Journal of the American Institute of Homeopathy* 1918-1919; 11: 1300-1301.

remained permanently at Washington throughout the war, where they worked with the War Department and with the Navy Office to organize our homeopathic forces for the Government.”<sup>261</sup> Homeopaths actually offered to form more base hospitals but their offer wasn’t accepted, as Dr. Frederick Dearborn, the organizer of Base Hospital No. 48, deplored: “We likewise will never cease to regret the non-acceptance of the base hospital offered by the Hahnemann Hospital of Philadelphia, Hahnemann Hospital of Chicago and by the homeopathic women of the Institute. It is a great temptation to dilate upon these matters but this is not the time nor place.”<sup>262</sup>

The staff of Base Hospital No. 44 was made up of 38 physicians and surgeons and 100 nurses recruited mostly from Boston homeopathic hospitals; it was one of a dozen hospital units attached to the Mars Hospital Center.

The medical work they performed was, as a rule, done in the *most unfavorable* conditions. A great number of the wounded soldiers developed influenza during transport in overcrowded trains. Dr. J. Arnold Rockwell of Cambridge, Massachusetts, wrote about his experience as staff physician of Base Hospital No. 44: “In the rush and confusion of war and the great desire to get patients back, the trains were often poorly manned, and it sometimes took a rescue train from one to three days from the expected time to arrive, so the patients seldom arrived in anything like a fair condition. During that epidemic of influenza which raged at the time it did in this country, the trains were filled regardless of medical or surgical cases, with mixed cases, so when the trains came to us forty percent of the cases had influenza which had spread through car after car, so those who at first needed surgical attention only had been infected with influenza as well as others. That condition ought to have been averted. As a result, there were many

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<sup>261</sup> H. M. Stevenson. Southern Homoeopathic Association Annual Meeting. *Clinique* 1919; 40: 396-400.

<sup>262</sup> Frederick M. Dearborn. The business address. *Journal of the American Institute of Homeopathy* 1919-1920-12: 1335-1346.

deaths, much time was lost, and many patients came down with influenza which possibly otherwise would have been free.”<sup>263</sup>

Mortality from CIP among wounded soldiers would be expected to be higher than in hospitalized soldiers in army camps or in hospitalized civilians, as Dr. Rockwell reported: “They were in such a critical condition that they died in a short time after arriving in the hospital.”<sup>264</sup> Only one base hospital located near the battle-front in France reported the mortality rate in its CIP patients during the NIP, namely Base Hospital No. 46 that reported, “We had 1,040 cases of influenza [23% of all the casualties of its medical department] in the same period [from July to December 1918], with 135 cases of broncho-pneumonia and 38 lobar pneumonia, and 6 complicating empyema. Our pneumonia mortality, including complications, was 50 percent. Many of the cases of influenza developed a later bronchopneumonia.”<sup>265</sup> For the months of September through November 1918, the American Expeditionary Forces based in England and France during WWI reported 75,960 cases of influenza, of which 11,113, or 15%, developed pneumonia and 5,486, or 49.4%, of these died.<sup>266</sup>

Within four days in early October, in the midst of the most deadly wave of influenza, Base Hospital No. 44 received two trains of more than 1,700 sick and wounded soldiers, of whom about one third had influenza. “Many of these patients were in a serious condition, and several of these died within a few days. ... A vast number of dressings were done, and all the departments of the hospital

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<sup>263</sup> J. Arnold Rockwell. Report of Base Hospital No. 44. *Journal of the American Institute of Homeopathy* 1919-1920-12: 795-798.

<sup>264</sup> Ibid.

<sup>265</sup> *Report of the Surgeon General U.S. Army to the Secretary of War, 1919*. In two volumes: Volume II. Annual Reports, War Department, Fiscal Year Ended June 30, 1919. Washington: Government Printing Office, 1920: 1952.

<sup>266</sup> Ward J. MacNeal. The influenza epidemic of 1918 in the American Expeditionary Forces in France and England. *Archives of Internal Medicine* 1919; 23: 657-688.

were taxed to their capacity. The pneumonias were of a virulent type, and a large proportion of the deaths occurring in the hospital were from this cause.”<sup>267</sup>

Moreover, the “pitiable condition” of the soldiers was compounded by the fact that they were in crowded spaces with no opportunity for isolation. And yet homeopaths at Base Hospital No. 44 were able to turn the unfavorable odds around. Dr. Rockwell and his team lost only 33 cases out of some three thousand patients that were put under their care from July to December 1918. If we assume the worse case scenario, namely, that all 33 deaths were due solely to pneumonia, the odds of surviving CIP at Base Hospital No. 44 during the NIP were at the very least 100% greater as in the rest of the American Expeditionary Forces, where the average death rate from CIP was 6%.<sup>268</sup>

Those very good results were obtained despite the fact that the medical staff did not have an adequate supply of homeopathic remedies, as Dr. Rockwell recalled: “One-third [of the remedies received from overseas] were broken. Because of the great need, it presented a sad picture to find bottle after bottle absolutely useless. And it so happened that several of our unquestionably most valuable remedies were among those lost, for instance, Phosphorus; when we needed it more than anything else, we had none to dispense.”<sup>269</sup>

Those results were even more remarkable when we consider the fact that a group of officer patients had written to the American Expeditionary Forces’ Adjutant General complaining about the poor food served at Base Hospital No. 44. An Services Of Supply inspector eventually looked into the matter and concluded that the hospital was doing the best it could under the circumstances.<sup>270</sup>

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<sup>267</sup> Ibid., 1948.

<sup>268</sup> Edwin O. Jordan. *Epidemic Influenza. A Survey*. Chicago: American Medical Association, 1927.

<sup>269</sup> J. Arnold Rockwell. Report of Base Hospital No. 44. *Journal of the American Institute of Homeopathy* 1919-1920-12: 795-798.

<sup>270</sup> Joseph W. A. Whitehorne. *The Inspectors General of the United States Army, 1903-1939*. Washington, DC: Office of the Inspector General and Center of Military History, United States Army, 1998: 244.

Another hospital under homeopathic management was Base Hospital No. 48, which was organized out of the Metropolitan Hospital of New York City, the charity hospital on Blackwell's Island. It was the senior and first base hospital in operation at the Mars Hospital Center in France during WWI. Colonel Geo A. Skinner of the U.S. Medical Corps, who was in charge of the Mars Hospital Center, wrote to the Board of the Metropolitan Hospital on February 7, 1919, three weeks after the medical staff of Base Hospital No. 48 had been released from their duties (since the war was over): "It gives me great pleasure to report on the splendid work done here at Mars Hospital Center by Base Hospital No. 48, organized from the Metropolitan Hospital of New York. ... Base Hospital No. 48 reported at Mars Hospital Center on July 25th, 1918, and, with Base Hospital No. 68, cared for the first train of patients, which arrived here on August 2nd. From that time on until sometime after the armistice was signed this hospital has been constantly busy, having handled a large number of cases and always with great professional credit. The work at times has been exceedingly hard for the professional personnel as many of the doctors were called to the front, leaving us very shorthanded at the rear. ... In spite of being so shorthanded, the work of all the specialties has been carried on in a very satisfactory manner. I have only praise and commendation for the splendid, unselfish work of every member of this organization, officers, nurses and enlisted men. The character of the enlisted men was especially high and the discipline of the command has been most satisfactory. It was a great help to me as Commanding Officer of the Center to be able to call on Base Hospital No. 48 for so many men, and I availed myself freely of their ability."<sup>271</sup>

The deplorable working conditions at these base hospitals during the second part of 1918 were described in graphic detail by an officer of Base Hospital No. 48: "August 2nd, the arrival of the first hospital train at 8:45 A.M., with nearly

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<sup>271</sup> Geo. A. Skinner. An official opinion of Base Hospital No. 48. *Journal of the American Institute of Homeopathy* 1918-1919; 11: 1347-1348.



three hundred wounded ... serious stretcher cases ... everybody out to carry stretchers. The first awful sight of the interior of a hospital train ... three cots high either side ... the sickening stench of blood, gangrene and foul air. The tender but inept handling of the wounded ... the moans and curses of the very bad cases ... the journey from the train through the rain and mud, stumbling over the bad roads ... the traffic jam of stretchers in the Receiving Ward ... the assignment to the various wards, according to the nature of the wounds—gas cases, head wounds, fractures, walking cases.

“Another train load at noon ... still another at three the next morning ... mostly victims of the Chateau-Thierry drive. Stories of danger, heroism, pain and death—from those able to talk ... some joking ... others lying in a half stupor. One young boy, head encased in bandages, mumbling deliriously ... so many young boys. The jargon of foreign voices in American uniforms, ... several German wounded, also very young.

“Many desperate cases ... the need for immediate operations. Operation hour after hour ... head wounds ... the terrible sound of clipping the bone of the scalp ... gruesome abdominal wounds. ... Wards loaded. Men desperately sick ... all types of wounds—head, chest, abdominal, arm, leg, fracture cases ... amputations ... helpless, fed and bathed like babies. ... For days we did nothing but work, eat and sleep. The wounded came in by the hundreds. At times we had to stop the admission of new cases because of the congestion.”<sup>272</sup>

These base hospitals were often overcrowded and their staffs were overworked. For instance, in August 1918 during the height of battle at the nearby front, 1,828 cases, mostly with battle wounds, were admitted to Base Hospital No. 48, and 1,744 cases were received in October during the height of the most deadly

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<sup>272</sup> Martin Matheson. *48: An Informal & Mostly Pictorial History of U. S. Base Hospital 48, 1918-1919*. New York: Veterans U. S. Base Hospital No. 48, 1939.

wave of the NIP.<sup>273</sup> The normal capacity of Base Hospital No. 48 was 1,240 beds,<sup>274</sup> but from July 25, 1918 until January 15, 1919 it constantly had from a thousand to fifteen hundred patients, including a large proportion of the most seriously wounded. Not only was this hospital over-occupied but it was also understaffed because eighteen out of their thirty-six commissioned physicians and surgeons were either at the front or directing other activities. A number of those had been part of operating teams in the front line trenches from July to November, and no fewer than three officers suffered injuries at the front.<sup>275</sup>

The total number of sick and wounded soldiers treated during the active service of Base Hospital No. 48 was 4,822, most of whom were seriously wounded; 2,960 were surgical cases and 1,862 were medical cases.

Despite those most unfavorable conditions, the total number of deaths from all causes, from battle wounds to pneumonia, reported by Base Hospital No. 48 was 85.<sup>276</sup> Such “splendid results” were similar to the ones mentioned earlier for Base Hospital No. 44, which was the other American base hospital with a homeopathically trained staff that had actually been supplied with homeopathic remedies.<sup>277</sup> These results are remarkable if we consider the fact that 6% of the wounded in battle in the American Expeditionary Forces in France died.<sup>278</sup>

On the other hand, mortality from pneumonia was quite high in other similarly located base hospitals. For instance, Base Hospital No. 68, which was under allo-

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<sup>273</sup> *American Homeopathy in the World War*. Edited by Frederick M. Dearborn. (Chicago: American Institute of Homeopathy, 1923), 165.

<sup>274</sup> Martin Matheson. *48: An Informal & Mostly Pictorial History of U. S. Base Hospital 48, 1918-1919*. New York: Veterans U. S. Base Hospital No. 48, 1939.

<sup>275</sup> U.S. Base Hospital No. 48. American Expeditionary Forces. *Journal of the American Institute of Homeopathy* 1918-1919; 11: 1349-1350.

<sup>276</sup> Martin Matheson. *48: An Informal & Mostly Pictorial History of U. S. Base Hospital 48, 1918-1919*. New York: Veterans U. S. Base Hospital No. 48, 1939.

<sup>277</sup> H. L. Shepherd. President's address. Delivered before the California State Homoeopathic Medical Society. *Pacific Coast Journal of Homoeopathy* 1922; 33: 213-221.

<sup>278</sup> Pathology of the acute respiratory diseases, and of gas gangrene following wounds. Volume 12. In *The Department of the United States Army in the World War*. Edited by M. W. Ireland and J. Coupal. Washington: U.S. Government Printing Office, 1929, 411-412.

pathic management and which was also located in the Mars Hospital Center, began its activity at the same time as Base Hospital No. 48 and reported a pneumonia case fatality rate of 32% for the period from August to November 1918.<sup>279</sup>

Base Hospital No. 18, which also served in France, reported, "The bronchopneumonia have been particularly fatal infections, and proportionally killed more soldiers than any other disease," being the cause of 38.5% of all their deaths.<sup>280</sup>

Base Hospital No. 38, which also served in France, reported: "In general, the respiratory infections nowise differed from the classical types observed in civil practice. There are a few exceptions to this statement; hemolytic streptococcal infections were often insidious, of undefined symptoms and signs, and almost constantly hopelessly fatal. Bronchopneumonia showed, in fatal cases, a particular tendency to coalescent massive types simulating lobar. Any pneumonia superimposed upon lesions due to gassing, was extremely fatal, the secondary infection probably being the determining factor. In acute pulmonary affections complications were not unusual; empyema was of ordinary incidence." Pneumonia was the cause of 26% of all the deaths occurring in this hospital.<sup>281</sup>

Base Hospital No. 31, which was also serving in France reported, "The combination of bronchopneumonia with typhoid fever seemed particularly fatal, three out of four cases dying."<sup>282</sup>

The first American physician at the front during the WWI was Dr. E. Petrie Hoyle of Kittery, Maine, who volunteered in August 1914 in the British Royal Army Medical Corps. He reported that some of the wounded soldiers, ill with influenza,

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<sup>279</sup> Alpha R. Sawyer. *United States Base Hospital 68 A. E. F. History of the organization and personnel*. Boston: Griffith-Stillings Press, 1920: 22.

<sup>280</sup> *History of Base Hospital No. 18. American Expeditionary Forces*. Baltimore: Base Hospital 18 Association, 1919, 115-116.

<sup>281</sup> W. M. Coplin. *American Red Cross Base Hospital No. 38 in the World War*. Philadelphia. 1923, 62.

<sup>282</sup> Charles Hirsh Kaletski. *Official History. U.S.A. Base Hospital No. 31*. Syracuse, N.Y. 1919, 132.

had broken “out with large patches of blackened flesh and buboes galore ....,” “killing tens of thousands” in the armed forces. “Here is a personal report which I will vouch for as being God’s truth. My old British friend, the late Dr. Byres Moir [a staff physician of the London Homoeopathic Hospital], Scotch to the backbone, told me this in London after the last war [WWI]. He, though much over age limit [61 years old], was placed in charge of a large British transport full of American troops. It is so happened that he worked through that worst epidemic of flu when men rotted and were covered with those black patches, buboes, etc. Whilst all other transports were burying their scores of dead daily, Dr. Moir never lost a case.

“Dr. Moir did not lose a case on his ship, and the proof is in the British records. I asked Dr. Moir, whom I had known nearly all my life, why he did not publish this history in some of our medical journals, to which he replied that being an officer on government employ his hands were tied. I challenge and beg the British government to publish Dr. Moir’s record for the good of humanity, lest another such epidemic should occur, arranging that in future all their medicos travel with a set of homeopathic remedies and so save some lives.”<sup>283</sup>

### **Advantages of Homeopathy with the Sick, Wounded and War-Wearied Soldiers**

It is important to understand that, when the principles and practice of homeopathy are fully applied, the overall health of the patient is expected to improve. By taking care of the whole person, on the mental, emotional and physical levels, all at once, homeopaths were able not only to obtain remarkably low death rates in the CIP stricken soldiers, but also to diminish the risk of complications and increase the speed of recovery by effectively addressing all other sufferings and disabilities encountered in the sick, wounded and war-weary soldiers. In fact, the lower death rates achieved by homeopathy in soldiers with CIP was extraordi-

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<sup>283</sup> E. Petrie Hoyle. Medical and surgical experiences in the First World War and some statistics and medical measures of the greatest value to all army medical corps. *Homoeopathic Recorder* 1942; 58: 57-74, 109-127.

nary, given the concomitant conditions suffered by the soldiers, such as battle wounds, gas inhalation, stress, emotional trauma, mental and physical exhaustion, trench fever, poliomyelitis, dysentery, etc.

In June 1942, soon after the United States entered World War II, Dr. E. Petrie Hoyle shared his own experience as a physician at the front in WWI in a paper entitled “Medical and Surgical Experiences in the First World War and Some Statistics and Medical Measures of Greatest Value to All Army Medical Corps.” He wrote, “I have some right to speak as I was actually ‘over there’ in Belgium and France for four-full years, and fully employed every single day, much of the time being at or near the front. Our unit crossed to Ostend on September 4, 1914. I was the first American doctor actually at the front, at Antwerp, Malines and Furnes, dating from September 5.

“What I am recounting now is a slight gift, humbly offered and suggested to every M.D. of any school of medicine as a faithful and actual record of war life, time and pain-saving. As a tribute of thankfulness, I offer my old school friends *our way* of treating wounds and illnesses. ... *Nota bene*—Every surgical case is, *nolens volens*, a medical case, at one and the same time!

“I beg all to make a test, and don’t worry too much about ‘lack of control cases.’ In wartime, especially, one cannot command ‘controls’ nor even get laboratory findings, to help one’s clinical work. One has to work, at top speed, on clinical knowledge, plus using the medicaments on hand.”<sup>284</sup>

“We were so often under shell fire there that one hardly realized whether one was in this world or not. Anyway there was a feeling that the next bomb or shell might not leave a trace of you, but as a matter of fact work was done on the heartfelt supposition that the next bomb would fall in the next street or any-

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<sup>284</sup> E. Petrie Hoyle. Medical and surgical experiences in the first World War and some statistics and medical measures of greatest value to all army medical corps. *Homoeopathic Recorder* 1942; 58: 57-74, 109-127.

where but just where you were working. The shriek of those shells is something very weird and fascinating, but we never worried as long as there were wounded to attend to, and we got so tired at night when we got to bed that there was nothing further but oblivion.”<sup>285</sup>

During WWI, Dr. Hoyle made extensive use of Calendula solutions to clean wounds and in wet dressings. The results were uniformly good even though these solutions were quite diluted from lack of adequate supplies, as he reported: “My war experience brings to mind ex-President Coolidge’s dictum, ‘Make it do; do without,’ for requisitions get side-tracked or pigeon-holed, and that is one benefit of a homeopathic medicine case, which supply goes so far when we use drop doses, or with some drugs a teaspoonful of drug also goes far, making a pint of wet-dressing solution.”<sup>286</sup>

He served the French, British and American troops during the four years of the war in seven different hospitals in Belgium and France,<sup>287</sup> and, in 1915-1916, one year into his services, Dr. Hoyle was put in charge of the Hôpital Auxillaire No. 50 in Rubelles, France. He witnessed there the gruesome state the wounded were in when they arrived from the front: “It has been one service of work like handling the debris of train wreck, only rather worse!”<sup>288</sup>

The kind of injuries that war surgeons commonly dealt with near the front in WWI were described in even more graphic detail by Miss E. Wilkinson, a nurse

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<sup>285</sup> Petrie Hoyle. Letters. *New England Medical Gazette* 1915; 50: 655-658.

<sup>286</sup> Ibid.

<sup>287</sup> Dr. Hoyle began his service in August 15, 1914 as an Honorary Volunteer in the British Mobile Hospital Service in Belgium. In December 1914, he served in the French Service de Santé in Paris. In January 1915, he founded and served as Co-Director of Hospital No. 307 in Neuilly-sur-Seine, which was a 75-bed Anglo-French-American Homeopathic Hospital. He was chief of staff for one year in the Hospital No. 50 in Rubelles. For five months, he served in the Ulster Volunteer Hospital in Lyon. He served another fifteen months in the American Orthopedic Hospital for the French troops. He finally ended his service as chief of staff in Hospital No. 10 in Bretigny-sur-Orge (Laurence Binyon. *For Dauntless France: An Account of Britain’s Aid to the French Wounded and Victims of the War Compiled by the British Red Cross Societies and the British Committee of the French Red Cross*. London: Hodder and Stoughton, 1918).

<sup>288</sup> Announcements. *Journal of the American Institute of Homeopathy* 1915-1916; 8: 202-203.

who had graduated from the Montreal Homoeopathic Hospital and had joined the St. John's Ambulance Corps. While serving in Gallipoli during the fierce Dardanelles campaign, she wrote, "Most of the men are absolutely riddled by bomb explosions, shell and shrapnel. Bullets are quite common protruding from all parts of their anatomy from brain to toe. Legs broken, lungs crushed, brain and skull all smashed, bullets in the intestines, others going through about every place in their body."<sup>289</sup>

It is a remarkable fact that in those four years Dr. Hoyle did not see a single new case of tetanus or gangrene develop under homeopathic care despite the direst conditions of the soldiers with septic wounds: "I have used this [Calendula] on all sorts of wounds here, pouring it into compound fractures and using it on black wounds, as many men arrived here from the front with their wounds not dressed for four days, hence the torn flesh was in some instances black and offensive. ... but to Calendula alone I attribute the quick sweetening of all these wounds."<sup>290</sup>

"In the rush of war work, it is well to remember one piece of negative testimony. I came across in Belgium and France. TIME: The first few months of the First World War. PLACE: Various hospitals in Belgium and later France. DEMAND: Serum, to prevent tetanus following wounds, the soil of well-manured fields being supposedly full of tetanus germs. WHAT ACTUALLY HAPPENED: Not a shot of the serum was allowed to go to many non-army hospitals, including our units. RESULT: I never saw a case of tetanus in any hospital in my four years at or near the front. This fact rather spoiled the claim that such serum was an absolute necessity. We could never obtain, buy, beg, or steal, a single shot. I do not claim that the internal medicines given by me, or the Calendula used for wet-dressings, prevented the tetanus, so we leave this fact in the lap of the gods, and thank God for what did eventuate—NO TETANUS! ... Even if wounds are known to be infected,

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<sup>289</sup> E. Wilkinson. A letter from the war zone. *Journal of the American Institute of Homeopathy* 1915-1916; 8: 554-555.

<sup>290</sup> Petrie Hoyle. Letters. *New England Medical Gazette* 1915; 50: 655-658.

which every war wound surely is. If the wound is deep, syringe with this dilution and very lightly pack with medicated gauze [with Calendula] to prevent sudden closing. Dress twice daily, if possible, though once daily dressings have carried thousands through to perfect cure. I never saw gangrene in a Calendula dressed wound.”<sup>291</sup>

These results are remarkable if we consider the fact that 1.8% of the ones who received wounds to soft parts and had bone fractures in the American Expeditionary Forces in France developed gangrene, and of these 47% died. Also 10% of the cases of gangrene developed after surgical operation.<sup>292</sup>

Such a record, which is commonplace for homeopathic surgeons who have learned to make full use of the homeopathic armamentarium, is extraordinary in view of the seriousness of the wounds in weakened and battle-weary soldiers and all the difficulties caused by a war.

The quality of care that homeopathic physicians provided and the favorable results they obtained with these cases and which were clearly not commonplace in the armed forces, greatly reduced the loss of soldiers from secondary infections, as Dr. Hoyle recounted: “Whilst still at Chateau Rubelles, as Medical Chief, the French Administrator told me to please spruce up all the wards as a very important army surgeon was arriving after lunch for an inspection. He tried to impress me by saying, ‘You understand that if this general were to find any fault, he could close the hospital overnight.’

“The British nursing staff and I thought that as we always kept things clean and tidy we need not miss our lunch or break our backs about anything. The general and his staff came on time,” and after a careful inspection, “he turned to us and

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<sup>291</sup> E. Petrie Hoyle. Medical and surgical experiences in the first World War and some statistics and medical measures of greatest value to all army medical corps. *Homoeopathic Recorder* 1942; 58: 57-74, 109-127.

<sup>292</sup> Pathology of the acute respiratory diseases, and of gas gangrene following wounds. Volume 12. In *The Department of the United States Army in the World War*. Edited by M. W. Ireland and J. Coupal. Washington: U.S. Government Printing Office, 1929, 412-415.



said, 'My compliments! I have never inspected wards which were so clean-smelling as these are, and where unhealed compound fractures were doing so well.' I emphasize that every surgical case is at one and the same time a medical case. We always saw to that, and what is another record for that hospital, where a good percentage of the cases were compound fractures, is that during my charge there, of one week short of one year, we never had a death. ... Of course all such cases will be having internal medication such as I am about to outline. ...

"I am trying to impress on my readers, some of whom I trust will be 'old school' students, that every surgical case requires some constitutional or primary medical stimulation *internally*, at one and the same time. If there is much tissue loss, which is often the case in major war wounds, then to give a well known *cell-proliferant* is common sense, especially if bed space is a consideration, and bed costs are to be counted. If a bone is shattered, plate that bone and splint that limb to the best at your command, but I still assert that there are remedies which are long-known as able to hasten flesh growth and bone repair and to harden callus deposits. ...

"The main point I wish to make here is that any homeopathic doctor who can should go to work, well equipped with necessary remedies for a certain range of diseases sure to be met with, *to wit*, pneumonias, bronchitis, sore throats, *bowel complaints especially* of various types, and most emphatically drugs for malaria, considering many battle areas, and of course such remedies needed in wound treatment at one and the same time ... compound, and also for gaping wounds requiring much new tissue to fill up ... to sooth pains due to nerve injuries, whether by surgery or war, hence its [Hypericum] field of usefulness after operations. In case of nerve shock from near-by explosions without any wounds, it

often puts soldiers to sleep so quickly that they think they have had a narcotic dose.”<sup>293</sup>

One particular type of difficult cases that were often encountered near the front were the shelled-shock cases, which added even more burden to the overworked physicians of these base hospitals. Dr. Theodore Bacmeister of Chicago, assigned to Hospital No. 28 at Fort Sheridan, Illinois, for the disabled or wounded ex-service men and women, explained the burden created by “the soldier of the shattered or broken nervous system—universally called the shell-shock case—is a tremendous problem. His name is legion, his condition is pitiable, his cure tedious and precarious and in the past he has been a much neglected patient. The thorough study, painstaking analysis and careful classification of these psychopathic cases—most of whom prove to be types of dementia praecox—is a huge problem.”<sup>294</sup>

However, Dr. Hoyle described how the burden of these cases for a base hospital was quickly dealt with under homeopathic care: “For traumatic shock: in war many a man has been blown up and thrown twenty to thirty yards by a near-by shell explosion yet never with a skin wound to show. He may have turned black, blue and green in a few hours, and be or have been but partially conscious. Give such a case a few doses of Arnica internally and he will show remarkable improvement in some hours or by next day, with very little soreness considering all things. Such cases recover mentally and physically and you have emptied another bed quickly. Without such treatment, some of these men will linger on the verge of being absolutely unfit for weeks or months, as I have seen. In a French mental hospital at Lyon I have seen squads of such a nerve wrecks being exercised by scrambling round a yard on their hands and knees. They could not even stand erect. They should all have been medicated, and *not whipped into crawl-*

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<sup>293</sup> Ibid.

<sup>294</sup> Theodore Bacmeister. U.S.A. General Hospital No. 28, Fort Sheridan, Illinois. *Clinique* 1919;40; 177-182.

*ing*; they needed some medicine. ... One other class of wounds, always highly septic, was those of hands and feet which had not been washed for many weeks (no blame to such owners).”<sup>295</sup>

The mortality from CIP had been reported to be greater when it was compounded with typhoid fever or dysentery, which was quite common among soldiers at the front during WWI, as Dr. Hoyle reported: “Another cause of bowel troubles will be from cold or chill tropic nights striking a sweaty body and garments when men have to sleep out when enveloped in sweat-damp or rain-soaked clothes, so a consideration of this trouble is in order. Diarrheas not caused by bad food or sleeping out whilst wet are of two classes, amebic and bacillary. ... Some or many of you following the troops are bound bang for hot countries where tropical waters are not safe to drink and heavily charged chlorinated waters are not very healthy in the long run. You may be ordered to boil drinking waters, but what happens when you are also ordered not to light fires lest you draw artillery fire? The boys will then drink almost anything wet. ... But that water was fouled with German and Belgium dead, besides dead horses and cattle and much city sewage of strong character, so you can guess what it was like. ... hence we were not surprised when some thirty-odd nurses did not come on duty one morning. ... Those nurses were all in bed with their knees drawn up to their chins, which position relieved some of their agonies. They all had the same type of diarrhea, much flatulence, stools forcibly ejected, watery, frothy, bright saffron-colored stools, all having a strong musty odor.”<sup>296</sup>

“The head surgeon (British) Mr. S, said to me, ‘Hoyle, they tell me that you have a case of medicines. We surgeons don’t know a damned thing about medicines. Please take charge of the nurses.’ I was delighted, because my medicines were homeopathic. I found every nurse bent double, knees drawn to the chest with

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<sup>295</sup> E. Petrie Hoyle. Medical and surgical experiences in the first World War and some statistics and medical measures of greatest value to all army medical corps. *Homoeopathic Recorder* 1942; 58: 57-74, 109-127.

<sup>296</sup> Ibid.

atrocious abdominal pains. They instinctively assumed this position, *because* the *pressure* on their abdomen gave partial relief; they all had forceful, gushing, foul, with musty odor, jelly-like stools, with terrible belly pains, which made them groan. Now those nurses were all separated, in different houses, near the hospital, the rooms having been commandeered for our staff. There was no chance of their comparing symptoms, so as to tell the same tale of suffering. Their symptoms were all clear cut and all pointed but to one medicine, that is to a homeopath.

“There was no time to examine the stools for any particular bacteria, nor, in the light of *symptom-prescribing* was it absolutely necessary, in order to choose the correct medical stimulus to cure, however pretty it might have looked on a fully filled chart.

“Homeopathy was, and is, able to rise superior to any bacteriological finding. Our medical stimuli are probably not to be classed as bactericidal in action. It is enough if we consider that they inhibit, or overcome, germ action, by stimulating the vital forces towards repair.

“Happy to relate, and perhaps almost incredible to you, all those nurses reported for duty within four or five hours, though still very weak. War is war and they were brave and very willing. Every nurse, thank God for *similia*, felt the beneficial action of that *Colocynthis* after the second or third dose.<sup>297</sup>

“This is ‘exact’ medicine, and may save a whole regiment for prompt action when needed most.”<sup>298</sup>

“Now the very next day a British Tommy [a private] of the Royal Marine Reserves was brought into our hospital from the adjacent British lines, with a diar-

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<sup>297</sup> E. Petrie Hoyle. *Pro bono publico*. Letter IV. *Midwest Homeopathic News Journal* 1931-1932; 5: 515-520.

<sup>298</sup> E. Petrie Hoyle. Medical and surgical experiences in the First World War and some statistics and medical measures of the greatest value to all army medical corps. *Homoeopathic Recorder* 1942; 58: 57-74, 109-127.

rhea practically every ten minutes. He had been ill three days. Here is where I made a great mistake. I failed, and not homeopathy. Being rushed with work, I took the same bottle of *Colocynthis* out of my pocket, where it still reposed, and said to that man, without asking questions as I should have done, 'Hold out your hand, back uppermost,' on which I dropped one minim (drop) of that medicine. 'Lick it off, and find me again in fifteen minutes.' A second time was repeated, but when he presented himself a third time, as he was not better, I began to be wise, homeopathically speaking.

"As he was in his shirt sleeves, rolled up above the elbows, it being oppressively hot, I *observed* that he was shivering and his skin covered with gooseflesh, so I asked him the questions I should have done on seeing him first. I learned that he shivered and trembled all the time; that his skin was rough (gooseflesh) all over his body; that he could hardly control his stools; great headache; that he was *dull, drowsy, and very dizzy* (the three classical D's which decided his prescription. The drug was 'chosen' on the spot.)

"Now, I'll bet every homeopathic M.D. knows off-hand the *one remedy required to cure this case*, and that a million or two of lay patrons of homeopathy will name the right drug, at first shot. That's the certainty of homeopathy.

"You may at once say that this man's disease was undoubtedly self-limiting, the more so, that he had left the trenches, to which I reply, 'If you can rapidly reproduce like cures, on people exhibiting just these symptoms, often enough, nay always, and under varying circumstances of time, place, and conditions, and 'do it in order' so to speak, will *this* not teach you anything?

"This Tommy received a ONE drop dose of *Gelsemium* on the back of his hand, which certainly could not have reached his stomach, licked same off, and was told to find me again in fifteen minutes. After two such doses, fifteen minutes apart, and at the time for the third dose, he came to me and whispered, 'Honest

I am cured; my guts are warm! I have stopped shivering; my diarrhea has stopped; please don't send me back to the trenches. Have you any work to do in the hospital?' As we were all overworked, I replied, 'Find the Sister in charge of any of the wards, and ask her how you can help, but don't work for one Sister all the time. Scatter your help.' He remained *cured* after two doses only, working everywhere, doing the heavy and dirty work, until he was evacuated with us, during the great bombardment."<sup>299</sup>

Sadly, prejudice and ignorance prevented the great majority of homeopaths, who had been commissioned in the U.S. Armed Forces during WWI, from practicing their art and science, as Dr. E. A. Moulton of Chicago, who had been assigned to a hospital train, reported: "You as homeopaths no doubt are interested to know how I fared, being limited to the drugs listed in the Manual of the Medical Department. Was it practical or possible to practice pure homeopathy? It was not."<sup>300</sup>

In 1919, Dr. William Boericke, professor of Materia Medica and Therapeutics at the University of California in San Francisco and editor of the *Pacific Coast Journal of Homoeopathy*, wrote, "The homeopaths of the United States feel that an injustice has been committed by the restrictions placed upon their methods of treatment in the army and cantonments during the war. We realized that when things had to be done quickly and on a vast scale, that a certain standardization and unity of action was essential in the army and navy medical department as in many other departments. But we feel that some workable arrangement might have been arrived at whereby the unquestioned strong points of our treatment might have been used to combat the casualty lists. American mothers were in-

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<sup>299</sup> E. Petrie Hoyle. *Pro bono publico*. Letter IV. *Midwest Homeopathic News Journal* 1931-1932; 5: 515-520.

<sup>300</sup> E. A. Moulton. Observations on medical morale, U.S.A. *Clinique* 1919; 40 107-111.

terested in having their sons returned to them irrespective of the mere convenience which results from other treatment.”<sup>301</sup>

### Comparative Records of the Two Schools of Medicine in the Same Hospital

When physicians of the two schools of medicine were practicing side by side in the same hospital, the *consistently brilliant results* continued to be observed under homeopathy, as Dr. Frieda Weiss of Cleveland, Ohio, wrote: “It was my privilege to be acting surgeon under the U.S. Public Health Service in New Jersey during the flu epidemic. The 83 beds in the hospital were occupied continuously. The old school physician in charge and I compared notes. The patients who were admitted during the day were to be under his care; and the patients admitted during the night were to be under my care. I attended the deathbeds of one or two every day of those who were under the care of the old school physician. Not one of my patients died. ... Two weeks after this, I was sent north to Stanhope, and Netcong, N. J. Here there was only one physician to 3,000 people. Both the resident physicians were ill. Dr. Hyatt and I were sent out to take care of these two communities. The high school was turned into an emergency hospital, and contained 55 beds. The physician ten miles away also made use of this hospital. Dr. Hyatt took the men, and I the women and children. I also had charge of all the outside patients, and we treated at least 250 cases during two weeks. They had a large mortality before we came, 75 deaths. After our arrival, the only death certificates that I was obliged to sign were the patients who had been under other care. The treatment had been merely 1 ampule camphor oil every three hours, sometimes alternated by digitalis. I immediately instituted homeopathic remedies in the hospital and outside. I had no further deaths, and had the privilege of having this physician ask me how I did it.”<sup>302</sup> It was reported that the

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<sup>301</sup> William Boericke. Homoeopaths planning an educational offensive. *Pacific Coast Journal of Homeopathy* 1919; 30: 272-274.

<sup>302</sup> Frieda Weiss. Discussion: Influenza: A favorable mortality and publicity. *Journal of the American Institute of Homeopathy* 1919-20; 12: 593.

difference in the death rates was so marked that Dr. Weiss was soon afterward put in full charge of the entire hospital.<sup>303</sup>

Dr. J. Arnold of Braidwood, Illinois, who practiced for three months in a base hospital, said of the more serious empyema or septic cases he treated: "My cases were taken routinely with cases taken by my associates who were allopaths. I had no deaths of empyemas among my patients. Those treated with the tincture of digitalis and Brown's mixture<sup>304</sup> by the old school developed empyema in 16 percent and a death rate of 10 percent. No microscopic examination was made in my cases to determine the type, but it is reasonable to suppose that I had the various types and same percentage as the allopaths."<sup>305</sup>

Dr. C. H. Murphy of Lansing, Michigan, was a regimental surgeon at the base hospital of Camp Custer. In the autumn of 1918, the mortality was 6.3% and 28.4% for influenza and pneumonia, respectively.<sup>306</sup> "The immense superiority of homeopathic treatment of influenza has been incontestably proven. The influenza has been a great boost for homeopathy. Murphy of Lansing, Michigan treated 325 cases of influenza in a camp where the mortality had been 20 percent [for CIP], while the mortality under his homeopathic treatment was less than 3 percent."<sup>307</sup>

### **Comparative Records of the Two Schools of Medicine in a Small, Circumscribed Community**

Comparative records of the two schools of medicine within a small, circumscribed community would be expected to be similar to those of two wards using

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<sup>303</sup> L. D. Rogers. Editorial. *North American Journal of Homeopathy* 1919; 67: 603.

<sup>304</sup> Brown's mixture is a dark brown liquid preparation made of fluid extract of licorice root, tartar emetic, camphorated tincture of opium, spirit of ethyl nitrite glycerol, and water and used as an expectorant.

<sup>305</sup> J. Arnold. Discussion: Empyema. *Journal of the American Institute of Homeopathy* 1920-1921; 13: 848-851.

<sup>306</sup> Ernest E. Irons. Pneumonia following influenza in the camps in the United States. *Military Surgeon: Journal of the Association of Military Surgeons of the United States* 1921; 48: 275-305.

<sup>307</sup> W. Henry Wilson. Lessons in the influenza epidemic. *Clinique* 1919; 40: 106.



different methods of treatment in a community hospital that is serving a homogenous population. In December 1918, Dr. W. R. Andrews of Mannington, West Virginia, described his experience in his small community: "In the recent influenza epidemic my experience was unique, from a local standpoint, though common to homeopathy since the days of Samuel Hahnemann. Mannington has a local population of five thousand and a rural population of perhaps as many more, all dependent on town physicians since the war thinned out the rural doctors. Locally, the disease was epidemic throughout the month of October, though many cases have continued to appear all through November and, no doubt, will keep on doing so all winter.

"In the month of October I treated, in round numbers, two-hundred cases without a death. Some of our physicians estimated their number of cases considerably higher. Our local undertaker held forty flu funerals, though perhaps ten were shipped in from camps and elsewhere. So many pregnant women aborted and died of pneumonia in this section that it is commonly stated that no pregnant woman lived through the flu. My cases probably were average cases in every respect save one. ...

"My two hundred cases included six pregnant women. Three of these recovered without delivery of any kind. One was normally delivered in twenty-four hours after first symptoms, with prompt subsidence of all flu symptoms under Bryonia. Another aborted, twin boys, at six and a half months, after two weeks of flu, with final recovery. The sixth aborted at five months, twenty-four hours after beginning of attack, with normal recovery from both conditions.

"I had four cases of pneumonia. Three were protracted, one of which became desperately low, being anointed for death by a priest, and life hung in the balance for several days and nights. None of these were under my control early.

“I believe aspirin to have been the cause of so much pneumonia and so many deaths hereabouts. Some of my colleagues used it almost indiscriminately, if not entirely so. In one country home where I was called and where there had been very serious heart symptoms in two or more cases, a physician had supplied the mother, in advance, with fifty-two tablets of aspirin to use in case she could not get a physician. There were cases and she used aspirin. Aspirin is very generally regarded by old school men as a ‘harmless heart depressant.’ There is no such a remedy in the presence of a toxemia such as epidemic influenza produces. I was a medical student in 1889 when this disease first made its epidemic appearance in America and I recall that it was generally conceded by eminent old school men then that antipyrin was the prolific cause of much pneumonia and death in that epidemic.

“December 16. Since the above was written, the disease has continued to be rather prevalent among the adjacent rural population, and I have treated seventy-five more cases without a death. My [allopathic] colleagues have had fewer deaths, proportionately, than in October, though some very sad ones.”<sup>308</sup>

It can therefore be appreciated why skilled homeopaths become such valuable assets in their community. On October 28, 1918, towards the end of the most severe wave of the NIP, Dr. John B. Garrison of New York City wrote to the city Health Commissioner Dr. Royal Copeland: “The number of lives which might be saved is beyond estimation if homeopathy could be generally used. In the little borough of Hopewell, New Jersey, there are three physicians, two allopaths and one homeopath. Each one has been equally busy making on an average of 80 calls per day covering an area of a five-mile radius. The allopaths have had many deaths while the homeopath has only had two, and both of them were foreigners who would not obey any restraint and would get out of bed and roam around at will. That has been the record of homeopaths all over so far as I am able to

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<sup>308</sup> W. R. Andrews. Influenza: a notable success among the West Virginia Hills. *Journal of the American Institute of Homeopathy* 1918-1919; 11: 718-720.

learn.”<sup>309</sup>

### **Montgomery Ward and Company Health Service**

In the early part of the twentieth century, many large U.S. corporations offered welfare and unrestricted medical services to their employees and their families, similar to the ones offered by a community hospital. By 1915, some of these medical services were under homeopathic management, including the National Cash Register Company in Dayton, Ohio, which treated 25,024 employees and family members during that year. Some other notable large companies that were under homeopathic direction during that time were General Electric Company in Fort Wayne, Indiana, and three car companies in Detroit, namely, the Continental Motor Company, the Chalmers Motor Company and the Studebaker Corporation.

The Medical and Welfare Department of Montgomery Ward Company of Chicago, one of the largest industrial plants in the world, was also under homeopathic medical management during the NIP, and its story during the NIP is pertinent to our current discussion because it illustrates the wide influence homeopathy can have on a nation.

In 1912, Montgomery Ward had asked Dr. Frank Wieland, a homeopathic physician who was a graduate of the Hering Medical College, to take charge of its Health Service. The company had great expectations: “In a crowded part of Chicago, over along the river, where traffic is heavy and constant, and no tree or blade of grass is ever seen, where always there is the smoke of trains, and their noise; the creaking of bridges, and steamboat whistles, and the infinite clanging of street cars, there stands one of the great industrial plants of the city. There was a time, when the doors closed behind the nine thousand employees each morning, nine thousand personalities were submerged. I don’t mean that the

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<sup>309</sup> John B. Garrison. Letter to Dr. Royal S. Copeland. Royal S. Copeland Papers. University of Michigan Center for the History of Medicine and Michigan Publishing, University of Michigan Library, accessible at <http://quod.lib.umich.edu/f/flu/9700flu.0016.079/1/--letter-to-royal-s-copeland-from-john-b-garrison-md?page=root;size=100;view=text>

workers were ever sweated or overworked. They did their work, quite impersonally, and when they were through at night, the doors swung out, the workers left, and resumed their personalities. It happened that the president of this great organization was a dreamer of dreams, a seer of visions. He stood, one evening, as the workers passed out. A few of them he knew. The great mass he had never before seen, and scarcely one knew him. The firm had been wonderfully successful, and success in business comes only from the solidarity of the employees. He decided that he wished to do for these people some great thing that would be of benefit to them, but would have no taint of charity. It was thus that the Medical and Welfare Department of Montgomery Ward and Company had their inception. Into my hands, by the merest chance, the evolution of it all was entrusted. Of me only one thing was required; that the Medical Department must be the best in the world.”<sup>310</sup>

Dr. Wieland pointed out that Montgomery Ward had set the bar high for their medical service: “We have been able to accomplish some rather unusual results. I wish I could make you understand the joy with which I took up this work. Think of the inspiration of having a firm say to you, ‘Here are eight thousand men and women. They are giving us good service. We wish to show our appreciation by making them, and keeping them, the healthiest community in Chicago. No restriction is put on you, except one. This must be the best Medical Department, as far as Big Business is concerned, in the country. Now go to it.”<sup>311</sup>

The organization of the services was described as follows: “There is no actual hospital connected with the establishment, but there are 13 beds in the rest room for women, and two for men for emergency use only.” The seriously ill and injured were sent by ambulance to the Hahnemann Hospital, where all major operations were done. “The amount of work done is enormous, thus, there were

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<sup>310</sup> Frank Wieland. The human side of industry. *Clinique* 1922; 43: 255-263.

<sup>311</sup> Frank Wieland. Militant homeopathy in big business. *Journal of the American Institute of Homeopathy* 1917; 9: 1265-1278.

treated in the medical offices during 1915, 49,034 employees, which averages over 160 cases a day. There were a total of 1,095 accident cases, and the physicians of the staff made 1,767 calls. This does not include the work done by the matron or the nurses, house and visiting. The medical staff comprises the director and three assistants, all graduates in homeopathic medicine and four nurses. The specialists, including the radiologist, are also homeopaths. The saving to the firm in the matter of drugs alone has been enormous, to say nothing of the great lessening of days of illness that always obtains when homeopathic treatment is followed.”<sup>312</sup>

“The field we had to work in was quite virgin. We were missionaries all right. The first month had scarcely passed before the insurance company called up the management and said, ‘You’ve got to fire that Medical Director; he’s a homeopath.’ I happened to be present when the conversation took place. The manager turned to me and asked, ‘Are you a homeopath?’ I confessed the truth. He put a troubled hand upon a more troubled brow, and exclaimed, ‘Oh, my God.’ Thanks to having had a Christian bringing up I know when ‘my God’ indicates despair and when thanksgiving. He didn’t look grateful. A month later he called me to his office again. I was spiritually fortified for more criticism. His face was wreathed in smiles. During the first month our department had cost \$300 less than the month before, and even then that expense had included the outfitting of the Medical Department. Few realize the economy of homeopathy. The first day of my incumbency a girl, getting \$7 a week—we have no \$7 a week girls now—brought in prescriptions for my O.K., aggregating \$3.75. These were for one day only. Multiply that figure by 8,000, and then by the number of working days in the year, and you have an idea of what the expense might be under other than homeopathic control. In any large concern, money talks. We save thousands of dollars a year; but best of all, the health standards have so risen that the Benefit

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<sup>312</sup> *Hospitals and Sanatoriums of the Homoeopathic School of Medicine*. The Council on Medical Education of the American Institute of Homoeopathy. 1916.

Society, an organization existing among the employees themselves and quite independent of the firm, has remitted its dues for the last three months because there was so little demand upon its funds.”<sup>313</sup>

During the NIP, the care and attention offered by Dr. Wieland and his staff led to outstanding results. “In the great influenza epidemics of last winter our city suffered severely indeed. Here was a wonderful opportunity to prove what homeopathy could do. Of our several hundred cases in the first epidemic not one was lost. In the second, equally deadly, one man died of pneumonia. He was alone, and no physician was called until he was quite moribund. ... This epidemic came at the holiday season, when literally hundreds of thousands of customers passed through the store each day. And yet we won out.”<sup>314</sup> He later told the American Institute of Homeopathy, “We had only one death. The patients were not drugged to death. Gelsemium was practically the only remedy used. We used no aspirin and no vaccines.”<sup>315</sup>

It is legitimate to ask whether those results were obtained simply because allopathy was not used, or whether they were also due to a positive effect of homeopathic treatment, “Our doctors and nurses worked night and day. No expense was saved to save our employees’ lives. One doubting Thomas, a professor in a great university, said to me, ‘Your homeopathy had nothing to do with it; it was your care of your patients that gave you your phenomenal results.’ Homeopathy requires of us that we observe every hygienic regulation, and that we add to it that medication that covers the picture the disease presents. Other physicians had the advantage of hospitals and nurses; they also had a working knowledge of aspirin and digitalis, and strychnine; and yet their patients died by the hundreds and ours lived. To the everlasting credit of one large hospital in this city

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<sup>313</sup> Frank Wieland. An adventure in homeopathy. *Journal of the American Institute of Homeopathy* 1920-1921; 13: 717-722.

<sup>314</sup> Ibid.

<sup>315</sup> W. A. Dewey. Homeopathy in influenza—A chorus of fifty in harmony. *Journal of the American Institute of Homeopathy* 1920-21; 13: 1038.

be it said that one of its heads came to us and said, ‘We have lost two of our interns and three of our nurses and our patients are dying like flies. If you know of anything that will save our patients share that knowledge with us.’ And it is absolutely true that, finally, the heaviest buyers of homeopathic remedies were old-school physicians. With death peering over the head of every bed these physicians were too fine to allow prejudice to stand between them and their patients’ welfare. During three epidemics of scarlet fever we have never lost a case. Possibly our Belladonna and Hepar sulphur did not do everything, but each did its share. We have never lost a diphtheria case. We have not had a typhoid case in four years. When we assumed charge of the work there was an average of nine patients in the hospital all the time. Several weeks frequently pass now with no hospital cases except operative ones. ... Does it mean nothing that under homeopathic administration the useless drugging of our employees has ceased, and that from the catalogue, reaching a million homes, advertisements of patent medicine, of drugs of unknown qualities, of tonics and cures, of all the elixirs that delight the soul of the medicine-taker and never do any good, have been ruthlessly cut out? This cost the firm hundreds of thousands of dollars a year. Was there a moment’s hesitation on their part? Not one. It was only necessary to show the department heads that no good could ever come out of these patent drugs and that their responsibility to their customers was a sacred one.”<sup>316</sup>

The philosophy of homeopathy went beyond the welfare of the employees and their families and extended into the sale and catalogue departments of Montgomery Ward. “To an unscrupulous house, the temptation to advertise and sell patent medicines that claim to cure everything might be very great. One of the first procedures of our Medical Department was to point out to our managers, that it was undignified to offer to the country, or to any trade, drugs and patent

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<sup>316</sup> Frank Wieland. An adventure in homeopathy. *Journal of the American Institute of Homeopathy* 1920-1921; 13: 717-722.

medicines that were of doubtful worth. There was not even an hour of hesitation. The catalogue was sent down to our office for criticism. At this time no medicine of questionable value is advertised. All rubber goods that might be used for questionable purposes, all emmenagogues, all tonics and bracers, have been cut out of the catalogue. That seems to me indeed a very great moral victory. ... In the doctor's office, during 1915, over fifty thousand were cared for. Eighty-four patients were operated in the hospital, and there were 175 who were ill, in the hospital, from various non-surgical causes. Over 70,000 were cared for by the nurses and matrons [for a total of 120,000 patient visits in 1915]. Of course you understand that each repeater is regarded as an individual, in making up our records. Our visiting nurses made 1,800 calls. From all causes there were 13 deaths, largely from tuberculosis, among those who were already ill, when we assumed the plan of health insurance. In nearly four years there has been no death, as a postoperative result, and during three years, there was no death from any acute inflammatory illness, such as diphtheria, scarlet fever, or typhoid, among those patients under the care of our staff. ... Eight thousand people, many of them too poor ever to have had capable attention, except as charity, are taught the hygiene of proper living, and are given the inspiration of courteous treatment, in clean environments.”<sup>317</sup>

The institutional adoption of homeopathy in this company and the care dispensed by Dr. Wieland and his staff had many invaluable short- and long-term benefits: “Can we say that a Medical Department has been of doubtful value, if sickness has been practically eliminated among several thousand people; if the useless drugging of employees has ceased, its place being taken by a better knowledge of how to keep the body well? Does it mean nothing to the world at large that our drug catalogue, originally of several hundred pages, has shrunk until it seems to have taken an obesity cure. It reaches over a million homes. It

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<sup>317</sup> Frank Wieland. Militant homeopathy in big business. *Journal of the American Institute of Homeopathy* 1917; 9: 1265-1278.



carries a message to many who are in isolated communities, to many whose faith in the mail order house is absolute. It was only necessary to point out to the department heads that the carrying and advertising of drugs of questionable value, of tonics and cures and elixirs that delight the soul of the confirmed medicine taker and never do any good, was of questionable business ethics, and undignified for a commercial house that depended for its existence upon the respect and goodwill of the community at large. The elimination of one certain patent medicine cost the house \$100,000 a year. Did the firm hesitate one moment, when it came to know that the preparation was valueless as a therapeutic agent? It did not. Does it mean nothing to the local community that in our group of many hundreds we have never lost a case of typhoid, in many years, have had no such case? That we have never lost a case of scarlet fever or of diphtheria? That tuberculosis has been eliminated quite, although our regulations do not allow a sick employee to be dismissed from our employ.”

“Does it mean nothing to the city of Chicago that throughout two epidemics of influenza, when many hundreds were ill, that we lost only one case each year, thanks to early recognition of the disease, to required rest in bed, and efficient nursing by a paid crew of visiting nurses? Does it mean nothing to any commercial house, if day after day, the same employees sit at their desks, with practically no absences on account of sickness? I think it means much.”<sup>318</sup>

“If our enterprise had failed under homeopathic administration, surely the blame would have fallen on homeopathy. Why may not its success accrue to it? We do not advertise the fact that we are homeopaths. We let our results do that. But we have thrown into the garbage gallons of elixirs and tonics, and pounds and pounds of tablets and pills of unknown value.”<sup>319</sup>

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<sup>318</sup> Frank Wieland. The human side of industry. *Clinique* 1922; 43: 255-263.

<sup>319</sup> Frank Wieland. Militant homeopathy in big business. *Journal of the American Institute of Homeopathy* 1917; 9: 1265-1278.

“Tell me—could this immense department have grown to what it is if homeopathy had not been successful? Could we have secured the thousands of dollars we have spent if our venture had been a failure? From all over the United States, and from foreign countries have come presidents of corporations, and men and women interested in the ever threatening problems of labor, to study our system and our results. A business agent of one union came to our plant and spoke long and weepingly of the woes of the down-trodden working man. He reported later, ‘Phew, you can’t start trouble there; they’re all satisfied.’ Homeopathy puts upon us particular obligations. It isn’t enough that we practice it and prescribe it. We’ve got to prove that we have the goods on all other systems of medicine; and we’ve got to go out and fight to prove it, if the fighting is necessary.”<sup>320</sup>

Dr. John Renner, while recounting some outstanding results obtained by homeopathy, mentioned the ones obtained by Dr. Wieland and his staff: “One striking example: Montgomery Ward & Co., during the influenza epidemic, and the two years following, lost but two patients through influenza, the plant having been under homeopathic care. This report created such a stir in the industrial circles that numerous firms sent investigators.”<sup>321</sup> “During the same epidemic [of 1918], Marshall Field, the large department store, lost several hundred employees, and Sears Roebuck, too, about the same size as Montgomery Ward, lost several hundred. ... This information was publicized in the newspapers and industrial journals of the time and reached many different countries. In fact one organization in Holland sent over a commission to find out from Montgomery Ward what they had done for influenza treatment to come up with such statistics. It was a phenomenal record. The United Cigar Company, I recall, placed homeo-

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<sup>320</sup> Frank Wieland. An adventure in homeopathy. *Journal of the American Institute of Homeopathy* 1920-1921; 13: 717-722.

<sup>321</sup> J. H. Renner. Is homeopathy progressive? *Midwest Homeopathic News Journal* 1929; 2 (1): 11-13, 39-40.

pathic physicians in charge of all the medical stations they had for employees in Chicago and they had many at the time.”<sup>322</sup>

Dr. Benjamin Woodbury, professor of Materia Medica at Boston University, said in regard to the results obtained by homeopathy at Montgomery Ward, “It might briefly be mentioned that by this method thousands of dollars are saved by the dispensing of homeopathic medicines, and it is needless to emphasize the economy of working energy conserved, and the lessened disability of workers.” After mentioning statistics from other institutions, he commented, “These reports were carefully compiled and represent a very fair estimate of the work that is being accomplished in the various institutions enumerated. The question has been raised among some statisticians that the majority of patients who are very ill do not apply to homeopathic physicians for relief; this argument, however, does not avail to any extent at the present time, as nearly every hospital mentioned in these reports supports one or more ambulances, which are constantly on call within their respective districts, and answer all emergencies that come to them.”<sup>323</sup>

### **Comparative Mortality from CIP in Major U.S. Cities**

It is interesting to note that, among the large U.S. cities on the East Coast, New York had the lowest mortality during the NIP. Its health commissioner had imposed particular measures, such as “distancing healthy New Yorkers from those infected, increasing disease surveillance capacities, and mounting a large-scale health education campaign while regulating public spaces such as schools and

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<sup>322</sup> Adelaine Suits. *Brass Tacks: Oral Biography of a 20th Century Physician*. Ann Arbor: Halyburton Press, 1985: 79.

<sup>323</sup> Benjamin Woodbury. The renaissance of homoeopathy. *Pacific Coast Journal of Homoeopathy* 1921; 32: 247-259.

theaters.”<sup>324</sup> However, the commissioner later pointed to the superior results obtained by homeopathy that he found by examining the records.

On April 29, 1918, just before the first wave of the NIP, the homeopathic physician Royal Copeland was appointed Health Commissioner of New York City. When he was suddenly called by the New York City mayor to assume this office, he wrote, “When His Honor asked me to take this office, I said to him at once, ‘I cannot accept it. I cannot afford to take it. I don’t want it, because I am not a sanitarian, I know nothing about public health, I am not interested in it, and it does not appeal to me in the least.’ He put aside all of these objections, and finally I said to him, ‘As a well-wisher of yours, I could not consent to your appointing me, because I am a homeopathic physician.’ He said, ‘That argument does not go with me, because I have had a homeopathic doctor in my family for thirty years, and I notice that he is just as scientific and just as able as any other man in the community.’”<sup>325</sup>

Dr. Copeland further commented, “I did not seek and do not want the office; its acceptance was urged upon me as a patriotic duty. In the spirit of service and with the help of my friends, I will ‘carry on,’ ‘doing my bit,’ by trying to keep the City free from contagious, infectious and pestilential disease.”<sup>326</sup>

Dr. Copeland boasted that New York City’s death rate during the NIP was lower than that of other large cities. After the pandemic, it was reported that New York City had had an excess death rate of 452 per 100,000 during the NIP, compared to 559 for Baltimore, 608 for Washington, D.C., 710 for Boston and

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<sup>324</sup> Francesco Aimone. The 1918 influenza epidemic in New York City: A review of the public health response. *Public Health Reports* 2010; 125 (Suppl. 3): 71-79.

<sup>325</sup> Royal S. Copeland. Homeopathic research: The relation of a homeopathic institute to the undergraduate. *Journal of the American Institute of Homeopathy* 1918-1919; 11: 1351-1358.

<sup>326</sup> Royal S. Copeland. Commissioner Copeland’s response. *Journal of the American Institute of Homeopathy* 1918-1919; 11: 102.

748 for Philadelphia.<sup>327</sup> In fact, Dr. Copeland said, “[New York City] fared better than did the rest of the world.”<sup>328</sup>

In December 1921, Dr. Copeland testified at a hearing before the Regents of the University of Michigan to protest against the amalgamation of the homeopathic and regular medical departments of the university: “I often say I have the largest practice of any doctor in the world, 6,000,000 people in the City of New York, and, during the daytime, 2,000,000 more. We had in 1918 an epidemic of influenza. I sat in my office, Mr. President, for six weeks. I had only one meal in my house during that time. I watched the death rate go up and up. I went to the Calvary Cemetery and saw a new grave in every lot and 400 bodies in a building at the rear of the cemetery waiting to be buried. I went out and got a steam shovel and men off the street. We dug trenches in which to bury the dead.

“Two million citizens had the disease and 35,000 died. I had some curiosity about the results and when the thing was over immediately put forward a private inquiry to see how the homeopaths got along. The contrast between the two schools of medicine was startling. There can be no doubt that the superiority of homeopathy in a purely medical condition is just as great as it was fifty years ago. Gentlemen, if you had no personal interest whatever in this matter, the knowledge you could gain of what homeopathy did during the influenza epidemic would make clear to you that no university was doing its duty unless it perpetuated the teaching of homeopathy. I am here to say that there was a difference as between night and day, and if you had nothing else except this evidence you would say that homeopathy deserves to live and be perpetuated on this campus. It is the one therapeutic school. It continues to have faith in medi-

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<sup>327</sup> *The American Influenza Epidemic of 1918-1919: Baltimore, Maryland and New York, New York.* Influenza Encyclopedia. University of Michigan Center for the History of Medicine and Michigan Publishing, University of Michigan Library, accessible at <http://www.influenzaarchive.org/cities/index.html>

<sup>328</sup> Nathalie Ribbins. *Copeland's Cure: Homeopathy and the War Between Conventional and Alternative Medicine*. New York: Alfred A. Knopf, 2005: 154.

cines and is filling a place that no other school of practice cares to enter. The properly trained homeopathic doctor was never more needed than at present. We have gone through a war to preserve the rights of small nations, the right of self-determination and against forcible annexation. We have in the State of Michigan a very decent minority of the people who employ homeopathic doctors. It was said that almost fifty percent of the state taxes are paid by patrons of homeopathy. Don't you think they are entitled to some consideration?"<sup>329</sup>

### **Iatrogenesis Associated with Allopathic Drugs**

One of the great advantages that homeopathy has always had over allopathy is the absence of iatrogenesis associated with its practice, since homeopathy adheres faithfully to one of the most fundamental principles of medicine, namely *Primum non nocere*, "physician, above all, do no harm." How is then, that allopathy has received the full support of governments and health authorities, and has been permitted to monopolize the health care system despite its confessed inefficacy and its pervasive and massive iatrogenesis? That remains a mystery that calls into question the dynamics and values of our societies on such fundamental subjects as health, well-being and life itself. It is as if the myth of the magnificence of medicine is too comforting to be questioned.

Shortly after the most deadly wave of the NIP in October 1918, Dr. John Dill Robertson, the Health Commissioner of Chicago, had the prescriptions in a thousand drug stores of Chicago inspected and tabulated. The accumulated statistics showed: "Between October 1st and November 1st, 1918, there were 441,641 prescriptions made for pneumonia and influenza, and of these 104,010 were found to contain narcotics."<sup>330</sup> 50,081 of the prescriptions contained co-

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<sup>329</sup> Royal S. Copeland. Amalgamation of the homeopathic and regular departments of the University of Michigan. *Journal of the American Institute of Homeopathy* 1921-1922; 14: 949-959.

<sup>330</sup> Editorials. *North American Journal of Homeopathy* 1919; 67: 304.

deine; 17,812, heroin; 17,504, opium; 10,003, morphine; 3,866, chloral; and 1,383, cocaine.<sup>331</sup>

An editorial in the *American Physician* entitled “Use of Opium in Influenza and Tuberculosis” stated: “Such use of narcotics, it was contended by able sanitarians is dangerous, some of them going so far as to say that to give opium in influenza was to invite pneumonia. Clinicians do not go that far, but very able clinical authorities are very conservative in recommending opiates in this disease. That all sanitarians did not view the matter in the same light was testified to by the fact that the Government relaxed the narcotic regulations during the influenza epidemic of 1918-19.”<sup>332</sup>

It is not surprising that Arthur Brisbane, one of the most read and sought after American newspaper editors of the twentieth century, wrote in one of his editorials in early 1919, after the major wave of the NIP had passed, “In New York City six doctors were arrested in one day for supplying habit-forming drugs to thousands of miserable victims. Not a pleasant outlook.” Subsequently, Dr. Royal Copeland, Health Commissioner of New York, confirmed that there were two hundred thousand drug victims in New York City, and that he was preparing for a great increase in the number” immediately after the NIP.<sup>333</sup>

At the same time, Dr. Eldridge Price of Baltimore examined the allopathic approach to the influenza patient a little more closely: “At this juncture it is quite in point to call attention to the means used by orthodox medicine in the endeavor to cure influenza patients. The treatment suggested by Osler in 1894 has been continued with little modification up to the present day. This treatment consists in the use of purgatives, somnifacients, diaphoretics, antipyretics, and finally stimulants. These are the agencies advised *ex cathedra* and used *secundum artem*, and the agents are citrate of magnesia, castor oil, and

<sup>331</sup> Use of Opium in influenza and tuberculosis. *American Physician* 1922; 27: 851.

<sup>332</sup> Ibid.

<sup>333</sup> Editorials. *North American Journal of Homeopathy* 1919; 67: 304.

compound cathartic pills; Dover's powder—which combines the effect of an anodyne and also a diaphoretic—acetanilide, aspirin, quinine and codeine, in large amounts; and finally, should there be suggestion of cardiac weakness following this treatment stimulants ‘should be given freely,’ and in the convalescent stage ‘strychnine in full doses.’ So far as may be judged, this is the *ne plus ultra* in treating epidemic influenza, and fairly demonstrates the degree of therapeutic efficiency of orthodox medicine in this field, from which the 30 percent mortality record was obtained in the epidemic of 1918.”<sup>334</sup>

Every medical generation is easily criticized by the succeeding ones, but few medical authorities have been able to see through the confusion and dangers of the therapeutics and use of the crude drugs that were used in their own time. It is as if the delusion of caring and of being cared for with new “promising” drugs blinds the mind to the dangers inherent in medical intervention. However some very prominent physicians have been able to see through this confusion, but their observations were not very influential.

Oscar Comettant, a well-known nineteenth-century writer, social critic and investigative journalist, described in the *Moniteur scientifique*, a journal of pure and applied sciences, how skeptical some of the “princes” of medicine have historically been of their own drugs: “Once there was a convalescent patient who asked her physician, ‘Tell me doctor, how is it that you doctors never get sick? What is your secret?’ In a philosophical manner, the doctor answered, ‘We doctors actually dine comfortably on the profit of our prescriptions but without ever taking any of the drugs we prescribe.’

“We should not be surprised by that answer, for the most famous physicians of all eras and traditions have been the greatest skeptics of medicine. Hippocrates, the father of medicine, said sadly, ‘Practitioners differ so much among them-

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<sup>334</sup> Eldridge C. Price. Therapeutic efficiency in the treatment of epidemic influenza. *Hahnemannian Monthly* 1919; 54: 721-728.



selves, that the things which one of them administers, thinking it the best that can be given, another holds to be bad; and, in this respect, one might say that the art of medicine resembles augury.’ Plato considered physicians to be equally harmful to individuals and societies. Broussais squarely asks on page 826 of his treatise *Examen des doctrines médicales*, ‘Is medicine more harmful or beneficial to a society?’

“Sydenham, the English Hippocrates, said, ‘What is known as the art of medicine is much more the art of conversation and chattering than a healing art.’

“Chomel in his *Pathologie générale* said about therapeutics, ‘Darkness still envelops the most important branch of medicine.’

“Magendie said before the College of France on February 16, 1846, ‘If I were to say all I thought, I should add that it is especially in those hospital services in which the most active medication is employed that the mortality is the greatest.’

“Finally, Bichat wrote in his masterpiece of science, observations and logics entitled *Anatomie générale*: ‘Materia medica is an incoherent assemblage of incoherent opinions. It is perhaps, of all the physiological sciences, the one that best shows the capriciousness of the human mind. What do I mean? It is not a science for a methodical mind, it is a shapeless assemblage of inaccurate ideas, of often puerile observations, of deceptive remedies, and of formulae as fantastically conceived as they are tediously arranged.’

“Despite all those above opinions from the princes of medicine, people of all times have continued to rush to their physician when indisposed. Oh! How sweet is the delusion that is being pursued!”<sup>335</sup>

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<sup>335</sup> Oscar Comettant. La médecine au Japon. *Moniteur scientifique: journal des sciences pures et appliquées* 1863; 5: 714- 718.

Is it possible that the dangers of “regular” or “scientific” medicine were the main culprit in the high mortality encountered around the world during the NIP? Could the difference in outcomes between allopathy and homeopathy be explained simply by the iatrogenesis associated with allopathic treatment rather than by the positive effects of homeopathic treatment?

The eminent surgeon Dr. William J. Mayo thought so when he suggested that homeopaths obtained better results because they didn’t use “nasty” medicines: “We must remember the fact that most diseases are self limited [he was surely not referring to pneumonia with its average mortality rate of 25%] and that nature tends to cure rather than to destroy. High dilutions, in two glasses, a teaspoonful each hour taken alternately, pleasantly suggest betterment. The opposition of the regular medical profession lengthened the days of homeopathy but shortened the days of so-called ‘allopathy,’ whose nasty medicines induced the patient in self-defense to get well. Today homeopathy is a part of regular medicine, its follies have been dropped and the good added, and the sons of homeopathic practitioners, like the sons of the ‘allopathic’ and eclectic practitioners are studying regular medicine which is broad enough to contain all honest searchers for the truth in medicine.”<sup>336</sup>

That *opinion*, which, incidentally, is *unsubstantiated*, is worth examining, because many skeptics still think the same way: “In homeopathy, mental suggestion appeared in its simplest form and was often effective in the treatment of functional disorders.” It is peculiar that a man of science like Mayo could reach a conclusion so contrary to all experience and huge amounts of data. It is not known to what extent Mayo examined the evidence for the efficacy of homeopathy during the NIP or for any one of the other non-“functional disorders” having a high mortality rates, such as yellow fever, diphtheria, smallpox, cholera, typhoid fever, tetanus, poliomyelitis, tuberculosis, or simply pneumonia. However, Mayo con-

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<sup>336</sup> William J. Mayo. The medical profession and the public. *Journal of the American Medical Association* 1921; 76: 921-925.

ceded that the era of “nasty medicines” was self-defeating. Should the authorities and medical leaders like him have then apologized to the families of the extra deaths associated with the practice of “nasty medicines”? “We are so sorry for your family that we weren’t wise enough to direct you to physicians who, at the very least, practice a much safer medicine, and with whom you would have had without doubt much higher odds of surviving CIP, especially if you were pregnant”?

One of the editors of the *Journal of the American Institute of Homeopathy* added the following comments about Mayo’s address: “The homeopathic library is at every investigator’s command—how much better would it be that it be consulted than that such error—it can hardly be intentional misrepresentation—should be voiced by so exalted an authority!”<sup>337</sup>

Dr. L. A. Royal of West Liberty, Iowa, quoted the following extract from an editorial about the illogical use of drugs in allopathy during the NIP: “In the September *Therapeutic Digest* published by the Wm. S. Merrell Company is an article by its editor on *The Treatment of Influenza*, in which he wrote, ‘In the epidemic which occurred twenty years ago, phenacetin, antipyrine and quinine were the principal reliance of the medical profession. Since that time aspirin has won its way to the front as a popular medicament and in the routine treatment adopted by many physicians aspirin plays the leading role notwithstanding the fact that this drug is a heart depressant. The routine treatment laid down in the army hospitals embraced the use of coal tar derivatives and in case of pneumonia, large doses of digitalis were ordered at frequent intervals. The rationale of this method of treatment is difficult to understand. We have here a disease, which throws a heavy strain on the heart and are ordered to give coal tar derivatives which are heart depressants. When pneumonia sets in we are instructed to give huge dos-

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<sup>337</sup> Editorial. The Mayo presentation and a friendly challenge. *Journal of the American Institute of Homeopathy* 1920-1921; 13: 1019-1023.

es of digitalis at frequent intervals, which would cause the heart to drive more blood into the lungs already overcrowded. The action of digitalis in this case would undoubtedly add to the congestion and increase the area of the lungs involved. This routine treatment has undoubtedly been responsible for a considerable portion of the excessive mortality.’ ”<sup>338</sup>

It was very obvious to homeopathic clinicians during the NIP that patients who had previously been treated with allopathic medications were often in worse condition than other patients and were slower to respond to homeopathy, as Dr. James W. Ward, the former Health Commissioner of San Francisco and Dean of the Hahnemann Medical College of the Pacific, observed: “My case book covers a total of 182 reported patients. They were from every walk of life and presented the average line of a physician’s practice without selection. In this list are to be found 24 cases of pneumonia, 14 of which were of potential type. The remainders were true pneumonias. The recoveries were 100 percent in all the influenza cases. ... It was noteworthy that where no medication had been employed before the homeopathic treatment was begun, the response to care was prompt. The more aspirin, codeine, Dobell’s solution and other extra-homeopathic medicines were used, the slower was the recovery.”<sup>339</sup>

### **Iatrogenesis with Aspirin**

Of all the crude drugs used during the NIP, aspirin was blamed most often for hastening and increasing morbidity and mortality. Dr. W. H. Hinsdale, dean of the Homeopathic Department of the University of Michigan Medical School, said of the cult of aspirin, “If we wished to make an apology for the last epidemic for its mortality, we would call attention to one complication that was artificially enforced upon it and for which it should not be blamed. The general use of aspirin

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<sup>338</sup> L. A. Royal. Influenza and its results under homeopathic care in Central Iowa. *Iowa Homeopathic Journal* 1919-1920; 13: 194-198.

<sup>339</sup> James W. Ward. General observations on influenza. *Pacific Coast Journal of Homoeopathy* 1918; 29: 597-602.

increased its complications and hence its mischief. Aspirin poisoning is a handicap that the cult of modern medicine feels obliged to enforce upon the *Vis medicatrix naturae* in case of nearly all diseases, nowadays. Influenza's natural statistical record was tampered with to her embarrassment in the making. Why, may I ask, is not preventive medicine made to include the prevention of dangerous medicines being used to the detriment of mankind as well as to the stamping out of the breeding places of diseases and the restraint of distributors?"<sup>340</sup>

Dr. Benjamin Woodbury of Boston University wrote about some of the then better known mischief caused by aspirin: "Numerous cases were encountered during the influenza epidemic of *severe stomach disturbances* with *hematemesis*, *melena* sometimes being the first indication of the gastric hemorrhage. Some of the cases were very severe with syncope, the symptoms returning in one case after but three or four tablets had been taken."<sup>341</sup>

Dr. W. A. Dewey of the University of Michigan went further in indicting aspirin: "Much of the mortality in the recent epidemic of influenza was due to its indiscriminate use." He said that in overdose it causes "violent palpitation of the heart, deficient respiration, and weakness approaching unconsciousness, and disturbances in the sensory centers, vision and hearing—in fact, the sensitive nerve tissue is paralyzed."<sup>342</sup>

He went on to quote contemporary authors about the use of aspirin and other antipyretics during the NIP: "Dr. Simon Baruch [professor at the Columbia College of Physicians and Surgeons in New York City] says in the *Therapeutic Gazette* of June 1919, 'It was a painful disillusion to learn that these powerful agents (coal tar derivatives) only enabled the patient to die with a lower temperature while the mortality continued and even increased under their excessive

<sup>340</sup> W. B. Hinsdale. The "black death" of 1918-919. *Homoeopathic Recorder* 1920; 35: 314-323.

<sup>341</sup> Benjamin Woodbury. Supplemental data on the pathogenesis of aspirin. *Homoeopathic Recorder* 1921; 36: 156-158.

<sup>342</sup> W. A. Dewey. Aspirin a dangerous quack nostrum. *Homoeopathic Recorder* 1920; 35: 157-163.

use. ... They especially handicapped the heart just as the influenza poison does.’ Dr. Albert Doerschuk [a noted Kansas City pharmacologist and historian] writes as follows, ‘These drugs in remedies, preventives and cures for the grippe were swallowed by tons last winter by hysterical people who went beyond all advice in self-medication. Women numb in every limb, with barely enough intelligence to find the way home, from the effects of the preventive medicine, were suffering from the flu. Men with intense pains on top of their heads and eyes bulging out from the salicylates (aspirin) had the flu. Many persons were in bed from the prostration of the drugs taken instead of from the flu.’ We can corroborate the above remarks from personal observation.

“Dr. C. T. Hood in the *Clinique* of January 1919 says that the public is told that ‘if ten grains of aspirin two or three times in 24 hours would be of service, ten grains six to eight times a day was better. People have been and are buying aspirin in 100 and 500 packages and taking it by the dozen, by so doing they are driving the tack in their own door post upon which to hang the crepe.’

“We have seen that it is a depressing drug, that it poisons the heart and circulation, that it also poisons the blood itself, and that it stupefies the mind. Add these effects to the general depressing effect of the influenza toxemia and death is sure to follow.

“Another physician practicing in a small country town in central Illinois told the writer that out of a large number of cases treated from the start without aspirin there was no mortality, while in those who had taken aspirin themselves or had it given to them by friends or physicians the mortality was very great.”<sup>343</sup>

A case with aspirin overdose presenting with massive intestinal hemorrhage in a “powerfully built” American soldier was actually reported in the *Lancet* as a novelty in 1919: “In view of the promiscuous way in which aspirin, often self-

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<sup>343</sup> Ibid.

prescribed, is taken by the general public the following case is of considerable interest to the profession, 'Patient, sergeant, U.S.A., aged 24, was admitted to the Thetford Military Hospital, on October 25th, 1918, with the history of having been taken ill two days previously with influenza. He was a powerfully built man and gave no history of previous gastric or intestinal trouble. He stated that he had been taking aspirin capsules of his own in addition to 18 5 grains tablets given to him by the medical orderly. Instead of keeping to the prescribed dose, he had taken them all, together with a number of capsules in the course of six hours. He did this in order to get fit quickly, as he was under instructions for France.

"On admission patient was markedly anemic, temperature 101.4°F, pulse 120. During the day he vomited undigested milk, with no trace of blood. On October 26th, the anemia was more profound. Pulse 150, weak and irregular. An enema was administered with little result. The vomiting continued at intervals. On the following morning, at 5 a.m., a large quantity of blood was passed by the bowel and he rapidly became unconscious. No thought of an exploratory laparotomy could be entertained. He died a few hours later.

"Post Mortem: There was no peritonitis, and no free fluid in the abdominal cavity. The last five feet of the ileum was acutely congested, and the cecum and colon were loaded with blood clots. The line of demarcation between healthy and congested bowel was very definite. On opening the small intestine it was found to be uniformly inflamed. The mucous coat had apparently disappeared, leaving the submucous coat and blood vessels exposed and eroded. Bleeding from this large area had evidently been the cause of death. The other organs were in a healthy condition.

"Remarks: Aceto-salicylic acid is known to pass unchanged through the stomach and upper portion of the small intestine, and is then converted into free salicylic acid. It is probable that this man took nearly 200 grains of the drug into an

empty alimentary canal, and that the salicylic acid formed was responsible for the removal of the whole lining membrane of the bowel in the area described. The mucous membrane of the cecum and colon appeared to be unaffected. An inquest was held and a verdict of 'Death by misadventure through an overdose of aspirin' was returned. It would be interesting to know if this possible action of large quantities of salicylic acid on the bowel is recognized, or if this case may have been due to some impurity in the aspirin."<sup>344</sup>

Dr. W. B. Hinsdale, dean of the Homeopathic Department of the University of Michigan Medical School, pointed out that homeopaths had some major advantages over the allopaths at the onset of the pandemic: "Homeopaths started in the campaign with two advantages, and it could have been foretold they would come out with better statistical showing. First, they did not have the aspirin and other coal tar complications in their cases to increase the life risk, and second, they had a few remedies upon which they could place reasonable reliance and were not obliged altogether to experiment their way from day to day and from patient to patient. ... To non-homeopathic physicians we say, for God's sake, throw aspirin where Macbeth threw the laxative."<sup>345</sup>

During a meeting of the American Institute of Homeopathy held in June 1919, members described cases where patients had taken aspirin before coming under their care. They then realized that they had all had more or less the same experience throughout the country.

Dr. Dudley A. Williams of Providence said, "I did not lose a single case of influenza; my death rate in the pneumonias was 2.1%. The salicylates were almost the

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<sup>344</sup> F. W. Lewis. A case of aspirin poisoning. *Lancet* 1919; 193 (4976): 64.

<sup>345</sup> W. B. Hinsdale. The "black death" of 1918-919. *Homoeopathic Recorder* 1920; 35: 314-323.



sole standbys of the old school and it was a common thing to hear them speaking of losing 60% of their pneumonias.”<sup>346</sup>

Dr. C. P. Bryant of Seattle said, “I treated over 100 cases of influenza and pneumonia, lost two cases, one who had taken aspirin for a week when pneumonia developed before I was called; the other a very malignant case with very high temperature from the onset.”<sup>347</sup>

Dr. Cora Smith King of Washington, D.C., said, “Three hundred and fifty cases and lost one, a neglected pneumonia that came to me after she had taken one hundred grains of aspirin in twenty-four hours.”<sup>348</sup>

Dr. C. B. Stouffer of Ann Arbor said, “We treated over 300 cases of influenza among the members of the Student Army Training Corps with no deaths. ... Only in those cases having had aspirin was convalescence delayed and pneumonia produced.”<sup>349</sup>

Dr. A. F. Stevens of St. Louis said, “During the flu period almost every victim got his aspirin. Almost everybody believed in it because it relieved his distress and ‘couldn’t do him any harm.’ The result was that thousands died who might have lived had they been willing to bear discomfort for a little while. They died like flies around a plate of poison although ‘science’ did all that could be done to ‘save’ them.”<sup>350</sup>

Dr. G. H. Wright of Forest Glen, Maryland, said, “I attended over one hundred cases without any fatalities. I never deviated from the homeopathic remedy. I never gave aspirin. One case that was loaded with aspirin before I saw him, re-

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<sup>346</sup> William A. Dewey. Homeopathy in influenza—A chorus of fifty in harmony. *Journal of the American Institute of Homeopathy* 1920-21; 13: 1038.

<sup>347</sup> C. P. Bryant, quoted in William A. Dewey, op. cit., 1043.

<sup>348</sup> Cora Smith King, quoted in William A. Dewey, op. cit., 1038.

<sup>349</sup> C. B. Stouffer, quoted in William A. Dewey, op. cit., 1043.

<sup>350</sup> A. F. Stevens, quoted in William A. Dewey, op. cit., 1043.

ferred to me from an old school physician, died. This epidemic should encourage us to renewed faith in homeopathy.”<sup>351</sup>

Dr. Edward Cobb, professor at the Hahnemann Medical College of Chicago, wrote, “Of seven pregnant women, five were desperately sick. One died; she had taken aspirin freely before calling a doctor.”<sup>352</sup>

In the address quoted earlier, Mayo admitted that one of the great weaknesses of allopathic medicine, namely that it is based on empiricism: “[Sir James] MacKenzie points out that medical treatment has always been in advance of knowledge, that treatment has been empiric, even experimental, and that knowledge has come later from the results of these unorganized attempts to palliate or cure the diseases of man. ... We can hope that eventually knowledge will precede treatment and that treatment will be based on knowledge, and not, as heretofore, largely on empiricism.”<sup>353</sup>

Perhaps there is no more poignant illustration of this weakness of empirically-based practice of allopathy, namely that knowledge comes after the results, is found in the use of aspirin during the NIP. Since the early 1980’s, the use of aspirin in febrile children under 12 has been banned in many countries, and in 2002 the U.K. Committee on Safety of Medicines went even further when it warn that aspirin should also be avoided by anyone younger than 16 with a fever.<sup>354</sup> In 2005 the United States Department of Health and Human Services recommended, “Children aged less than 18 years with suspected or continued pandemic in-

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<sup>351</sup> G. H. Wright, quoted in William A. Dewey, op. cit., 1039.

<sup>352</sup> Edward Cobb. Clinical comments on influenza. *Journal of the American Institute of Homeopathy* 1918-1919; 11: 683.

<sup>353</sup> William J. Mayo. The medical profession and the public. *Journal of the American Medical Association* 1921; 76: 921-925.

<sup>354</sup> Sarah Macdonald. Aspirin use to be banned in under 16 years old. *British Medical Journal* 2002; 325 (7371): 988.

fluenza should not be treated with aspirin or other salicylate-containing products.”<sup>355</sup>

Homeopathy, on the other hand, is based on the inductive method, in which all observations and experiments lead to a general principle, which is then applied with certainty to every sick person. Knowledge precedes results. Homeopathy has nothing to do with the “hit and miss” of empirical medicine. It boils down to the application of a law, which requires the matching of two sets of facts, the symptoms of the medicine with those of the patient. Aside from certainty, it makes the practice of medicine gentle and safe, since only the smallest dose of medicine is required to stimulate a general healing response. Even better, homeopathy, instead of being palliative, is curative because it stimulates the living organism to regulate itself.

The use of high doses of aspirin in influenza patients during the NIP is now known to cause, in some cases, toxicity and a dangerous build up of fluid in the lungs, which may have contributed to the severity of symptoms and a greater incidence of pneumonia, secondary bacterial infections and mortality. “Additionally, autopsy reports from 1918 are consistent with what we know today about the dangers of aspirin toxicity, as well as the expected viral causes of death.”<sup>356</sup>

Recently Dr. Karen Starko pointed out, “Because physicians of the day [at the time of the NIP] were unaware that the regimens (8.0–31.2 g per day) [of aspirin] produce levels associated with hyperventilation and pulmonary edema in 33% and 3% of recipients, respectively. Recently, pulmonary edema was found at autopsy in 46% of 26 salicylate-intoxicated adults. Experimentally, salicylates increase lung fluid and protein levels and impair mucociliary clearance.

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<sup>355</sup> HHS pandemic influenza. U.S. Department of Health and Human Services. November 2005. <https://www.cdc.gov/flu/pdf/professionals/hhspandemicinfluenzaplan.pdf>

<sup>356</sup> Infectious Diseases Society of America. Aspirin misuse may have made 1918 pandemic worse. *ScienceDaily*, October 3, 2009.

“In 1918, the U.S. Surgeon General, the U.S. Navy, and the *Journal of the American Medical Association* recommended the use of aspirin just *before* the October death spike. If these recommendations were followed, and if pulmonary edema occurred in 3% of persons, a significant proportion of the deaths may be attributable to aspirin.”<sup>357</sup>

Dr. H. L. Maps of Passiac, New Jersey, said that death from an unusual type of pulmonary edema was in fact a common phenomenon during the NIP: “The doctor on my right asked a question about patients dying of edema of the lungs. The autopsies in cases of influenza were very interesting. Ordinary cases of the flu secondarily developed bronchopneumonia or rather what resembled bronchopneumonia, and later, edema of the lungs. There was, primarily, bronchitis, followed by a pathological condition which simulated bronchopneumonia. The spots would undergo necrosis and grow larger until they involved the whole lung. In one case which I examined, the blood would not clot. The condition was simply an extravasation of the blood from the necrotic area and a filling up of the bronchial tubes with a modified blood. The condition is hard to describe. Every man ought to see an autopsy on influenza. It is not like anything else we know. The condition is a hemorrhagic inflammation of the lung with secondary necrosis and almost continuous oozing of a blood which does not coagulate. This causes the bubbling which has in many instances been called edema of the lungs.”<sup>358</sup>

Other physicians who performed autopsies also described influenza pathology as being unique and characterized by “the intense congestion and hemorrhage” of the lungs, which could only have been worse with the use of aspirin. It was reported that Dr. William Henry Welch, the famous pathologist and bacteriologist from Johns Hopkins University, turned away during one of these autopsies sur-

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<sup>357</sup> Karen M. Starko. Salicylates and pandemic influenza mortality, 1918–1919: pharmacology, pathology, and historic evidence. *Clinical Infectious Diseases* 2009; 49 (9): 1405-1410.

<sup>358</sup> H. L. Maps. Discussion: Influenza: A favorable mortality and publicity. *Journal of the American Institute of Homeopathy* 1919-20; 12: 599.

prised at seeing the blue, swollen lungs with wet, foamy, and shapeless surfaces, and said, “This must be some new kind of infection or plague.”<sup>359</sup>

It was also reported that one of the most horrific features of the NIP was bleeding, not just from the nose and mouth but also from the ears and eyes.<sup>360</sup> Dr. Frank Newton of Somerville, Massachusetts, summarized well the cumulative experience of homeopaths of the dangers associated with the use of aspirin during the NIP: “There is one drug which directly or indirectly was the cause of the loss of more lives than was influenza itself. You all know that drug. It claims to be salicylic acid. Aspirin’s history has been printed. Today you don’t know what the sedative action of salicylic acid is. It did harm in two ways. Its indirect action came through the fact that aspirin was taken until prostration resulted and the patient developed pneumonia.”<sup>361</sup>

### **Iatrogenesis from Digitalis, Narcotics and Inoculations**

Aside from aspirin, allopaths were also using large doses of other drugs that have been suspected of being harmful to people with influenza, such as digitalis and narcotics. Multiple inoculations given in a short time may also have played a role in the higher morbidity and mortality of CIP in the armed forces during the NIP.

In fact, Dr. H. C. Whitaker of Dublin, Ohio, wrote, “Along early in the year 1919 the Chief Surgeon of the American Expeditionary Forces issued an order to the effect that all cases of pneumonia should have enough digitalis to render the

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<sup>359</sup> Carol R. Byerly. The US military and the influenza pandemic of 1918–1919. *Public Health Reports* 2010; 125 (Suppl 3): 82-91.

<sup>360</sup> John M. Barry. Pandemics: avoiding the mistakes of 1918. *Nature* 2009; 459 (7245): 324-325.

<sup>361</sup> W. A. Dewey. Homeopathy in influenza—A chorus of fifty in harmony. *Journal of the American Institute of Homeopathy* 1920-21; 13: 1038.

heart susceptible to it so a quick action could be obtained if needed, and enough morphine to control the cough.”<sup>362</sup>

In 1918, Dr. Carleton A. Harkness of Chicago, who had been assigned to the base hospital of Camp Lee, reported that the soldiers were receiving typhoid, paratyphoid, colon bacillus and small-pox vaccines all at once.<sup>363</sup>

Dr. Daniel Coleman, visiting physician to the Metropolitan and Community Hospitals in New York City, reported: “The only cases that the author lost during the terrible epidemic of 1918 were two who had received vaccine inoculations and a third, a pregnant woman, to whom he was the nineteenth consecutive consultant. Even then she might have had a chance under homeopathic treatment, if a relative, a young old school doctor who lived in the house, had not frequently administered large doses of all kinds of drugs.”<sup>364</sup>

Dr. George Royal, professor in the University of Iowa Homeopathic Medical Department, related a conversation he had with a ranking officer of an army base hospital on the subject of pneumonia in the cantonments of the country during the 1918-1919 winter: “The officer was discussing the frightful mortality rate, the violence of the onset, the rapid formation and vicious character of the serum which poured into the thorax during the first 48 to 72 hours of the disease, the changing of this serum to pus, the profound prostration not only of the nervous system but of every vital force of the body. This officer, who was formerly a neighbor of mine in Des Moines, closed his remarks as follows, ‘Royal, you don't have any such pneumonia in private practice; it is simply fearful. And what is true out in my camp is true in every camp in the country.’ I put to him the suggestive question, ‘Do you believe the inoculation of the soldiers had anything to do with the difference in the death rate between the soldiers and the

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<sup>362</sup> H. C. Whitaker. Discussion. Some indicated remedies in pneumonia. *Central Journal of Homeopathy* 1921; 2 (7): 32-35.

<sup>363</sup> C. A. Harkness. Experiences in the mustering office. *Clinique* 1919; 40: 209-212.

<sup>364</sup> Daniel E. S. Coleman. Homeopathic therapeutics of lobar pneumonia. *Hahnemannian Monthly* 1927; 62 170-177.

civilians who had not been inoculated?’ His reply was, ‘I wish the blood of the soldiers could be tested after the seven vaccinations, so as to determine what changes had been wrought in it.’ ”<sup>365</sup>

However, it cannot be assumed that fulminant cases were always the result of inoculations, as Dr. R. Hayes had observed with reference to the population of Waterbury, Connecticut: “Dr. George Royal reports the officer as saying, ‘You don’t have any such pneumonia in private practice,’ referring to that type which presents rapid degeneration of blood elements and fulminating edema soon after the onset or appearing suddenly after a few days of ordinary progress. I would say that Waterbury was one of the hardest-hit cities in the country and there were many cases of pneumonia here of that malignant type during October with occasional cases since. These occurred in my practice in people who had not had influenza inoculation or other recent vaccinations.”<sup>366</sup>

In his presidential address before the American Medical Association, which was entitled “Medicine, a Determining Factor in War,” Dr. Alexander Lambert referred to the unexplained and extraordinarily high incidence of meningitis in the army as compared to the civilian population: “The occurrence in the camps of meningitis, another disease of the respiratory group, as far as its portal of infection is concerned, has been forty-five times as frequent in the army as its occurrence in the civil life among the same age group.”<sup>367</sup>

Dr. William Henry Welch, one of the four founders of Johns Hopkins Hospital, said during a discussion before the Association of American Physicians in May 1918, five months before the fatal wave of the pandemic hit the world, “What reasons

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<sup>365</sup> George Royal. Drug proving: why and how should homeopaths prove drugs. *Journal of the American Institute of Homeopathy* 1918-1919; 11: 727-733.

<sup>366</sup> Royal H. S. Hayes. Influenza: brief comments. *Journal of the American Institute of Homeopathy* 1918-1919; 11: 846.

<sup>367</sup> Alexander Lambert. Medicine, a determining factor in war. *Journal of the American Medical Association* 1919; 72 (24): 1713-1721.

have played a part in enhancing the virulence of the streptococcus? This is the most important problem today in dealing with infections in soldiers.”<sup>368</sup>

In January 1941, as the U.S. was preparing to enter WWII, Dr. Arthur H. Grimmer of Chicago, asked “Will History Repeat?” in the editorial pages of the *Homoeopathic Recorder*, where he summarized the cumulative experience of homeopaths with the dangers of using crude drugs and inoculations in American soldiers during WWI: “In the world war of 1917, the war that was fought, to make ‘the world safe for democracy,’ the defenders of that glorious crusade were the victims of an unjust and bigoted medical system. They were permitted to choose and practice their own political and religious freedom but were ruthlessly denied the right of medical choice. When some of those heroic defenders in the service of our nation objected to having their blood stream poisoned by injections of the products of disease, serums and vaccines, they were sentenced to twenty years of imprisonment.

“This despotic procedure, engineered by a political medical clique, stands out the blackest blot on the pages of United States history. The Surgeon General of the Army (Wilson’s administration) reported that of the two million selects who did not go across or experience any of the rigors of war, they were well fed and clothed, had regular hours of sleep and exercise, all designed to bring them up to a high state of health and physical fitness; yet out of those two million men, six hundred thousand of them went back into civil life invalids. The question is, what caused so many of these young men tested and selected by the medical brains of the army for their fitness, to become sick? The food, clothes and general routine were all acknowledged to be excellent, then what made them sick?

“The answer is obvious: the pollution of the blood stream of those heroic young men with laboratory filth called serums and vaccines.

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<sup>368</sup> William Henry Welch. Discussion. Association of American Physicians. *Journal of the American Medical Association* 1918; 70: 1887.



“It is safe to say that a large majority of those soldier boys opposed this unsanitary procedure but were compelled to submit to it or go to prison for a period of time not inflicted on the worst of the murderers and felons of the current time.

“What gratitude a great nation showed its brave defenders, simply because they had more discernment and courage than the average select! And still more shame on the men in high places, who raised no voice or made no effort in their behalf, but remained mute and weak, before a tribunal whose acts of infamy have left an indelible deformity on our country’s history!

“With resistance broken and health undermined by the products of disease forced directly into the blood, is it any wonder that the epidemics of flu and pneumonia took a toll far greater than the casualties of battle?

“The appalling death rate of the boys in the training camps still remains an unforgettable calamity in millions of American homes. And saddest of all that most of those victims would have been saved under homeopathic treatment.

“If in place of the routine use and abuse of aspirin and cathartics, those gallant young men could have had a few of our simple homeopathic remedies like Aconite, Arsenicum album, Bryonia, Rhus tox, Gelsemium, Ferrum phosphoricum and a few others that any tyro in homeopathy can apply, many a sad mother’s tears would not have gushed forth in rivers of woe through the long heartsick lonely years to say nothing of the countless thousands of physical wrecks that need not have been.

“And what have we to offer in the place of prophylactics against small-pox, typhoid and other intestinal epidemic diseases, as well as flu, pneumonia, diphtheria and all other acute epidemic diseases? Our epidemic remedies give us the most certain and effective protection with absolutely no consequential sequelae as a result of their use.

“And lastly the economical aspect of the manufacture and application of homeopathic procedure is from ten to twenty-five percent cheaper. Perhaps it is this commercial angle that has prevented the universal acceptance and use of homeopathy. Millions of money invested by manufacturing chemists and pharmaceutical houses taking a toll annually of billions from the American public will not be surrendered without a bitter fight. Too many of our doctors are dominated by the commercial aspect rather than the humanitarian side of medicine.

“Only the born doctor places the passion of cure above the glitter of wealth.”<sup>369</sup>

How did the multiple inoculations received within a very short time by the soldiers affect their immunity to the influenza or other viruses, and any subsequent secondary bacterial infection? That will remain unknown since no research was ever conducted on this subject.

From the perspective of these cumulative observations by homeopaths about the iatrogenesis that occurred with allopathy during the NIP, Dr. Clifford Mitchell wrote in a May 1919 editorial in the *Clinique*, entitled “What Scientific (?) Medicine Has Cost Uncle Sam,” “According to Dr. W. Henry Wilson, about 400,000 persons died of influenza in the United States last autumn. Now if the contention of Dr. John Dill Robertson, [the Health Commissioner of Chicago], is correct that one-half of the deaths were due to drugging as with morphine, codeine, aspirin, and quinine, it is reasonable to suppose that 200,000 lives would have been saved had there been recognition, adoption and general use of homeopathic principles of therapeutics in the country. It has been a favorite contention of ours in the *Clinique* for many years that no physician should be licensed until he can present evidence of having had a course in homeopathic materia medica and therapeutics. Whether he practices homeopathy or not is his own business, but he should be obliged to give the law of similars attention. Uncle Sam instead of ignoring homeopathy should subsidize it. Has not Dr. Frank Wieland demon-

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<sup>369</sup> Arthur H. Grimmer. Editorial. Will history repeat? *Homoeopathic Recorder* 1941; 56: 46-48.

strated the pecuniary value of the system as well as its therapeutic merit? We invite attention on part of Uncle Sam to the influenza figures of Montgomery Ward & Co., and we also suggest to the labor people that they investigate the same.”<sup>370</sup>

### Treatment Effect of Homeopathy

As already mentioned, when I refer to homeopathy, I am referring specifically to certain principles and precise rules of practice, which are logical and scientific in every aspect of their development and practical application, and which are the hallmark of genuine homeopathy.

But even though homeopathy is based on a set of fixed principles, its art and science are always evolving, because its materia medica is based on cumulative clinical and experimental facts, which can never become outdated and therefore are always relevant. However, clinical results can vary greatly from one professed homeopath to another, because they will depend greatly on how skillfully the practical rules of homeopathy are applied. To illustrate this point, I mentioned earlier a difficult case that died under the care of Dr. Martha I. Boger of Portsmouth, New Hampshire, of which Dr. Boger said, “Had I been a better prescriber, I believe she would have recovered.”<sup>371</sup>

As a rule, however, the most skilled homeopaths are able to treat difficult cases—such as ones that are on the brink of death, as in the later stage of an infectious disease—with great therapeutic ease and simplicity. An example can be seen in this case, which was treated by Dr. Edwin Berridge of London, of a very sick child with pneumonia during an influenza epidemic: “March 8th, 1899, I visited a child 7 years old, at 3 p.m. The day before had been slightly languid, not so lively as usual, and did not care for her morning bath; also slight cough. At 11

<sup>370</sup> Clifford Mitchell. What scientific (?) medicine has cost Uncle Sam. *Clinique* 1919; 40: 208.

<sup>371</sup> Martha I. Boger. Influenza—brief comments. *Journal of the American Institute of Homeopathy* 1918-1919; 11: 1216.

p.m. was seized with burning fever, rapid breathing, thirst, and occasional delirium. I found her lying on left side, breathing with mouth open. Pulse was 150; respiration, 80; temperature, 104.4°F. No pain, though there had been headache. Thirsty for cold water often, drinking a moderate amount each time. No movement of nostrils, though her mother had noticed it once. Upper lobe of left lung consolidated, no air enters, no vocal resonance, and dullness on percussion. Pneumonic crepitation in lower lobe of left lung, Right lung normal.—Phosphorus CM (Fincke) in water, a spoonful every 4 hours till relieved.

“March 9th, at 6 p.m., yesterday she could breathe with mouth closed, and temperature had fallen to 104°F. No return of delirium, and had a good night. Today at 3 p.m. pulse was 110; temperature, 100.6°F; respirations less frequent, but I could not count them satisfactorily. Air entering the whole of left lung freely. Cheerful and lively. Bowels have acted naturally. No thirst. Cough increased. Last dose was taken at 7 a.m.

“March 10th, 5 p.m., she has had two more doses at 7 p.m. and again at 4 a.m. as the cough was troublesome. Now pulse is 104; temperature, 98.2°F. Air enters still more freely, though there is still a little crepitation. Lively and wants more food. Stopped the Phosphorus, and she soon recovered.”<sup>372</sup>

The homeopathic literature contains literally hundreds of such dramatic cases, which illustrate therapeutic ease and simplicity, and which, incidentally, are rarely found in any of the pre-antibiotic allopathic literature. If all of these cases were collected, reviewed and analyzed statistically, we would find that it constitutes irrefutable evidence of homeopathy's efficacy effectiveness.

Now let us compare that case with a typical example of a similar, severe case of pneumonia but this time treated with a mix of many allopathic drugs and home-

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<sup>372</sup> Edwin Berridge. Pneumonia during epidemic of influenza. *Journal of Homoeopathics* 1899-1900; 3: 181.

opathic remedies. Dr. H. V. Halbert, professor of Clinical Medicine at the Hahnemann Hospital in Chicago reported the following case after the NIP: "The unsatisfactory treatment of many cases in the recent epidemic may properly be blamed to the damnable use of coal-tar derivatives and the stereotyped employment of opiates to relieve the cough. Another cause was our failure to recognize the leucopenia and to increase the resisting power of the patient and the physician who did not put his patient to bed and administer mild, indicated remedies while consistently seeking to support the patient's strength made a great mistake. The trend toward a disseminated pneumonia with lung necrosis, following an early pulmonary edema, was evidence of a cardiac impairment which too frequently was ignored. Patients died without reason and we have learned a serious lesson at great cost in human lives.

"Let me illustrate by one patient. A strong and well built woman of middle age was sent to our hospital with the initial attack of influenza; soon her temperature ran very high, both lower lobes of the lungs were rapidly involved and she developed a marked pneumonia with a delirium demanding complete restraint. The leukocyte count was under four thousand and her blood pressure was only 100; involuntaries were constant, bloody sputum was excessive and in every way she seemed doomed.

"The usual remedies were used for the lung condition and for the temperature; in addition, nuclein solution—10 to 30 drops—were given hypodermatically three times daily and strychnia sulphate—1/30 gr—was likewise administered with equal or greater frequency. It was necessary to give rather large doses of bromides and hydrobromate of hyoscine to quiet the nervous system and to induce sleep but in a few days the white count increased, the blood pressure improved and the heart attained a better force. Then, with the aid of our indicated remedies, the delirium passed and the patient made a slow recovery, being able to leave the hospital at the end of a month.

“I quote this case briefly to demonstrate three points: first, the use of strychnia and nuclein to increase the blood pressure and the leukocyte count, which method I found advantageous in many severe cases during the epidemic; second, the absolute necessity of overcoming a pneumonia delirium by any remedy or measure which will induce sleep and rest; third, the beneficent effect of our homeopathic remedies compared to the danger in using aspirin and opiates; fourth, it is my belief that many of our cases were fatal because we did not recognize early the inevitable hypostasis due to a weak heart.”<sup>373</sup>

Many cases like Halbert’s can be found in the homeopathic literature; what they show is the great difference between that way of prescribing and the strict method of Hahnemann illustrated by Berridge’s case, where the most characteristic aspects of the case were sought until a clear image of the curative remedy appeared; the remedy was given singly, and a rapid, unmistakable and uninterrupted recovery followed.

In Halbert’s case, the recovery was difficult and prolonged under a mixture of many allopathic drugs and homeopathic remedies. Admittedly, every case is different, and that makes comparison difficult; nevertheless, those two cases are typical of countless examples of the two ways of practicing homeopathy.

Even the most skilled and experienced homeopaths will face difficult cases in which the curative remedy is not obvious at first sight. However, by continued observation and close application of the principles of homeopathy, such therapeutic challenges will, with very rare exceptions, be eventually solved, as Dr. Dorothy Shepherd of London demonstrated with the following case: “During the serious influenza epidemic in 1918-19, one’s clinical acumen was greatly tried, but again and again one was thankful for the very efficient aid that homoeopathic medicines provided, and over and over again an apparently serious case quickly turned the corner.

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<sup>373</sup> H. V. Halbert. Two clinical cases: Leucopenia and the flu. *Clinique* 1919; 40: 287-289.

“Patients used to say, ‘I only had a very mild case of flu.’ They never gave the credit of the rapid cure to the almost tasteless watery medicines they used to imbibe. There were no complications, no heart trouble, no bronchopneumonia, no septic pneumonias and therefore no fatal incidents in several hundred cases. A triumph for homeopathy indeed. Very few cases gave one much anxiety.”

However, she presented a difficult case, in which several remedies had been prescribed before the homeopathic and curative one was eventually found leading to a beneficial response. “There was another case that caused me some anxiety, as it would not respond to the usual remedies: He was a young man invalided out of the army on account of shrapnel wounds in his ankle. The rest of his family, both parents, several brothers and sisters, responded quickly to the treatment given, temperatures came down within twelve to twenty-four hours. They were kept in bed for seven days, after the first day of normal temperature for two to three days only a faint diet, which was gradually augmented. His mother could not understand why her eldest son did not get well as quickly as the rest and put it down to the effects of the war wounds. She was not so far wrong either, as it turned out in the end.

“After nearly a week of pyrexia I had visited him at all hours of the day and night to get all the symptoms collected together, nurses were at a premium just at that time; one depended on the relatives provided there was anybody left to do the nursing, and one carried several door keys on one's pockets to let oneself into the various houses. Well, eventually one got the following disease picture: very high, steadily rising temperature, going up to 105°F at night, the pulse remaining somewhere about 100-110, therefore the pulse and temperature were quite out of proportion.

“He was extremely restless, never staying long in one position, very confused as regards the number of extremities he owned, there seemed to be so many arms and legs in the bed; he complained of the extreme hardness of the bed, his back

was so painful and the bed was as hard as a board. He had received *Rhus tox* for his restlessness, also *Arnica* for the hardness of the bed and remote effects of war injuries, also *Baptisia*, which seemed to correspond to the confusion of the mind and the sensation of there being more than one person in the bed: nothing would touch the illness, however; the weakness went from bad to worse. There were drenching sweats, an offensive, penetrating odor from his perspiration; he had to change his shirts several times in the twenty-four hours; his mouth and tongue were foul and yet *Mercury* did not touch him.

“One did not give up hope; but continued to study the case. In the back of one’s mind one knew there was something that would act as the key to open the door to this maze, this complicated septic fever. Suddenly it came to one, there was a certain remedy which had this arrhythmia of pulse and temperature; a high temperature with a low pulse or vice versa. This was *Pyrogenium*, and in reading up *Pyrogenium* in the *materia medica* there was the *simillimum*: The extreme restlessness, the bruised feeling of the parts lain on, the relief by movement of feet, by change of position, offensive, disgusting perspiration, great weakness and lassitude: the imaginary crowding of supernumerary limbs in the bed: it was all there.

“So *Pyrogenium* CM—the only potency one had except the MM, both Heath Potencies<sup>374</sup> from America—was given two hourly in a watery solution, and by the morning, a few hours after the late night visit—one found the patient had slept more restfully and the temperature was down to 100°F, that night within twenty-four hours of starting this new medicine the temperature was normal, and it kept normal after that. One continued the remedy for a couple of days and then finished off with one dose of *Pyrogenium* MM dry on tongue. One does not remember now, whether he had a constitutional remedy at the end of ‘seven days bed’ after the temperature reached the normal level. Anyway, the patient was

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<sup>374</sup> Dr. Alfred Heath was a homeopathic pharmacist and physician who practiced in London, England, and was known to supply British homeopaths with reliable high potency preparations.



kept under observation for several years afterwards, and he had no after effects from his serious attack of wartime flu, and on the whole he came off quite lightly, compared with many other victims; he was only in bed for a little over two weeks: eight days' temperature and seven days' recuperative rest. In this case the normal influenza, if one may be allowed to call any influenza normal, was complicated by previous inoculations of the various typhoid, paratyphoid and cholera bacilli; he had had anti-malarial inoculation, he had been vaccinated, he had had anti-streptococci injections and inoculation against tetanus, and he could not remember what other inoculations he had had to submit to. I came to the conclusion that he was full of septic matter; and his blood stream was a battlefield of all sorts of serums and bacteria, and hence the drenching sweats, the high temperature, the offensive odor and the extreme prostration.

“In my own mind I am absolutely convinced that this young man would have been another of the numerous victims of the fatal influenza epidemic if it had not been for our *Pyrogenium*. ... Thus it proves again the great truth of the homeopathic law: Like cures like.”<sup>375</sup> She thus illustrated what every experienced homeopath knows—namely, the response to a homeopathic remedy is very easily differentiated from the classic placebo response.

Dr. R. F. Rabe, professor of *Materia Medica* at the New York Homeopathic Medical College, discussed in his September 1919 editorial in the *Homoeopathic Recorder* the great precision that is required in prescribing when one is trying to comply with the law of similars: “Homeopathy may often appear to fail; but if the apparent failure be investigated it will be found that the law of similars has been wrongly applied or that its tools, the *materia medica*, have not been understood. A poor workman may bungle a job with even the very best of tools, and usually excuses his failure by cursing the tools. So with homeopathy, its tools are often cursed and cast aside when the blame should fall upon the ignorance of the phy-

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<sup>375</sup> Dorothy Shepherd. *Pyrogenium* in dangerous cases. *Heal Thyself* 1936: 71.

sician who essays to use them. Failures should teach us more than our successes; but let us be fair and place the blame where it properly belongs.”<sup>376</sup>

Dr. Shepherd also emphasized, that in order to obtain the greatest success, each case of influenza must be individualized down to its smallest details: “As always, it is necessary to study each case clinically at the bedside and carefully collect the symptoms presented by the individual. This takes time; it is so much easier to walk into a room, diagnose the case, and write out the prescription of the prevalent fashionable drug. The homeopathic doctor has to know his *materia medica* with all its drugs exceedingly well before he can match up with the correct remedy the symptoms shown by the sick person. He has to take so many factors into consideration. There are quite thirty to forty remedies for influenza, and to find the right one which will cut short the feverish attack and permit the patient to feel well without complications following within a few days, is extraordinarily difficult.”<sup>377</sup>

Another advantage homeopaths had over allopaths during the NIP was the cumulative and relevant knowledge and experience that they had obtained in previous influenza epidemics. At the beginning of the NIP the more experienced homeopaths said they were using more or less the same remedies in this epidemic as in previous similar influenza epidemics. On this point, Dr. J. H. S. Johnson of Chicago remarked that clinical successes were unambiguous during the NIP as they had been in the previous influenza pandemic: “Recalling the epidemic of influenza which gripped the country in 1889 and 1890, my books show that from December 25, 1889 to February 1, 1890 I made one thousand prescriptions to 285 persons, 185 of these I prescribed for in their homes, 180 were clearly defined as *la grippe* cases. There were a number of clearly defined pneumonia cases that I did not classify nor include as *la grippe*, while in fact every

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<sup>376</sup> R. F. Rabe. The power of resistance. *Homoeopathic Recorder* 1919; 34: 427-429.

<sup>377</sup> Dorothy Shepherd. *Homoeopathy in Epidemic Diseases*. Essex: Health Science Press, 1967: 51-52.

case of pneumonia began with marked symptoms of influenza or la grippe. I had no death certificates to sign from any cause during this period, and no sequelae followed my treatment.”<sup>378</sup>

Dr. T. A. McCann, the personal physician of Charles F. Kettering, pointed out that the more experienced and skilled practitioners of genuine homeopathy had no deaths to report during the NIP and had only rare cases if any that developed the late stage of the disease, once patients came under their care: “I have treated one thousand cases of influenza. I have the records to show my work. I have had no losses. I want no credit given me for these results. It is only another undeniable testimony of the efficacy of homeopathic drugs carefully administered. Given an individual in a fair degree of health when stricken with this malady, there is no reasonable excuse for a homeopathic physician losing a single case. The symptoms of the disease are too well known to any intelligent physician to be repeated here. ... With careful attention to detail, has given me one hundred percent cure. ... If you have any occasion to use any part of this telegram, please give all credit to homeopathy, and none to the Scotch-Irish American.”<sup>379</sup>

Dr. G. G. Balcom of Lake Wilson, Minnesota further pointed out that results were in fact predictable under genuine homeopathic care during the NIP: “I want to join my testimony with Dr. McCann, that given a patient with a fair physical condition when he contracts the flu-pneumonia he should be restored to health by the properly selected homeopathic remedy. ... I have had over three hundred cases and no deaths. I do not find that I need vaccines or serums. The fellows

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<sup>378</sup> J. H. S. Johnson. Experience with influenza in 1899 and 1890. *North American Journal of Homeopathy* 1918; 66: 915.

<sup>379</sup> T. A. McCann. Influenza: brief comments. *Journal of the American Institute of Homeopathy* 1918-1919; 11: 845.

that have used them about here have been used to having deaths. The use of the coal tar derivatives is to be condemned. Aspirin has much to answer for.”<sup>380</sup>

The better the principle of similarity is applied, the greater and the more predictable will be the results. However, valuable results can still be obtained from less accurate and individualized homeopathic prescriptions. For instance, even homeopathic surgeons, who tended to be less skilled prescribers but had to treat the general population during the NIP, obtained the same constancy of positive results: “Dr. Samuel H. Starbuck of Seattle, Washington, one of the most eminent surgeons on the Pacific Coast, is what very few surgeons are, a good prescriber. During the epidemic of influenza in that city he treated six hundred cases and no deaths. That is a splendid record.”<sup>381</sup>

Even beginners in homeopathy had reasonably good results, as Dr. A. B. Hawes of Bridgewater, South Dakota reported: “About a month before the Spanish influenza reached Bridgewater, I commenced studying up on the subject. I heard time after time of the heavy death rate in Chicago, New York, Boston, and all over the country, and was scared stiff. When the flu struck Bridgewater I commenced with two homeopathic remedies, and have found no occasion to deviate there from, except that in certain conditions it has been necessary to use some of the other homeopathic remedies, and with pride I will say that so far I have treated 267 cases beginning with the commencement of the fever and have not had a case of pneumonia or a single death. Of the other 19 cases, that is, cases who did not take my medicine during the fever stage, but called me when they had a relapse, two cases had pleuro-pneumonia. Both recovered. Two cases, pneumonia, with one recovery and one death. One case with endocarditis proved

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<sup>380</sup> G. G. Balcom. Influenza—brief comments. *Journal of the American Institute of Homeopathy* 1918-1919; 11: 1216.

<sup>381</sup> Eli G. Jones. It is not what we learn today, but what we remember tomorrow, is what adds to our stock of knowledge. *Homoeopathic Recorder* 1919; 34: 250-253.

fatal. Recently I had one case of pleurisy (acute plastic) with recovery. Ask me again if I believe in homeopathy.”<sup>382</sup>

Even some “mixers,” that is, physicians who were using homeopathy in combination with allopathy, reported good results. Dr. O. N. Hoyt of Pierre, South Dakota, who was dispensing triturations of a mixture of acetanilide, codeine and strychnine with the homeopathic remedies in cases presenting with violent and high fever, wrote, “I have ever stuck close to the homeopathic remedy and during this siege of influenza, when we have all been worked to death out here, I have handled over two hundred and fifty cases with no deaths.”<sup>383</sup>

Even some eclectic physicians, who were practicing halfway between homeopathy and allopathy, had excellent results during the NIP. For instance, Dr. A. S. Tuchler of San Francisco wrote, “The writer has made use of the same remedies that were used at the time of the influenza epidemic some twenty years ago. In three weeks, while this epidemic was at its height, we treated on an average of thirty patients daily, at their homes, with temperatures ranging up to 105°F, without having to sign a death certificate. The following remedies were found to be mostly indicated: Eupatorium perfoliatum, Bryonia and Gelsemium, with Aconite and Veratrum viride, as indicated by the pulse and temperature.”<sup>384</sup>

Similarly, Dr. Joseph N. Gardner, a former allopath in Washington, D.C., treated homeopathically three hundred cases of influenza during the NIP without having a single death.<sup>385</sup>

Mortality was not always low among professed homeopaths. Many “mixed” allopathy and homeopathy at the same patient, and their records showed mixed results. For instance, the record of the Hahnemann Hospital in Chicago showed a

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<sup>382</sup> A. B. Hawes. Influenza: brief comments. *Journal of the American Institute of Homeopathy* 1918-1919; 11: 848.

<sup>383</sup> O. N. Hoyt. Correspondence. *Clinique* 1919; 40: 127.

<sup>384</sup> A. S. Tuchler. Influenza—its treatment. *Ellingwood's Therapeutist* 1918; 12: 438-439.

<sup>385</sup> Obituary. *Journal of the American Institute of Homeopathy* 1922-1923; 15: 1035.

10% mortality rate in pneumonia cases, even though it claimed the lowest mortality of all hospitals in Chicago: “The records of the hospital for the year 1918 state that the number of patients cared for in the hospital was 3,243; the number discharged cured was 2,627; the number discharged improved was 196; the number discharged unimproved was 45; the number who died was 136; this includes those who died within 24 hours, viz. 41; giving a mortality rate of 3.09 percent; (the lowest mortality rate claimed by any general public hospital in Chicago). The Out-Patient Department records a total of 14,175; the X-ray Department had a total of 513. During the influenza epidemic, from September 23rd to December 31st, there were admitted 245 cases of influenza and its complications. Of the uncomplicated influenza none died. Of the pneumonias developing after admittance none died. The doors of the hospital were closed to none, however, and 108 cases entered the hospital in late stages of the disease and its complications, principally pneumonia: of the 39 who died, 16 were moribund on admission and lived less than 24 hours. If we deduct these moribund cases it leaves but twenty-three deaths in a total of 229 cases.”<sup>386</sup>

Such a high mortality rate in pneumonia patients was partly due to the fact that a great proportion of the pneumonia cases had been transferred to hospitals in a moribund state, but was also due to the poor quality of the homeopathic treatment provided—a problem not encountered among Hahnemannians. In another similar institutional instance, patients were also treated with a mixture of homeopathy and allopathy at the Haynes Memorial Hospital for Contagious Diseases of the Massachusetts Homeopathic Hospital in Boston. Dr. Samuel Clement, resident physician at this institution and Clinical Instructor in Contagious Diseases at the Boston University School of Medicine, described the pitiful condition of arriving patients: “Out of the 632 cases, 175 were mild cases, temperature not higher than 101°F; 158 were average cases, temperature about 102°; 306 were

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<sup>386</sup> Jos. P. Cross. The annual report of the dean of the Hahnemann Medical College. *Clinique* 1919; 40: 303-306.

very severe cases, temperature about 103°F. Out of 109 cases reported above, the highest temperature was 107°F. Of our pneumonia cases, the diagnosis was made on actual physical findings; 222 were bilateral bronchopneumonia, septic, resembling pulmonary edema and started inside of 24 hours. ... Some died a few hours after admittance to this hospital, and we did not have time to work out the records. Of the 128 that died, some lived two days, other only two hours. Our mortality rate was 20 percent. This isn't camouflage. The mortality rate in septic pneumonias was 44 percent; our mortality rate in pregnant women was about 46 percent. ... Just a word with regard to allopathic prescribing. Of the five cases which had developed pneumonia under allopathic treatment, all died.”<sup>387</sup>

The mortality in patients with pneumonia treated with a halfway application of homeopathy can be in general practice 1-2% versus 0% with genuine homeopathy, and up to 20% versus 0-1% in hospital services. To illustrate one of the differences between the practices of these two groups, the less qualified homeopaths were found to be promoting the false idea that a knowledge of only two to six remedies was all that was necessary to deal with any influenza epidemic.

In truth, to obtain the greatest success with homeopathy, physicians must apply the practical rules with meticulous exactness, and should therefore be able to prescribe any of the more than 500 remedies at their disposition. So, for example, Dr. R. F. Rabe wrote in a 1918 editorial in the *Homoeopathic Recorder*: “Bryonia should not therefore be given when Phosphorus is required, and vice versa. The physician who boasts of seeing sixty to eighty cases a day is not able to prescribe correctly or successfully. The thing can’t be done! It may be good business, but it is very poor science. To prescribe successfully for the pneumonia patient requires that the physician sit down quietly at the bedside and calmly contemplate the case from every side and angle. We homeopaths are compelled

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<sup>387</sup> Samuel Clement. Influenza at the Haines Memorial. *Journal of the American Institute of Homeopathy* 1921-1922; 13: 157-159.

to treat patients, not diseases and the recognition of the symptom image is by no means always easy. He who is not dominated in his actions by law and principle is likely to be easily stampeded, so that his therapeutics become a jumble of unrelated and antagonistic remedial measures.”<sup>388</sup>

Dr. Rabe further described an example of excellence in prescribing: “The most frequently required remedies, both for the influenza and pneumonia, have been Bryonia, Eupatorium perfoliatum, Gelsemium, Phosphorus, Rhus tox, Ferrum phosphoricum, and Iodium. The indications for these are well known to us all. Of course, other remedies have also been indicated. Among others we saw a bronchopneumonia which had begun upon and rapidly spread from the right side. The ten-year old patient was doing nicely on Phosphorus when, without discoverable cause, a sudden extension of the disease to uninvolved lung tissue took place with a sharp rise of temperature. Ferrum phosphoricum took the sharp edge off the violence, but did not check the process. A mahogany-red right cheek (upon which the child had not been lying, thank you) was sufficient to arouse our Sherlock Holmesian sense of the mysterious. Judicious diplomatic sparring revealed the fact that our little patient objected to having her feet warmly covered. This trinity of symptoms, flushed right cheek, wants feet cool, right-sided pulmonary complaints, was quite sufficient to serve as the foundation for our therapeutic tool. Of course, Sanguinaria canadensis was given every 3 hours, and in the ridiculous 200th. Within twelve hours the temperature dropped to normal and remained there. Gentle reader, we defy any old school man to perform the same stunt! It can't be done. Neither can it be done by the routine prescriber, to whom pneumonia spells Aconite, Bryonia, Phosphorus and Antimonium tartaricum. Successful prescribing is an art and to master the art means more than a superficial knowledge of a few headliner keynotes in large type. Treat the pa-

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<sup>388</sup> R. F. Rabe. Therapeutic reflections. *Homoeopathic Recorder* 1918; 33: 567-570.



tient, not the disease!”<sup>389</sup>

Across the board, homeopaths reported a smaller percentage of pneumonia cases among all their populations, because prompt homeopathic treatment cut short the course of influenza and prevented it from going into any of its later stages and complications. Out of 28 homeopathic physicians from Central Iowa, 18 answered a survey, in which it was tabulated that out of 5,032 cases of influenza only 137 developed pneumonia, “We should be proud of the small percentage that developed pneumonia less than 3 percent against an estimated 30 percent of the Old School. The majority of these cases were reported as coming on the fifth or sixth day. With about the following history, the attack of influenza would be practically well in three days, the patient then against orders would over expose themselves with a result that on the fifth or sixth day they would develop this so called pneumonia, and you would immediately have a very sick individual on your hands. ... I challenge any other school of medicine to show as good percentage in as many cases.”<sup>390</sup>

The same question can be asked again: could this unfailingly lower mortality rate reported by homeopaths during the NIP be due solely to the fact that they didn’t use any crude drugs?

There is very little doubt that the crude drugs of allopathy that have been mentioned, particularly when given in high and frequent doses and combined with the numerous inoculations, weakened the individual’s natural defenses and contributed to the higher morbidity and mortality rates seen in soldiers during the NIP. But the question is, by how much, which no one can know precisely.

Dr. Carleton A. Harkness of Chicago reported that when salicylates were dropped from the treatment regime, the mortality also dropped, “My low death rate at

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<sup>389</sup> Ibid.

<sup>390</sup> L. A. Royal. Influenza and its results under homeopathic care in Central Iowa. *Iowa Homeopathic Journal* 1919-1920; 13: 194-198.

Camp Lee was due entirely to the fact that I avoided the use of aspirin absolutely. I was complimented by the chief medical officer as having the lowest death rate in the hospital. After the medical chief had noted the effect of aspirin on the blood and the results which I was having in using homeopathy he discouraged the use of aspirin and the death rate came down very rapidly after that ruling.”<sup>391</sup>

The evidence suggests that the mortality due to the heavy prescription of allopathic drugs may in some cases have been as high as 10% of the total mortality in CIP patients. Dr. R. F. Rabe wrote in another editorial in the *Homoeopathic Recorder* entitled “What Impression Will It Make?”, “Facts and circumstances are now coming to light which prove beyond any question the marvelous superiority of homeopathic therapy in influenza. The difference in the mortality rates of the old school and of our own is so startling and so strikingly in favor of homeopathy that one is compelled to believe that revolutionary changes in the therapy of the dominant school must take place as a result. We make bold to say that if this difference were reversed, the homeopathic school would speedily be legislated out of existence. ... Quinine, aspirin and digitalis have undoubtedly killed their thousands, as will be shown by one little circumstance alone. An old school army medical officer in one of the numerous large encampments in this country had charge of two wards of sixty-five beds each, all filled with influenza patients. The death rate in the hospital was twenty-five percent, a fact which evidently appalled this young medical officer, who, at the risk of court martial, refused to continue to give to his patients the deadly triad of drugs above enumerated. His superior officer permitted him, however, to withhold all medication and to rely upon good nursing, nourishment and fresh air alone. Promptly the death rate fell to fifteen percent, while in the rest of the hospital it remained at twenty-five. Drugs were now discontinued in the remaining wards and the death rate dropped

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<sup>391</sup> W. A. Dewey. Homeopathy in influenza—A chorus of fifty in harmony. *Journal of the American Institute of Homeopathy* 1920-21; 13: 1038-39.

to fifteen percent in these also.

“It is quite fair to assume, therefore, that aspirin, quinine and digitalis accounted for ten percent of the deaths. Compare, however, this rate of fifteen percent, with that of the homeopathic physicians, who, in over forty-two thousand cases, had a mortality rate of approximately one and five-tenths percent. It is truly a remarkable showing.

“All honor to the medical officer who refused to go on with his death dealing drugs, and to his superior officer who was big enough to coincide. But what about the thousands of other Old School physicians?”<sup>392</sup>

### **Treatment Effect of Allopathy**

Many, like Dr. William J. Mayo, suggested that the excellent results reported by homeopathic physicians during the NIP were simply due to the fact that homeopaths didn’t use toxic doses of drugs, and aspirin in particular.

However, some contemporary researchers pointed out that the salicylates hypothesis is clearly not applicable in places where salicylates and the other commonly prescribed drugs in the U.S. during the NIP were not available: “The overwhelming majority of the millions of Indian peasants [in India] who were killed by the flu certainly had no access to salicylates whatsoever. If the salicylate hypothesis only works in the United States and in similar settings, then we question its validity given the worldwide scope of severe mortality in 1918–1919.”<sup>393</sup>

As previously stated, it is possible that aspirin and the other drugs contributed to a higher morbidity and mortality in influenza patients but it can’t explain the virulence of the NIP throughout the world, particularly in isolated communities where aspirin and the other common allopathic drugs of the time were not availa-

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<sup>392</sup> R. F. Rabe. What impression will it make? *Homoeopathic Recorder* 1919; 34: 384-385.

<sup>393</sup> Andrew Noymer, Daisy Carreon, Niall Johnson. Questioning the salicylates and influenza pandemic mortality hypothesis in 1918-1919. *Clinical infectious diseases* 2010; 50: 1203.

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Actually, the characteristics of the NIP around the world doesn't suggest that aspirin played a great role outside of the U.S., for other populations without access to these drugs were struck more severely with an overall mortality five times as great. Among others, indigenous populations experienced a much greater mortality, namely 4 times as high in Fiji, 4.5 times as high in Guam, and 7 times as high among the Maori of New Zealand. In various indigenous communities of Canada, Sweden, Norway and the United States, mortality rates were estimated to be 3 to 70 times as high as for non-indigenous populations. In some Inuit communities, where there was "a failing level of basic care," up to 90% of the people died from influenza.<sup>394</sup> Across the British colonial countries of the Caribbean, the difference in mortality rates was greater than 45-fold between the least affected and the most affected.<sup>395</sup>

It is very likely that the incidence and severity of pneumonia were increased by the use of large doses of aspirin. However, there is evidence that despite the discontinuation of aspirin "on the diagnosis of pulmonary involvement," the mortality remained high, as it did at Camp Cody, New Mexico. During the fall of 1918, the base hospital of Camp Cody admitted 3,265 cases with influenza. Of those, 624, or 19%, were diagnosed with pneumonia with an overall mortality of 7.3% and 38.4% for the ones with pneumonia.<sup>396</sup> Its mortality from CIP was more than the average for the other army camps located on U.S. soil (6.6%), or for the entire U.S. army (5.8%).<sup>397</sup>

Moreover, in many reports, particularly from army camps, aspirin is not men-

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<sup>394</sup> Sverren-Erik Mamelund. Geography may explain adult mortality from the 1918-1920 influenza pandemic. *Epidemics* 2011; 3: 46-60.

<sup>395</sup> John f. Brundage, G. Dennis Shanks. Deaths from bacterial pneumonia during the 1918-19 influenza pandemic. *Emerging Infectious Diseases* 2008; 14: 1193-1199.

<sup>396</sup> Frederick H. Lamb, Edward B. Brannin. The epidemic respiratory infection at Camp Cody, N.M. *Journal of the American Medical Association* 1919; 72: 1056-1062.

<sup>397</sup> Warren T. Vaughan. *Influenza: An epidemiologic study*. American Journal of Hygiene. Monographic Series No. 1. Baltimore, 1921.

tioned at all in their treatment lists. Nevertheless, their morbidity and mortality remained high. For instance, earlier in 1918 it had been reported that Camp Sevier in South Carolina had a 27% mortality rate among 567 soldiers diagnosed with pneumonia. No mention of aspirin is made in their treatment list.<sup>398</sup>

Fort Riley in Kansas had a population of 63,374 soldiers in the fall of 1918. Of those 15,170 were hospitalized with influenza, a 24% incidence, of which 2,524 were diagnosed with pneumonia. It was reported that all deaths in this camp that were associated with influenza were due to pneumonia and its complications: “The total number of deaths from the epidemic was 941, a pneumonia mortality of 35.8%.” Aspirin or any other salicylate was mentioned in the treatments said to have been used with the soldiers at Fort Riley.

The authors concluded, “It is believed that not much may be expected in the specific treatment of pneumonia.” Regarding digitalis, they reported, “Tincture of digitalis, standardized to definite dosage and administered to full estimated requirements during the first twenty-four to thirty hours in pneumonia, has lessened the deaths that might be attributed to circulatory failure.” They also used antipyrin nasal spray to relieve sinus pain, pneumococcus antiserums and other serums.<sup>399</sup>

Similar reports can be found in the civilian population. For instance, of 1,735 patients with influenza admitted to the Cook County Hospital in Chicago during the fall of 1918, 1,072 or 62%, were diagnosed with pneumonia, and 681, or 64% of the pneumonia patients, died; the overall influenza mortality was 39%. Aspirin was not mentioned on the list of treatments used.<sup>400</sup>

It is likely that when higher doses of aspirin were used, mortality was highest,

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<sup>398</sup> Warren T. Vaughan, Truman G. Schnabel. Pneumonia and empyema at Camp Sevier. *Archives of Internal Medicine* 1918; 22: 440-465.

<sup>399</sup> Willard J. Stone., George W. Swift. Influenza and influenzal pneumonia at Fort Riley, Kansas. *Journal of the American Medical Association* 1919; 72: 487-492.

<sup>400</sup> Robert W. Keeton, A. Beylah Cushman. The influenza epidemic in Chicago. *Journal of the American Medical Association* 1918; 71: 1062-1067.

but the use of aspirin by itself can't explain the high mortality reported throughout the many army camps and allopathic hospitals.

Most attempts to evaluate the efficacy of allopathic treatment used during the NIP came to the same conclusion—namely, the mortality was, with very few exceptions, high regardless of the treatment used.

For instance, the San Francisco Board of Health tried to determine the effect of treatment in the different wards of the San Francisco Hospital. It tabulated 977 deaths among 3,422 patients with influenza who had been admitted from October 5, 1918 to February 5, 1919, a 28.6% mortality rate from influenza. The exact number of cases diagnosed with pneumonia was not precisely determined, but it was reported that the great majority of these 3,422 patients had “lung signs.” As each ward provided its own treatment, “An opportunity was thus had of judging the comparative merits of the different forms of treatments.”

It was found that cough was best controlled with heroin and codeine; aspirin was given for relief of initial pains and headache; mustard pastes gave great relief and were of benefit; atropine seemed to have appreciable effect in lessening the fluid in the bronchi; vaccines and leucocytic extract had no appreciable effect; venesection alone or with intravenous bicarbonate was associated with temporary improvement but no permanent effect; convalescent serum had to be discontinued. The report concluded, “That any form of treatment had a definite specific effect in influencing or aborting the disease was not determined. ... The most important single measure was rest in bed. Early in bed and late to rise.”<sup>401</sup>

Since the San Francisco Hospital served as the clinical facility for the medical schools of the University of California in San Francisco (UCSF) and Stanford University, and since homeopathy was taught at UCSF, it is strange that the San Francisco Board of Health didn't make any mention of homeopathy in its review,

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<sup>401</sup> Harold P. Hill, George E. Ebricht. A report of influenza pneumonia. *California State Journal of Medicine* 1919; 18: 224-227.

as if Ward G of the hospital, which was under homeopathic management during the NIP, did not exist. It was reported, that soon after the ward had opened to receive influenza patients, most of the first ninety patients admitted had pneumonia.<sup>402</sup>

All investigators agree that the mortality from influenza during the NIP was as a rule related to pneumonia. After the NIP, 12 localities in different parts of the United States were canvassed by the United States Public Health Service, whose senior statistician, Dr. Selwyn Collins, concluded, "These relations indicate that the mortality is determined primarily by the incidence of pneumonia. The cause of the high mortality in young adult life evidently lies in the complicating pneumonia. All of the relations ... bear this out."<sup>403</sup>

The Medical Department of the U.S. Army wrote in the section on communicable diseases of their monograph on the history of WWI, "The mortality from respiratory diseases during the World War was due almost entirely to pneumonia, primary or secondary. ... Of all the deaths charged to influenza, 99.4 per cent were recorded as due secondarily to pneumonia."<sup>404</sup>

It was also found during the NIP that the highest mortality was in soldiers newly arrived in army camps or transport boats, and most investigators agree with Dr. Edwin O. Jordan's original conclusion: "One of the chief reasons for the great variation in case-fatality in different groups is undoubtedly the nature and relative abundance of secondary invaders ... The excessively high mortality in certain army camps, on certain transports and in particular hospitals or barracks seems

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<sup>402</sup> University notes. *Pacific Coast Journal of Homoeopathy* 1918; 29: 594.

<sup>403</sup> Selwyn D. Collins. Age and sex incidence of influenza and pneumonia morbidity and mortality in the epidemic of 1928-29 with comparative data for the epidemic of 1918-19. *Public Health Reports* 1931; 46: 1909-1937.

<sup>404</sup> Communicable and other diseases. Volume 9. In *The Department of the United States Army in the World War*. Edited by M. W. Ireland and J. F. Siler. Washington: U.S. Government Printing Office, 1928, 61, 68.

most readily explicable in this way.”<sup>405</sup>

Present-day researchers also agree with Jordan’s conclusion that secondary infection was the main cause of death in pneumonia patients: “During the pandemic, medical journals contained hundreds of detailed reports of local influenza epidemics. In addition, during and after the pandemic, remarkably detailed reviews of relevant epidemiologic and clinical records and population-based surveys were conducted by government and academic institutions worldwide. Care providers and experts of the day in epidemiology, pathology, bacteriology, and infectious diseases clearly concurred that pneumonias from secondary bacterial infections caused most deaths during the pandemic.”<sup>406</sup> The same conclusion—that death was mostly due to secondary bacterial infections—has been reached in regard to military populations.<sup>407</sup>

Mortality attributed to influenza during the NIP can be viewed simply as mortality from pneumonia, which is very similar to what it was before and after the NIP. Dr. William Osler had already reported in 1912 that at the Johns Hopkins Hospital he had lost 30% of his pneumonia cases, and remarked that since 1854 there had been an extraordinary uniformity in mortality from pneumonia.<sup>408</sup> In its major study on the NIP, the U.S. Public Health Service wrote, “The death rate was by no means parallel to the influenza attack rate, but was correlated closely with the pneumonia rate. In other words, the case fatality of pneumonia tended to be fairly constant, around 30 percent.”<sup>409</sup>

In the pandemic of Russian influenza of 1889-1892, the last influenza pandemic

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<sup>405</sup> Edwin O. Jordan. *Epidemic Influenza. A Survey*. Chicago: American Medical Association, 1927.

<sup>406</sup> John f. Brundage, G. Dennis Shanks. Deaths from bacterial pneumonia during the 1918-19 influenza pandemic. *Emerging Infectious Diseases* 2008; 14: 1193-1199.

<sup>407</sup> C.E. Mills, J. M. Robbins, M. Lipsitch. Transmissibility of 1918 pandemic influenza. *Nature* 2004; 432: 904-906.

<sup>408</sup> William Osler. *The Principles and Practice of Medicine*. 8th ed. New York and London: D. Appleton and Company, 1912, 96.

<sup>409</sup> Wade Hampton Frost. The epidemiology of influenza. *Public Health Reports* 1919; 34 (33): 1823-1836.



that preceded the NIP, there is no indication that the mortality from pneumonia was lower than during the NIP. In fact, researchers found a 33.3% mortality rate in pneumonia patients admitted to the Boston City Hospital and Massachusetts Hospital during the 1889-1892 influenza pandemic.<sup>410</sup> Incidentally, since aspirin or pure acetylsalicylic acid was first manufactured and marketed in 1899, it can't account for the uniformity in mortality.

This uniformity in mortality from pneumonia in influenza epidemics can also be observed in other, later epidemics. Even though the mortality from influenza would wax and wane depending on the epidemic, type of secondary infections, or group affected, the mortality from pneumonia remained high in influenza epidemics.<sup>411</sup> Dr. Selwyn Collins pointed out in his review of influenza epidemics that the mortality from pneumonia during the 1928-1929 influenza epidemic was “not greatly different from the 25% in the 1918-1919 epidemic.”<sup>412</sup>

At the time of the NIP, medicinal nihilism was in full swing in “scientific” medicine, and it is particularly interesting to note that therapeutic considerations are not mentioned at all in a large proportion of the clinical reports on the NIP. Much is written about the characteristic, spread, onset, severity, control, course, outcome and management of the epidemic; susceptibility and immunity by age, race, length of service in the army, state of birth, climate, weather and housing conditions; means of transmission; laboratory and necropsy findings; infective agent; quarantine; the use of masks, sprays, serums and vaccines for prophylaxis; and complications and sequelae. But there is no mention in many of the large reviews of treatment or treatment effect.

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<sup>410</sup> George B. Shattuck. Pneumonia in Boston during the recent epidemic of influenza. *Boston Medical and Surgical Journal* 1892; 126: 518-522.

<sup>411</sup> Jeffery K. Taubenberger, David M. Morens. 1918 influenza: the mother of all pandemics. *Emerging Infectious Diseases* 2006; 12: 15-22.

<sup>412</sup> Selwyn D. Collins. Age and sex incidence of influenza and pneumonia morbidity and mortality in the epidemic of 1928-29 with comparative data for the epidemic of 1918-19. *Public Health Reports* 1931; 46: 1909-1937.

Even in a major study by the Surgeon General's Office that surveyed the situation in the midst of the epidemic, no mention of therapeutics is made. Instead the author says, "It should be stated that the policy of the Surgeon General's Office has been to leave many of the details of camp management, so far as relates to sanitary and medical matters, to the camp authorities."<sup>413</sup>

The mortality in the army camps located on U.S. soil during the NIP was on average 6.5% for the influenza cases and 28% for the pneumonia cases. A 1921 review of the treatment provided during the NIP in these camps was summarized thus: "In general it seems evident that there has been no distinct advance in special methods of therapy, and that so far the most effective treatment is that afforded by rest in bed, good nursing care, a light, easily digested diet, careful observations to detect complications, the treatment of special symptoms such as cardiac weakness by digitalis, as they arise, the avoidance of unnecessary moving of the patient, and continued care with daily watchful supervision and graduated exercise during convalescence."<sup>414</sup>

After WWI, the Medical Department of the U.S. Army made an extensive and detailed study of the "factors tending to modify the incidence and mortality of the respiratory diseases." At the end of the section on influenza and pneumonia, the monographs ended with a very meager segment on treatment, which first addressed the uncomplicated influenza cases: "In the absence of definite knowledge of the etiology of influenza, no specific remedies are available for its cure. ... The important elements of treatment, once the patient comes under medical care, were found to be rest in bed, warmth, and a light, hot diet. ... Aspirin was largely used for the pains of onset, though it was criticized by some as being depressant." As for the pneumonia cases, the study reported, "The general principles applicable to the uncomplicated influenza cases in regard to rest,

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<sup>413</sup> George A. Soper. The pandemic in the army camps. *Journal of the American Medical Association* 1918; 71: 1899-1909.

<sup>414</sup> Ernest E. Irons. Pneumonia following influenza in the camps in the United States. *Military Surgeon* 1921; 48: 275-305.

warmth, and ventilation apply equally here. The usual drug medication was generally used without striking success.”<sup>415</sup>

The medicinal nihilism that existed at the time of the NIP seems to have influenced present-day researchers who have examined the determinants of mortality during the NIP, for they rarely mention any treatment effect, including iatrogenesis and of course homeopathy. For instance in 2011, Shanks et al. examined the determinants of mortality in the naval units during the NIP but made no mention of any treatment effect, positive or negative from the treatment provided.<sup>416</sup>

In a long 1919 review of all the various aspects and manifestations of the influenza epidemic in the American Expeditionary Forces in England and France, only two paragraphs were devoted to therapeutics, where it was mentioned, “For the treatment of the individual patient, the most important and essential feature is to put him to bed promptly.” As regards drugs, the author concluded: “Various drugs have been employed, such as quinine to the physiologic limit, whisky, three ounces every four hours, tincture of digitalis in full doses. Opinion as to the value of these drugs varies considerably, and the death rates in those series, in which they have been employed, do not furnish convincing argument in their favor. One series of cases treated systematically with full doses of atropine showed a very high death rate.” For the months of September through November 1918, it was reported in this review that 75,960 cases had influenza, of which 11,113, or 15%, developed pneumonia and 5,486, or 49.4%, of these died.<sup>417</sup>

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<sup>415</sup> Communicable and other diseases. Volume 9. In *The Department of the United States Army in the World War*. Edited by M. W. Ireland and J. F. Siler. Washington: U.S. Government Printing Office, 1928, 61, 68, 164-165.

<sup>416</sup> G. Dennis Shanks, Michael Waller, Alison Mackenzie, John F. Brundage. Determinants of mortality in naval units during the 1918-1919 influenza pandemic. *Lancet Infectious Diseases* 2011; 11: 793-799.

<sup>417</sup> Ward J. MacNeal. The influenza epidemic of 1918 in the American Expeditionary Forces in France and England. *Archives of Internal Medicine* 1919; 23: 657-688.

The Louisiana Board of Health, which conducted its own review of the efficacy of the various treatments used during the NIP and of course without paying any attention to the results obtained by homeopaths wrote, “The fact that no special line of treatment for influenza was of any avail, or was even known, was speedily impressed on the medical profession soon after the outbreak of the influenza pandemic. The results, of course, naturally was, that each practitioner devised expedients which he applied on the spur of the moment, and under stress of necessity, and judged of the efficacy of his method of treatment according to results obtained by him. ... With medication there is something of a variety which approaches the ‘hit and miss’ therapy of the prepharmacological era.”<sup>418</sup>

After the NIP, Dr. Louis T. de M. Sajous, Professor of Medicine at the University of Pennsylvania, conducted an extensive review of the treatments used during the NIP, and again without paying any attention to the results reported by homeopaths. In stating that very few treatments had any positive effects, he mentioned, “Many physicians have utilized in early cases, with asserted good results, what might be termed an old fashioned type of treatment consisting, e.g., in giving small doses of tincture of Aconite and tincture of Veratrum viride at short intervals for a few hours.”<sup>419</sup>

During a meeting of the American Public Health Association held in Chicago in December 1918, Dr. Bernard S. Maloy of Chicago reported having treated 225 cases of pneumonia with small doses of tinctures of Aconite and Veratrum viride without losing a single case during the NIP.<sup>420</sup> It is superfluous to mention that these two medicines are part of the homeopathic armamentarium and had been used, before the NIP, by generations of homeopaths particularly in the first

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<sup>418</sup> L. C. Scott. Influenza. *Quarterly Bulletin of the Louisiana Board of Health* 1919; 10: 146-191.

<sup>419</sup> Louis T. de M. Sajous. Recent gleanings relative to the prophylaxis and treatment of influenza. *New York Medical Journal* 1920; 110: 163.

<sup>420</sup> Bernard S. Maloy. Influenza and pneumonia. *American Journal of Public Health* 1919; 9: 835-837.

stage of pneumonia.

Only one series of control therapeutic trials conducted during the NIP was found in the literature. After having experienced “complete failure” in the first wave of the NIP, Dr. William Small of the British Royal Army Medical Corps and Dr. W. O. Blanchard of the U.S. Army, both allopaths, began conducting very clever and forward-thinking control trials of different medical treatments. “Early in October, however, the disease reappeared in a more virulent form, and in certain districts the mortality from it was very high. Nearly every case presented pulmonary symptoms in some degree, and at the commencement of the wave was serious in about one out of every four. In many there was a profound degree of toxemia and a tendency to cardiac failure. The pulmonary complications included bronchitis, pleurisy, bronchopneumonia, and lobar pneumonia, and edema of the lungs. Other complications were rare, but there were a few instances of nephritis, and one of purulent meningitis. Delirium, unconsciousness, and extreme tremor were frequently present in the severer types. It will therefore be apparent that the series of cases with which we are dealing included a large proportion of the most virulent infectious.”

In regard to medical treatment, they reported, “We had had ample opportunity in the first stage of the influenza epidemic of testing the action of various medicinal agents, and were not satisfied that any of them exercised much influence of the course of the disease. At the commencement of the second wave we determined to test systematically certain likely remedies with the view of determining, if possible, their relative value, and of enabling us to adopt as routine treatment that which appeared to give the best results. Accordingly, groups of patients—fifteen in each—were put upon different drugs, and the progress of the various groups noted and compared. Aconite, aspirin, sodium salicylate, bel-

ladonna, arsenic, quinine, Dover's powder, and gelsemium were tested in this way.<sup>421</sup>

“The results were most striking. The patients treated by gelsemium improved in a manner far exceeding those given any other treatment. They stated that after a few doses their headache and backache had been much relieved, and that they felt greatly better in every way. In most the temperature speedily commenced to fall, and the improvement in the general condition was obvious. So great was the contrast that it is no exaggeration to say that it was usually possible, without previous knowledge, to pick out the cases treated with this remedy.

“Of the other drugs tested, belladonna showed evidence of beneficial action in a number of cases, but none of the other drugs appeared to have the slightest influence. The patients were not selected in any way, but were taken consecutively as they were admitted; moreover, we were working separately at the time, and came to the same conclusions independently. The same observation was also made by the sisters in charge of the wards, who enthusiastically supported gelsemium against the other remedies.

“We are well aware of the fallacies attending judgment of the action of remedies, and have therefore endeavored to examine very critically our original observation. For this reason we have delayed drawing attention to the beneficial action which we believe Gelsemium to exert. The test was repeated with the same result—again so striking that thereafter we did not feel justified in using any other remedy. Seeing, however, that Belladonna appeared also to be of value, we considered it advisable to use it in combination.

“Gelsemium has previously been recommended as a remedy for influenza (Elingwood, *Prescriber*, 1913, p. 175).<sup>422</sup> Our observations lead us to believe that

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<sup>421</sup> It is interesting to note that Aconite, Belladonna, Gelsemium, Arsenicum album, China, Ipecac, Opium, Salicylicum acidum and Natrum salicylicum, here given in crude doses, are all part of the homeopathic armamentarium. However during the NIP in particular, Gelsemium was the most indicated remedy in many localities.

it exerts a marked beneficial action on the course of the disease, that it tends to shorten the illness, and it undoubtedly relieves—and rapidly—the discomfort of the patient. Beyond slight ocular disturbances in a very small number of cases, we have not seen any disadvantages in its use.

“During the second phase of the epidemic—in the two months from October 10th to December 9th, 1918—there were admitted to a general hospital of the British Expeditionary Forces in France, 937 cases of influenza. The mortality was 26 (2.77 percent) [which is at the very least only one-quarter the mortality reported during the same time by rest of the American Expeditionary Forces for the entire epidemic<sup>423</sup>]. We have reason to believe that this figure compares very favorably with that obtained in other places, and it may therefore be of interest to outline the treatment employed.”<sup>424</sup>

It is unfortunate that health authorities didn’t take the opportunity to research and adopt the most effective treatments from all the schools of medicine. Consider how many more lives would have been saved. To illustrate this point, out of more than 2,000 patients admitted to the Cook County Hospital during a five-week period in September and October 1918, there were 642 deaths, a mortality of 31% from influenza.<sup>425</sup> When influenza returned to Chicago in January 1920, “out of the 326 patients admitted [to the Cook County Hospital] with pneumonia, 205 died, a mortality rate of 62.5 percent.” In neither case was

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<sup>422</sup> Gelsemium is the first drug presented in Ellingwood’s classic textbook. However, there is only one sentence concerning its use in influenza: “In epidemic influenza it has been generally used with signal results in nearly all cases. (Finley Ellingwood, John Uri Lloyd. *American Materia Medica, Therapeutics and Pharmacognosy*. Chicago: “Ellingwood’s Therapeutist,” 1915, 75.)

<sup>423</sup> Ward J. MacNeal. The influenza epidemic of 1918 in the American Expeditionary Forces in France and England. *Archives of Internal Medicine* 1919; 23: 657-688.

<sup>424</sup> William D. D. Small, W. O. Blanchard. The treatment of influenza. *British Medical Journal* 1919; 1 (3035): 241-242.

<sup>425</sup> John W. Nuzum, Isadore Pilot, F. H. Strangl, B. E. Bonar. Pandemic influenza and pneumonia in a large civil hospital. *Journal of the American Medical Association* 1918; 71: 1562-1565.

there any mention of what treatments were used.<sup>426</sup>

If, on the other hand, health authorities had taken the opportunity to pursue and invest in the most effective and scientific treatment, Dr. Lewis Thomas, who eventually became Dean of Yale Medical School, would likely not have been able to make his famous observation during his internship at the Boston City Hospital in 1937, “If being in a hospital bed made a difference, it was mostly the difference produced by warmth, shelter, and food, and attentive, friendly care, and the matchless skill of the nurses in providing these things. Whether you survived or not depended on the natural history of the disease itself. Medicine made little or no difference.”<sup>427</sup> Unfortunately, he hadn’t investigated the tract record of homeopathy.

## Discussion

### Consistently Favorable Results with Homeopathy

Perhaps the most striking evidence for the efficacy of homeopathy is the consistently favorable results obtained in epidemics. Even in the partial review of the outcome of the homeopathic treatment of patients with pneumonia presented here, two observations are noteworthy:

- 1) Homeopathic physicians consistently reported an extremely low mortality rate in patients with pneumonia;
- 2) There was no iatrogenesis whatsoever.

### Consistently Favorable Results with Homeopathy in Other Epidemics

The remarkable results obtained by homeopathy in patients with pneumonia, particularly during the NIP, are not isolated events, for the same favorable re-

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<sup>426</sup> James C. Small, Fred H. Stangl. Epidemic influenza at the Cook County Hospital. *Journal of the American Medical Association* 1920; 74: 1004-1008.

<sup>427</sup> Lewis Thomas. *The Youngest Scientist: Notes of a Medicine-Watcher*. New York: Viking Press, 1983.



sults have been reported consistently for more than two hundred years whenever homeopathy has been practiced in epidemics, regardless of the time, place, physician, or particular disease.

In 1918, in the midst of the NIP, Dr. William Boericke, professor of Materia Medica and Therapeutics at the University of California in San Francisco and editor of the *Pacific Coast Journal of Homoeopathy*, explained why we should not be surprised by the constancy of favorable results that homeopaths were obtaining with CIP patients throughout the country: "In considering some features of the homeopathic therapeutics of grippe, as recorded in different parts of the country, we notice a remarkable harmony of results and of means employed. But this singular unanimity is further accentuated by its harmony also with the recorded experience of the homeopathic school fifty years ago. Yes, our treatment of epidemic grippe today is practically the same and with similar remedies as fifty years ago. And if future epidemics come, as they undoubtedly will, judging from the past, the same remedies will always rightfully come into play. Why? Because they are the results of application of law and partake of the certainty and simplicity of all operations of natural law. ... Compare the results of the average homeopathic treatment with that of the old school. Ours renders most every case a comparatively mild one and short in its duration. Not amongst us do we hear of long weeks of treatment with most tedious convalescence. Where are the complications, the sequelae, the death roll from grippe that so markedly characterize the old school treatment? You all can bear testimony, as every homeopathic physician throughout the land can bear testimony that it is not with us. Why this difference? They [the old school practitioners] have the good of their patients at heart as genuinely as we; they are as anxious to save him suffering and sickness; they are as expert and even more particular about diet and extra medicinal measures. It must be, therefore, because their use of repressive measures by means of powerful drugs, such as modern chemistry has placed in their hands. The quinine and coal tar products, the antipyretics and hypnotics,

coupled with morphine, etc., are accountable for it. It is not our duty, therefore, to call attention to this difference in methods and results, and especially to this remarkable effectiveness of homeopathy. Remarkable? No, we expect it, because it is the expression of the operation of law.”<sup>428</sup>

### **Mortality with Different Methods of Medicinal Treatment**

One of the goals of the present exercise is to determine the gentlest and most efficacious medicinal treatment for pneumonia patients. That can best be done by comparing mortality under the different methods of medicinal treatment, namely PAA, CCC, and homeopathy.

Dr. William Osler had pointed out in 1912 that regardless of the allopathic treatment used, there had been “an extraordinary uniformity in the mortality rate” throughout the PAA era, a rate which averaged about 30% according to his own statistics<sup>429</sup> and about 24% according to the statistics presented in this review.

Since the mortality in patients with health-care-acquired pneumonia tends to be very high—between 50% and 70%—the mortality associated with CCC has been limited in this review to CAP. In the last available meta-analysis, the mortality of CAP was 13.7%.<sup>430</sup>

For close to 200 years, homeopaths have been reporting consistently superior results in pneumonia patients, results that can be summarized as follows:

- 1) Among homeopathic physicians the average death rate for patients with pneumonia was 3.4% (based on 25,208 cases).

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<sup>428</sup> William Boericke. Influenza and its lesson. *Pacific Coast Journal of Homoeopathy* 1918; 29: 624-629.

<sup>429</sup> William Osler. *The Principles and Practice of Medicine*. 8th ed. New York and London: D. Appleton and Company, 1912, 96.

<sup>430</sup> M. J. Fine et al. Prognosis and outcomes of patients with community-acquired pneumonia. A meta-analysis. *JAMA* 1996; 275: 134-141.

- 2) The risk of *dying* from CIP during the NIP was eight times as high with PAA as with homeopathy.
- 3) The odds of developing pneumonia for pregnant women with influenza during the NIP were 1 to 17 under homeopathy, and even odds, or 1 to 1, under allopathy.
- 4) The risk for pregnant women of *dying* from CIP during the NIP was 41 times as high under allopathy as under homeopathy;
- 5) *Today* the relative risk of *dying* from CAP is still four times as high with CCC as with homeopathy.

### **Interpretation of the Results Obtained with Homeopathy**

The startling difference in the results reported in pneumonia cases by the two schools of medicine might be explained in three ways if we limit our discussion for the time being to PAA:

- 1) Homeopathy did neither harm nor good, and PAA killed people; therefore the outcome was better with homeopathy;
- 2) Homeopathy saved lives, and PAA did neither harm nor good; therefore the outcome was even better for homeopathy;
- 3) Homeopathy saved lives, and PAA killed people; therefore the outcome for homeopathy was even better again.

Again it must be asked whether the low mortality rate obtained with homeopathy could be due *solely* to the fact that homeopaths do not use crude drugs or other heroic treatments? That is an explanation that has been offered for two centuries by almost all allopathic observers and commentators.

For example, in 1846 Dr. George Balfour<sup>431</sup> of Edinburgh conducted an inquiry into the practice of homeopathy by observing every patient was admitted for a three month period into the homeopathically managed hospital of the Sisters of Mercy in Gumpendorf, just outside of Vienna. He concluded, “I think you will see by what I have stated, that the strength of the homeopaths lies not in the greater rationality or practical superiority of their treatment, but is founded on the weakness of allopathy; that they not only do not help their patients, but—if they are strict homeopaths—are for ever shut out from helping them;—that in their treatment of acute diseases—simpler, at least, if not better than that of their opponents—their success depends entirely on the hitherto unrecognized powers of Nature.”<sup>432</sup>

Dr. John Forbes, the editor of the *British and Foreign Medical Review*, in which Dr. Balfour’s paper was published, further remarked, “The great and important practical question is—whether or not the homeopathic remedies administered in these cases contributed in any degree—or if in some degree, in what degree—towards the cure of the diseases, particularly the cases of pneumonia? This is a question, which will be answered differently by different persons. No doubt, Dr. Fleischmann and homeopaths generally will regard these cases not only as highly favorable to the claims of homeopathy, but as unquestionable proofs of its great remedial powers. We, on the contrary, in common with our reporter, see no other powers operating in these cases but the natural powers of the living system, called into action under very favorable circumstances. The general aspect of the whole cases, favorable and unfavorable alike, and the minute details of each

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<sup>431</sup> George Balfour was a Scottish cardiologist who wrote, among other works, *An Introduction to the Study of Medicine*, and *Clinical Lectures on Diseases of the Heart and Aorta*. In the mid-1840s, he went to Vienna to evaluate the great strides in medical practice that had been initiated in the Austrian capital. On his return, he reported his observations in a series of papers, one of which described the treatment of patients with acute diseases that he observed in the homeopathic hospital in Vienna.

<sup>432</sup> George W. Balfour. Report on the homoeopathic treatment of acute diseases in Dr. Fleischmann’s hospital, Vienna, during the months of May, June and July 1846. *British and Foreign Medical Review* 1846; 22: 567-593.

case, convey to our mind the most perfect conviction that, throughout, Nature, not art, was the worker. ... The materials supplied in Dr. Balfour's Report, like those formerly supplied in Dr. Fleischmann's, do not in any degree authorize the general conclusion that homeopathic treatment is as good as that of ordinary medicine, much less that the latter like the former is valueless, Nature being all-sufficient in the cure of diseases; but both go powerfully to corroborate the following, among other important inferences formerly deduced by us from a review of the whole question, viz.—1. That Nature is more powerful in curing diseases, and has practically a much greater share in the ordinary cure of diseases, than is commonly believed. ... 4. That in the present state of our knowledge, the Hygienic—Eclectic—Hippocratic—Natural system of treating diseases, is the only one that can be justified or safely followed.”<sup>433</sup>

Later in 1859, Dr. Balfour reviewed the history of bleeding in medicine and reported that in Edinburgh it had been abandoned in pneumonia cases, as had been done many years earlier in Vienna. He wrote, “Moreover, the undoubted success which has been attained by Hahnemann and his followers in the treatment of acute diseases has reduced the argument to a dilemma, which is this: either the homeopathic globules are truly active and energetic remedies, or the partisans of bleeding have been grossly mistaken in the fancied utility of their favorite remedy.”<sup>434</sup> As Dr. Balfour favored the second hypothesis, he never pursued any further investigation into the practice of homeopathy.

More recently, the British skeptic Dr. Ben Goldacre, wrote in the *Lancet* in 2007, “During the cholera epidemic in the 19th century, the death rates at the London Homeopathic Hospital were three times lower than those at the Middlesex Hospital [16.1% versus 53%].”<sup>435</sup> The reason for homeopathy's success in this epi-

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<sup>433</sup> John Forbes. Remarks by the editor. *British and Foreign Medical Review* 1846; 22: 592-593.

<sup>434</sup> George Balfour. Hematophobia: A historical sketch: With special reference to the treatment of pneumonia. *Edinburgh Medical and Surgical Journal* 1859; 4 (1): 214-224.

<sup>435</sup> During this epidemic every physician and hospital was mandated by the Board of Health to file reports of all cases in the advanced stages of cholera treated during the epidemic.

demic is even more interesting than the placebo effect. At the time, nobody could treat cholera, and while medical treatments such as bloodletting were actively harmful, the homeopaths' treatments were at least inert."<sup>436</sup>

Dr. Goldacre does not produce any evidence to support his interpretation of the results obtained with homeopathy, as is incidentally the rule among the opponents of homeopathy. What Dr. Goldacre writes is most likely accepted without question by his readers since he presents himself as an authority on the subject. To an informed reader, however, it is clear that he is an expert neither in homeopathy nor in medical history.<sup>437</sup>

That raises three points of interest:

1- It is common for commentators to offer glib explanations of phenomena that they have never observed or experimented with, but which have been reported by millions of other observers.

2- In the 1854 cholera epidemic in London, which Dr. Goldacre refers to, bloodletting was not once mentioned as having been used by any of nearly 300 London physicians, who had been required by law to report their cholera cases to the General Board of Health with a description of all the treatments used and their outcomes.<sup>438</sup> It is contrary to all evidence to assume that bloodletting or any of the other numerous allopathic treatments that *were* used during the 1854 cholera epidemic were responsible for the extra 37 deaths out of every 100 cases reported by the allopaths. In fact, numerous authors who reviewed the literature on cholera before the advent of rehydration in the 1960s, including Brierre-de-Boismont,<sup>439</sup> Seider,<sup>440</sup> Elliotson,<sup>441</sup> Fabre,<sup>442</sup> Sticker<sup>443</sup> and Kiple,<sup>444</sup>

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<sup>436</sup> Ben Goldacre. Benefits and risks of homeopathy. *Lancet* 2007; 370: 1672-73.

<sup>437</sup> Opinions of authorities are considered to be the weakest form of evidence in science.

<sup>438</sup> *Treatment Committee of the Medical Council. Report of the Results of the Different Methods of Treatment Pursued in Epidemic Cholera.* [U.K.] Parliamentary Papers 1854-55; 45 (1901): 44-52 (4-12).

<sup>439</sup> Brierre-de-Boismont A. *Relation historique et médicale du cholera-morbus de Pologne.* Bruxelles: H. Dumont, 1832, 149.

report the same death rate for the majority of cholera patients, regardless of the type of allopathic intervention or lack of intervention

3- Commentators who have attributed the difference in results between allopathy and homeopathy to a combination of iatrogenesis with allopathic treatment and the placebo effect of homeopathy, have never dared to test their hypothesis in actual practice and have not even suggested that it would be a useful subject for medical research.

### Expectancy in Patients with Pneumonia

Whether PAA killed patients with pneumonia and at what rate, and what percentage of patients was saved by homeopathy remain open questions for investigation. The best way to answer those questions would probably be to examine the records of expectancy in the treatment of patients with pneumonia.

Expectancy, or the expectant method, means that patients are not given any medication or submitted to any “active” treatment, such as bleeding, cauterization, or cupping, but are cared for with diet and hygienic measures. For some clinicians who used the expectancy method, such as Dr. Joseph Dietl of Vienna, expectancy also included water-only fasting.

At the end of each year from 1844 to 1849, the Austrian homeopathic journal *Oesterreichische Zeitschrift für Homöopathie* published the annual statistics of the homeopathic hospitals in Austria. Year after year, the mortality rate from pneumonia at these hospitals was strikingly and uniformly low compared to that

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<sup>440</sup> K. Seider. Aus einem Schreiben des Herrn Dr. K. Seider. *Archiv für die Homöopathische Heilkunst* 1831; 11 (1): 182-188.

<sup>441</sup> J. Elliotson. *The Principles and Practice of Medicine*. Philadelphia: Carey and Hart, 1844, 943.

<sup>442</sup> F. Fabre. *Choléra-morbus: Guide du médecin praticien dans la connaissance et le traitement de cette maladie; suivi d'un dictionnaire de thérapeutique appliquée au choléra-morbus et d'un formulaire spécial*. Paris: Germer Baillière, 1854, 147.

<sup>443</sup> G. Sticker. *Abhandlungen aus der Seuchengeschichte und Seuchenlehre*. II Band: *Die Cholera*. Giessen: Verlag von Alfred Topelmann, 1912, 375.

<sup>444</sup> K. F. Kiple. *The Cambridge World History of Human Disease*. Cambridge, U.K.: Cambridge University Press, 1993, 642.

at allopathic hospital in Europe. At the Sisters of Mercy Hospital in Gumpendorf, for example, Dr. Wilhelm Fleischmann<sup>445</sup> reported having treated during that time 281 cases of pneumonia with 10 deaths, a mortality of 3.6%.<sup>446</sup> Similarly, Dr. Reiss reported having treated at the Sisters of Mercy Hospital in Linz 88 pneumonia cases with only one death, a mortality rate of 1.14 %.<sup>447</sup>

These favorable results from homeopathic physicians in Austria persuaded Dr. Dietl to try the expectant method with pneumonia patients at the Vienna General Hospital, where he was the director,<sup>448,449</sup> as Dr. James Rogers wrote in his book, *On the Present State of Therapeutics, with Some Suggestions for Placing It Upon a More Scientific Basis*, “The cases reported by Dr. Fleischmann naturally present themselves first to our attention; for it was these cases which, in this country [Great Britain] at least, first seriously drew the attention of medical men to homeopathy. ... There can be no doubt whatever, that the great changes which have taken place more recently in the treatment of this disease, must be ascribed in the first place to the results obtained in practice by some homeopathic practitioners, especially by Dr. Fleischmann of Vienna. They emboldened Dr. Dietl to make trial of the expectant plan on a gigantic scale in this disease.”<sup>450</sup>

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<sup>445</sup> Of Dr. Wilhelm Fleischman, Dr. John Forbes, the distinguished editor of the *British and Foreign Medical Review* said, “Dr. Fleischmann is a regular, well-educated physician, as capable of forming a true diagnosis as other practitioners, and he is considered by those who know him as a man of honor and respectability, and incapable of attesting a falsehood.” (John Forbes. *Homoeopathy, Allopathy and “Young Physic.”* New York: William Radde, 1846, 26.

<sup>446</sup> Wilhelm Fleischmann. Ausweis. *Oesterreichische Zeitschrift für Homöopathie* 1844-1845; 1 (3): 169-171; 1845-1846; 2: 611-612; 1846-1847; 3: 635-646; 1848-1849; 4: 456-457, 650-652.

<sup>447</sup> Reiss. Verzeichniss. *Oesterreichische Zeitschrift für Homöopathie* 1844-1845; 1: 204-207. Verzeichniss. 1845-1846; 2: 172-175. Ausweis. 1846-1847; 2: 615-618; 1847-1848; 3: 639-642; 1848-1849; 4: 460-463; 1849; 4: 653-655.

<sup>448</sup> John Rogers. *On the Present State of Therapeutics. With Some Suggestions to Place It Upon a More Scientific Basis*. London: John Churchill and Sons, 1870, 178.

<sup>449</sup> Haddaeus Zajackowski. Joseph Dietl (1804-1878): Innovator of medicine and his credit for urology. *Central European Journal of Urology* 2010; 63: 62-67.

<sup>450</sup> James Rogers. *On the Present State of Therapeutics, with Some Suggestions to Place It Upon a More Scientific Basis*. London: John Churchill and Sons, 1870, 174, 183.



Like many other allopathic observers, Dr. Rogers recognized the accuracy of the statistics reported by homeopaths but without acknowledging the efficacy of homeopathy, “Some trustworthy reports have been furnished by physicians attached to homeopathic hospitals, which leave no reasonable doubt about the large proportion of recoveries that occur in their practice, ... [these] results as satisfactory as those of any other method ... [may be] ascribed either to the curative power of the organism itself, or to that aided by the action of the drugs.” However, his investigations stalled at the conclusion of the implausibility of the small doses, “From the small quantities of medicine contained in homeopathic doses, they must be regarded according to the known laws of matter as quite inert.”<sup>451</sup>

Dr. William Henderson, professor of Clinical Medicine and General Pathology at the University of Edinburgh, made the following interesting comment about Dr. Dietl’s interpretation of the results reported by homeopaths in Austrian hospitals, particularly Dr. Fleischmann: “[Dietl’s] conclusion is valuable, at least to this extent, that it admits the accuracy of the homeopathic statements as to the rate of mortality under the system, and the fairness with which the homeopathic statistics of the successful treatment of pneumonia are given by his fellow-citizen Fleischmann. For Dietl seeks no solution of the question by gratuitous and unmannerly insinuations regarding the candor and ability of the latter, the justice of whose claim to be considered a trustworthy physician he must have had opportunities of knowing, and does not dispute; as indeed he could not for another reason, that, regarding homeopathy as merely an expectant practice, he must admit it to be at least as successful as his own expectant treatment.”<sup>452</sup>

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<sup>451</sup> Ibid., iii.

<sup>452</sup> William Henderson. *Homoeopathy Fairly Represented: A Reply to Professor Simpson’s “Homoeopathy” Misrepresented*. Philadelphia: Lindsay & Blakiston, 1854, 96.

When Dr. Dietl reported in 1848 the results he obtained with expectancy in patients with pneumonia, it was said that it took the medical world by surprise:<sup>453</sup> “This famous historic study reverberated through the world of medicine. ... He demonstrated that bleeding in pneumonia is not indicated, since it does not promote recovery and is indeed harmful, raising mortality rates.”<sup>454</sup>

Mortality at the Vienna General Hospital for the years 1844 to 1846 was on average 20.4% with active treatment, which only occasionally included bleeding; under expectancy during the same years it was 7.4%. Such a low mortality rate not only raised serious doubts about the usefulness of bleeding and other heroic treatments that were standard practice in “regular,” “rational” and “scientific” medicine, and of allopathic treatment in general but also strongly suggested that they were dangerous.

Of course, the proponents of active treatment were skeptical of Dr. Dietl’s results. They didn’t have to wait long to have their doubts confirmed, for the mortality reported by Dr. Dietl in later years and by other physicians who had been influenced by his success and had applied the expectant method in pneumonia cases was unsettling. At the end of 1852, Dr. Dietl published the results of a more extensive trial that lasted from 1847 to 1850, in which the mortality under expectancy had gone up slightly: namely, of 750 cases, 69 died, for a mortality of 9.2%.<sup>455</sup>

A very important point, which helps to give a more accurate perspective on Dr. Dietl’s results, was that he reported having excluded from these last statistics deaths from pneumonia that was secondary to other acute or chronic diseases-

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<sup>453</sup> Joseph Dietl. *Der Aderlass in der Lungenentzündung; klinisch und physiologisch erörtert*. Wien: Kaulfuss Witwe, Prandel et Comp., 1848.

<sup>454</sup> Haddaeus Zajackowski. Joseph Dietl (1804-1878): Innovator of medicine and his credit for urology. *Central European Journal of Urology* 2010; 63: 62-67.

<sup>455</sup> James Rogers. *On the Present State of Therapeutics, with Some Suggestions to Place It Upon a More Scientific Basis*. London: John Churchill and Sons, 1870, 180.

es.<sup>456</sup> In 1854, Dr. Schmidt, a Dutch physician, reported having treated solely with expectancy 47 cases, with 12 deaths, a mortality of 22.2%. In 1855, Dr. C. de Bordes of Amsterdam also applied expectancy and lost 17 out of 77 cases, a mortality of 22.1%.<sup>457</sup> In 1856, Dr. Wunderlich of Leipzig treated 157 pneumonia cases with expectancy and lost 33 of them, a mortality of 21%.<sup>458</sup>

In 1857, Dr. Arthur Mitchell of London, who was in Vienna, was requested to collect the statistics of pneumonia patients at the Vienna General Hospital. He examined the hospital records for the previous 10 years, namely from 1847 to 1856, and reported many interesting findings.<sup>459</sup>

First, he noted that mortality from pneumonia can vary greatly from year to year, despite the fact that treatment remained the same, “The general line of treatment, pursued in the Vienna Hospital during the last ten years, so far as I know, has remained nearly the same, or at any rate has not been undergoing material or essential changes. We might be apt to suppose, therefore, that this changing rate of mortality had resulted from alterations in the type of the disease.”<sup>460</sup>

For instance, the mortality from pneumonia was at its lowest level in 1850 at 20.8% and at its highest level in 1855 at 31.5%. He wrote, “All the circumstances being otherwise equal, this difference would tend to prove that the well-established severity of a given disorder may vary from year to year within pretty wide limits—a theory which, moreover, is in accordance with the experience of ages.”<sup>461</sup> However, the *average* mortality from pneumonia over these 10 years was exactly the one calculated earlier in this paper for the PAA period. From

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<sup>456</sup> Jules Le Beuf. *Étude critique sur l'expectation*. Paris: Adrien Delahaye, 1870, 22.

<sup>457</sup> *Ibid.*, 33.

<sup>458</sup> *Ibid.*, 37.

<sup>459</sup> Arthur Mitchell. Contribution to the statistics of pneumonia. *Edinburgh Medical Journal* 1857; 3: 398-406.

<sup>460</sup> *Ibid.*

<sup>461</sup> *Ibid.*

1847 to 1856, 5,909 cases of pneumonia were admitted in the Vienna General Hospital with 1,439 deaths, a mortality of 24.4%.

Year	No. of Cases	No. of Deaths	Mortality Rate
1847	767	199	25%
1848	462	119	25.8%
1849	592	127	21.5%
1850	553	115	20.8%
1851	604	127	21.0%
1852	676	148	21.9%
1853	447	110	26.6%
1854	566	141	24.9%
1855	584	184	31.5%
1856	658	167	25.4%
Total	5,909	1,439	24.4%

Second, he reported that Dr. Dietl's so-called expectant method was actually not without treatment, for when bronchial secretions became copious, Antimonium tartaricum or Ipecac was given in crude doses.<sup>462</sup> It is interesting to note that these two remedies are part of the homeopathic materia medica; they have the same indication, namely, copious secretions in the suffocative stage of pneumonia, and, when well indicated, can truly save lives.

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<sup>462</sup> Ibid.

However, Dr. James Rogers confirmed that Dr. Dietl's method was on the whole based on expectancy, "Except in some complicated cases, his treatment was purely expectant. He frequently employed such palliative remedies as *mixtura oleosa*, *potio acidula*, *infusum liquiritiae*, *mixtura gummosa*, etc., which could not exercise any marked influence on the progress of the disease. In his work on bleeding, Dr. Dietl says: 'Pneumonia runs its course best when not interfered with [by] medicines;' but he does not mean to say that all treatment is superfluous, or injurious. In many cases he says, venesection is an excellent symptomatic means; and in cases of complication with severe bronchitis, in which suffocation is imminent, cupping and counter-irritation may save the patient."<sup>463</sup>

Third, Dr. Mitchell mentioned the reasons bleeding was abandoned at the Vienna General Hospital, "Their opinion seems to be this, that when physicians became more expert at the physical examination of pulmonary disease, they found that bleeding did not affect in any favorable manner the *real* progress of the disease, and, therefore, they were led to discontinue it.

"The results seemed to justify the change; and thus, without discarding loss of blood as a remedy in pneumonia, they discarded the principle on which it was employed. The new ground on which they placed it was one, no doubt, of great importance, but statistics prove, beyond all question, that they very rarely found it necessary to summon its services to accomplish its new aims.

"In other words, finding they did not attain *the ends* for which they bled formerly, they ceased to bleed *for these*, but continued to do so *for others*, in their hands apparently of rare occurrence.

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<sup>463</sup> James Rogers. *On the Present State of Therapeutics, with Some Suggestions for Placing It Upon a More Scientific Basis*. London: John Churchill and Sons, 1870, 181-182.

“They seem to be of opinion, however, that although there is, as the result of this change, a diminution of the mortality, it is not very great, but they think the recoveries quicker and much more satisfactory.”<sup>464</sup>

Fourth, Dr. Mitchell reported that Professor Sigmund preceded Dr. Dielt by about 10 years in using expectancy in patients with pneumonia. His records covered his private practice in Vienna from 1837 to 1841 and the ones at the Vienna General Hospital from 1842 to 1857. In total, Professor Sigmund treated by the expectant method 743 pneumonia cases, with 104 deaths, a mortality of 14%. Dr. Mitchell commented, “Although the average mortality was 14% it differed in hospital and private practice, the first being 17.0 and the last 11.0%. In the note in which Professor Sigmund communicated these results, he thus describes his treatment: ‘Rest in bed without increased heat; tepid watery drinks; where there was very great pain, friction with oil over the affected part and warm water fomentations; when there was frequent cough, sweetened water, very dilute orgeat, gum-solution with sugar; in obstinate constipation, enemata of syrup and water.’”<sup>465</sup>

In his 1870 critical review of the literature on expectancy in patients with pneumonia, Dr. Jules Le Beuf confirmed that the expectant method was also not long-lived in Vienna.<sup>466</sup> Furthermore, Dr. Mitchell reported that the official records of the Vienna General Hospital for 1854 showed that under expectancy there had been 19 deaths out of 92 cases of pneumonia, a mortality of 20.7%, while out of 474 pneumonia cases treated in the six other divisions of the hospital there were 122 deaths, a mortality of 25.7%.<sup>467</sup>

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<sup>464</sup> Arthur Mitchell. Contribution to the statistics of pneumonia. *Edinburgh Medical Journal* 1857; 3: 398-406.

<sup>465</sup> Ibid.

<sup>466</sup> Jules Le Beuf. *Étude critique sur l'expectation*. Paris: Adrien Delahaye, 1870, 81.

<sup>467</sup> Arthur Mitchell. Statistic documents on pneumonia. *British Journal of Homoeopathy* 1860; 18: 366-369. (Translated from the French *Journal des connaissances médicales pratiques* April 20, 1859.)

Thus, Dr. Dietl's original results could not be replicated by other clinicians or even by him in the longer term: "They have been contradicted not only in Holland, but even in the heart of the hospital in Vienna."<sup>468</sup>

Fifth, and perhaps the most important of Dr. Mitchell's observations, is that there was a form of triage that determined which treatment would be used depending on the intensity of the disease: "The therapeutics were regulated by the intensity of the malady. In the department for diseases of the chest (which showed the most favorable rate of mortality) the treatment was expectant. Rest and the withdrawal of all nourishment during the continuance of the fever, water as drink—occasionally emulsion of almonds. On the occurrence of copious bronchial-secretion, Tartar emetic or Ipecacuanha in large doses. Blood-letting was not at all resorted to. Convalescence was on an average short."<sup>469</sup>

Dr. Mitchell noted that among seven different wards of the Vienna General Hospital that were treating pneumonia patients all at the same time, mortality varied greatly from one ward to another, or from one staff and its method of treatment to another. Neither Dr. Dietl nor Dr. Mitchell said to what extent triage influenced mortality on Dr. Dietl's ward. He wrote, "We have thus a remarkable example of the enormous difference of the results of *similar* treatment in the hands of different physicians practicing on the same population at the same time under the same general circumstances, and consequently having to deal with the *same type* of the malady."<sup>470</sup> For instance, he provided the statistics for 1849 (shown below) during which time the mortality varied in the different wards from 18.6% to 31.6% under "similar" active treatments.

<b>Mortality from Pneumonia</b>
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<sup>468</sup> Ibid.

<sup>469</sup> Arthur Mitchell. Contribution to the statistics of pneumonia. *Edinburgh Medical Journal* 1857; 3: 398-406.

<sup>470</sup> Ibid.

at the Vienna General Hospital in 1849			
Medical Division	Patients Treated	Deaths	Mortality Rate (%)
First Division	73	22	30.1
Second Division	70	13	18.6
Third Division	57	18	31.6
Fourth Division	56	15	26.8
Fifth Division	67	15	22.4
Sixth Division	94	20	21.3
Total	417	103	24.7
Special Division for Diseases of the Chest (Dietl)	121	17	14.1

The average mortality rate for the first six divisions, in which active treatment was administered, was 24.7%, whereas in the special division for diseases of the chest, in which Dr. Dietl was applying the expectant method, it was 14.1% (17 deaths out of 121 cases).<sup>471</sup> The disparity of 10.6 percentage point in the death rates between the two groups suggests either that patients were being killed by active treatment or being saved by expectancy.

To the six trials that tested expectancy reported by Dr. Le Beuf, I have added Dr. Dietl's records of 1854 and those of Professor Sigmund that were reported

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<sup>471</sup> Ibid.



by Dr. Mitchell. In total in these eight trials, there were 2,061 cases, with an average mortality of 13.0%. Six of the eight trials include comparative concurrent mortality rates under active treatment versus expectancy; there were a total of 1,194 cases and 276 deaths with active treatment, for a mortality of 23.1%, which is 10.1 percentage points greater than with expectancy.

Comparative Mortality Between Active Treatment and Expectancy							
	Active Treatment				Expectancy		
Researcher and year	Method of treatment	No. of cases	No. of deaths	Mortality (%)	No. of cases	No. of deaths	Mortality (%)
Professor Sigmund (1837-1857)					743	104	14
Dietl (1844-1846)	Anti-monium tartar- irum in large doses	106	22	20.8			
	Bleed- ing	85	17	20	189	14	7.4
Dietl (1849)	No bleed-	471	110	23.4	121	17	14

	ing.						
Dietl (1852, (1847-1850 minus 1849))					629  (750- 121)	52 (69- 17)	8.3
Dietl (1854)  Official re- port of the hospital	No bleed- ing	474	122	25.7	92	19	20.7
Schmidt (1851- 1854)					53	11	20.8
Bordes (1855)	Bleed- ing	11	2	18.2	77	17	22.1
Wunderlich (1856)	Bleed- ing	47	3	6.8	157	33	21
Total	All ac- tive treat- ments com- bined	1,194	276	23.1	2,061	267	13.0

These numbers suggest that on average, expectancy saved or PAA killed about 11.4% of the patients with pneumonia. Homeopathy, on the other hand, saved *at the very least* an extra 9.6% of its cases beyond expectancy; that could explain the 20.9 percentage point difference between the mortality with homeopathy and with PAA, which were on average 3.4% and 24.3% respectively.

It has therefore been known since at least the mid-1800s that homeopathy saved lives in pneumonia cases and that PAA killed patients. That raises three very troubling questions:

- 1- Why did the dominant school of medicine, which called itself “regular,” “rational” or “scientific,” not immediately drop its practice of “active” or heroic treatment, and, at the very least, adopt homeopathy for patients with pneumonia, which throughout the nineteenth and twentieth centuries and early part of the twenty-first century one of the greatest causes of death throughout the world?
- 2- Since the results reported by homeopaths were considered authentic and were assumed to be due to nature, and since the expectant method with the use of palliatives was clearly inferior, why has the hypothesis that the successes of homeopathy in patients with pneumonia were due to the placebo effect never been tested scientifically?
- 3- Why has the public to this day never been informed of the odds of dying from pneumonia with each of these three methods of treatment, namely, expectancy, homeopathy and allopathy?

### **How to Interpret Dr. Dietl’s Results**

The results Dr. Dietl first published remained unexplained beyond the fact that triage was practiced at the Vienna General Hospital and he excluded from his statistics deaths from pneumonia that was secondary to other acute or chronic diseases.

Dr. Conrad Wesselhoeft, professor of Pathology and Therapeutics at the Boston School of Medicine, pointed to another fact suggesting that something in Dr. Dietl's approach was actually different from that of his successors: "It was asserted by Dr. Dinstl, Dr. Dietl's successor, that after the departure of the latter, the mortality increased again from 20 to 27%, although bleeding and drugs were rarely used."<sup>472</sup>

Dr. Rogers also confirmed that once Dr. Dietl left the hospital the mortality for pneumonia patients went up even though there were fewer complicated cases: "There is one circumstance, however, which, in the absence of any printed documents containing the histories of the cases, throws doubt on the correctness of Dr. Dietl's statements. It is the fact that, in the same hospital in which he had made his observations, the mortality of pneumonia had enormously increased a year or two after he had left it for a chair in the University of Cracow. According to Dr. Dietl's account, published in the year 1854, it was about 20%; and in printed reports which I have of that hospital for the years 1859, 1861, 1863, 1864, it was respectively 25%, 20.33%, 20.86%, 27.23%. What was the cause of a mortality two or three times greater than in Dr. Dietl's time? There was no change in the general condition of the patients treated after Dr. Meltzer became head physician of the hospital. Bleeding and drugs were perhaps more frequently employed in the treatment of pneumonia than when Dr. Dietl held that appointment; but certainly not to such an extent as to have any marked influence on the mortality of the disease."<sup>473</sup>

In addition, Dr. Rogers confirmed that this inexplicable difference in mortality was apparently not due to an increase in difficult cases: "I have heard it suggested that the great number of complicated cases was the cause of the subsequent increased mortality; but the proportion of complicated cases of

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<sup>472</sup> Conrad Wesselhoeft. Comparison of results of various methods of medical practice, chiefly of those known as homoeopathic and allopathic. *Hahnemannian Monthly* 1895; 30; 625-635.

<sup>473</sup> James Rogers. *On the Present State of Therapeutics, with Some Suggestions for Placing It Upon a More Scientific Basis*. London: John Churchill and Sons, 1870, 181.

pneumonia diminished rather than increased after Dr. Dietl's departure. The proportion of complicated to un-complicated cases in the 750 which he had treated was 52 to 100, or rather more than one-half; in the same hospital in the year 1859, it was 50.4; in 1861, about 42.8; in 1863, 43.3; and in 1864, 44.6, to 100. Under these circumstances, I think Dr. Dietl lies under a grave obligation to medical science: he must either publish his cases in a tabulated form, or he must explain the cause of the great difference in the mortality of pneumonia in the Wiedner Hospital during the two periods to which I have referred."<sup>474</sup>

Very likely the reason why the mortality rates in Dr. Dietl's ward were so much lower than in the other departments of the hospital was the water-only fasting that Dr. Dietl used with his patients at the Vienna General Hospital. In fact, Dr. John Bennett, professor at the Institute of Medicine at the University of Edinburgh, who also used water-only fasting with pneumonia patients, reported an even lower mortality rate—three deaths out of 105 patients, and used as well water-only fasting in his restorative approach to patients with pneumonia.<sup>475</sup>

### **Dr. Tessier's versus Dr. Dietl's Experiments**

At the same time that Dr. Dietl was conducting his experiments with expectancy in Vienna, another hospital director took a more direct approach to testing the results that homeopaths had been publishing for close to 20 years in patients with pneumonia.

In 1847, Dr. Jean-Paul Tessier, "one of the distinguished practitioners of medicine in Paris,"<sup>476</sup> and "known as an allopathic practitioner of most respectable

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<sup>474</sup> Ibid.

<sup>475</sup> John Hughes Bennett. *The Restorative Treatment of Pneumonia*. Edinburgh: Adam and Charles Black, 1865.

<sup>476</sup> Charles J. Hempel. Preface. In *Clinical Remarks Concerning the Homoeopathic Treatment of Pneumonia: Preceded by a Retrospective View of the Allopathic Materia Medica, and an Explanation of the Homoeopathic Law of Cure*. By Jean-Paul Tessier, M. D., Physician to the Hospital Sainte-Marguerite in Paris. Translated by Charles J. Hempel, M. D. New York: William Radde, 1855: iii.

attainments, to say the least of him,”<sup>477</sup> began a methodological investigation of the efficacy of homeopathy in the treatment of patients with cholera and pneumonia at the St. Marguerite Hospital, which was a branch of the famous Hôtel-Dieu Hospital in Paris, which has been home at different times to Trousseau, Paré, Bichat, Chomel, Dupuytren, Magendie and Bernard.

Dr. Tessier wrote that he presented himself “neither as a partisan nor opponent of homeopathy but as a scientist guarding himself against the misleading bias of blind passion,” and that he would “endeavor to strictly adhere to the legitimate demands of a scientific inquiry.”<sup>478</sup>

He explained the approach he followed in his scientific investigation of homeopathy: “After studying the writings of Hahnemann and his disciples, I read the records of a number of cases treated by the new method. Having understood the meaning of the formula *similia similibus curantur*, I had to try the efficacy of infinitesimal doses. I devoted six months to this clinical verification in such acute and chronic maladies where these trials could not possibly result in the least injury to my patients. In a few days already I had obtained the most complete evidence of the efficacy of infinitesimal doses; nevertheless I continued my experiments. At the end of six months I set about investigating the merits of the new system as a complete therapeutic method, and in this new investigation, proceeded with the strictest precision.

“My experimental treatment of pneumonia required the greatest precautions. It is not by any means a slight responsibility to substitute, in the treatment of an acute disease, a new method for one that enjoys the sanction of universal experience. It was therefore necessary not to expose the patients to any danger, or else to give up the new method. ...

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<sup>477</sup> William Henderson. *Homoeopathy Fairly Represented: A Reply to Professor Simpson's "Homoeopathy" Misrepresented*. Philadelphia: Lindsay & Blakiston, 1854, 68.

<sup>478</sup> Jean-Paul Tessier. *Clinical Remarks Concerning the Homoeopathic Treatment of Pneumonia: Preceded by a Retrospective View of the Allopathic Materia Medica, and an Explanation of the Homoeopathic Law of Cure*. Translated by Charles J. Hempel, M. D. New York: William Radde, 1855.

“The anxiety, which I endured in making these first experiments, is indescribable. In spite of my determination to bleed, if the condition of the patient should get worse; in spite of my frequent visits to these patients, it always seemed to me that some catastrophe would take place. But nothing of the kind happened. The first patients which I treated homeopathically, all got well, and some others were speedily relieved. In upwards of two years I only lost one patient. Two other patients died, but they were brought to the hospital in the last stage of suppuration. If they are recorded in my list, they can have no possible weight in deciding the therapeutic merits of the system.

“Since then, I have pursued the same treatment in a large number of cases of pneumonia, and my former apprehensions have gradually been removed. I do not wish to say more, and shall let the facts speak for themselves. ...

“Serious minds will infer from this that they ought to study Hahnemann’s method; I have no other object in view than to provoke clinical and experimental investigations on this subject.”<sup>479</sup>

Years later in 1859, he made many interesting and pertinent points while comparing Dietl’s experiments with the ones he had conducted 12 years earlier at the St. Marguerite Hospital, where he was the chief of staff: “In the hope of leading hospital physicians to submit homeopathic treatment to the crucible of a rigorous clinical verification, both in regard to the medicines employed in experimental ‘provings’ as well as the imponderable (‘infinitesimal’) doses, I published, ten years ago, notices of 42 [41] cases of pneumonia treated after Hahnemann’s method. I have chosen pneumonia on account of its dangerous character, on which there is but one opinion amongst the profession. I well remembered seeing Magendie leave to themselves several of the patients in his charge, but the results appeared to me so disastrous that I supposed there was but one

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<sup>479</sup> Ibid., 2, 4.

physician who would push the mania of skepticism so far. Further—with Magendie skepticism was but a pure fantasy. ...

“Excepting that celebrated zootomist (Magendie), I never knew a physician, to whatever sect he might belong, who believed one could leave pneumonia to itself. Some insisted more on bloodletting; others on antimonium tartaricum; others on blisters. No one doubted the necessity and efficacy of treatment. Not a single work on medicine had stated ‘expectant medicine’ as possible in such a case. I thought, then, I had chosen an excellent subject for demonstrating the efficacy of the homeopathic method.

“I supposed that a serious subject would be seriously examined. I could not believe in a systematic hostility to observation on the part of physicians who profess to believe nothing but facts. I had reckoned without my host; and the Numerical School<sup>480</sup> has shown us how far hatred to truth can go.

“At first there was spread abroad a whispered rumor of the innocuousness of pneumonia. Some hospital physicians made some inconclusive trials;—not one published the result of his researches, so that things remained in the state of mere rumor. But with persons under the influence of passion a rumor serves every purpose, and to prejudiced minds it justifies everything.

“It was therefore recognized, on the authority of the rumor, that pneumonia got well ‘all alone by itself.’ It was, then, (said they) no wonder that the homeopathic treatment—the dilutions and the globules—should have given good results, because the absence of all medical treatment—bread pills—had had the very best results.

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<sup>480</sup> The numerical school of medicine refers to the Paris clinical school headed by Pierre Charles Alexandre Louis (1787-1872), who had been a strong proponent of numerical methods (comparative statistics) in medicine. He compared different treatment protocols for different groups of patients, laying the foundations for the modern clinical trial. He found in particular that bloodletting had limited influence on the pneumonia patients. (P. C. A. Louis. *Recherches sur les effets de la saignée dans quelques maladies inflammatoires et sur l'action de l'émétique et des vésicatoires dans la pneumonie*. Paris: Librairie de l'Académie royale de médecine, 1835.)



“This farce lasted for some time in the form of a rumor. The Numerical School leagued itself with the ‘Medical Union’ to give substance to the rumor, and to deceive the profession on the question. It was agreed between Bertrand and his friend that the journal should publish a regular refutation of my work, and should never insert my reply. The clique was still able to practice a certain amount of intimidation. The journalists were afraid of losing customers, and each vied with the other as to who should most betray the cause of observation and of truth.<sup>481</sup>

“It was then acknowledged in the name of the Numerical School and the Medical Union that pneumonia got well of itself, and that consequently the homeopathic cures were simply spontaneous! The number of dupes was immense, and the success of the maneuver was complete. Nothing more was now wanted but the combined efforts of three or four farce actors, supported by the Numerical School. This is the last exploit of the sect.

“A most extraordinary thing is that mixture of audacious lying on the one hand, of credulous simplicity on the other hand, when passion rules over each party. Have we not seen two hospital physicians, attacked by pneumonia, abstain from treatment—such was their conviction of the spontaneous cure of pneumonia—and both fall victims to the false reports spread by the sect of ‘observationists,’ or ‘expectant physicians?’ Now, in the face of such a state of mind, what must we say?

“Evidently bide our time; for we belong not to the school of scientific homicide, and we could not experiment bravely or cowardly (whichever you like to call it) on the patients in our charge to prove by facts that mortality is frequent when pneumonia is left to itself.

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<sup>481</sup> See Jean Emmanuel Timbart. *Les médecins statisticiens devant la question homoeopathique, ou réponse aux attaques de M. Valleix contre le livre de M. Tessier*. Paris: Ballières, 1850.

“We have waited for the moment of the return of good sense into the heads of the medical world. Daily experience was enough for us; and the lies of the statisticians and their friends were not calculated to shake our convictions. Who does not know that pneumonia treated too late often terminates fatally? Who does not know that all therapeutic efforts are directed to check the tendency to terminate in suppuration? Who, then, is ignorant that such a termination is frequent in parenchymatous inflammations, and that particularly in inflammation of the parenchyma of the lungs? What signifies, then, the twaddle of the Numerical School? In France, the sect had not dared to experiment regularly. It was otherwise in the Austrian school of Vienna. There they had the sorry courage to attempt experimenting systematically. The first results were favorable to pure ‘expectancy.’ This was a new triumph for the Paris sect. She did not like to acknowledge that pneumonia left to herself proceeded not at all like pneumonia treated homeopathically: that would have been to establish the efficacy of that system—the very thing which she had to deny. The difference, which I have just pointed out satisfied our convictions, and we were watching for the time and the observation of fresh documents. Now here are some which are calculated to unmask the errors entertained by the ‘observationists;’ and we wish to give our readers the benefit of these.”<sup>482</sup>

After reporting the results of Dr. Mitchell’s investigation in Vienna, which I described above, Dr. Tessier focused on the impracticability of the triage method that was used in the Vienna General Hospital: “Now, that one-third or one-fourth of pneumonia cases in general, and that a still larger proportion amongst young people in particular, may get well spontaneously, apart from all treatment, and even in spite of some indiscretions, no one will be tempted to deny that one might then strictly leave all that class to themselves; but to justify such a practice it should be based on a rigorous prognosis (diagnosis beforehand). Very

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<sup>482</sup> Jean-Paul Tessier. Pneumonia—Does pneumonia get well of itself, without treatment? *British Journal of Homoeopathy* 1860; 18: 364-366, 369-370. Translated from the French: La pneumonie: Guérit-elle spontanément et sans traitement? *Art Médical* 1859; 10: 31-38.

well! What physician will take upon himself to affirm at the outset of pneumonia that such a patient will die—such an one, again, will infallibly recover? For my own part, I do not feel myself forced to make this trial (triage); and if, in the course of acute maladies, *non omnino tutae sunt proenotiones nec vitae nec mortis* [it is not entirely safe to predict either life or death], one may affirm that such a presumption at the outset of the malady would be a sign of folly in the physician who should exhibit it. The trial (triage) being impossible, we must secure to all the patients the benefit of treatment. Well, twelve years of practice have convinced me that the treatment of pneumonia by Hahnemann's method is more efficacious (aye, evidently efficacious) than the treatment of intermittent fever by sulphate of quinine.”<sup>483</sup>

He therefore submitted to his own interpretation of Hahnemann's method all the patients with pneumonia that were admitted to his ward at the St. Marguerite Hospital between 1847 and 1849. He described every case in detail, including age, sex, constitution, evolution of symptoms, severity of the condition (i.e., one or more lobes affected), complications and circumstances, concomitant conditions (i.e., tuberculosis), remedies and dosage used, course and duration of the disease, and post-mortem examination. It is interesting that of the different series of pneumonia cases published by homeopaths and by allopaths who practiced expectancy, only the ones treated with homeopathy were described in detail.

Dr. Tessier reported three deaths out of a series of 41 cases with pneumonia, of which many were seriously ill patients, since there was no triage of the patients.<sup>484</sup>

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<sup>483</sup> Ibid.

<sup>484</sup> Jean-Paul Tessier. *Recherches cliniques sur le traitement de la pneumonie et du choléra suivant la méthode de Hahnemann. Précédées d'une introduction sur l'abus de la statistique en médecine.* Paris: J.-P. Ballières, 1850.

The exact mortality rate he encountered in his entire experiment is not known because his series of 41 cases was preceded and followed by other cases not included in his statistics, as he explained, “It might be observed, perhaps, that I ought to have related all the cases which I have treated, in order to furnish a complete statistical series. I have not adopted this method for the simple reason that I have not yet felt authorized to place the old-school treatment of pneumonia in such an evident position of inferiority, as it would undoubtedly have occupied, if I had related every case. For it would have been found that all the patients who came to my wards before suppuration had set in, were cured except one. Even if I had not directed particular attention to this fact, others would have done it for me, and the result would have been the same. I have been desirous of avoiding a premature conclusion, and collecting a great number of data before pronouncing my final verdict. I shall not yet compare the result of Hahnemann’s method with those of other methods of cure, I shall do this at a later period after having accumulated all the facts upon which such a comparison should be based. Even if I had intended to institute such a comparison, the data for it do not exist. Most of our statistical tables are intended to demonstrate the superiority either of bloodletting, or tartar emetic [Antimonium tartaricum], or blisters. Every author simply wished to express his predilections or antipathies in numbers. To compare the two methods satisfactorily, each ought to be employed with all its means and resources and all its conditions of success. Where do we find a statistical table of pulmonary inflammations treated in this manner? Those, who treat them well, do not count them. I shall content myself with calling the attention of the reader to one point. Might not the cure of my cases be attributed to a natural tendency inherent in pneumonia to get well, provided the course of the disease were not interfered with? At first sight, this objection seems specious. It is the last refuge of the opposition, and it is incumbent upon the opponents to prove the truth of our denial.”<sup>485</sup>

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<sup>485</sup> Jean-Paul Tessier. *Clinical Remarks Concerning the Homoeopathic Treatment of Pneumonia:*

In the conclusion of his experiment, Dr. Tessier asked, “What do the facts which I have related, show?”, to which he answered, “The Hahnemannian treatment of pneumonia seems to exercise a most happy influence over the symptoms, course and duration of this disease. Hence I affirm that this mode of treatment should be made a subject of scientific analysis and observation.”<sup>486</sup>

### Duration of Pneumonia and Recovery Time

Aside from mortality, two other useful measures for evaluating the efficacy of treatment would be duration of the disease and recovery time. That information would be of benefit to all parties concerned, especially those who pay for the health care bills.

The duration of pneumonia was as a rule “computed from the first symptoms of the inflammatory fever to the cessation of the local physical signs, or complete disappearance of the hepatization.”<sup>487</sup>

In 1854, Dr. Henderson reviewed the average duration of pneumonia that was reported by Dr. Dietl at the Vienna General Hospital: “The average duration of the cases treated by venesection [was] 35 days; of those treated by tartar emetic, 28.9 days; and of those under the expectant method, 28 days.”<sup>488</sup>

He then compared those numbers with Dr. Tessier’s, which was 9.1 days under homeopathic treatment, and added, “In a few of Tessier’s cases the last report regarding the state of the lung is, that resolution was *almost* complete. To the duration of such cases I have added two days succeeding the final report, which is at least not too little. ... Of the whole expectant cases, 36 (not much less than one third) were prolonged to between 30 and 60 days, while only 5, or less

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*Preceded by a Retrospective View of the Alloepathic Materia Medica, and an Explanation of the Homoeopathic Law of Cure.* Translated by Charles J. Hempel, M. D. New York: William Radde, 1855, 126-127.

<sup>486</sup> *Ibid.*, 131.

<sup>487</sup> William Henderson. *Homoeopathy Fairly Represented: A Reply to Professor Simpson’s “Homoeopathy” Misrepresented.* Philadelphia: Lindsay & Blakiston, 1854, 96.

<sup>488</sup> *Ibid.*, 97.

than one-eighth, of the homeopathic cases lasted beyond 18 days, and only once did the duration extend to 27 days.”<sup>489</sup>

Duration of Pneumonia Under Different Therapeutic Approaches	
Method of Treatment	Duration in Days
Bleeding	35
Antimonium tartaricum	28.9
Expectancy	28
Homeopathy under Dr. Tessier	11.1

These statistics suggest that pneumonia lasted 25% longer with bleeding than with expectancy, but 250% longer with expectancy than with homeopathy.

Dr. Henderson wrote in the conclusion of his comparative analysis of the treatments of patients with pneumonia: “The facts which I have just adduced present not only a triumphant and irrefragable testimony to the positively remedial powers of homeopathy, but they likewise prove, I think, that it cures, and saves life, in a different way from that in which unassisted nature does in this disease; it tends to cut short the disease by preventing exudation, or re-straining it within very narrow limits, both of extent and degree. Consolidation may indeed take place under homeopathic treatment, but that it does not consist in any considerable amount of exudation into the air cells, appears from the rapidity with which it vanishes. Within an average of four days after the cessation of the fever, the whole local disease was gone, whereas in Grisolle’s mild cases, left to

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<sup>489</sup> Ibid., 97, 100.

diet, the process of resolution had then only begun, and took from 11 to 17 days to be completed.<sup>490</sup>

“With this analysis of the most important particulars of pneumonia, under different methods of treatment, I draw these remarks to a close. I have compiled the facts with the utmost care and fairness. For some of the comparative results I was not prepared when I began the investigation, but I did not on that account the less faithfully record them as they successively emerged, and if each in its turn bears its unequivocal testimony to the efficacy of homeopathy, and to the serious evils of the common practice, the explanation is to be found solely in the details as I found them in authentic publications.”<sup>491</sup>

This speed of recovery with homeopathy was observed to be the same in elderly patients. Dr. Pierre Jousset, a student of Dr. Tessier’s at the St. Marguerite Hospital, published his own series of 10 pneumonia cases and analyzed them with Tessier’s 41 cases. He pointed out that resolution tends to be delayed in older people, with all forms of non-homeopathic treatment, but that under homeopathy, resolution is the same as in younger people and begins on the third day of treatment, even if treatment is only started between the sixth and twelfth day of the disease: “Case 43 is a good example of an old man, 70, whose treatment did not begin until the 6th day and resolution was complete on the 10th day. In case 42, treatment began on the 8th day in this 72 year-old man and resolution was complete on the 14th day. Similar results are seen in cases 37, 21 and 3. In case 6, treatment was begun on the 12th day and resolution was complete on day 14, which is the third day of treatment.”<sup>492</sup> He concluded his essay by saying, “For having put to the test a new method of treatment in a transparent and public experimentation, Dr. Jean-Paul Tessier was banned by official medicine; his

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<sup>490</sup> Ibid., 98-99.

<sup>491</sup> Ibid., 101-102. My translation.

<sup>492</sup> Pierre Jousset. De l’expectation et du traitement homoeopathique dans la pneumonie. *Art Médical* 1862; 16: 169-184, 248-279.

students were forbidden to write examinations, and he was pursued throughout his career by a hatred that did not diminish even with his death.”<sup>493</sup>

Dr. William Holcombe wrote in his book *The Truth About Homoeopathy*: “At a meeting of the French Academy of Medicine, Dr. Tessier, in charge of the St. Marguerite Hospital, offered a report on the treatment of pneumonia in his wards with Bryonia and Phosphorus at the 6th dilution, with a remarkably small percentage of deaths. While he was reading the members gave unequivocal signs of astonishment, incredulity and suppressed indignation. When he had finished, many men sprang at once to the floor with cries of homeopath! Homeopath! Traitor! Charlatan! and demanded his immediate removal from the hospital and his expulsion from the academy. In the midst of the storm Chomel, the oldest and the most illustrious member of the academy, arose to his feet and waved his hand. His great reputation and his venerable appearance commanded regard and inspired silence on the assembly, when he spoke to this effect: ‘Gentlemen: Dr. Tessier is an educated, respectable physician, a member of this academy; he has exercised his undoubted right of experimentation. If experimentation with new remedies upon novel principles is to be prohibited you may as well close every hospital in France. Dr. Tessier has a right to be heard and to have his paper respectfully discussed. The only scientific way of treating this matter is for you to repeat Dr. Tessier’s experiments in similar cases with the same remedies and make your reports, which will either verify or refute his statements.’ Golden words were these! Chomel’s influence was so great that his counsels prevailed, at least in part and for a time, Dr. Tessier’s report was silently accepted and he was left in charge of his hospital. ...

“How differently speaks a great French allopathic authority, Dr. Renouard, [“the best historian of medical science” according to Holcombe] in his standard work, *The History of Medicine*, ‘What can we answer,’ he writes, ‘when these homeo-

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<sup>493</sup> Ibid.



paths say to us:’ ‘The most efficacious means possessed by the healing art, viz.: Specifics, which according to common consent produce the mildest, promptest and most durable cures, are proscribed by your official medicine as much as possible. It excludes them from its theory if not from its practice. We, on the contrary, come to teach you a means to discover and a method to employ these admirable instruments of cure.’ ‘What have we to respond to such an argument as this? Nothing, positively nothing serious and logical.’ Chomel, another illustrious French allopath, once gave his own party some excellent advice, which Dr. Browning would do well to follow when he contemplates another Quixotic tilt against homeopathy. He will probably discover, what he does not now seem to know, that in his first raid he broke his lance against a wind-mill of his own imagination.”<sup>494</sup>

### **The Experiments of Drs. Wurmb, Caspar and Eidherr in Vienna**

In his 1864 essay *On the Use of High Potencies in the Treatment of the Sick*, Dr. Carroll Dunham of New York summarized the experiments conducted in a Vienna hospital over a 10-year period, which tried to determine the most efficacious potency of homeopathic remedies: “In 1850 Drs. Wurmb and Caspar took charge of the Leopoldstadt Hospital, in Vienna. ... In their *Clinical Studies*, published in 1852, they thus express the posological views with which they entered on the charge of the hospital: ‘We have given almost always the thirtieth decimal dilution, and only exceptionally a higher or lower dilution. ... We propose to adhere to this dilution for two years longer, then to give another dilution for an equally long period, and finally to give for a similar period still another dilution. Such experiments as these are indispensable to the solution of the question of the dose, but manifestly they are valid only in the case of [a] disease with regard to [which] the preliminary question, what can nature [expectancy] do, and what

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<sup>494</sup> William H. Holcombe. *The Truth About Homoeopathy*. Philadelphia: Boericke & Tafel, 1894: 33-34.

can art [treatment] [do]? has already been definitely answered, and in favor of the latter.'

"Here is the plan of an experiment which, if faithfully carried out, gives promise of some very conclusive data on the subject of the dose. Such questions as this require for their solution a multitude of instances such as can hardly be gathered in a private practice; but a hospital affords an appropriate and sufficient field for their collection. The hospital of Dr. Wurmb is the only one which has been devoted to such uses.

"Before the expiration of the three periods, of three years each, involved in the plan as above stated, Dr. Caspar was succeeded by Dr. Martin Eidherr, who has published in the *Oesterreichische Zeitschrift* for 1862, the result of the ten years' experiment.

"At this point it was suggested that the material in the shape of clinical records which had been for ten years accumulating in the archives of the Leopoldstadt Hospital might, if collated, throw some further light on the subject.

"Dr. Eidherr undertook the task. He resolved to confine his investigations to a single disease, pneumonia, which by the way is very prevalent in Vienna, for the reason that the diagnosis of this disease is easy, and that, by means of the physical signs, its course and progress and decline may be more accurately followed and observed than is the case with many other acute diseases.

"During the ten years, from 1850 to 1859 inclusive, all cases in the Leopoldstadt Hospital had been treated for the first three years with the thirtieth decimal dilution, for the second period of three years with the sixth, and for the remaining four years with the fifteenth decimal dilution. It was proposed to compare the results of the treatment of pneumonia during these three periods. But, in order to avoid a fallacy in drawing conclusions from this comparison, it was necessary, first, to enquire whether the *genius epidemicus* was the same for

these three periods, or, if not the same, how great an influence, and in favor of which period, did the difference exist?

“The first section of his treatise consists of tabular statements of the meteorological phenomena of the decennium in question, and of the relations of these phenomena to the prevalence of pneumonia as observed in the great General Hospital of Vienna.

“The second section comprises short and succinct accounts of the cases of pneumonia treated in the Leopoldstadt Hospital during the three periods into which, as already stated, the decennium was divided.

“The third section contains a statement of the results of the treatment by the different dilutions used during the three periods in question, taking into account the modifying influence of the different atmospheric conditions of these periods.

“The cases occurring during the three periods of time into which the whole period of ten years was divided are called by Dr. Eidherr—Groups, 1, 2, 3.

“Group No. 1, embracing the years 1850, 1851 and 1852, was treated exclusively with the thirtieth decimal potency.

“Group No. 2, embracing the years 1853, 1854 and 1855, was treated exclusively with the sixth decimal potency.

“Group No. 3, embracing the years 1856, 1857, 1858 and 1859, was treated exclusively with the fifteenth decimal potency.

“In observing and recording cases of pneumonia in this hospital, the physical signs have always been carefully noted, and records have been made of the following points in the history of each case:

1. The seat of the infiltration.

2. Its duration, reckoned from the time at which it was first perceived to the time at which it was noticed that it began to be resolved.
3. The time at which resolution of the infiltration began.
4. The time at which resolution was completed.
5. The time at which all physical signs disappeared.
6. Duration of convalescence.”<sup>495</sup>

The comparison between the three groups was made with reference to all of those six points. However as the analysis of Dr. Eidherr was quite extensive I will limit it to a summary.

First, if we look at resolution, we find that it began for:

Group 1, on day 3.

Group 2, on day 3.5.

Group 3, on day 3.2.

Second, we find that resolution was complete for:

Group 1 on day 4.9.

Group 2 on day 6.9.

Group 3 on day 6.3.

Third, on average infiltration lasted for:

Group 1, for 3.0 days.

Group 2, for 4.1 days.

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<sup>495</sup> Carroll Dunham. The use of high potencies in the treatment of the sick. *Transactions of the Homoeopathic Medical Society of the State of New York* 1864; 2: 54-96.

Group 3, for 3.4 days.

Fourth, the length of hospitalization without convalescence was for:

Group 1, 4.4 days.

Group 2, 5.3 days.

Group 3, 4.8 days.

Fifth, regarding the length of hospitalization with convalescence:

“Dr. Eidherr gives also a tabular statement of the average number of days during which each case of each group remained in hospital—that is the total duration of each case from its reception to its dismissal, as follows:

“Group 1, treated with the thirtieth decimal dilution, fifty-five cases were treated, their aggregate residence in the hospital amounted to 680 days on an average of 11.3 [12.4] days each.

“Group 2, under the sixth decimal dilution, thirty-one cases, 606 days, an average of 19.5 days for each case.

“Group 3, treated with the fifteenth decimal dilution, fifty-four cases, and 795 days, an average of 14.6 [14.7] days for each case.”<sup>496</sup>

Dr. Dunham summarized Dr. Eidherr’s conclusion: “I now proceed to give as briefly as possible the conclusion to which Dr. Eidherr is led by this careful study of his statistics. He says, ‘This is the most extensive experiment that has ever been made, bearing on the question of the dose. Its subjects were 107 [140] cases of pneumonia. Each case was the subject of careful investigation. Every imaginable care was taken to obviate every source of fallacy.’

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<sup>496</sup> Ibid.

“The experimenters were not radical homeopaths. Their prepossessions were rather against the high potencies. I can bear personal testimony to the fact that, in 1851, while the thirtieth dilution was the standard used in the hospital Dr. Wurmb frequently expressed himself, as believing that statistics would decide in favor of lower dilutions. It was not known how statistics had decided until Dr. Eidherr made the analysis from which I have quoted, and which shows that in every point of view the action of the thirtieth dilution, in so acute and dangerous a disease as pneumonia, is more certain and more rapid than that of the fifteen or the sixth dilution; that the fifteenth is preferable to the sixth dilution—or, to translate the decimal into the centesimal scale, the fifteenth is better than the seventh, the seventh than the third.”<sup>497</sup>

Dr. Rogers regretted that no mortality rate was presented in these tabulations since the cases were selected to illustrate the action of different homeopathic potencies.<sup>498</sup> However, Dr. Wurmb published independently his own statistics for pneumonia cases from 1850 to 1854. Despite a very poor application of the law of similars, the results were fair, for he reported 119 cases with eight deaths, a mortality of 6.7%. He wrote, “The absolute rate of mortality, viz. 6.7% would of itself prove the excellence of the homeopathic treatment, especially as not a few cases were admitted in the advanced stages of pneumonia and after abundant bloodletting. We may, however, venture to abstract three from the number of deaths, for two were admitted nearly dying; and in another case death was caused by cholera, thus the rate of mortality would be reduced to 4.3%, which would add greatly to the honor of homeopathy. The number of cases of pneumonia in each year is as follows:

Year	No. of Cases	No. of Deaths	Mortality Rate

<sup>497</sup> Ibid.

<sup>498</sup> James Rogers. *On the Present State of Therapeutics, with Some Suggestions for Placing It Upon a More Scientific Basis*. London: John Churchill and Sons, 1870, 190.

			(%)
1850	19	0	0
1851	35	0	0
1852	31	3	10
1853	15	2	13
1854	19	3	16
Total	119	8	6.7

“As in the above mentioned years the treatment as well as nursing were the same; the difference of the rate of mortality must be ascribed to the character of the prevailing epidemic.”<sup>499</sup>

All evidence so far reviewed shows that (1) with homeopathy, mortality in pneumonia patients is very low; (2) recovery is faster than with other methods of medicinal treatment; and (3) the higher the potencies used the better the results on all six criteria that were measured.

### **Mortality in Homeopathic Hospitals beyond Pneumonia**

Dr. William Henderson extended his analysis of the mortality from pneumonia in hospitals to other inflammatory diseases: “A single remark remains to be made, and although it does not bear on the further elucidation of the subjects treated of in the preceding pages, it is a plain and most important inference from some of them. The homeopathic hospital statistics, regarding the mortality of pneumonia, being proved to be correct by the evidence adduced from two sources,

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<sup>499</sup>Wurmb. Contributions from the homoeopathic hospital of Leopoldstadt. *British Journal of Homoeopathy* 1856; 14: 75-81.

as narrated in the course of this chapter, the same hospital statistics regarding other acute inflammations, deemed not more dangerous than pneumonia has generally been supposed to be, are to be regarded as equally entitled to credit. The good faith and accuracy of the authorities having been demonstrated, in reference to what have been stigmatized as their incredible allegations regarding their success in pneumonia, a disease so deadly in allopathic practice, they are justly entitled to the benefit of that demonstration in respect to their not more extraordinary allegations as to the success of their practice in pleurisy, peritonitis, pericarditis, and other acute diseases. Of all these inflammations, peritonitis is probably the most serious, and we have something like an admission of the alleged success of homeopathy in that disease, by an opponent of the system, who was an eyewitness of its operation in Fleischmann's hospital.

"True, says he, they cure peritonitis readily enough, but then their cases are, for the most part, only *tubercular* (scrofulous) peritonitis. I need not remind any professional reader, of respectable attainments, that *tubercular* peritonitis, when of any considerable extent, as it must be in many instances, is the most incurable form of the disease, (that which follows perforation excepted), if indeed it is ever cured. Yet such an explanation of the homeopathic success as this, was actually made by a writer against homeopathy, in Dr. Forbes's *Review*, whose opinions and statements are even still quoted and referred to as authoritative by Dr. Simpson, Dr. Routh, and other allopathic controversialists!

"Even if we grant that, in a large proportion of such cases of tubercular peritonitis, the inflammation was subacute, and not extensive, the superiority of homeopathy, in the treatment of peritonitis, would be in no degree less manifest; for it is not pretended that tubercular peritonitis, even in its slighter forms, was not equally prevalent in the allopathic hospitals of Vienna, in which the proportion of deaths among cases of peritonitis is so much larger than in the homeopathic; indeed, the writer in question admits that he saw such slight cases only in an al-



lopathic hospital! It is altogether unnecessary, after the complete vindication contained in the preceding analysis of the various statistics of pneumonia, of the accuracy of the homeopathic statements regarding the success of homeopathic practice in that disease, to enter into any details in proof of the superiority of the same plan of treatment in other inflammatory diseases.

“Pneumonia has been regarded as an important and dangerous disease, scarcely inferior in gravity to any of the other common inflammations; it affords the largest statistical tables, on both sides, for the institution of a comparison between the claims of the rival methods of treatment; and a searching analysis of these statistics, along with the application to each class of the test of their respective *merits*, and to one class, whose accuracy has been ignorantly or maliciously impugned, the test of its *correctness*, afforded by the expectant practice of M. Dietl, has proved both the fidelity of homeopathic statements, and the vast superiority of the homeopathic treatment over the allopathic. The inference, from the proofs which have been adduced, of the correctness and fairness of the homeopathic records concerning pneumonia, which I am entitled to draw, as bearing upon the homeopathic statistics of other inflammations, is this, that they too must be regarded as correct and fair, for there was nothing known of the peculiarities of pneumonia, in reference to spontaneous recovery, prior to the researches of Dietl, that was not equally known regarding the other inflammations; and as the former could not therefore be misrepresented by homeopaths, in order to meet a corroboration which they did not know was possible, but has been shown to be a fair and faithful record, *therefore* the other homeopathic records must be held to be equally fair and faithful, whether they shall meet with a similar corroboration or not.

“I content myself, then, with a simple notice of the results of the same treatment in other inflammatory diseases, regarding which the homeopathic statistics are not more incredible than they were supposed to be in regard to pneumonia,

prior to the proofs of their accuracy. Among 299 cases of pleurisy the homeopathic practice in the German hospitals lost only 4, or 1 in 74; among 189 cases of peritonitis it lost only 9, or 1 in 21; while in these two diseases the allopathic mortality is from *eight to sixteen times greater*.<sup>500</sup>

“Among 345 cases of erysipelas, there were only two deaths in the homeopathic hospitals; and a similar success attended the practice in membranous inflammations of the heart, and in dysentery. The records from which these facts are taken extend over a period of about fourteen years, a circumstance which obviates every objection that may be made on the ground of variable types of the several diseases in different years.”<sup>501</sup>

“It is not in acute diseases of the inflammatory kind only that homeopathy is superior to the common practice. But as I have already exceeded the space I had intended for the comparison of the two systems in the treatment of particular diseases, I must satisfy myself with the testimony of Dr. Forbes, the distinguished allopathic reviewer, in regard to this point. Alluding to Fleischmann’s reports, he gives him the character of being a ‘well-educated physician,’ ‘of honor and respectability,’ says, ‘we cannot, therefore, refuse to admit the accuracy of his statements as to matters of fact,’ acknowledges the general correctness of his statistics of mortality among acute and chronic diseases, and of fevers he affirms—‘the amount of deaths in the fevers and eruptive diseases is certainly *below* the ordinary proportion;’<sup>502</sup> although he explains this on the ground that homeopathy does merely no harm, while allopathy often does. We may take the liberty of denying the validity of the *explanation*, in so far as homeopathy is

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<sup>500</sup> William Henderson. *Homoeopathy Fairly Represented: A Reply to Professor Simpson’s “Homoeopathy” Misrepresented*. Philadelphia: Lindsay & Blakiston, 1854, 101-105.

<sup>501</sup> *Ibid.*, 105.

<sup>502</sup> John Forbes. Homoeopathy, Allopathy and “Young Physic.” *British and Foreign Medical Review* 1846; 21: 225-265.

concerned; but we are satisfied for the present with the admission of the *fact*, that the superior success is on our side.”<sup>503</sup>

### Prophylactic Aspect of Homeopathy

Another advantage that homeopathy offers to pneumonia patients is that every homeopathic intervention is at the same time prophylactic.

Prophylaxis, which in infectious diseases consists first in preventing diseases before they develop, and second in mitigating the severity and complications of diseases once they come under treatment, is an important consideration for weighing the overall benefit of any therapeutic approach. The first aspect of homeoprophylaxis was briefly addressed earlier in this paper; I will now also briefly address the second one.

Toward the end of the NIP in January 1919, Dr. A. H. Grimmer of the Hering Medical College in Chicago wrote, that under genuine homeopathy it is rare for pneumonia to develop and that during “a great scientific pow-wow here in Chicago”<sup>504</sup> to discuss strategies for dealing with the current influenza epidemic, “one of the visiting officials at this convention frankly admitted that the over zealous treatment of pneumonia had undoubtedly killed many patients and advised less or no medicine, stating that the role of the physician should rather be that of an entertainer to divert the patient’s mind from his illness and give old Mother Nature a chance to do the curing. ... These things are mentioned to show the weakness and folly of a supercilious and arrogant system of medicine which seeks to inflict its false and perverted methods on all and which would, through control of the public press and legislative bodies compel all those whose teaching and methods differ from theirs to submit without question to their dic-

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<sup>503</sup> William Henderson. *Homoeopathy Fairly Represented: A Reply to Professor Simpson’s “Homoeopathy” Misrepresented*. Philadelphia: Lindsay & Blakiston, 1854, 105-106.

<sup>504</sup> Dr. Grimmer is here referring to the meeting held by the American Public Health Association in Chicago from December 9-12, 1919. See: A working program against influenza. *American Journal of Public Health* 1919; 9: 1-13.

tum. Such procedure must drive out all other methods of treating the sick from the field and thus stifle competition and progress. The testimony from the homeopathic side presents an amazing contrast in the positive curative results obtained, in the infinitesimal death rate and shortened time of illness. Out of reports gathered from various sections of the country from a goodly number of our prescribers a list of about forty of our proven remedies is noted which pretty nearly completely covers the epidemic. Out of this group of forty, a smaller group of seven remedies is named which covered about ninety percent of the straight influenza cases—not the pneumonias. It is a rare thing for a pneumonia to develop if a good homeopathic physician is called during the first twenty four hours of an attack of influenza.”<sup>505</sup>

In 1919, soon after the end of the NIP, Dr. O. S. Haines, professor at Hahnemann Medical College of Philadelphia, pointed out that this second prophylactic aspect of homeopathy is a universal experience among homeopaths and is far from being negligible: “The phenomenal success attained by homeopathic practitioners during the epidemics of influenza that have swept over this country, and, especially during the epidemic of 1918, is deserving of more than passing notice. The reason that our practitioners have been enabled to show a very low mortality rate is because, in the great majority of instances, they relied upon the homeopathic method in the treatment of this disease. They looked askance at such palliatives as aspirin—at such very doubtful measures as the serums and vaccines; and they stuck to the law of similars as the safest and surest guide. This simple law of drug selection made us sure when otherwise we might have been doubtful. It enabled the homeopathic physicians to start their treatment of the initial stages of the disease, promptly. They lost no time. This was important because an influenza checked or mitigated in its incipency, becomes less dangerous in its later manifestations. The remedies used were simple ones, that did not

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<sup>505</sup> A. H. Grimmer. Remedies frequently indicated in the recent epidemics of Spanish influenza and pneumonia. *Clinique* 1919; 40; 11-16.

depress nor deplete the vitality of the patient; but rather tended to strengthen the vital resistance of the influenza victim. Our practitioners did not seem to be so much concerned and confused by the various opinions expressed regarding the nature and pathological eccentricities of the disease in its fatal stages. They were only concerned in preventing it from reaching that stage. Probably not more than a half-dozen simple remedies were found necessary, but these were almost invariably used by all our practitioners, because the indications for their employment were so apparent. Three things must surely have impressed those of you who relied upon the law of similars in your treatment of uncomplicated influenza: First, that convalescence started easily and early. Second, that complications were not apt to supervene during the convalescent period, in those cases that called you early. Third, that the final recovery was really quite complete and clear-cut, and sequelae were not common. It is a great thing to be able to select remedies for the sick that will not only assuage immediate suffering; but, that will at the same time favorably influence a progressive pathology, in its infancy. We should all recognize the prophylactic power of homeopathic therapy, for it is real.”<sup>506</sup>

By treating an individual from birth to old age, homeopathy is able to correct, along the way, deviations from health, including epidemic disease, whether old or new. In a 1920 paper entitled *The Place of the Homeopath in the Public Health*, Dr. L. K. Van Allen of Ukiah, California, noted the central role homeopathy can play in a society: “A large percentage of the unfit physical cases of adults dates from some childhood illness. Just here is where the homeopathic treatment wins many of its laurels. It has been fully demonstrated that under proper homeopathic treatment a very small percent of children suffering from diseases of childhood go through life invalided or semi-invalided. This one matter alone puts society in debt to the homeopath.

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<sup>506</sup> O. S. Haines. The medicinal management of uncomplicated influenza by the methods of homoeopathy. *Hahnemannian Monthly* 1919; 54: 728-737.

“Nor is it in childhood alone that the homeopath wins out. But [*sic*] diseases of adults yield to his care fully as readily. Many an epidemic has been robbed of its high mortality rate under his treatment. The recent influenza epidemic has demonstrated this fact again in a very forceful way. It has shown us that with homeopathic remedies we of today can do the same wonderful things that the early homeopaths did in the cholera and scarlet fever epidemics of their day.

“Now the logical question to ask is, ‘Why does not the public demand universal homeopathic treatment?’ and the logical answer is that they do not know what homeopathy can and does do for them. ...

“There is another field where the health of the public would be greatly helped were homeopathy to be employed. That is in the government service, in both army and navy. We have to hang our heads in shame when we mention the medical branch of our army medical service. We are justly proud of the sanitary, prophylactic, and surgical branches but the medical branch is a disgrace. We know that if homeopathy could be adopted as the official medical treatment we could be proud of the medical branch also. Is it being too bold to demand such a thing? We live in a time when the unusual and the impossible are being done. Why not have a little faith and back it up by more action and do what we know is our duty to our country by having homeopathy officially recognized by our government.”<sup>507</sup>

### Revisiting Comparative Mortality between the Two Schools of Medicine

Any investigator can verify the data presented here by opening the numerous record books of the two schools of medicine, such as *The Comparative Merits of Alloepathy, the Old Medical Practice, and Homoeopathy, the Reformed Medical Practice, Practically Illustrated* by J. G. Rosenstein, which contains statistics for

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<sup>507</sup> L. K. Van Allen. The place of the homeopath in the public health. *Pacific Coast Journal of Homoeopathy* 1920; 31: 54-55.

the first half of the nineteenth century,<sup>508</sup> and *The Logic of Figures or Comparative Results of Homoeopathic and Other Treatments*, edited by the medical historian Dr. Thomas Lindsley Bradford, which is a compilation of the most important available statistics of the two schools of medicine for the second half of the nineteenth century.<sup>509</sup>

However, it is important to understand that the clinical evidence for homeopathy has never been fully evaluated, as the great majority of it is lying unexamined in a vast literature consisting of case reports, cohort studies, expert opinions, and official records of boards of health, public health services, hospitals, armed forces, insurance companies, state prisons, orphanages, and mental asylums. As an example of the wealth of information that is waiting to be analyzed by professional researchers and historians, I will mention two observational reports on the comparative mortality in the two schools of medicine.

### **Comparative Mortality Reported by a Life Insurance Company**

In 1876, the Homoeopathic Mutual Life Insurance Company<sup>510</sup> of New York analyzed over 80,000 deaths reported by allopathic and homeopathic physicians to the boards of health in five large American cities. The company's purpose was to answer the following questions, as it explained in a circular it issued:

1) What physician should one employ? 2) Which school of medicine cures most pleasantly? 3) Which cures most speedily? 4) Which cures most safely?

The Medical Director of the company, Dr. E.M. Kellogg, wrote in the introduction: "The within figures and tables have been compiled from official sources with the utmost care and impartiality, and have been thoroughly revised to insure the

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<sup>508</sup> J. G. Rosenstein. *The Comparative Merits of Alloepathy, the Old Medical Practice and Homoeopathy, the Reformed Medical Practice, Practically Illustrated*. Montreal: Campbell, 1846.

<sup>509</sup> Thomas Lindsley Bradford. *The Logic of Figures or Comparative Results of Homoeopathic and Other Treatments*. Philadelphia: Boericke and Tafel, 1900.  
(<http://babel.hathitrust.org/cgi/pt?id=mdp.39015020118058;view=1up;seq=9>)

<sup>510</sup> In the nineteenth century many insurance companies had a preferential life insurance rate for homeopathic customers.

fullest accuracy. Should any one desire to test or verify, he can find in the office of this publication, not only the names of the compilers, but also lists showing the exact number of deaths occurring under the charge of each individual physician practicing in the cities and years specified. ...

“The principal cities of the United States have each now a Board of Health, which, among other duties, takes cognizance of all the deaths occurring within its jurisdiction, and keeps an official record of the same, with full particulars of nativity, age, cause, and place of death, and name of attending physician. These official records we have now for some years been engaged in analyzing, in order thereby to obtain positive data of the comparative mortality occurring in the private practice of all homeopathic and allopathic physicians in acknowledged good standing. We have totally excluded from our consideration all deaths occurring in hospitals; for, inasmuch as a very great proportion of these public institutions are exclusively under the charge of allopathic physicians; it would be manifestly unfair to include the deaths occurring therein, without any corresponding mortality to offset them on the homeopathic side. We have also thrown out all deaths occurring from stillbirth, accidents and violence, as having no bearing on the question of medical treatment. We thus obtain a comparison of the mortality in *private medical practice only*—the practical point at issue.

“Our researches cover New York, Boston, Philadelphia, Newark, and Brooklyn—five of our largest cities, and extend over the last four years; thus giving a mass of results so large and so similar in the conclusion they present, that we must needs accept them as approximately, if not absolutely, true.”<sup>511</sup>

After the statistics for only one city (New York) had been compiled, the difference in mortality was so startling between the practitioners of the two schools of medicine that before proceeding further with the statistics of the other four

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<sup>511</sup> Edwin M. Kellogg. *Which Medical Practice? An Analysis of over 80,000 Cases*. Circular issued by the Homoeopathic Mutual Life Insurance Company of New York. New York, 1876.



cities, Dr. Kellogg asked himself: “How can we account for this? Is there any fallacy in it? Do these figures tell the whole truth? In reply, this question suggests itself: Do the homeopaths treat as many patients, proportionately, as the allopaths? What is the ratio between the number of patients treated by the two schools, and the number of deaths given in these tables?

“This query, which at first sight seems vital, proves, upon examination, to be of little or no practical importance. We could not honestly and fairly compare the mortality occurring in the practice of any two physicians as a test of their relative success, unless we really know how many patients each had treated during the year; but when we compare the two schools of practitioners in a mass, thus including hundreds, and even thousands, of every age, and grade, and degree of ability, we are safe in assuming that the average homeopath on one side treats as many patients per annum as the average allopath on the other; and that this is a fair assumption will be readily believed by any one who will compare the apparent business success and thrift of the two classes of physicians. Consequently we believe and maintain that these tables of mortality, as they stand, are a fair exponent of the relative merits of the two medical systems.”<sup>512</sup>

Dr. Kellogg proceeded by presenting the statistics for the four other cities and in each case asking the four questions mentioned earlier by stating pertinent facts and figures, which led him to conclude: “Now let us look at the *grand total*. Adding together the comparative statistics already given of the five cities of New York, Boston, Philadelphia, Newark and Brooklyn, we have this result:

- 1) 4,071 allopathic physicians report 72,802 deaths.
- 2) 810 homeopathic physicians report 8,116 deaths.

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<sup>512</sup> Ibid.

*“Or, judging from a total of over 80,000 cases, the average allopathic physician annually loses by death more than 17 of his patients, while the average homeopathic physician loses only 10.*

“Or, had all these 80,918 cases been treated homeopathically, upward of 32,000 lives might have been saved to their families and the world. What a startling commentary is this upon the dominant practice of medicine! And yet with what self-conceit does the old school bar its doors against the homeopathic physician, refuse to meet him in consultation, and brand him as a quack! Such a cumulative mass of statistics (the accuracy of which is proven by their slight individual differences [between the five large cities]), gives us a result so positive and overwhelming, that it can neither be denied nor explained away. All sincere searchers for the truth must yield to *the ‘inexorable logic of facts.’ And these facts indubitably prove that the homeopathic practice cures most pleasantly, most speedily, most safely, and MOST SURELY.*”<sup>513</sup>

### **Mortuary Experience for 1875-1876**

As an appendix to the above report, Dr. Kellogg included some statistics for the company’s previous fiscal year under the heading “Lower Rates to Homeopaths”: “The argument and statistics herein presented so clearly prove that homeopathy tends to longevity, that the justice and business soundness of the rule of the Homoeopathic Mutual Life Insurance Company, to insure homeopaths at lower rates than are charged by any other mutual company, needs no further demonstration. And while the Company makes a reduction of more than *ten percent* in premium charge, it believes that its members will receive great additional advantage, also, in the average longevity of its members.

“The Mortuary Experience of the Company (to April 1st, 1876) furnishes a more marked contrast even than the figures herein given—being as follows:

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<sup>513</sup> Ibid.

	No. of Policies Issued	No. of Deaths
To Homeopaths	6,269	57
To Non-Homeopaths	1,904	61

“And while such a result may be exceptional in its very great disparity, it confirms, in the most marked manner, the argument of all the other experience.”<sup>514</sup>

Those statistics show that at the very least:

- e) The odds of a policyholder living throughout the 1875-1876 fiscal year were 109 to 1 when under homeopathic care versus 30 to 1 under allopathic care.
- f) The relative risk for policyholders of *dying* during the 1875-1876 fiscal year was 3.5 (95% CI 2.5 to 5.0) or 3.5 times as great under allopathy as under homeopathy ( $P < .0001$ ).
- g) The odds that a policyholder would be alive at the end of the 1875-1876 fiscal year were 3.6 (95% CI 2.5 to 5.2) under homeopathy as compared to allopathy ( $P < .0001$ ).

### Comparative Mortality in Major U.S. Cities from 1891 to 1895

From 1891 to 1895, Dr. David A. Strickler, professor of History of Medicine at the Denver of Homoeopathic Medical College and Hospital, was in charge of collecting comparative vital statistics from public-health offices of large U.S. cities for the American Institute of Homeopathy. In 1895, the population represented

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<sup>514</sup> Ibid.

in the last collection of statistics was 4,607,066, or about 1/15 of the population of the United States at that time.<sup>515</sup>

Dr. Strickler summarized the results of his exhaustive labors for the year 1895 as follows: “The results in 151,259 deaths reported show that for the same number of cases treated, the old school lost from measles, 499 to our 100; from scarlet fever, 180 to our 100; from typhoid fever, 149 to our 100; from obstetrical cases, 246 to our 100; from acute stomach and bowel diseases, 195 to our 100; from acute respiratory diseases, 192 to our 100; and from all causes, 181 to our 100. That from the amount reported, the saving in life in the United States of America from homeopathic treatment would be about 500,000 per annum. These are facts, which influence us in maintaining a separate existence. Until the medical world understands the law of similars and gives it a fair show by unbiased trials, the homeopaths, if true to themselves, and to their trust, *must* maintain a separate existence. Until then, as a sect in medicine, we have a right to exist and to ask you to study a special therapeutics.”<sup>516</sup>

It would be quite possible to make a similar comparative analysis of mortality records for the period of the NIP, for, as Dr. Florence N. Ward pointed out, the boards of health of a number of large U.S. cities kept mortality reports for every physician during the NIP.<sup>517</sup> Dr. Bill Gray of Los Gatos, California, who has practiced homeopathy since 1971, recently wrote, “When I first embarked on homeopathy, I met a pathologist who had been in the San Francisco Health Department. He published similar results. 40% of patients [with influenza] admitted to

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<sup>515</sup> The 1890 U.S. census reported a population of 62,979,766 (Porter R, Wright CD. *Report on the Population of the United States at the Eleventh Census: 1890*. Washington, D.C.: Government Printing Office, 1895: xi). In 1895, the population was approximately 68.9 million (<https://mste.illinois.edu/malcz/ExpFit/data.html>). In 1900 it was 76 million (<http://www.demographia.com/db-uspop1900.htm>).

<sup>516</sup> David A. Strickler. Homoeopathy in medicine. *Denver Journal of Homoeopathy* 1896; 3: 11-20.

<sup>517</sup> Florence N. Ward. Discussion: Influenza and pregnancy. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 930.

allopathic hospitals died. In all of the homeopathic practices in the Bay Area (about 3,000 cases total, as I recall), there was only one death.”<sup>518</sup>

In 1901, Dr. S. S. Smythe, professor of Gynecology at the Denver Homeopathic Medical College and Hospital, made some important inferences the statistics presented by Dr. Strickler in a paper entitled *The Demand of the Hour*. “In discussing the comparative statistics of this country before the American Institute of Homeopathy, Professor David A. Strickler made the following sweeping, but entirely trustworthy declaration: ‘It matters not in what city, what disease, nor what method of comparison is instituted, the records show universally in favor of homeopathy.’ With records like this, and many others equally convincing, it becomes our duty to unite as one man in placing homeopathy where it rightfully belongs in public estimation.

“Here let me say, *en passant*, that in the census year 1890, the government reports gave the total number of deaths in the United States as 872,944. No mortality report from the 1900 census has been published, but will probably show considerably more than a million deaths for last year.<sup>519</sup> If now an epidemic should invade our country and increase the number of deaths 500,000 above the ordinary mortality, the people would be panic stricken, and the government would be called upon to use every possible means to arrest the scourge regardless of expense; yet little attention is paid to the fact, as shown in all of our comparative vital statistics, that allopathic treatment annually adds to our mortality lists many thousands which might be saved under homeopathic treatment. During our four years’ civil war, when nearly four millions of men were engaged in killing each other, the number killed in battle was (in round numbers) 67,000; died from wounds, 47,000. Total, 114,000. The number who died from sickness was 200,000, all under allopathic treatment.

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<sup>518</sup> Bill Gray. Avian flu. <http://www.billgrayhomeopathy.com/advice-opinions/avian-flu/>

<sup>519</sup> Dr. Smythe was correct in his approximation, for in 1900 the total number of reported deaths was 1,039,094 (Walter F. Willcox. Death-rate of the United States in 1900. *Publications of the American Statistical Association* 1906; 10 (No. 75): 137-155).

“I leave it to you to draw your conclusions from these figures, but I am sure there are some kinds of medical practice more fatal than war and epidemics; more dangerous to human life than the battle field. ... “Since the publication of Dr. Strickler’s statistics (*Comparative Vital Statistics (1891-1895)*), the allo-paths have become suspiciously silent, and it is impossible to secure reports from any of their hospitals. ... Under the circumstances, their silence is not very mysterious, and reports, like comparisons, might be odious. ...

“In view of all these things, it becomes our highest duty to unite all our forces for the purpose of placing homeopathy where it justly and rightfully belongs before the law and in the understanding of the people. It is a duty we owe to the truth, to the world and to humanity. Through our many organizations, it ought to be possible, under well-directed effort, to convince all intelligent people that the law of homeopathy is of universal application in the treatment of disease, and that its universal adoption would result in immense saving of human life.

“Homeopathy has been held in abeyance by sheer force of numbers and the unscrupulous opposition of the old school. The time has come when we must force upon public attention the advantages to be derived from homeopathic treatment, not only among the people, but in all branches of public service, the army, the navy, and in all public institutions.

“This may seem a huge undertaking even now, but when we review the accomplishments of the past, the task will not appear impossible to those of us who believe that truth will eventually overcome all obstacles to its progress.

“The old records, showing the triumphs of homeopathy, should be brought forward and placed again and again before the public. New records should be gathered in our hospitals and from all available sources. Comparisons should be instituted, and every endeavor should be made to bring about competitive tests between the schools. We seek no advantages and ask for no favors in any such

tests, but something of this kind is demanded at this very time to convince the public that homeopathy continues to be superior as a healing method over all others. ...

“From its inception homeopathy has been obliged to withstand the most violent opposition of the old school. It has been assailed in a way that would crush anything but truth itself. No ordinary medical theory could have withstood the assaults which have been hurled against it. Its enemies have been unscrupulous and unsparing in their denunciations, but such is the vitality of the truth in homeopathy that no power on earth ever has or ever will destroy or crush it. A century of the bitterest antagonism has but served to show that the discovery of Samuel Hahnemann possesses that inherent force which we call ‘truth,’ and which is impregnable and indestructible.”<sup>520</sup>

In 1902, Dr. J. A. Kirkpatrick, professor of Pathology at the Hering Medical College in Chicago, made many important comments Dr. Strickler’s statistic in a paper entitled *Do Your Own Thinking; But First Inform Yourself* that: “Few stop to think of the consequences when they choose a doctor or recommend one to their neighbors. People of wide experience and observation who have witnessed death many times are slow to use their influence and assume so great a responsibility. ...

“But is there not danger of becoming blindly trustful when this confidence shall become the basis of credulity, which will help to perpetuate error that involves a consequent loss of life? Does not history teach that there was a time when the learned and much beloved physician, as we now know, used measures that actually hindered recovery and caused the unnecessary loss of life? ...

“It is not enough to have faith—there must be intelligence. What a person may think does not settle a question. It does not change facts. Life is fixed by laws;

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<sup>520</sup> S. S. Smythe. The demand of the hour. *Critique* 1901; 8: 81-80.

break them and you suffer. It makes no difference whether you do so through ignorance or prejudice. ...

“If a fruit grower set out 100 apple trees and 28 died, and a neighbor only lost 6 trees out of 100, think you that he would not try to find out the cause of his greater loss?

“Are you not of much more value than many trees? Every one is deeply interested in human life. Why not investigate?

“There never was a time when more accurate records were kept. They are not perfect, but there are enough to make some reliable comparisons. They are to be found in hospitals, asylums and other charitable and public institutions. ...

“Dr. Strickler, who gathered and compiled these statistics, says, ‘n any basis of calculation the allopaths sign twice as many death certificates as the homeopaths. It lies with the allopaths to explain why this is so.’ ...

“It seems almost incredible that such a difference in mortality should continue to exist in an enlightened land and age. History is simply repeating itself, for there have been many similar examples in the past that could be enumerated. Our generation is no exception; we are still fettered by ignorance and prejudice.

“Truth is mighty and will prevail, but must have an advocate. Armed with truth ‘one can chase a thousand and two put ten thousand to flight.’ ...

“‘Knowledge is power.’ It is the foundation of wisdom, understanding, righteousness and true happiness. ...

“The only hope for deliverance from medical imposition lies along the line of an increased general intelligence.

“Homeopathy deserves careful investigation. It has no secrets. Its books are open. It is founded upon law. Its principles are in harmony with the latest re-



searches in physiology and pathology. Every one should know its plan, its principles and its success.

“When a person knows the comparative value of the various forms of treatment then he will be qualified to choose a doctor for himself and recommend one to others.

“To fail to qualify ourselves is to base judgment upon mere opinion or hearsay and trifle with human life.”<sup>521</sup>

### **Summary of Results of Homeopathic Treatment of Patients with Pneumonia**

When all confounding factors, including expectancy, are taken into account, the results obtained by genuine homeopathy in the treatment of patients with pneumonia demonstrate that:

- 1) The treatment effect of homeopathy is positive.
- 2) The magnitude of the treatment effect of homeopathy is remarkable.
- 3) Homeopathy clearly saves lives (21 lives were saved out of every 100 cases of pneumonia).
- 4) Homeopathy greatly shortens the duration of the disease and the time of recovery without leaving patients weakened by the treatment.
- 5) Homeopathy offers the safest and best outcomes ever demonstrated by any system of medicine.

### **Evidence-Based Medicine and Homeopathy**

Proponents of evidence-based medicine recommend that physicians integrate the best available clinical evidence into practice;<sup>522</sup> meanwhile, the public demands access to the best that medicine can offer.

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<sup>521</sup> J. A. Kirkpatrick. Do your own thinking; but first inform yourself. *Medical Advance* 1902; 40: 131-138.

The evidence for the success of homeopathy in patients with pneumonia is not only clear and robust but is also predictable and reproducible, and that should persuade health authorities to offer homeopathic treatment to pneumonia patients at the very least. That would not require any leap of faith, since homeopathy is supported by basic science research on the UMPs, in vitro experimental research with all types of living organisms (microorganisms, yeast, cultured cells, plants, etc.), experimental research with plants, clinical and experimental research with animals, large and long-term observational studies, prospective and retrospective epidemiological studies, and well-designed and rigorous RCTs.

### **Lack of Recognition of Homeopathy**

If one school of medicine or method of treatment can demonstrate all around better results than any other method, such as high benefits, minimal harm, and low cost, one would assume that it should be recognized and universally adopted.

Soon after the NIP, in May 1919, in an address to the Illinois Homeopathic Medical Association, Dr. C. E. Sawyer, who was then the physician to U.S. President Warren G. Harding (whose father and brother were both homeopathic physicians), hoped that the results obtained by generations of homeopaths would “some day” be vindicated: “The greatest force of our past has been expressed in clinical results and this year above all others have we been able in the treatment of the dread influenza to demonstrate beyond question that Hahnemann’s theory was to become and is a wise practice, for during this winter thousands of cases under homeopathic treatment have been saved, that under less effective treatment would have died. Some day when the statistics have been completed and the records are made available homeopathy will be found still on the way, its color bearers in the forefront of

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<sup>522</sup> David L. Sackett et al. Evidence based medicine: what it is and what it isn't. *British Medical Journal* 1996; 312 (7023): 71-72.

the procession of medical progress and its destination outlined in the word ‘accomplishment,’ and where we are going from here will be expressed in the quotation, ‘All is well that ends well.’”<sup>523</sup>

In 1919, Dr. L. A. Royal of West Liberty, Iowa, while reporting the clinical outcome of CIP patients from 18 of his colleagues, which they had obtained during the NIP, emphasized the magnitude of these results: “Probably nothing since the beginning of homeopathy has done more to bring the truth of Hahnemann’s teachings before the public, than the phenomenal results that the homeopaths have had in the treatment of that terrible epidemic that swept our country in fact the entire world, with a greater number of deaths than the terrific world war that was going on at the same time.”<sup>524</sup>

The same year, Dr. H. M. Stevenson, president of the Southern Homeopathic Medical Association, pointed out the enormous value of the service that homeopathic physicians had provided to the American people during the NIP but which had hardly been noticed by the health authorities and has yet to be officially recognized by medical historians: “During the stress of war, the country was afflicted by the most ravaging epidemic of disease that has occurred in its history. In this epidemic, thousands of homeopathic physicians were called upon for unusual service, in which their efforts were blessed with exceptional success. A multitude of people, who by them were treated, will forever remember with appreciative admiration the devoted, capable service accorded. The value of homeopathic remedies in the treatment of influenza and its complications, the ability of these remedies to carry so many cases through to recovery without complications, confirmed the belief of homeopathic patrons in the work of this school; and to those who for the first time

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<sup>523</sup> C. E. Sawyer. Where do we go from here? *Clinique* 1919; 40: 223-226.

<sup>524</sup> L. A. Royal. Influenza and its results under homeopathic care in Central Iowa. *Iowa Homeopathic Journal* 1919-1920; 13: 194-198.

employed homeopathy, a creditable example of its efficiency was afforded.”<sup>525</sup>

However, despite overwhelming evidence that homeopathy is the most efficacious and safest treatment for CIP patients, its availability over time has been mostly limited to people who, through self-education, have sought the most intelligent and wisest system of medicine they could find for their family. From that perspective, *our medical and health authorities and governments have plainly failed to fulfill their responsibilities to the public.*

It is a remarkable phenomenon that although homeopathy has the best clinical record that medicine has ever produced, it has never received official recognition for its achievements. Instead of leading to a revolution in medical thinking, as it logically should have, the record of homeopathy has remained to this day *invisible* to academics, health care authorities, and governments.

Whenever they are made aware of the record of homeopathy, as in the current exchange, they retreat into an embarrassed silence, because homeopathy is taboo and is too challenging to their conception of the world. Or if they become aware of the great interest all over the world in the homeopathic healing art, they conspire to destroy homeopathy—especially where the interests of the pharmaceutical industry are at stake. Century-old beliefs and opinions are not abandoned in one day, even by the most advanced thinker; and sound evidence in favor of homeopathy is ignored, because the belief that it just can’t be true is so deeply ingrained in the critic’s mind.

After the NIP, there was only a short-lasting burst of interest in homeopathy, from physicians, students of medicine, and philanthropists—but not from governments or institutions. In 1921, Drs. Scott Runnels and Dean W. Myers, two professors of medicine at the University of Michigan, discussed this

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<sup>525</sup> H. M. Stevenson. Southern Homoeopathic Association Annual Meeting. *Clinique* 1919; 40: 396-400.

short-lasting interest in homeopathy that followed the NIP: “Despite the fact that for the past twenty-five years there has been a steady decrease in all schools of medicine, there has been no falling off in membership in the homeopathic societies of the country: a) Last year the Homeopathic Medical Society of the State of Michigan received into membership forty-eight new members, which was the largest number received in any one year of the society’s history; b) The American Institute of Homeopathy received five hundred and fifteen new members in 1920, which is also a record; c) The present student body in the Homeopathic Medical School of the University of Michigan, which was reduced by advanced entrance requirements and the war, is showing a marked growth, the freshman class being twice that of the sophomore, while it, in turn, is nearly double that of the junior.”<sup>526</sup>

However, beyond that short-lasting interest, homeopathy did not receive the necessary support in America to sustain its growth and development into the twentieth century. It is a remarkable situation, for most of the arts and sciences, such as medicine, law, and engineering, not only benefit from the moral support of official institutions, but have also found protection and financial support both from state governments and private philanthropists.

Instead of multiplying, however, medical schools in the U.S. that were teaching homeopathy continued to close their doors one by one after the NIP. In a 1922 hearing before the Board of Regents of the University of Michigan, Dr. Royal Copeland, Commissioner of Health of New York City, who was opposing the amalgamation of the homeopathic and the regular medical departments, said, “No university is doing its duty unless it perpetuates the teaching of homeopathy. ... Gentlemen, I think you are under moral obligation and probably legal obligation to the City of Ann Arbor to maintain a homeopathic hospital so long as you make use of the ‘Smith property,’ the five acres giv-

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<sup>526</sup> Scott Runnels, Dean W. Myers. Is there but one school of medicine? *Journal of the American Institute of Homeopathy* 1921-22; 14: 990-1001.

en for the homeopathic hospital. ... The popular vote was on raising ‘Funds for or against homeopathic hospital grounds.’ The result stood 656 to 16, I believe, and this practically unanimous vote was intended to show the State of Michigan that the City of Ann Arbor desires to have a homeopathic hospital perpetually. Aside from all these historical, economical and legal features of the controversy, has homeopathy a place and does it continue to deserve public confidence and support? The people of this state have said so for 70 years.”<sup>527</sup> Soon after, the homeopathic department was amalgamated into the regular medical program of the University of Michigan and homeopathy was slowly but surely phased out of the university.

The same year, in 1922, in a letter addressed to alumni for raising money to ensure the continuation of their alma mater, Dr. William H. Dieffenbach, professor of Physical Therapeutics at the New York Homeopathic Medical College, wrote that, by supporting homeopathy, *people were essentially helping to save lives*: “Homeopathy has done so much for humanity. ... The statistics of the recent epidemics of influenza and pneumonia have again called attention to the superiority of homeopathic medicine in infectious diseases in which it has always been preeminent. Thousands of lives would have been spared if homeopathy had been generally practiced in these epidemics. ... In pneumonia, the general death rate is from twenty-five to sixty-five percent. Many homeopathic prescribers treat scores of pneumonias without losing one case. Answering a recent questionnaire, over five hundred cases of pneumonia were reported by homeopaths with only nine deaths, and nearly all of those nine who died had had aspirin or other coal-tar products before the homeopaths were called in. ... In view of these facts and considering that every advance in medicine receives due recognition and study in our college ..., I am convinced that I can appeal to you for assistance in so worthy a

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<sup>527</sup> Royal S. Copeland. Amalgamation of the homeopathic and regular departments of the University of Michigan. *Journal of the American Institute of Homeopathy* 1921-1922; 14: 959-969.

cause. We are, at the college, teaching *all branches of medicine plus homeopathic* medication. This *plus* [homeopathy] may be the means of saving a life dear to you and no money or gift can recompense for such an achievement.”<sup>528</sup>

Fourteen years later, in 1936, the New York Homoeopathic Medical College was renamed the New York Medical College, marking the end of 76 years of homeopathic medical education in New York City.

It is perhaps fair to say that this lack of recognition was partly the fault of the homeopaths themselves, who had neglected to publicize their record. After the first wave of the NIP, Dr. William Boericke of the University of California remarked, “It seems to us that the homeopathic school, with very few exceptions, has missed its great opportunity afforded by the influenza epidemic in not calling attention more publicly through the daily press and to the people at large to the unquestionable value and superiority of homeopathic remedies in meeting all the medicinal requirements of the disease.”<sup>529</sup>

At about the same time, Dr. C. C. Wiggin of Osage, Iowa, wrote in an editorial in the *Iowa Homeopathic Journal* that homeopaths had however a good excuse: “The homeopaths have been so busy looking after patients and curing them *with medicine*, that they have not given any serious thought to the future of our school. We have never thought that state or federal laws might be enacted making it impossible for us to continue in our placid course. But the lessons we have learned from the Great War are beginning to have their effect. If we wish to live as a school of medicine, if we wish to continue to prove ourselves the most successful, efficient exponents of the healing art, if we wish to continue undisturbed in our every day practice of medicine as we understand and believe in it, we must fight just as earnestly and persis-

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<sup>528</sup> William F. Dieffenbach. For alumni of the New York Homeopathic Medical College. *Journal of the American Institute of Homeopathy* 1921-1922; 14: 862-864.

<sup>529</sup> William Boericke. Editorial notes. *Pacific Coast Journal of Homoeopathy* 1918; 29: 588.

tently as did the allied armies against Prussian autocracy. We must show that we have a right to live, to exist as equals to any in the medical world. We are 'up against' a medical autocracy, aggressive, intolerant, and intent on ruling the medical world. ... Ignorance and prejudice are serious obstacles to overcome, but constantly and consistently keeping in mind the necessity for education and enlightenment is absolutely necessary for progress. The majority of the dominant school are yet sophomores in the art of healing. We cannot compel them to accept our views in therapeutics, but we can create a public demand for physicians skilled in homeopathic methods of healing. The laity will then demand a respectful investigation of our methods."<sup>530</sup>

A complete analysis of all the factors that prevented homeopathy from receiving recognition for its accomplishments would be a most worthwhile endeavor by medical historians, and one that would contribute to a better understanding of the mistakes our societies made in the past and continue to make today.

Moreover, the irrefutable success of homeopathy should entice scientific minds to decipher facts from opinions and beliefs. These facts demand that genuine homeopathy be offered, at the very least, to *seriously sick* patients, particularly those with infectious and inflammatory diseases.

It would only be logical to offer homeopathy to patients suffering from conditions having a high morbidity and mortality. For example, there is no known effective antiviral drug for patients presenting with some types of acute encephalitis syndromes that are endemic in India, where there are about 68,000 cases a year and 24,000 deaths. In an observational study with 151 children, parental acceptance was given in 121 cases to receive homeo-

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<sup>530</sup> C. C. Wiggin. "Medicine has gone out of style." *Iowa Homeopathic Journal* 1919-1920; 13: 141-143.



pathic treatment. In the 30 other children, parental acceptance was not given. In the group receiving homeopathic treatment, morbidity, mortality, and recovery time were all reduced. Many parameters were statistically significant: there was 20% versus 60% mortality for the homeopathic and allopathic group, respectively. Full recovery was found in 60% versus 22% in favor of the homeopathic group.<sup>531</sup> Why would any physician hesitate to offer homeopathy to all such patients the world over? And yet few physicians have the courage to take such a giant leap forward for the sake of patients who are dying from infectious conditions. Physicians are so prejudiced against homeopathy that they refuse to apply its principles and practice, despite the scientific evidence and despite their mandate to heal their fellow human beings through the best available methods.

History teaches that in medicine, reputation and prestige have often taken precedence over truth and science. Citizens should be more aware of the incompetence of their authorities, who claim to provide them with good medical care, but are in fact preventing them from obtaining the best that medicine can offer. This is ethically unacceptable and calls for a revolution in awareness of this situation and a demand for what is just and right for all.

### **Lack of Recognition by the Armed Forces**

Dr. Carol R. Byerly, historian for the Office of the Army Surgeon General, wrote recently<sup>532</sup> about the effect that influenza had on the U.S. Armed Forces (USAF) during WWI: “By the War Department’s most conservative count, influenza sickened 26% of the Army—more than one million men—and killed almost 30,000 before they even got to France. On both sides of

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<sup>531</sup> Ray Kumar Manchanda. Effectiveness of homeopathic treatment as add on to institutional management protocol for acute encephalitis syndrome in children: An observational comparative study. Paper presented at the 69th Congress of the Liga Medicorum Homœopathica Internationalis, Paris, France, July 16, 2014.

<sup>532</sup> Carol R. Byerly. The U.S. military and the influenza pandemic of 1918-1919. *Public Health Reports* 2010; 125 (supplement 3): 82-91.

the Atlantic, the Army lost a staggering 8,743,102 days to influenza among enlisted men in 1918. The Navy recorded 5,027 deaths and more than 106,000 hospital admissions for influenza and pneumonia out of 600,000 men, but given the large number of mild cases that were never recorded, Braisted put the sickness rate closer to 40%.”<sup>533</sup>

It was recognized that, with rare exceptions, soldiers who died from influenza actually died from pneumonia. Epidemiologists that were sent to Camp Upton to study the epidemic reported: “Secondary bronchopneumonia, with its complications and sequelae, was the sole cause of death in the influenza epidemic. The mortality for pneumonia (including its complications and sequelae) secondary to influenza, calculated to Jan. 1, 1919, was as follows: for the whole period of the primary and secondary epidemics (from September 13 to November 30, inclusive), 28.70 percent. ... Pneumonia, therefore, was the one danger that threatened life. Pneumonia developed in over one fifth of all cases of influenza, and killed almost one third of those it attacked.”<sup>534</sup>

It is tragic that the story of homeopathy was not given its due in the history of the great advances in medicine or in the military, whose personnel could have benefited so greatly from it during the NIP. Just imagine how many of those young men would have avoided the fate that was awaiting them if homeopathy had been implemented in the army. In less than one year more people died in the NIP than in any war or famine in the entire history of humanity.<sup>535</sup>

One can only imagine the contribution which homeopathy would have made to the destiny of a nation that had institutionalized homeopathy.

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<sup>533</sup> Ibid.

<sup>534</sup> I. P. Lyon, C. F. Tenney, L. Szerlip. Some clinical observations on the influenza epidemic at Camp Upton. *Journal of the American Medical Association* 1919; 72: 1726–9.

<sup>535</sup> Achievements in public health, 1900–1999: Control of infectious diseases. *MMWR* 1999; 48 (29): 621–629.

Considering the mass of evidence favoring homeopathy as a system of medicine from every point of view examined, it is incomprehensible that governments and the armed forces in particular have not made homeopathy universally accessible to its population and its soldiers. Is the evidence so far produced in this paper, which represents a small fraction of the existing evidence, not sufficient reason to conduct, at the very least, an unbiased and thorough investigation into the benefits homeopathy might have to offer? In the armed forces, the extraordinary results obtained by homeopathy continued to be largely ignored after the NIP. Soon after WWI, the International Hahnemannian Association (IHA) passed a resolution based on the following recommendation of their president: “When the Surgeon General called for fifteen hundred medical men from the homeopathic school, the fifteen hundred were supplied, but no organized effort was made to have the homeopathic remedies supplied and consequently in most cases our men were not permitted to use them. I recommend therefore that this association pass a resolution calling to the attention of Congress the remarkable difference in the death rates between the influenza cases treated homeopathically and the influenza cases treated with other drugs, and requesting of Congress that our polychrest remedies be added to the Manual of Drugs used in all army and navy hospitals and that we as a School be recognized in government service.”<sup>536</sup>

That resolution and a number of others were sent to the Surgeon General of the United States Army,<sup>537</sup> which in reply requested more information and data about mortality rates during the influenza epidemic.<sup>538</sup> The IHA sent the information, but no more interest was expressed by the Surgeon General.

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<sup>536</sup> D. C. MacLaren. President’s address. *Proceedings of the International Hahnemannian Association* 1919; 13-18.

<sup>537</sup> Business minutes. *Proceedings of the International Hahnemannian Association* 1919: 22.

<sup>538</sup> R. F. Rabe. Editorial. The International Hahnemannian Association. *Homoeopathic Recorder* 1919; 34: 434.

Presumably any further communication was blocked by powerful opposition behind the scenes, as no doubt had happened in the past when homoeopaths demanded to be fully recognized and integrated into the USAF.

So once again, when the United States went to war, this time in 1939, it went without the benefit of homeopathy. Upon the outbreak of WWII, Dr. Hoyle (now 78 years old) and his wife offered their services to the French Red Cross. Dr. Hoyle wrote, “They at once and courteously replied that they had examined our records, which were fully satisfactory, but that they had over 300,000 beds ready, and all fully staffed, etc.,” but without offering the option of homeopathic system to their soldiers.

Decades after the NIP, Dr. Dorothy Shepherd of London, England, further pointed out that results obtained with homeopathy tend to attract very little attention and be quickly forgotten; “It is a pity that these figures which show such staggering differences are never referred to or made known to the general public. A system of treatment which cures people so rapidly and thoroughly is well worth investigation in my opinion. The trouble is firstly ignorance of the true facts of the case, secondly disbelief in their truth, and thirdly, as far as the doctors are concerned, the great difficulty is differentiating between the various remedies needed to cure a sick person rapidly and efficiently.”<sup>539</sup>

This arrogance in thoughtlessly brushing off homeopathy is tragic, because losing patients with pneumonia is rare under genuine homeopathy, whereas it is commonplace under allopathy. At the very least, the armed forces should be independent of the influence of the bio-medical industry that endangers their soldiers. With the massive budgets they have at their disposal, it is dis-

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<sup>539</sup> Dorothy Shepherd. *Homoeopathy in Epidemic Diseases*. Essex: Health Science Press, 1967: 51-52.

graceful that the armed forces have never conducted their own inquiry into homeopathy.

Homeopaths have said it all, but perhaps not loudly and persistently enough. In January 1918, a few months before the first wave of the NIP hit army camps throughout the nation and abroad, Dr. George H. Martin, who had been an assistant surgeon in a large army hospital, wrote in the *Pacific Coast Journal of Homoeopathy* how the armed forces would most likely benefit from homeopathy: “Measles and pneumonia are at present epidemic in many of the training camps and the mortality is high. It is in just such diseases that old school treatment often fails and homeopathy is successful. When this fact is proved in the army, and has become a matter of military record, homeopathic treatment will be more generally used and will help tremendously in lowering the mortality in these diseases, and, in consequence, will aid materially in increasing the efficiency of the army. ...

“It is deplorable that so many of our young men are dying from the effects of these two diseases even before they get out of their own country. Camp conditions, as well as improper clothing, have a great deal to do with the causation of these diseases, but, after the soldier is stricken, then the treatment begins, and it is here that we can show our results. ...

“When the army goes to the front, and the diseases incidental to actual warfare develop, then again the homeopathic physician will have a wonderful opportunity to demonstrate the effectiveness of his system of treatment. Never before in the history of war has there been such enormous numbers of men made insane during battle, or their nervous systems so completely disorganized as during the present conflagration. The effect of decompression from high explosives is shattering both mind and body, and the continual and terrific roar of heavy artillery is crazing men by the thousands. In such cases the soothing and quieting effect of homeopathic treatment would be invaluable.

able and restore many so affected to normal. In surgical cases from battle wounds there is always more or less shock to the nervous system. If this effect of shock upon the nervous system be treated by the proper homeopathic remedy, recovery from the wound will be tremendously enhanced.

“It is not that we so much desire to impress the value of homeopathic treatment upon the medical corps of the army that we wish for the opportunity to use it, but to give to the millions of men suffering from disease and wounds the benefit of its wonderful efficiency. We who are homeopathic physicians, and the millions of patrons of homeopathy throughout the world, know full well what it will do; for it is no experiment with us; it is a proved fact, and we should like to have those men who are giving so much, and who will give so much more for the cause for which they are fighting, to have the benefit of it. Many there are in the ranks who prefer this system of treatment but cannot get it. Let, therefore, those homeopathic physicians who are already in the service, and those who may be in the future, use every effort and spare no pains to give to those who so sorely need it the benefit of their peculiar knowledge of drug effect according to the homeopathic law of cure.”<sup>540</sup>

Unfortunately, homeopathy was never given this opportunity. Moreover, homeopathic physicians who had enlisted in the USAF were discriminated against in their use of homeopathy. Homeopathic physicians serving in the armed forces could request only a fraction of the remedies they used in their daily practice.<sup>541</sup>

Such discrimination against homeopathic physicians by the American armed forces took place at a time when a large part of the American population, and therefore its soldiers, were being treated homeopathically. A 1915 survey about the medical faith of the population revealed that 35.5% used homeopathy and

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<sup>540</sup> Geo. H. Martin. The homoeopathic physician and war service. *Pacific Coast Journal of Homoeopathy* 1918; 29: 31-33.

<sup>541</sup> Ibid.

48.5% were favorably disposed toward it.<sup>542</sup> It is even more striking when we consider that up to 1920 it was estimated that one-third of the wealth of the United States was controlled by patrons of homeopathy.<sup>543</sup>

### **Soldiers Who Died of Pneumonia Were among the Most Fit in the Nation**

During WWI, members of the USAF were undoubtedly among the fittest young men in the nation, for in order to enlist, they had to go through two physical examinations, and only 65% passed both of them.<sup>544</sup>

Nevertheless, during the war, 51% of all deaths in the armed forces and 43% of all deaths in the army were due to disease and 85% of those deaths were due to pneumonia.<sup>545</sup> Had genuine homeopathy been universally employed by the USAF, some 42,000 members of armed forces who died would likely have survived.

Prejudice can have fatal consequences; the members of the U.S Armed Forces were betrayed by the prejudice and ignorance of their superiors, who did not provide them with the best available medical care and protection from disease. If they had done so, many of the horrors of WWI due to disease could have been avoided: “The disease at Camp Upton was equal in intensity and virulence to that at the other neighboring camps mentioned. The impression received in going through our pneumonia wards (holding at one time about 900 patients) was one of horror at the frightfulness of the sight of the hopelessly sick and dying and at the magnitude of the catastrophe that had stricken wholesale the young soldiers prepared to face another enemy but helpless before this insidious one.

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<sup>542</sup> Arminda C. Fry. The influence of homeopathy. *North American Journal of Homoeopathy* 1918; 66: 413-414.

<sup>543</sup> W. A. Pearson. Endowments. *Journal of the American Institute of Homeopathy* 1920-1921; 13: 1028.

<sup>544</sup> Leonard P. Ayres. *The War with Germany. A Statistical Summary*. Washington: Government Printing Office, 1919, 20.

<sup>545</sup> *Ibid.*, 11, 122-123, 126.

The memory of this sight will haunt for life the minds of those who saw it.”<sup>546</sup>

In January 1919, Dr. L. D. Rogers, editor of the *North American Journal of Homeopathy*, asked two thought-provoking questions in reference to the case of a Chicago soldier at Camp Grant who had refused to be inoculated against typhoid and was therefore condemned to 25 years in the disciplinary barracks at Port Leavenworth: “Any line of treatment or procedure which conserves the health of the great mass of the public should be enforced. ... During the world pandemic of influenza, the death rate under regular orthodox treatment has been simply enormous, while under regular homeopathic treatment it has been very small. Hundreds of homeopathic physicians have treated hundreds of cases without the loss of a single individual. Why should not the Government also compel every individual having influenza to be treated homeopathically. Why not imprison physicians for failing to prescribe homeopathically in flu and pneumonia?”<sup>547</sup>

Dr. J. W. Means of Troy, Ohio, accused the allopaths of “entrenched ignorance and bigotry” for not making a step towards homeopathy: “In the treatment of the recent epidemic of influenza among the soldiers and laity, the mortality was so great under allopathic treatment, that the leading medical journal of the United States called attention to the fact and asserted editorially in said journal, that the medical profession should be indicted for murder.”<sup>548</sup>

### **Deaths Caused by Iatrogenic Diseases**

For more than 200 years homeopathy has been practiced with a complete absence of iatrogenesis. Meanwhile, it was being denounced as quackery by its opponents, whose system of medicine is plagued by iatrogenesis. In fact, iatrogen-

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<sup>546</sup> I. P. Lyon, C. F. Tenney, L. Szerlip. Some clinical observations on the influenza epidemic at Camp Upton. *Journal of the American Medical Association* 1919; 72: 1726–9.

<sup>547</sup> L. D. Rogers. Chicago soldier gets long sentence. *North American Journal of Homeopathy* 1919; 67: 1.

<sup>548</sup> J. W. Means. Why, homeopathy? *Central Journal of Homeopathy* 1922; 2 (11): 11-12.



esis is such an essential issue in medicine that it should be at the forefront of any informed health-care decision.

Because allopathy depends on crude doses of toxic drugs that disturb the normal physiology of the body, it is continually plagued by high iatrogenesis. And since it relies so greatly on surgery and procedures that are palliative, instead of dealing with the causes of disease, it will continue to be plagued with unnecessary and unacceptable morbidity and mortality from iatrogenesis, which is intrinsic to such a way of practicing medicine.

For instance, a study published in 2004 reported that the incidence of perioperative myocardial infarction, stroke, and death in patients receiving carotid angioplasty and stenting was found to be 6.7%.<sup>549</sup> In 11 large carotid stent series that excluded very high-risk cohorts, the overall reported rate of procedure-related mortality rates was 0.6% to 4.5%, major stroke rates 0% to 4.5%, minor stroke 0% to 6.5%, and a six-month restenosis rate about 5%.<sup>550</sup>

In-hospital mortality associated with coronary stents and other percutaneous coronary intervention (PCI) is 1.13%,<sup>551</sup> and with bypass surgery is 3.5%.<sup>552</sup> The number of strokes occurring during a PCI is 1.3%,<sup>553</sup> and 0.5% for heart at-

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<sup>549</sup> North American Symptomatic Carotid Endarterectomy Trial Collaborators. Beneficial effect of carotid endarterectomy in symptomatic patients with high-grade carotid stenosis. *New England Journal of Medicine* 1991; 325 (7): 445-453.

<sup>550</sup> Randall T. Higashida, et al. Reporting standards for carotid artery angioplasty and stent placement. *Stroke* 2004; 35 (5): e112-e134.

<sup>551</sup> Alan S. Go, Dariush Mozaffarian, Veronique L. Roger, Emelia J. Benjamin, Jarett D. Berry, Michael J. Blaha, Shifan Dai et al. Heart disease and stroke statistics--2014 update: a report from the American Heart Association. *Circulation* 2014; 129 (3): e28-e292.

<sup>552</sup> Julia S. Holmes, Lola Jean Kozak, Maria F. Owings. Use and in-hospital mortality associated with two cardiac procedures, by sex and age: national trends, 1990-2004. *Health Affairs* 2007; 26 (1): 169-177.

<sup>553</sup> Jeffrey T. Guptill, Rajendra H. Mehta, Paul W. Armstrong, John Horton, Daniel Laskowitz, Stefan James, Christopher B. Granger, Renato D. Lopes. Stroke After Primary Percutaneous Coronary Intervention in Patients With ST-Segment Elevation Myocardial Infarction Timing, Characteristics, and Clinical Outcomes. *Circulation: Cardiovascular Interventions* 2013; 6 (2): 176-183.

tacks.<sup>554</sup> The average hospital cost is around \$70,000 for each PCI and \$150,000 for each bypass surgery.<sup>555</sup> In 2006, the American Heart Association estimated that about 1.3 million PCI and 450,000 bypass surgeries were performed annually in the US,<sup>556</sup> which means that every year in the US, nearly 30,000 people die and another 50,000 suffer severe complications from those two procedures alone, and at a staggering cost of about \$160 billion.

This is unjustifiable, because cardiovascular disease is on the whole preventable and reversible with a change of diet and lifestyle, at a fraction of the cost, and with extra benefits that include a great reduction in obesity, diabetes and cancer.<sup>557,558</sup>

Dr. Michael Greger, a founding member of the American College of Lifestyle Medicine, made pertinent comments on this issue, “Preventive medicine, is, frankly, bad for business.... When the underlying lifestyle causes are addressed, patients often are able to stop taking medication or avoid surgery. We spend billions cracking people’s chests open, but only rarely does it actually prolong anyone’s life. In contrast, how about wiping out at least 90% of heart disease? ...

“So why don't more doctors do it? ... Well, one reason is doctors don't get paid for it. No one profits from lifestyle medicine, so it is not part of medical education or practice. ...

“After Dr. Dean Ornish proved you could reverse our #1 cause of death, heart

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<sup>554</sup> Sripal Bangalore, Seema Pursnani, Sunil Kumar, Pantelis G. Bagos. Percutaneous coronary intervention versus optimal medical therapy for prevention of spontaneous myocardial infarction in subjects with stable ischemic heart disease. *Circulation* 2013; 127: 769-781.

<sup>555</sup> Alan S. Go, Dariush Mozaffarian, Veronique L. Roger, Emelia J. Benjamin, Jarett D. Berry, Michael J. Blaha, Shifan Dai et al. Heart disease and stroke statistics--2014 update: a report from the American Heart Association. *Circulation* 2014; 129 (3): e28-e292.

<sup>556</sup> Dean Ornish. Intensive lifestyle changes and health reform. *Lancet Oncology* 2009; 10 (7): 638-639.

<sup>557</sup> Dean Ornish et al. Intensive lifestyle changes for reversal of coronary heart disease. *Jama* 1998; 280 (23): 2001-2007.

<sup>558</sup> Caldwell B. Esselstyn. Resolving the coronary artery disease epidemic through plant-based nutrition. *Preventive Cardiology* 2001 4 (4): 171-177.

disease, open up arteries without drugs, without surgery, just with a plant-based diet and other healthy lifestyle changes, he thought that his studies would have a meaningful effect on the practice of mainstream cardiology. After all, a cure for our #1 killer! But, he admits, he was mistaken. Physician reimbursement, he realized, is a much more powerful determinant of medical practice than research.”<sup>559</sup>

In fact, Dr. Dean Ornish et al. wrote in 2009, “Despite these costs [for PCI and bypass surgeries], many studies, including one last month in the *New England Journal of Medicine*, reveal that angioplasties and stents do not prolong life or even prevent heart attacks in stable patients (i.e., in 95 percent of those who receive them). Coronary bypass surgery prolongs life in less than 2 to 3 percent of patients who receive it. In contrast, the INTERHEART study, published in the *Lancet* in 2004, followed 30,000 people and found that changing lifestyle could prevent at least 90% of all heart disease. Think about it, heart disease accounts for more premature deaths and costs Americans more than any other illness and is almost completely preventable simply by changing diet and lifestyle. The same lifestyle changes that can prevent or even reverse heart disease can prevent or reverse many other chronic diseases as well.

“It is not part of medical education; it is not part of medical practice. Presently, however, physicians lack training and financial incentives to help people learn how to eat a healthy diet, exercise, stop smoking, manage their weight, or address the effects of environmental toxins. So they continue to do what they know how to do: prescribe medication and perform surgery.”<sup>560</sup>

In this context, Dr. Greger addressed the patronizing and unscientific attitude of orthodox medicine toward the public, which is not unlike their desire to dictate

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<sup>559</sup> Michael Greger. Lifestyle Medicine: Treating the Causes of Disease. Volume 15, November 4, 2013. <http://nutritionfacts.org/video/lifestyle-medicine-treating-the-causes-of-disease/>

<sup>560</sup> M. A. Hyman, D. Ornish, M. Roizen. Lifestyle medicine: treating the causes of disease. *Alternative Therapies in Health and Medicine* 2009; 15(6): 12-4.

what treatments people should have access to: “There’s been controversy, though, as to whether the trans fats naturally found in animal products are as bad as the synthetic fats in partially hydrogenated junk food. The latest study supports the notion that trans fat intake, irrespective of source—animal or industrial—increases cardiovascular disease risk, especially, it appears, in women.

“‘Because trans fats are unavoidable on ordinary, non-vegan diets, getting down to zero percent trans fats would require significant changes in patterns of dietary intake,’ reads the NAS [National Academy of Sciences] report. One of the authors, the Director of Harvard’s Cardiovascular Epidemiology Program, explained why—despite this—they didn’t recommend a vegan diet: ‘We can’t tell people to stop eating all meat and all dairy products,’ he said. ‘Well, we could tell people to become vegetarians,’ he added. ‘If we were truly basing this only on science, we would, but it is a bit extreme.’ Wouldn’t want scientists basing anything on science, now would we?”<sup>561</sup>

As well as not dealing with the fundamental causes of diseases, the official system of medicine is responsible for a vast amount of morbidity and mortality, which however doesn’t seem to be of much concern to the medical profession, health authorities, governments, or the public. Probably very few people outside the medical profession are even aware of it.

In 1955, Dr. David P. Barr of New York was the first one to raise the alarm about the dangers and extent of iatrogenic diseases, in an article called *Hazards of Modern Diagnosis and Therapy—the Price to Pay*. He wrote: “Therapeutic preparations are confusingly numerous and varied. In the lists of 1953, more than 140,000 medicaments were available to practitioners, and 14,000 new preparations were added during the year. Accretion is still far greater than deletion, although it has been estimated that perhaps 90% of drugs now in common use

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<sup>561</sup> Michael Greger. Trans-fat in animal fat. <http://nutritionfacts.org/2014/02/27/trans-fat-in-animal-fat/>

have been introduced within the last 25 years. ... In a medical service of a great hospital, over a period when approximately 1,000 patients were admitted, more than 50 major toxic reactions and accidents [ $>5\%$ ] consequent to diagnostic or therapeutic measures were encountered.”<sup>562</sup>

In 1964, Dr. E. M. Schimmel of Yale University School of Medicine confirmed Dr. Barr’s startling statistics in a paper called *The Hazards of Hospitalization*: “During the 8-month study, 1,014 patients were admitted one or more times to the medical service, for a total of 1,252 admissions. The house staff recorded 240 episodes occurring in 198 different patients.” Thus, 20% of patients admitted to a university hospital medical service suffered one or more iatrogenic incidents, and 20% of those incidents were serious or fatal.<sup>563</sup>

In 1981, Dr. Knight Steel et al. from Boston University Medical Center likely sounded the most disturbing alarm. In a thorough five-month *prospective* study, they reported, “We found that 36% of 815 consecutive patients on a general medical service of a university hospital had an iatrogenic illness. In 9% of all persons admitted, the incident was considered major in that it threatened life or produced considerable disability. In 2% [15 patients] of the 815 patients, the iatrogenic illness was believed to contribute to the death of the patient.” “Major toxic reactions” greater than the 5% previously reported by Dr. Barr were now found to be 9%. The authors pointed out the inertia of the system and the total lack of progress since Drs. Barr and Schimmel had reported the same problem 28 and 17 years earlier respectively.<sup>564</sup>

Ten years later, in 1991, the Harvard Medical Practice Study looked at iatrogenic incidents in patients hospitalized in New York State in 1984. They found that nearly 4% of patients suffered an injury that prolonged their hos-

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<sup>562</sup> David P. Barr. Hazards of modern diagnosis and therapy: the price we pay. *Journal of the American Medical Association* 1955; 159: 1452-1456.

<sup>563</sup> E. M. Schimmel. The hazards of hospitalization. *Annals of Internal Medicine* 1964; 60: 100-110.

<sup>564</sup> Knight Steel, P. M. Gertman, C. Crescenzi, J. Anderson. Iatrogenic illness on a general medical service at a university hospital. *New England Journal of Medicine* 1981; 304: 638-642.

pital stay or resulted in measurable disability. That was 98,609 patients in one year alone. Nearly 14% of these incidents proved fatal. They postulated that if this rate of iatrogenesis was extrapolated for the United States, then 180,000 people were dying each year as a result of iatrogenic injury occurring in hospitals, which is the equivalent of three jumbo jets crashing every two days. Again, the researchers pointed out the lack of improvement and the inertia in the system in first reporting iatrogenic incidents, and secondly in striving to prevent them.<sup>565,566</sup>

When MedWatch was introduced in 1993, it was recognized that “only about 1% of serious iatrogenic events are reported to the FDA.”<sup>567</sup>

A 1997 study found that there were close to 199,000 reported deaths related to the side effects of *well-prescribed* drugs in *non-hospitalized* patients,<sup>568</sup> which would have then constituted by itself the third leading cause of deaths in the United States.<sup>569</sup>

The problem of iatrogenesis is always found to be much larger in prospective studies and more so in the ones that are long-term than it is in voluntary reporting. A 1998 article entitled *Time to Act on Drug Safety*, written by a team of American epidemiologists, including a member of the FDA’s drug safety advisory committee, reported, “Discovering new dangers of drugs after marketing is common. Overall, 51% of approved drugs have serious ad-

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<sup>565</sup> T. A. Brennan, L. L. Leape, N. M. Laird, L. Hebert, A. R. Localio, A. G. Lawthers, J. P. Newhouse, P. C. Weiler, H. H. Hiatt. Incidence of adverse events and negligence in hospitalized patients. *New England Journal of Medicine* 1991; 324: 370-376.

<sup>566</sup> L. Leape, B. Troyen, L. Nan, A. G. Lawthers, A. R. Localio, B. A. Barbes, L. Herber, J. P. Newhouse, P. C. Weiler, H. Hiatt. The nature of adverse events in hospitalized patients, results of the Harvard Medical Practice Study II. *New England Journal of Medicine* 1991; 324: 377-384.

<sup>567</sup> D. A. Kessler. Introducing MEDWatch. *Journal of the American Medical Association* 1993; 269: 2765-2768.

<sup>568</sup> Jeffrey A. Johnson, J. Lyle Bootman. Drug-related morbidity and mortality and the economic impact of pharmaceutical care. *American Journal of Health-System Pharmacy* 1997; 54 (5): 554-558.

<sup>569</sup> S. N. Weingart, R. M. Wilson, R. W. Gibberd, B. Harrison. Epidemiology and medical error. *BMJ* 2000; 320: 774-777.

verse effects not detected prior to approval.”

The epidemiologists reported that in 1994, the FDA received just 3,863 (5.2%) of 73,887 reports of adverse reactions directly from physicians. They wrote, “A major weakness of spontaneous anecdotal reporting is that it is difficult or impossible to estimate reliably how often adverse events might be occurring since, according to FDA estimates, only about 1% of adverse events are ever reported. For example, toxic effects of digoxin, including a particularly serious arrhythmia, are well documented. The average of 82 adverse reaction reports received by the FDA each year for digoxin suggests that this known risk does not pose a problem. However, a systematic study of Medicare records disclosed 202,211 hospitalizations for digoxin adverse effects in a 7-year period [a 0.3% rate of reporting]. ... The monitoring system based on spontaneous reports is also incapable of detecting many important potential dangers of approved drugs. For example, if a drug causes an event that might be expected as part of the natural history of the disease being treated, the spontaneous detection system fails. It is not capable of detecting that flosequinam increases mortality in congestive failure, or that flecainide and encainide can cause cardiac arrest. A spontaneous reporting system also cannot capture adverse effects that manifest themselves as a disease with high prevalence or with a long delay between exposure and clinical manifestation. Cancer is the classic example. While the spontaneous reporting makes a valuable contribution, it provides only a fraction of [the] information required to develop programs to protect the public from health risks of marketed drugs.”<sup>570</sup>

In 1999, a team from Boston and Stanford Universities estimated conservatively that 16,500 patients with rheumatoid arthritis or osteoarthritis were dying every year in the United States just from the use of nonsteroidal anti-

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<sup>570</sup> T. J. Moore, B. M. Psaty, C. D. Furberg. Time to act on drug safety. *Journal of the American Medical Association* 1998; 279: 1571-1573.

inflammatory drugs (NSAID).<sup>571</sup> If these deaths from gastrointestinal toxic effects caused by NSAID were tabulated separately in the National Vital Statistics Reports, it would constitute the 15th most common cause of death in the United States. Yet these toxic effects remain largely a “silent epidemic,” *with many physicians prescribing and most patients using these drugs totally unaware of the magnitude of the problem.* Incidentally, iatrogenesis is never shown as a cause of mortality in the United States in the annual report of the Centers for Disease Control (CDC). The CDC has been asked several times why that is, but it has never given an answer.

In 1999, the Institute of Medicine (IOM) published a monograph in which it wrote, “Health care in the United States is not as safe as it should be—and can be.” It estimated that 106,000 *hospitalized* patients were dying every year from the side effects of *properly* prescribed medications. That would make iatrogenesis the eighth leading cause of death in the United States.<sup>572</sup> The same study also estimated that medical errors accounted for between 44,000 and 98,000 deaths and as many as 1,000,000 unnecessary injuries every year in the United States.

When it was argued that this report exaggerated the incidence of iatrogenesis,<sup>573</sup> Dr. Lucian Leape, the leading researcher of the Harvard Study, replied, “Three reasons suggest that the IOM report did not exaggerate the extent of medical injury and death. First, despite the limits of record reviews, it is unlikely the reviewers found adverse events that did not exist. However, they undoubtedly missed some that did occur because many adverse events and errors are never recorded in the medical record, either because they are

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<sup>571</sup> M. M. Wolfe, D. R. Lichtenstein, G. Singh. Gastrointestinal toxicity of nonsteroidal antiinflammatory drugs. *New England Journal of Medicine* 1999; 340: 1888-1899.

<sup>572</sup> L. T. Kohn, J. M. Corrigan, M. S. Donaldson. *To Err Is Human: Building a Safer Health System.* Washington, D.C.: National Academy Press, 1999.

<sup>573</sup> J. C. McDonald, M. Weiner, S. L. Hui. Deaths due to medical errors are exaggerated in Institute of Medicine report. *Journal of the American Medical Association* 2000; 284: 93-95.



concealed or not recognized. Other errors are discovered after the patient is discharged. In fact, in the Medical Practice Study, an additional 6% of hospital-caused adverse events were discovered after discharge, but were excluded from the analyses because they were an unknown fraction of all such events. Therefore, any record-review study produces at best a 'lower bound.'

"Second, neither of the large studies examined the extent of injuries that occur outside of the hospital. More than half of surgical procedures (numbering now in the tens of millions) take place outside of a hospital setting, and the adverse event rates for these procedures have not been studied. Even if complication and death rates are much lower than in hospital care, the absolute numbers must be substantial, as suggested by the recent report of deaths associated with liposuction.

"Third, when prospective detailed studies are performed, error and injury rates are almost invariably much higher than indicated by the large record-review studies. In a large study of patients who died from acute myocardial infarction, pneumonia, or cerebrovascular accident (conditions that account for 36% of all hospital deaths), DuBois and Brook found that 14% to 27% of deaths were preventable. Andrews et al. found that 17% of intensive care unit patients had preventable serious or fatal adverse events. The Centers for Disease Control and Prevention estimates that 500,000 surgical-site infections occur each year. One large controlled study found the excess mortality rate of surgical-site infections to be 4.3%, suggesting 20,000 deaths annually from this cause alone. These data are strong evidence that record-review studies seriously underestimate the extent of medical injury."<sup>574</sup>

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<sup>574</sup> Lucian Leape. Institute of Medicine medical error figures are not exaggerated. *Journal of the American Medical Association* 2000; 284: 95-97.

The same year, a study published in JAMA estimated that there were 90,000 reported deaths due to infection contracted in hospitals in the U.S.<sup>575</sup>

In 2007, the IOM reported that 400,000 preventable drug-related injuries were occurring every year *in American hospitals*. Another 800,000 were occurring in long-term care settings, and roughly 530,000 were occurring just among Medicare patients in outpatient clinics. The committee noted that these statistics were likely *underestimates* compared to other studies that “involve direct contact with patients, which yields much higher rates.” It is important to note that the expression “preventable drug-related injuries” in this report typically excluded the side effects of “*properly*” prescribed medications, for which no numbers were given.<sup>576</sup>

In 2009, hospital mortality associated with complications from inpatient surgery was measured from a pool of 84,730 patients who had undergone inpatient general and vascular surgery from 2005 through 2007, using data from the American College of Surgeons National Surgical Quality Improvement Program. It was found that the death rate from major complications following surgery was about 17%.<sup>577</sup>

As long ago as the early 1990s, the Congressional Subcommittee on Oversight and Investigations had extrapolated from similar figures that nationwide about 2.4 million unnecessary operations were performed annually, resulting in a cost of \$3.9 billion and 11,900 deaths.<sup>578</sup>

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<sup>575</sup> J. Lazarou, B. Pomeranz, P. Corey. Incidence of adverse drug reactions in hospitalized patients. *JAMA* 1998; 279: 1200-1205.

<sup>576</sup> P. Aspden, J. Wolcott, J. L. Bootman, L. R. Cronenwett. *Preventing Medication Errors*. Washington, D.C.: The National Academies Press, 2007.

<sup>577</sup> A. A. Ghaferi, J. D. Birkmeyer, J. B. Dimick. Variation in hospital mortality associated with inpatient surgery. *New England Journal of Medicine* 2009; 361: 1368-1375.

<sup>578</sup> L. Leape. Unnecessary surgery. *Annual Review of Public Health* 1992; 13: 363-383.

In its most recent mortality report for the United States, which is for 2010, the CDC tabulated that 598,000 people died from heart disease and another 575,000 from cancer.<sup>579</sup> At the very least, iatrogenesis is the third leading cause of death in the United States even if one counts only the 180,000 deaths due to iatrogenesis in *hospitalized* patients that were estimated by the Harvard Medical Practice Study<sup>580,581</sup>, and the estimated 199,000 deaths due to the side effects of *well-prescribed* drugs in *non-hospitalized* patients,<sup>582</sup> for a total of 379,000 deaths.

It is important to note that mortality reports due to iatrogenesis do not include deaths related to OTC medications, suicides induced by medications, and accident-related deaths, since no numbers seem to be available. Those numbers cannot be negligible, as overdoses of OTC drugs comprise about 40% of all medication overdoses.<sup>583</sup>

For instance, analgesic nephropathy and increased risk of end-stage renal disease (ESRD) in people taking analgesic drugs was first described in the 1950s. A 1994 study called *Risk of Kidney Failure Associated with the Use of Acetaminophen, Aspirin, and Nonsteroidal Antiinflammatory Drugs* reported, “Approximately 8 to 10 percent of the overall incidence of ESRD was attributable to acetaminophen use. A cumulative dose of 5,000 or more pills containing NSAIDs was also associated with an increased odds of ESRD (odds

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<sup>579</sup> Sherry L. Murphy, Jiaquan Xu, Kenneth D. Kochanek. Deaths: Final Data for 2010. *National Vital Statistics Reports*. 2013 (May 8); 61 (4).

<sup>580</sup> T. A. Brennan, L. L. Leape, N. M. Laird, L. Hebert, A. R. Localio, A. G. Lawthers, J. P. Newhouse, P. C. Weiler, H. H. Hiatt. Incidence of adverse events and negligence in hospitalized patients. *New England Journal of Medicine* 1991; 324: 370-376.

<sup>581</sup> L. Leape, B. Troyen, L. Nan, A. G. Lawthers, A. R. Localio, B. A. Barbes, L. Herber, J. P. Newhouse, P. C. Weiler, H. Hiatt. The nature of adverse events in hospitalized patients, results of the Harvard Medical Practice Study II. *New England Journal of Medicine* 1991; 324: 377-384.

<sup>582</sup> Jeffrey A. Johnson, J. Lyle Bootman. Drug-related morbidity and mortality and the economic impact of pharmaceutical care. *American Journal of Health-System Pharmacy* 1997; 54 (5): 554-558.

<sup>583</sup> M. Wazafy, S. Kennedy, C. M. Hughes, J. C. McElnay. Prevalence of over-the-counter drug-related overdoses at accident and emergency departments in Northern Ireland: a retrospective evaluation. *Journal of Clinical Pharmacy and Therapeutics* 2005; 30: 39-44.

ratio, 8.8).”<sup>584</sup> It has long been known that many NSAIDs inhibit the formation of cartilage in joints. Patients that habitually take NSAIDs for joint pain are at a high risk of accelerating degeneration of their joints.<sup>585</sup> Most studies of NSAIDs and joint pain are short-term studies. There is no study of the long-term effect, after 5, 10, or 15 years for example, of NSAIDs on the joints and the person as a whole, but many rheumatologists question the safety of their long-term use, which is common.<sup>586</sup>

The long-term side effects of drugs used in psychiatry has also barely been touched upon. Robert Whitaker, who won the 2010 Investigative Reporters and Editors book award for best investigative journalism for his article *Anatomy of an Epidemic: Psychiatric Drugs and the Astonishing Rise of Mental Illness in America* wrote, “Over the past 50 years, there has been an astonishing increase in severe mental illness in the United States. The percentage of Americans disabled by mental illness has increased fivefold since 1955, when Thorazine—remembered today as psychiatry's first ‘wonder’ drug—was introduced into the market. The number of Americans disabled by mental illness has nearly doubled since 1987, when Prozac—the first in a second generation of wonder drugs for mental illness—was introduced. There are now nearly 6 million Americans disabled by mental illness, and this number increases by more than 400 people each day. A review of the scientific literature reveals that it is our drug-based paradigm of care that is fueling this epidemic. The drugs increase the likelihood that a person will become chroni-

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<sup>584</sup> T. V. Perneger, P. K. Whelton, M. J. Klag. Risk of kidney failure associated with the use of acetaminophen, aspirin, and nonsteroidal antiinflammatory drugs. *New England Journal of Medicine* 1994; 331: 1675-1679.

<sup>585</sup> M. A. Alvarez-Soria, G. Herrero-Beaumont, J. Moreno-Rubio, E. Calvo, J. Santillana, J. Egido, and R. Largo. Long-term NSAID treatment directly decreases COX-2 and mPGES-1 production in the articular cartilage of patients with osteoarthritis. *Osteoarthritis and Cartilage* 2008; 16, (12): 1484-1493.

<sup>586</sup> Kenneth D. Brandt. Should nonsteroidal anti-inflammatory drugs be used to treat osteoarthritis? *Rheumatic Disease Clinics of North America* 1993; 19 (February): 29-44.

cally ill, and induce new and more severe psychiatric symptoms in a significant percentage of patients.”

He continues, “The modern era of psychiatry is typically said to date back to 1955, when chlorpromazine, marketed as Thorazine, was introduced into asylum medicine. ... However, since 1955, when this modern era of psychopharmacology was born, there has been an astonishing rise in the incidence of severe mental illness in this country. ... In 1955, the government reported 1,028 episodes per 100,000 population. In 2000, patient-care episodes totaled 3,806 per 100,000 population, which is nearly a fourfold per capita increase in less than 50 years. ...

“The combined sales of antidepressants and antipsychotics jumped from around \$500 million in 1986 to nearly \$20 billion in 2004 (from September 2003 to August 2004), a 40-fold increase.”<sup>587</sup>

The United States Surgeon General David Satcher acknowledged in his 1999 report on mental health that the causes of mental disorders “remain unknown.”<sup>588</sup>

Whitaker continues, “Yet, scientists have come to understand how the drugs affect the human brain, at least in terms of their immediate mechanisms of action. In 1996, the director of the National Institute of Mental Health, neuroscientist Steven Hyman, set forth a paradigm for understanding how all psychiatric drugs work. Antipsychotics, antidepressants, and anti-anxiety drugs, he wrote, ‘create perturbations in neurotransmitter functions.’

“In response, the brain goes through a series of compensatory adaptations. For instance, Prozac and other SSRI antidepressants block the reuptake of

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<sup>587</sup> Robert Whitaker. *Anatomy of an epidemic: Psychiatric drugs and the astonishing rise of mental illness in America*. *Ethical Human Sciences and Services* 2005; 7 (1): 23-35.

<sup>588</sup> David Satcher. *Mental health: A report of the Surgeon General—Executive summary*. *Professional Psychology: Research and Practice* 2000; 31 (1): 5-13.

serotonin. In order to cope with this hindrance of normal function, the brain tones down its whole serotonergic system. Neurons both release less serotonin and down-regulate (or decrease) their number of serotonin receptors. The density of serotonin receptors in the brain may decrease by 50% or more. As part of this adaptation process, Hyman noted, there are also changes in intracellular signaling pathways and gene expression. After a few weeks, Hyman concluded, the patient's brain is functioning in a manner that is 'qualitatively as well as quantitatively different from the normal state.'

"In short, psychiatric drugs induce a pathology. ... Once psychiatric drugs are viewed in this way, it is easy to understand why their wide-spread use would precipitate an epidemic of mental illness."<sup>589</sup>

It should also be noted that the long-term effect of drugs on the environment and their capacity to change normal physiology permanently and to create persistent pathology in living organisms has barely been explored.

In summary, iatrogenesis is a huge problem that will continue to plague medicine as long as it continues to use drugs in crude doses and to rely on palliative surgeries and procedures for conditions that can be prevented and treated with modifications to diet and lifestyle. Our societies have unreflectingly embraced a medical system that relies heavily on crude doses of drugs and symptomatic treatments with a resulting high level of iatrogenesis; at the same time they have largely ignored a medical system that deals with the causes of diseases without any iatrogenesis. If the goal of medical practice is to preserve health and save lives, something has clearly gone terribly wrong, for it is obvious to any objective observer that our official medical system is very dangerous. And yet that dangerous school of medicine has

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<sup>589</sup> Robert Whitaker. Anatomy of an epidemic: Psychiatric drugs and the astonishing rise of mental illness in America. *Ethical Human Sciences and Services* 2005; 7 (1): 23-35.

remained dominant even though there is a medical system that can remove the causes of disease without killing a single patient.

### **The Politics of Medicine**

Despite the fact that homeopaths have been reporting their successes for more than 200 years, the medical and political authorities in most countries remain ignorant of the immense potential of homeopathy and the law of similars for the well-being of their people. So too do their citizens, who, at least until the advent of the Internet, were likely to receive most of their medical information from the medical profession.

Since the advent of homeopathy, allopathy has retained its dominance in the practice of medicine, not because it is more successful or scientific, but largely because of preconceived beliefs, propaganda, and the political and economic power of the medical establishment, which spurred the extraordinary expansion of allopathic medicine.

Governments, not surprisingly, are largely dependent on the medical establishment for information and advice about public health, and so they too are influenced by the bias and propaganda of the dominant school of medicine and the vast interests that support it. The blatant rejection of homeopathy should give social scientists and philosophers of science much to ponder.

In 1919, Dr. Clifford Mitchell pointed out how the politics of medicine had crippled homeopathy at the beginning of the twentieth century and had likely been fatal to hundreds of thousands of Americans: "Suppose ... that all the money spent during the years 1907 to 1919 in supporting the propaganda, which put so many homeopathic medical colleges out of business, and all the money also spent in teaching preventive medicine to the exclusion of therapeutic medicine had, instead, been expended in endowing homeopathic colleges and supporting the teaching of homeopathy, to such ex-

tent that homeopathy had been taught in every medical college in the country and that homeopathic papers in medicine were printed in every medical journal in the country, honeycombing, as it were, the medical profession with homeopathy. Is it not reasonable to believe that had such expenditure of money been made it would have all come back to us with interest during the autumn of 1918 when 400,000 persons perished in spite of the eminence and power of scientific medicine?

Homeopathy, the medical system that is scientific throughout its development and application, has been ignored in favor of a dangerous, expensive, empirical approach to health. Homeopathy operates in harmony with the fundamentals of biology by considering every person a totally unique individual, for biology makes it is clear that every living organism, including human beings, is an individual, a unity or an indivisible whole. Individual implies individuality, identity, and indivisibility. The strict individualization process unique to homeopathic treatment fully respects this fundamental aspect of biology, which is foreign to conventional medicine.

A prominent French homeopathic physician and philosopher discusses the divide in conventional medicine between, on the one hand, its two main goals of preventing disease and healing of the sick and, on the other hand, the quest to know every detail of every cell and molecule of the human body, a quest that prevents the fundamental goals from being attained.<sup>590</sup> He points out that homeopathy prescribes in an individualized manner because the living organism can exist, biologically and scientifically, only as an individual: “It is thus ... a scientific reality that makes homeopathy scientifically logical. Indeed, the reason that in homeopathy every patient is prescribed an individualized remedy for the same generic disease (such as asthma, rheumatoid polyarthritis, or hypertension) is that we all are biologically individuals, in two

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<sup>590</sup> Philippe Marchat. *La médecine déchirée: Entre désir de savoir et volonté de guérir*. Toulouse: Éditions Prévot, 2001.



senses: firstly, we are unique and singular beings and, secondly, we cannot be divided into organs and tissues or separated into body and psyche, etc. Homeopathy thus takes into account the biological unity and uniqueness of each being.”<sup>591</sup>

On the other hand, the orthodox approach to treatment, which consists of treating a part of an individual or a disease and which as a rule does not take into consideration the individuality of the patient, is illogical and contrary to the fundamentals of biology.

### **Dr. Osler and the Course of Medicine**

Among the main influences on the politics and the course of medicine, including attitudes to homeopathy, are the opinions of the medical authorities.

Those authorities may be individuals, such as Hippocrates, Galen, Andral, Holmes, Osler or Mayo; or institutions, such as the French Academy of Medicine, the Vienna School of Medicine, the University of Pennsylvania, Johns Hopkins University, the Rockefeller Institute, Harvard University, or today’s Institute of Medicine, Centers for Disease Control, or the National Institute of Health.

Probably the most influential medical authority in the late nineteenth and early twentieth centuries was Dr. William Osler, who is often referred to as the Father of Modern Medicine, and some of the reasons for the bitter antagonism toward homeopathy can be found in his writings.

If we first look at pneumonia, this was for Dr. Osler “the Captain of the Men of Death,”<sup>592</sup> “a self-limiting disease” that “runs its course uninfluenced in any way by medicine. It can neither be aborted nor cut short by any known

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<sup>591</sup> Philippe Marchat, Individuation, réalisme des relations, métastabilité et niveaux de guérison. *La Revue d’Homéopathie* 2014; 5: 110-112). My translation.

<sup>592</sup> William Osler. *The Principles and Practice of Medicine*. 7th ed. New York and London: D. Appleton and Company, 1910, 280.

means at our command.”<sup>593</sup> It is therefore extremely doubtful that Dr. Osler had ever read the literature on the homeopathic treatment of the pneumonia patient.

If we look at medicine in general, the following passage in Dr. Osler’s *A Concise History of Medicine* published in 1919<sup>594</sup> offers some clues to his thinking, which has greatly influenced the practice of medicine: “The new school does not feel itself under obligation to give any medicines whatever, while a generation ago not only could few physicians have held their practice unless they did, but few would have thought it safe or scientific. Of course, there are still many cases where the patient or the patient’s friends must be humored by administering medicine or alleged medicine where it is not really needed, and indeed often where the buoyancy of mind which is the real curative agent, can only be created by making him wait hopefully for the expected action of medicine; and some physicians still cannot unlearn their old training. But the change is great. The modern treatment of disease relies very greatly on the old so called ‘natural’ methods, diet and exercise, bathing and massage—in other words, giving the natural forces the fullest scope by easy and thorough nutrition, increased flow of blood, and removal of obstructions to the excretory systems or the circulation in the tissues.

“One notable example is typhoid fever. At the outset of the nineteenth century it was treated with ‘remedies’ of the extremest violence,—bleeding and blistering, vomiting and purging, and the administration of antimony and mercury, and plenty of other heroic remedies. Now the patient is bathed and nursed and carefully tended, but rarely given medicine. This is the result

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<sup>593</sup> William Osler. *The Principles and Practice of Medicine*. New York and London: D. Appleton and Company, 1893, 529. On page 98 of the eight edition in 1912, this passage was shortened to: “Pneumonia is a self-limiting disease, which can neither be aborted nor cut short by any known means at our command.”

<sup>594</sup> This part of the text had originally been published in 1904 in the “History of Medicine” that Osler had written for the *Encyclopedia Americana*.

partly of the remarkable experiments of the Paris [inefficacy of bleeding and heroic medicines] and Vienna [efficacy of expectancy] schools in the action of drugs, which have shaken the stoutest faiths; and partly of the constant and reproachful object-lesson of homeopathy. No regular physician would ever admit that the homeopathic preparations, ‘infinitesimals’, could do any good as direct curative agents; and yet it was perfectly certain that homeopaths lost no more of their patients than others. There was but one conclusion to draw—that most drugs had no effect whatever on the diseases for which they were administered.”<sup>595</sup>

It is distressing to see that the judgment of a man of Osler’s intellect at the mercy of prejudice and preconceived beliefs, even when the lives of millions are at stake.

Dr. Henry Lindlahr, an eminent early twentieth-century pioneer of naturopathic medicine in Chicago, said about these comments by Dr. Osler: “With regard to the origin of the modern treatment of typhoid fever, however, the learned doctor is either misinformed or purposely misrepresents the facts. The credit for the introduction of hydropathic treatment of typhoid fever does not belong to the ‘remarkable experiments of the Paris and Vienna schools.’ These schools and the entire medical profession fought this treatment tooth and nail.

“For thirty years Priessnitz, Bilz, Kuhne, Father Kneipp and many other pioneers of Nature Cure were persecuted and prosecuted, they were dragged into the courts and tried on the charges of malpractice and manslaughter for using their sane and natural methods.

“Not until Dr. Brand of Berlin wrote an essay on the good results obtained by the hydropathic treatment of typhoid fever and it had in that way received

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<sup>595</sup> William Osler. *A Concise History of Medicine*. Baltimore: The Standard Medical Book Co., 1919, 57-59.

orthodox baptism and sanction, was it adopted by advanced physicians all over the world. ... When Dr. Osler says that most drugs have no effect whatsoever, he makes a serious misstatement. While they may not contribute to the cure of the disease for which they are given, they are often very harmful in themselves.”<sup>596</sup>

In fact, Dr. Osler summed up his own bias against homeopathy when he wrote, “no regular physician would ever admit that the homeopathic preparations, ‘infinitesimals’, could do any good as direct curative agents” and that “the real curative agent” was “the buoyancy of mind.”

Here we have to assume that Dr. Osler was really misinformed about homeopathy rather than purposely misrepresenting it. If he had been better informed, if for example, he had known even the one fact that homeopaths practicing genuine homeopathy rarely lost a pneumonia case—contrary to his false view that “homeopaths lost no more of their patients than others”<sup>597</sup>—he could have changed the course of medicine for the better and probably for ever. It is ironic that at the age of 70, Dr. Osler contracted influenza, which eventually developed into serious pneumonia and the empyema typical of the NIP, and died.<sup>598</sup>

### **Dr. William Mayo and the Course of Medicine**

Another very influential medical authority was Dr. William J. Mayo, who went further than Dr. Osler in his views regarding the dangers of medicine, as it was also apparently clear to him that more people died under the “nasty medicines” of the dominant school of medicine than under what he called

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<sup>596</sup> Henry Lindlahr. *Philosophy of Natural Therapeutics*. Chicago: Lindlahr Publishing Co., 1918, 289-292.

<sup>597</sup> William Osler. *A Concise History of Medicine*. Baltimore: The Standard Medical Book Co., 1919, 57-59.

<sup>598</sup> Charles F. Wooley, Pamela J. Miller. “Tell Brother Regius...” Clifford Allbutt's correspondence with Archibald Malloch during Osler's final illness. *Journal of Medical Biography* 2007: 15 (suppl 1): 32-38.

the “mental suggestion” of homeopathy, which was essentially, in his view, a placebo response.<sup>599</sup>

Why then did he not recommend that homeopathy be generally adopted? Is not the prevention of suffering and the saving of lives the fundamental goal of medicine? Why didn't Dr. Mayo and his like-minded colleagues promote homeopathy loud and clear in order to prevent vast amounts of suffering and save countless lives? But they remained complacent and idle in the face of the “nasty medicines” of orthodox medicine. As a result, people have continued to this day to suffer and die needlessly by the hundreds of thousands in epidemics and from iatrogenic incidents, people who could have been saved by a simple act of courage. Even though the ability of homeopathy to save lives had not yet been fully discovered at that time, the simple fact that patrons of this system had eight times greater odds of surviving CIP, and 41 times greater if they were pregnant women, the best option was clear, and it should have been courageously chosen. Was this not also sufficient evidence for beginning a full and complete investigation of the power of homeopathy to reduce suffering and save lives?

With CIP alone, we are looking at over 189,000 lives that could have been saved in the United States annually around 1920,<sup>600</sup> when Mayo made his speech, called *The Medical Profession and the Public*, at the opening of the Cleveland Clinic.<sup>601</sup>

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<sup>599</sup> William J. Mayo. The medical profession and the public. *Journal of the American Medical Association* 1921; 76: 921-925.

<sup>600</sup> In 1921, the U.S. population was 106 million, and mortality from CIP was 207 per 100,000. This approximates to 219,420 deaths. As homeopathy would have saved 86% ((24.3% - 3.4%)/24.3%) of these, it would have resulted in 188,719 more people surviving CIP every year around 1920 in the U.S. (Forrest E. Linder, Robert D. Grove. *Vital Statistics Rates in the United States 1900-1940*. Washington, DC: United States Government Printing Office, 1947.)

<sup>601</sup> William J. Mayo. The medical profession and the public. *Journal of the American Medical Association* 1921; 76: 921-925.

Dr. Julia Minerva Green of Washington, D.C., reported that the mortality from pneumonia remained as high as ever in 1927: “Last winter here in Washington, over 1,300 cases of pneumonia were reported to the board of health in the first three months of the year, with between 300 and 400 deaths. Think of it! One-third to one-fourth of all cases died! Nearly all these patients went into pneumonia from grippe or flu. Why? Because the flu was suppressed and not cured.

“There are few cases of pneumonia under homeopathy and nearly every one is cured, even though many of them come to the homeopath uncured from other kinds of treatment. There are good reasons for this state of affairs:

1. Most cases are aborted before they reach pneumonia.
2. Patients treated habitually by homeopathy build up resisting power to acute disorders.
3. We have homeopathic remedies which prevent pneumonia patients from advancing into the dangerous stage.
4. All homeopathic effort is against suppression of symptoms.
5. The action of the homeopathic remedy is gentle even in the affliction as violent as many pneumonias.
6. It is marvelous how the remedy, correctly prescribed, will overcome all the harm already done by suppression in those cases which come from other treatment.
7. We have invaluable tools in the deep constitutional remedies as builders of health in convalescence. ...

“It is perfectly wonderful how the old and feeble: respond to this sort of treatment and regain strength as quickly as the young and robust could pos-

sibly do it. Under such blessings of homeopathy patients of 75 to 90 years' and more often recover from pneumonia as well as their sons and daughters could. They live on in peace and comfort and die quietly and rather quickly several years later. If people could understand the harm of suppression of chronic symptoms all through life, old people would be in far better health, happiness and peace.”<sup>602</sup>

In the 1930s, CIP accounted for 10% of all-age deaths and was the third leading cause of death in the United States.<sup>603</sup> Today it is the eighth leading cause, being responsible for 4% of all deaths, or about 54,000 annually, a number which has been rising steadily in the last decade.<sup>604</sup>

In 1934, Dr. Petrie E. Hoyle wrote in an article called *Pneumonia and Its Treatment: The Deadliness of Orthodox Incompetence*, “An orthodox authority says that ‘0%, of all deaths in the civilized countries are due to pneumonia and that practically 30%, of all pneumonia cases are sure to die.’ When pneumonia is treated homeopathically less than five percent die. These two averages are for adult cases, of all classes and all ages. What I have to say to you regarding the terrible difference in death risks demands your earnest and immediate attention. ... The very great difference in death rates shows the serious extra risk you run if you are being treated by orthodox methods. ... You are much safer if you employ homeopathy.”<sup>605</sup>

It is clear to the medical historian that through the centuries medicine and its authorities tend to be blind to their own shortcomings. Medicine today is largely the extension of the blindness that existed at the times of Drs. An-

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<sup>602</sup> Julia Minerva Green. Homeopathic therapeutics of the pneumonia of the aged. *Hahnemannian Monthly* 1927; 62: 167-169

<sup>603</sup> Forrest E. Linder, Robert D. Grove. *Vital Statistics in the United States 1900-1940*. Washington, D.C.: United States Government Printing Office, 1947.

<sup>604</sup> Donna L. Hoyert, Jiaquan Xu. Deaths: Preliminary data for 2011. *National Vital Statistics Reports* 2012; 61 (6): 4.

<sup>605</sup> Petrie E. Hoyle. Pneumonia and its treatment: The deadliness of orthodox incompetence. *Heal Thyself* 1934; 69: 644-651.

dral, Holmes, Osler, and Mayo. Today, however, iatrogenesis is likely even more pernicious and ubiquitous.

A discovery made repeatedly and almost since the birth of homeopathy is that even the most indisputable facts and statistics cannot override deeply entrenched prejudices, even when thousands of lives are at stake. The discourse of homeopathy can't be heard, and its data can't be seen, because it is incomprehensible to its opponents—it simply doesn't fit into their understanding of the world.

One day, however, enlightened and courageous medical authorities and scientists will bring homeopathy to the forefront of medicine and science until a tipping point is eventually reached, which is now just a question of time, because the overwhelming evidence of the effectiveness of homeopathy cannot be ignored for ever.<sup>606</sup>

Skeptics and the experts on whom they rely and who present false premises and flawed evidence against homeopathy have greatly retarded the progress of medical science. For there never was any good reason to reject homeopathy and there is even less today, since homeopathy is clearly efficacious and the information on its efficacy is available to anyone with an Internet connection or a library card.

Evidence of the effectiveness of homeopathy has been presented over and over in the last 200 years and, as a rule, has been ignored or rejected without having been submitted to careful examination. Prejudice can be powerful, but truth will always be more resilient, and homeopaths will never stop their quest to have their record heard and properly judged in the court of true science.

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<sup>606</sup> In his book *The Tipping Point: How Little Things Can Make a Big Difference*, Malcolm Maxell explains and describes the mysterious sociological changes that mark everyday life.



Homeopaths will not rest until the value of homeopathy is recognized, and the evidence is overwhelmingly in their favor. They will always welcome frank and rigorous debates with skeptics in order to clear up misrepresentation, misapprehension, and misinformation until the truth is generally recognized. Dr. William Holcombe had been a staunch allopath before he discovered the truth of homeopathy soon after the 1849 cholera epidemic in Cincinnati. With this background he wrote, “We accept the situation, not without regret, but with righteous determination. We must and will float the flag of homeopathy until it is known and respected throughout the world, until the whole medical profession shall recognize its merits and do justice to us and honor to itself by adopting our principles and practice. Then, and not until then, will the homeopathic lamb lie down in peace with the allopathic lion. The slow, but inevitable and progressive evolution of the human mind, will bring it to pass.”<sup>607</sup>

He added that homeopaths “have accumulated facts and established principles, which, like the pure mathematics, are fixed and permanent.”<sup>608</sup>

The value of the results reported by several generations of homeopaths from around the world will one day be considered a priceless asset for humanity.

### **Homeopathy Is Discovered Through Experience**

An interesting phenomenon in this collision of paradigms is that when a patient is saved from the brink of death by a homeopath, physicians of the dominant school of medicine usually close their minds and dismiss the significance what they have just witnessed. Surely one would expect that, as a scientist, every physician who had witnessed a remarkable homeopathic cure would want to investigate that system of medicine.

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<sup>607</sup> William H. Holcombe. *The Truth About Homoeopathy*. Philadelphia: Boericke & Tafel, 1894: 38.

<sup>608</sup> *Ibid.*, 24.

Sometimes that has indeed happened, as in a case reported by Dr. Daniel Coleman of New York of a child who was dying from pneumonia while presenting with great dyspnea, rattling of mucus, and a flaring motion of the nostrils: “Some years ago, a doctor friend of the ‘old school’ talked to me about a child with pneumonia whom he was treating. He was very worried and counsel had been called, I told him that I would see the child with him for nothing to prove the value of homeopathy. He said he would call me if necessary. In about a day later I received the following telephone call from him. It ran thus, ‘I would like to have you see that child, Coleman, but I don't think you can arrive before she dies.’ I hurried to the patient. She presented a perfect picture of *Lycopodium*. I sat down and said to my friend: ‘The child is desperately ill; if you think you can cure her, go ahead, but if you can’t and you wish me to treat her, it is *hands off with any medication*.’ He answered, ‘I can do nothing, I am at the ‘end of my rope,’ if *you* can cure that child, I will believe in homeopathy.’ He then laughed in a most annoying manner. I gave *Lycopodium* 30th and told the nurse that I would return in a few hours. ... The child made a perfect recovery. The doctor was convinced of the truth of homeopathy. He told of the case in an enthusiastic manner at one of his medical meetings and attended lectures on homeopathic materia medica.”<sup>609</sup>

In another example of a patient dying from pneumonia, Dr. Cora M. Johnson of Skowhegan, Maine, related the conversion of Dr. William E. Payne, who later became the great pioneer of homeopathy in New England: “Fifteen years after Dr. Gram<sup>610</sup> returned to this country to practice the new doctrine, which he had learned in Europe, a foreign practitioner of homeopathy named Dr. Sandicky came to a hotel in Bath where the late Dr. W. E. Payne was boarding. He loaned him the *Organon* to read; and the description of his

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<sup>609</sup> Daniel E. S. Coleman. Homeopathic therapeutics of lobar pneumonia. *Hahnemannian Monthly* 1927; 62: 170-177.

<sup>610</sup> Dr. Hans Burch Gram was born and raised in Boston. After completing his medical studies in Europe, he introduced homeopathy to America when he returned home in 1825.

reflections, as, unmindful of the fleeting hours, he read on and on, until the gray light of morning broke in upon him, is charming. ‘Give me a rule,’ he thought, ‘that will hold good in all parts of the world, as well in the Eastern as in the Western hemisphere—in the malarious regions of India, as well as in the salubrious climate of New England. Is *Similia similibus curantur* this rule? Is all this true, and will it stand the test of experience?’ He obtained a copy of Hering’s *Jahr*<sup>611</sup> and a few remedies. His trial case was a desperate one of pneumonia that had threatened to defy all routine treatment. The promptness with which the disease yielded to his remedies gave him courage to proceed with his experiments, and as brilliant success crowned his further efforts he abandoned the old practice utterly and cordially embraced the new and better system.”<sup>612</sup>

But only a small minority of physicians permit themselves to seriously investigate homeopathy after seeing the prompt recovery of patients who were expected to die. One would think that the physicians trained in our universities would be highly qualified scientists who would recognize when they had witnessed an important phenomenon and would wish to investigate it.

### **The Story of How Dr. William Holcombe Became a Homeopath**

As mentioned earlier, Dr. William Holcombe, like the great majority of his peers, was a staunch allopath until he discovered homeopathy. The story of his conversion, which is typical of most conversions, even though long, is worth repeating because it touches on many aspects of the conflict between homeopathy and allopathy but from the point of view of an allopathic physician. His story, *How I Became a Homeopath* begins thus:

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<sup>611</sup> G. H. G. Jahr’s *Manual of Homoeopathic Medicine*. Translated from the German by Authority of the North American Academy of the Homoeopathic Healing Arts, with an Introduction and some Additions by C. Hering. Allentown, Pennsylvania, 1836.

<sup>612</sup> Cora M. Johnson. Homeopathy in New England. *North American Journal of Homoeopathy* 1903; 51: 385-386.

“I am the son of a doctor. I was born and bred in a medical atmosphere. My father’s office was a favorite place for my games when a little boy, and for my reading and study when a youth. ... Physicians were, in my opinion, the wisest and greatest and best of mankind. I saw the whole faculty through the venerated form and character of my good father.

“My father gave me his name, and I coveted his profession. In that happy period of boyhood when our stick-horses are as real as grown men’s hobbies, I played the little doctor, and galloped from tree to tree and from post to post visiting my imaginary patients. Before I was fifteen I had read Doctor Rush’s half-literary, half-scientific, *Introductory Lectures*, and was eager to precipitate myself into the vortex of professional study. The child is father of the man. But I was wisely held to a long course of academic preparation. Still my penchant for medicine appeared in every thing. I applied my earliest Latin and Greek to analyzing the medical terms in old Hooper’s *Dictionary*; I acquired the Natural Sciences, as mere stepping-stones to the Vital; I studied French, not for ‘Gil Bias’ or ‘Corinne,’ but for Milne Edwards’ *Zoölogy*; and in my botanical lessons, although there were ladies in the class, I had an eye rather to the properties of drugs than to the poetry of flowers.

“My father was a Virginia gentleman of the old school, conservative in all his principles. The associates of his forty years’ career will testify to the deep-rooted, thorough-going honesty of his nature, and to the chastity of his professional honor. So I followed my father’s footsteps, walked the hospitals, frequented the dissecting room, took notes on the lectures, and graduated at that excellent institution. I returned home full of *l’esprit du corps*, devoted to my professors, proud of my diploma, and crammed full of principles which I was ready to put into practice, at the pecuniary and physical expense of my patrons.

“I am not writing an autobiography. These personal details would be out of place, did they not furnish a kind of psychological key to something that follows. I am about to portray the struggles of an ardent and inquiring mind, whilst emancipating itself from the bondage of authority, and emerging into the light and liberty of truth. My experience is typical. Every man, physician or layman, who ignores, misrepresents, ridicules and despises homeopathy and homeopathic physicians, as I did, does so from similar causes or motives. The traditions of the past, the teachings of masters, the example of friends, the power of custom and fashion, the opinions of society, weigh like an incubus upon us all, and take away not only the means, but the will to investigate a new truth from an independent standpoint. These vast powers, which retard the progress of mankind, press upon us like the atmosphere, invisibly and unfelt. We are not conscious how blind and feeble, how ignorant and prejudiced and silly we are. There is folly which thinks itself wise, and ignorance which struts in the garb of knowledge. The rulers, the doctors, the chief priests and Pharisees of human thought and fashion, who hold the high places and the fat offices of the world, never recognize the genius of Galileos, and Harveys, and Jenners, and Fultons, and Hahnemanns, until their doctrines have triumphed by their own merits—until they have risen, like the sun, high into the heavens, dispersing the deep mists of error and prejudice which at first concealed them from sight.

“I heard of homeopathy, at Philadelphia, as all medical students hear of it. One professor, with a show of philosophic bearing, gave it a mock analysis, and dissipated it into thin air. ... Another, whose private practice it had probably injured, denounced it bitterly, as an atrocious imposition upon the credulity of mankind. A third took a good-natured, jocose view of the whole affair, and laughed (all the students laughing in echo) at infinitesimals as transcendental medicinal moonshine. ...They predicted its speedy death and final extinction. Of course I believed every word they said. I was not expected or

taught to seek for truth, but to receive what my masters imposed on me as truth. They dogmatized—I accepted. ...

“So I passed out into the great world of action—bigoted, did not know it. Scores of intelligent physicians were adopting the new practice; thousands of intelligent families were becoming its adherents; books were being printed, journals established, colleges founded; a great school of thought was growing up about me, as every genuine truth always grows, slowly but surely—and of all this I had no living conception—it was all as unreal to me as the angel presences which are said to throng invisibly our earthly career. I was like some old mariner, who still hugged closely the barren shores of tradition, whilst others, armed with the magnetic needle, explored boldly the ocean of truth. ...

“It was fortunate for me that I entered on my profession in partnership with my father, who was then enjoying a large practice in one of our Western cities. It not only gave me fine opportunities for observation, at a period when most young physicians are waiting for business, but it threw me into daily and most instructive contact with a richly stored, sagacious, cautious, and practical mind. Experience with many physicians is merely a routine repetition of errors; with my father it was a steady advance toward the truth. His skepticism was continually chilling my enthusiasm. He was coldly empiric disdaining speculations and distrusting all authorities. I thought we had twenty specifics for every disease; he knew we had twenty diseases without a single specific. I thought that doctors were ministering angels, bestowing health and blessings around them; he knew that they were blind men, striking in the dark at the disease or the patient—lucky if they killed the malady, and not the man. I thought that medicine was one of the fixed sciences, true in theory and certain in practice; he had discovered the wisdom, as well as the wit,

of Voltaire's famous definition—‘the art of amusing the patient whilst nature cures the disease!’

“I had passed a year or two in active practice, ... when I came suddenly into contact with what I regarded as the most gigantic humbug of the day—homeopathy. It was in this manner: I was called out one cold winter night to a fine, plump little boy, suffering with the worst form of membranous croup. I gave him an emetic: he grew worse. I put him in a hot bath: he became hoarser and hoarser. I repeated the emetic and the bath, with no beneficial result. His difficulty of breathing became frightful. He then sank into a stupid state, with hot head and dilated pupils. I became alarmed. I saw that unless a speedy change could be induced, death was inevitable. I determined to bleed him, to relieve his congested brain, and then trust his fate to broken doses of calomel.

“When I announced my ... intention, the poor mother burst into a violent paroxysm of weeping, mingled with exclamations that her child should never be bled. ... The husband took me into another room, and told me that his wife had once been insane, after the death of a child, and was confined for months in a lunatic asylum. He said he dared not thwart her will in so important and delicate a matter—that the child must not be bled. ... The upshot of it was that I was dismissed, not at all sorry that I had escaped the charge of a death which I deemed inevitable. ...

“The next day I expected to hear of the death of my little patient, but no such rumor reached my ear. The morning after I looked in the daily papers for a general invitation to his funeral, but no obituary was to be found. I was puzzled. What doctor, capable of saving life under such circumstances, could have been called in after I left? How I envied him his knowledge or his good luck! Imagine my amazement when I saw the child playing in his father's yard about the middle of the day! My curiosity was piqued, and became too

strong for my professional hauteur. I determined to know who my skilful successor in the case was. I rang the bell, asked for the lady of the house, and with some little embarrassment made my inquiries. I was informed that a homeopathic physician had been summoned; that he put a towel, wrung out of cold water, around the child's neck, and some little sugar pellets on his tongue. The pellets were repeated every fifteen minutes until the breathing became easy, the cough loose, and the patient roused up, from which time the convalescence was rapid.

"A sensible mechanic, who discovered that another mechanic executed some piece of work more rapidly, perfectly, durably and scientifically than himself, would be anxious to see how the new principles had been put into practice. In this case one would suppose that I said to myself, 'This is very remarkable. I will see this new doctor; I will learn what he gave this child, and why he gave it. We will at least amicably exchange ideas: I may learn something useful to myself and others.' That would have been common sense, but it would not have been allopathic sense. That is what any sane man, who really enjoyed perfect freedom of thought and action, would have done; but I was bound hand and foot by the invisible but powerful trammels of education, prejudice, interest, fashion and habit. I derided the treatment as the climax of folly, and had the effrontery to claim that the child was cured by *my* remedies, which began to act after I left. The lady dissented from this opinion, and was evidently a convert to homeopathy. My suspicion that the new system was a disgraceful imposture now became a conviction, and not long after I refused to be introduced to the worthy gentleman who had saved my patient.

"This Doctor Bianchini, who incurred my juvenile contempt, was a respectable graduate of the University of Genoa, venerable for his age and his experience. Seventeen years afterwards I met him under more agreeable circumstances. I had learned his secret of curing croup, and had employed it in hundreds of cases



without a single failure. Of course we saw each other in a different and better light, and we laughed together at my harmless allopathic pomposity. ...

“On reviewing the state of my mind at that period, and asking myself wondering-ly why such a striking homeopathic cure should have made no impression whatever on my thinking faculties, I remember that I was laboring under two great delusions respecting homeopathy, which prevented it from obtaining the least foothold on my faith. I was bitter because I was ignorant, as some animals are said to be fiercest in the dark.

“In the first place, I regarded homeopathy as a doctrinal monstrosity, and its practitioners as uneducated impostors. True, I had never read a single book or journal of the New School. I had never conversed with one of its physicians. I knew positively nothing about the whole matter, as is the case to-day with nine-tenths of the allopathic physicians in the United States; my ignorance was the cause and measure of my intolerance. The London *Lancet*,<sup>613</sup> the mighty Hector of the orthodox hosts, was my oracle. I took everything at second-hand. ...

“I needed some judicious, intelligent friend to show me what I now see so clearly—that homeopathy is the crowning piece, the cap-stone of medical science; that it begins only where allopathy ends. It is a grand philosophic reform in the highest and last-studied department of medicine—the application of remedies to the cure of disease. The entire course of scientific instruction necessary to the accomplished physician is the basis from which the true Homeopath must work upward and onward in his noble mission. Hahnemann stood head and shoulders above the crowd of his detractors. Jean Paul Richter calls him ‘that rare double-head of genius and learning,’ and so he was. The Germans who planted the new system on this continent—Hering, Wesselhoeft, Gram, Haynel, Pulte, and others—were in every instance gentlemen of extensive and varied erudition. Their

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<sup>613</sup> The *Lancet* we know today was at that time often called the *London Lancet* to differentiate it from the *Western Lancet*, which was published in Cincinnati.

first American disciples—the apostles of the school in our different cities—were in most cases men of superior mental endowments, and of thorough classical and scientific culture. In New York City, for example, Gray, Wilson, Channing, Hull, Curtis, Bayard, and others of the early homeopaths, were men who would have added luster to any of the medical or social circles in London or Paris.

“In the second place, I was precluded from feeling the least interest in the social or scientific status of homeopathy by a foregone conclusion, that infinitesimal doses were nothing at all—attenuated far beyond the possibility of any material power, and that homeopathy was therefore a perfect humbug. True, I had never tried them, nor would I credit the evidence of those who had. Unless I could be satisfactorily convinced of the *why* and the *how* and the *wherefore* of the phenomena, I determined to deny the existence of the phenomena themselves. This false and vicious mode of reasoning is almost universal. Nevertheless, all genuine philosophers, from Bacon and John Hunter to Bartlett and Hugh Miller, tell us that no *a priori* reasonings or considerations can establish either the truth or falsity of alleged facts. Experiment only can fairly verify or confute. John Hunter used to say to his class, ‘Don't think, but try!’ yet, in relation to homeopathy, people think, think—instead of trying. ....

“In 1849 we were visited by that dreadful scourge, the Asiatic cholera. It loomed up like a black cloud in the East, and moved westward with frightful rapidity, spreading sorrow and death in its mighty shadow. We prepared for its visitation by earnest thought and study. We mastered the opinions and practice of those who had witnessed the previous epidemics. They were so discordant and unsatisfactory that we faced the great enemy with fearful misgivings of our power to contend with him successfully. ...

“So we went to work with all the resources at our command. If there was no bile secreted, it was not for the want of calomel; if the sufferings of the poor patients were not mitigated, it was not for want of opiates; if they sank into fatal

prostration, it was because brandy and capsicum and ether, and a hundred other stimulants, could not rally them; if they became cold as death, it was because mustard plasters and blisters, and frictions and burning liniments, and steam baths and hot bricks, and bottles and boiled corn, and all the appliances for creating artificial heat from without, were no substitute for the animal heat, which was no longer generated within. The theories and practices in cholera, as innumerable as they are contradictory, reveal in the strongest light the fallacies, the absurdities, the *non sequiturs*, the monstrosities of allopathic philosophy. ...

“Very many cases of diarrhea, which would no doubt have become cholera, were cured by repose, diet, and simple mixtures, of which camphor was generally an ingredient. But when cholera was fully developed—when there was vomiting and rice-water discharges, and cramps and cold skin, and cold tongue and sinking pulse—our success, honestly reported, was poor indeed. Death dogged our footsteps wherever we went; nor were we more unfortunate than our fellow physicians. Boasted specifics came crowding upon us from the journals and papers, and by rumor and tradition. All were tried, and all failed. Our hearts sank within us, and amid the wailings of bereaved friends, and in the streets, black with funeral processions, we deplored in anguish the imbecility of our art. My honest old father exclaimed to me one day in his office, ‘My son, we had as well give our patients ice-water as any drug in the materia medica. The cases which get well would have recovered without treatment.’

“This candid, truthful outburst of an experienced and strong-minded allopathic physician is as true to-day as it was twenty-five years ago, when it was made. The allopaths have done nothing for the human race in the amelioration of this terrible plague—positively nothing. They are ready to deny it—to boast over again of calomel and laudanum, to declare the cholera to be as curable as toothache or neuralgia (which, by the way, they so seldom cure), and to vaunt their ‘philosophical’ theories and ‘rational’ practice in the very face of death and panic

and depopulation. Some few sturdy, honest thinkers amongst them will occasionally tell the truth. Let the young Esculapian who ... thinks himself ready to cure every case of cholera, read the following extract from Aitken's *Science and Practice of Medicine, (allopathic,)* page 2441, and let it sink deep into his soul, for sooner or later he will see and feel its truth:

“‘There are few diseases for the cure of which so many different remedies and modes of treatment have been employed as in cholera, and, unfortunately, without our discovering any antidote to the poison. ...’

“This palpable failure of allopathy ... in a disease in which the symptoms are so striking and the indications of treatment so plain, set me to thinking, and I began to ask myself if we had not over-estimated its real value and importance in all other diseases. I gradually passed into a skeptical phases of mind. I became quite disgusted with the practice of my profession. I began to think ... that the materia medica was a strange medley of inexact ideas, puerile observations, and illusory methods. I admired the remark of the dying Dumoulin, that he left the two greatest physicians behind him—*diet* and *water*; and I echoed in my private cogitations the exclamation of Frappart: ‘Medicine, poor science!—doctors, poor philosophers!—patients, poor victims!’

“I was roused from this state of disgust, incredulity, and apathy in the fall of 1849, by floating rumors of the successful treatment of cholera, at Cincinnati, by homeopathy. First one friend, and then another, echoed these marvelous stories, professing to believe them. A letter from Rev. B. F. Barrett, of Cincinnati, was published in the papers, well calculated to excite attention and inquiry. Mr. Barrett (afterwards a very kind friend) was personally known to me as a gentleman of distinguished worth and intelligence, and of unquestionable integrity.

“Mr. Barrett's statement was in substance this: He had one hundred and four families under his pastoral charge. Of these, eighty-six families, numbering four

hundred and seventy-six individuals, used and exclusively relied upon the homeopathic treatment; seventeen families, numbering one hundred and four individuals, employed the old system. Among the former there were one hundred and sixty cases of cholera and *one* death; among the latter thirty cases and *five* deaths. This amazing difference between the two methods was supported by the assertion, that twenty cases of cholera occurred in the iron foundry of Mr. James Root, a respectable member of his congregation, all of which were homeopathically treated, without a single death.

“About the same time Doctors Pulte and Ehrmann of Cincinnati, published statistics of their treatment for three months. They managed eleven hundred and sixteen cases of cholera, of which five hundred and thirty-eight cases were of the severe type; from sixty to seventy collapsed, with thirty-five deaths. They gave the names, dates and addresses of all their patients, so that the facts could be verified, and challenged investigation and comparison.

“ .... [M]aking all due allowance for the extravagance of enthusiasm, credulity, imagination, and predilection, and also for errors in diagnosis and inaccuracies of detail, there was enough residuum of solid truth in all this to bring me silently to the conclusion—‘There's *something* in homeopathy, and it deserves investigation.’

“When I made up my mind to give homeopathy a fair trial, I did it in the right manner. I did not read Professor Simpson's big book against it, nor Professor Hooker's little book against it, nor yet Professor Holmes' funny prose and poetry against it, and then tell my friends that I had studied homeopathy, and found nothing in it;—that is one very common allopathic way of studying homeopathy from the allopathic standpoint; nor did I get Hahnemann's works, and read them with my old pathological spectacles, and decide that the *why* and the *how* and the *wherefore* of infinitesimals were all incomprehensible, and that homeopathy was a delusion;—that's another allopathic way of studying homeopathy, almost

as absurd as the first. No; I believed, with Hugh Miller, that scientific questions can only be determined *experimentally*, never by *a priori* cogitations. I got a little pocket cholera case, containing six little vials of pellets and a printed chart of directions. I determined to forget all that I knew for the time being, and to obey orders under the new *regime*, with the unquestioning docility of a little child. I awaited my next patient like a hunter watching for a duck.

“I was called up in the middle of the night to see a poor fellow, said to be dying of cholera, on a flat-boat which had just landed. I found him collapsed; he was cold and blue, with frequent rice-water discharges, and horribly cramped. His voice was husky, pulse feeble and fluttering; he was tossing about continually, begging his comrades to rub his limbs. I immediately wrote a prescription for pills of calomel, morphine, and capsicum, and dispatched a messenger to a drugstore. This was to be my reserve corps—ready for use if the infinitesimals failed. I consulted the printed direction: they ordered Cuprum metallicum when the cramps seemed to be the prominent symptom. I dissolved some pellets in a tumbler of water, and gave a tea-spoonful every five minutes. I administered the simple remedy, apparently nothing, with incredulity and some trepidation. ‘I have no right,’ said I to myself, ‘to trifle with this man’s life. If he is not better when the pills come, I will give them as rapidly as possible.’

“The messenger had gone for the pills a good way up town ... and it was quite three-quarters of an hour before he rushed on the boat with the precious allopathic parcel. My patient had become quiet; his cramps had disappeared, and he was thanking me in his hoarse whisper for having relieved him of such atrocious pains. The allopathic parcel was laid on the shelf. I consulted my printed directions again. Veratrum album was said to be specific against the rice-water discharges and cold sweats, which still continued. I dissolved a few pellets of Veratrum album, and ordered a teaspoonful every ten or fifteen minutes, unless the patient was asleep. Before I left the boat, however, an allopathic qualm came

over me, ... and I left orders that if the man got any worse, the pills must be given every half hour till relieved, and I might have added—or dead.

“I retired to my couch, but not to sleep; like Macbeth, I had murdered sleep—at least for one night. The spirit of allopathy, terrible as a nightmare, came down fiercely upon me, and would not let me rest. What right had I to dose that poor fellow with Hahnemann’s medicinal moonshine. ... His apparent relief was probably only a deceitful calm. Perhaps he was at that moment sinking beyond all hope, owing to my guilty trifling with human life. ... I was overwhelmed with strange and miserable apprehensions. ... I left my bed of thorns at daybreak, and hurried to the boat, trembling with fear lest I should find the subject of my rash experiment cold and dead. He was in a sweet sleep. The sweating and diarrhea had disappeared, and a returning warmth had diffused itself over his skin. He was out of danger; and he made the most rapid convalescence that I had ever witnessed after cholera. ... I began to believe in homeopathy. I remembered my case of croup, which Doctor Bianchini had cured so quickly, and I felt like giving the new treatment a little more credit for the cure. Let not my reader imagine, however, that I went enthusiastically into the study and practice of homeopathy, as I ought to have done. No, indeed!—it was two long years of doubting and blundering before I was willing to own myself a homeopath. We may be startled into admissions by brilliant evidence like the above, but we really divest ourselves very slowly of life-long prejudices and errors. I have cured many a man with infinitesimals, and found him as skeptical as ever. I myself witnessed the triumph of these preparations in scores, yes, hundreds of cases, before my mind advanced a step beyond its starting-point—‘There is something in homeopathy, and it deserves investigation.’

“My father, like the sensible man he was, did not sneer or scoff at my homeopathic experiments: he recognized the partial truth of the principle—*Similia similibus*. He used to say that he had too frequently cured vomiting with small doses

of ipecac, and bilious diarrhea with fractional doses of calomel, to question the fact, that a drug in minute quantities might relieve the very symptom which it produced in large ones. He came in one day from a bad (really hopeless) case of cholera, and proposed I should try my *Cuprum metallicum* and *Veratrum album* on it. The poor fellow died, and quite a damper was thrown on my young enthusiasm. We expect everything—perfection, magic, miracle—from a new system. Allopathy may fail whenever it pleases—it has acquired the privilege by frequent exercise of it; but let homeopathy fail, and all inquiry ceases, until something forces it on our attention again.

“When I visited Cincinnati, soon after, I had interviews with Mr. Barrett, and also with Dr. N. C. Burnham, the first homeopathic physician I ever conversed with, and obtained much surprising information about the homeopathic treatment of cholera and other diseases. I supplied myself with books and medicines, and began the systematic study of the system. I confess I found it very difficult, and even repulsive, with the limited material at our command at that time. I discovered, however, what many allopathic explorers fail to discern, that homeopathy offers us the only medical theory which professes to be supported by fixed natural law, and that it requires thorough scientific training to understand it properly, or to prosecute it successfully. I wonder now at the slow reception—the lazy, frequently interrupted study—the apathy, the indifference of that period. I would sometimes practice allopathically for weeks together, and only think of homeopathy in obscure, difficult, obstinate, or incurable cases.

“Singular injustice is perpetrated against homeopathy every day by both physicians and people. The allopathic incurables—the epileptics, the paralytics, the consumptives, the old gouty and rheumatic, and asthmatic and scrofulous, and dropsical and dyspeptic patients—come to the homeopathic doctor for prompt, brilliant and perfect cures. Failing to obtain these after a few days' or a few weeks' trial, they go away, and disseminate a distrust of the value of homeo-



pathic medication. All these cases are treated better in the new than the old way. They are more frequently cured—much more frequently relieved; they live longer, with less pain and more comfort. But these are not fair test cases of the power of homeopathy. ... If a man wishes really to discover what Homeopathy can accomplish, let him try it in acute, sharply defined, uncomplicated diseases, such as cholera, croup, erysipelas, pneumonia, dysentery, hemorrhages, neuralgia, and the various forms of inflammation and fever. Having settled its value in these simpler and better understood diseases, he can advance to its trial in the more complex, and he will never be so much disappointed as to be willing to relapse into the old cobweb theories and practices of the past.

“The dysentery followed the cholera throughout the Western country. I treated many cases homeopathically, and with admirable results. I had occasion to try my new practice on myself in this painful disease. I persisted in the use of my infinitesimals, although I suffered severely; and my father, becoming impatient, brought me a delicious dose of calomel and opium, which he requested me to take. I declined doing so, on the ground that I ought to be as willing to experiment upon myself as upon others. I made a rapid recovery. ... He gave very little medicine, and dieted very strictly. I insisted, however, and I believe correctly, that the average duration and severity of the disease were less under the new than under the old system.

“In 1850 I moved to Cincinnati, and entered on a wider and more stimulating field of thought and action. My professional activities were sharpened and brightened; and yet, strange to say, my interest in homeopathy waned and almost expired. I had the books and medicines in my office, and occasionally prescribed according to the *Similia similibus*; but my studies, my associates, my ambition, and my general practice were allopathic. I kept aloof from homeopathic physicians. I professed to believe that homeopathy had some indefinable value, but had received too imperfect and obscure development as yet to be trusted

at the bedside. I wrote my first medical essay for an allopathic journal. When I reflect on this course of mine, I am not surprised that a family sometimes uses homeopathy for a while, seems very much pleased with it, having every reason to be so, and then quietly glides back, under the influence of personal friendships or fashion, into the old, respectable, well-regulated dominions of calomel and Dover's powder.

"Every man has a magnetic or spiritual sphere emanating from him, which tends to bring others into *rapport* with him, and so impose his opinions and views upon them. A society or institution, whether a church, a political party, or a scientific school, is a large sphere, the aggregation of the individual ones, which has a powerful magnetic quality, binding all the similar parts in strict cohesion, and repelling from it everything dissimilar which would resist its bonds or question its authority. The majority of men are unthinking, and they are drawn and held, like little particles of iron about a magnetic centre, unconscious of their slavery, and fondly believing themselves capable of independent thought and action. The medical profession—a vast, learned, influential and 'intensely respectable' body—insensibly exhales from itself a sphere of dignity, authority and power well calculated to reduce its subordinates to a respectful submission.

"This was the secret of my vacillation of opinion. My hopes, my aspirations, my friendships, my social position, were all associated with the old medical profession. I was again, as at Philadelphia, in the charmed atmosphere of colleges and journals, and hospitals and dispensaries, and medical authors and genial professors. I loved the books of the Old School; I admired its teachers, respected their learning, and coveted their good opinion. To array myself against what I so much honored and respected—to cut loose from these fashionable and comfortable moorings—to throw myself into the arms of those whom I had been absurdly taught to consider as less respectable, less scientific, less professional than myself and friends, was a task difficult to accomplish. The discovery and the ac-

ceptance of truth are alike painful. It is a continual warfare with one's self and the world: it is a fight in which defeat is moral death, and in which victory brings no ovation. My inglorious repose under the shadow of the allopathic temple was suddenly broken by the iron hand of a better destiny.

"In the spring of 1851 I visited an uncle in the extreme South. ... I was returning to Cincinnati, ... when the cholera broke out among the German immigrants, who crowded the lower deck of the steamboat on which I had taken passage. The clerk of the boat ... told me that I was the only physician on board, and requested my assistance for these poor people; I was surveying the medical stores in the large brass-bound mahogany chest which our river boats always keep, when the clerk remarked to me, 'Ah, doctor, I have got a better medicine chest than that, from which I select remedies for such passengers as have good sense enough to prefer homeopathy to allopathy.' With that he brought out a nice little homeopathic box, and I determined at once to make a grand Homeopathic experiment on our Teutonic travelers. ...

"We put every new case on tincture of Camphora, one drop every five minutes—enjoining absolute rest and strict diet. The fully formed cases were treated with Cuprum metallicum, Veratrum album and Arsenicum album, according to the symptoms. Many cases of cholera were immediately arrested. Thirteen passed into fully developed cholera, of which two were collapsed. There was not a single death. This outburst may have been of milder type than usual, for similar epidemics have occurred on plantations, many cases with inconsiderable mortality. I did not think of that or know it at the time; and my success made a powerful impression on my mind in favor of homeopathy. Two Old-School physicians came on board at Memphis, and were all suavity, examining my cases with great interest, until they learned that I was practicing homeopathy on them, when they turned up their noses and withdrew to a distance quite as agreeable to me as to themselves.

“I returned to the study of homeopathy with redoubled zeal. I not only read Hahnemann, but everything I could get hold of bearing on the subject, for and against. ... I also proved medicines on myself—Aconite, Nux vomica, Digitalis, Platina, Podophyllum, Bromium, Natrum muriaticum and Eryngium aquaticum, and became convinced experimentally of the truth of those homeopathic teachings about the action of drugs, which are revolutionizing the materia medica. I sought the acquaintance of homeopathic physicians. ... I began also to practice homeopathically, with more precision and success than before. Indeed, I was bursting my chrysalis shell, and getting ready to soar into the golden auras of a better philosophy.

“The last case I treated out and out allopathically was that of a dear friend, a promising young lawyer. He charged me especially not to try my little pills on him; for ray use of homeopathy was getting to be pretty generally known. So I treated his case, typhoid fever, with as much allopathic skill as I could display. He became worse and worse. I called in the distinguished Doctor Daniel Drake in consultation, and Professor John Bell, of Philadelphia, then filling a chair in the Ohio Medical College, was added to the list of medical advisers. My poor friend lived six or seven weeks—his constitution struggling, like a gallant ship in a storm, not only against his disease, but against the remedies devised by his well-meaning doctors for his restoration. Modesty of course demanded that a young man like myself should stand silent and acquiescent in the presence of such shining lights of the medical profession. But the spirit of free criticism had been awakened in my brain, and I watched the ever-varying prescriptions they made, and the shadowy theories upon which they were based, with mingled feelings of surprise, incredulity, and pity. I mean no disrespect to these eminent and excellent gentlemen, both of whom treated me with the most genial civility, and paid me social visits after my formal separation from the Old-School profession; but having seen allopathy practiced in a long and painful case, in the best manner

and spirit, by its best representatives, I determined to abjure it, *as a system*, forever.

“This determination was arrived at by the contrast between the two systems, which I was now enabled to make by my previous study and practice of homeopathy. A few years earlier I would have received the dicta of Doctors Drake and Bell as words of oracular wisdom—I would have taken notes of the principles and practice involved in the case, and would have thought I had gained some invaluable knowledge from these consultations. What jargon to me was all their learned phrases about correcting secretions, equalizing the circulation, allaying irritation, obviating congestion, determining to the cuticle, etc., and all their various means and measures for doing these things, when I knew that Bryonia and Rhus tox in very small doses, prevented the development of the typhoid condition, for the very simple reason that they produced it in large ones—every drug having opposite poles of action, one represented by large doses, and the other by small! How useless, and even injurious, were their opium and hyosciamus and lupulin, etc., checking secretion, benumbing sensibility, obscuring the case, when a few pellets of Coffea would have produced sleep or quieted irritability! And then, how much better infinitesimal Arsenicum album or Mercurius would have checked that obstinate diarrhea than all the chalk mixtures and astringents in the materia medica! And so of every feature in the case. The fact is, there are many exceedingly valuable empirical preparations in allopathy, for this, that, and the other morbid state or symptoms; but the general mode of philosophizing is false, vicious, and irrational, and the resulting practice frequently destructive: therefore, although I might continue to give quinine for intermittents, bismuth for gastralgia, etc., still, as I discarded all the allopathic theories, and nine-tenths of their practice, having a better system, thoroughly practical, safe, prompt, pleasant, and efficacious, I could no longer call myself, or consent to be called, an allopathic physician.

“Now arose a delicate and difficult question. If you believe that homeopathy is merely a reform in the highest sphere of medical science—that all scientific culture is preliminary, necessary, and adjuvant to it—if you intend retaining many of the best Old-School empirical prescriptions, because your new system, although magnificent as far as it goes, is still imperfect—why do you cut yourself off from your old friends and associates, and assist in founding a new and antagonistic School of Medicine, instead of infusing the spirit of your reform into the old one? Ah! but could I have done this noble work? Could I have taught the power of infinitesimals, and have reported my homeopathic cures in the established journals of medicine? Of course not. That failing, could I have written books on Homeopathy, contributed articles to homeopathic journals, consulted with homeopathic physicians, and have remained in good standing and loving fellowship with the intolerant members of the Medico-Chirurgical Society? Of course not. My dignity, self-respect, candor, honesty, and spirit of independence, all demanded that I should send in my resignation to that Society, as to a party of gentlemen to whom my opinions and practice had become obnoxious.

“I have now been a homeopath for twenty-four years [since 1853]. I have practiced it in all our Southern diseases for twenty-two years. Having studied both sincerely, I can contrast the two systems correctly. In all acute diseases, from the worst of them, cholera and yellow fever, to the earache or a cold in the head, homeopathy cures more frequently, promptly, and perfectly. In the chronic and organic diseases it sometimes achieves brilliant results; but in some obscure, complicated, or incurable cases, we have still occasionally to borrow the empirical crutches of allopathy, for which we are sincerely grateful. Having been true to myself and my conscience, and, as I firmly believe, to science and humanity, I have so long ignored the scoffs, the taunts, the base insinuations of some of my old confreres, that I have almost forgotten they ever existed.”<sup>614</sup>

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<sup>614</sup> William H. Holcombe. *How I Became a Homeopath*. New York: Boericke and Tafel, 1877.

## Prejudice Against Homeopathy

Since the time of Hahnemann, homeopaths have had to fight to keep homeopathy alive against the enormous bias they continually had to face.

We can find in the literature innumerable cases of discrimination against homeopaths and homeopathy. As a typical example, we find Dr. Baumgarten of Magdeburg who was prosecuted in 1843 following a coroner's inquest after one of his patients had died from pneumonia because "the method of treatment pursued was not fitted to avert the fatal issue of this inflammation of the lungs, and heart, and that the death of Knoll was probably to be attributed to the want of a necessary condition for her cure, even in itself trifling lesion of the chest, viz., a proper medical treatment."<sup>615</sup>

In his long defense, Dr. Baumgarten presented many statistics, which among others included the ones of Dr. Fleischmann in the Hospital of the Sisters of Charity, namely that he treated from 1838 to 1841 133 patients with pneumonia with nine deaths, a mortality of 6.8%, and 27 patients with endocarditis without losing a single patient.

He wrote to sustain his defense, "I might have referred to the above mentioned results in inflammations of the chest in public hospitals, just because they are public establishments, but I will exhibit another list of the cures hitherto published. The experiments of Dr. Marenzeller at Vienna, and those of Dr. Herrmann at Tulzyn, are the *only* experiments of importance instituted under the particular direction of the State, and are, therefore, also given:

Place	No. of Cases	No. of Deaths	Mortality Rate
Dr. Marenzeller's exper-	43	1	2.3

<sup>615</sup> Baumgarten. State-decision in Germany regarding homoeopathic practice. *British Journal of Homoeopathy* 1844; 2: 150-168.

iment at the Military Hospital in Vienna			
Experiment at the Military Hospital in Tulzyn	165	6	3.6
Total	208	7	3.4

“As respects the views of the examining bodies, it is not for me to pronounce a judgment; and I simply observe, that they declared themselves satisfied with my knowledge and principles, and that my own opinion is, that, by a right knowledge of homeopathy, I have very much increased my advantages in the cure of disease. As I cannot deem a purely allopathic Medical Board competent to judge of this case in an authoritative manner, I have taken the liberty of publicly submitting it, through the *Allgemeine Homöopathische Zeitung*, to the judgment of all medical men.”<sup>616</sup>

In 1919, Dr. L. D. Rogers made some pertinent comments about the comparative mortality favoring homeopathy during the NIP: “We have not heard of any ‘regular’ orthodox medical society appointing a committee to investigate the claims of homeopathy or of taking any steps to make their members acquainted with the system of treatment that had a mortality rate in flu and pneumonia thirty times less; in other words, which lost one patient where it lost thirty. ... If the tables had been turned and the homeopaths had lost 30 out of every 100 they treated, and the ‘regulars’ only 1, every homeopathic physician in the United States would now be in jail or under bond for his liberty, and possibly for his life. They would have been branded

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<sup>616</sup> Ibid.



as ‘criminals,’ ‘assassins,’ ‘quacks,’ ‘fakes,’ and the product of ‘low grade schools.’”<sup>617</sup>

Similarly, Dr. R. F. Rabe, editor of the *Homeopathic Recorder* commenting on the results reported in a survey conducted among the members of the American Institute of Homeopathy, said, “Were these figures reversed the homeopathic school would speedily be legislated out of existence.”<sup>618</sup>

In fact to this day, homeopathy continues to be ridiculed in the popular, medical, and scientific media. When one mentions during academic, medical, or social meetings that one specializes in homeopathy, conversations often falter, and eyes and people gradually move away. The bias against homeopathy has been as enormous as its successes. And it is indeed bias, for there has never been, even in modern times, an open, in-depth, rigorous scientific discussion by its opponents about the outstanding clinical record of homeopathy. What would really be the point of such an exercise, as its opponents firmly *believe* that homeopathy was long ago found to be false?

Thus homeopathy became a medical outcast even though homeopaths never chose to be separated from general, orthodox medicine. But in order to survive, they had to create their own institutions. Dr. Holcombe continued his exposition: “It would be well for him to remember the fate of an allopathic doctor in the State of New York, who denounced a young homeopath located in his neighborhood as a quack. He was brought before a court of justice on the charge of insult and abuse. The case turned upon the definition of quack, and the applicability of that definition to the plaintiff. The quack is an ignorant pretender to knowledge. The young homeopath produced his certificates and diplomas, proving that he had received a good classical and medi-

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<sup>617</sup> L. D. Rogers. Chicago soldier gets long sentence. Editorial. *North American Journal of Homeopathy* 1919; 67: 601-602.

<sup>618</sup> R. F. Rabe. Editorial. The American Institute of Homeopath at Asbury Park, New Jersey, June 15 to 20. *Homoeopathic Recorder* 1919; 34: 689-697.

cal education. A quack is a boastful advertiser of his own merits and capabilities. The young doctor had announced his business in a modest and unpretending manner. The quack is a vender of secret medicines and nostrums. The plaintiff secreted nothing, deceived nobody. He invited investigation, and was ever ready to explain his system and his measures to those who wanted information. The definition was exhausted; it did not fit the case; the allopath was guilty of insult and abuse. The judge imposed a heavy fine upon him and administered a severe and well-merited rebuke.”<sup>619</sup>

The rhetoric of the skeptics on homeopathy has so far been unsound and their opinions unreliable, for they reject homeopathy without providing evidence and thereby deter medical progress, leading to unnecessary suffering and countless loss of lives. But owing in no small part to the credulity of the scientific world, as well as that of governments and the public at large, a bigoted and self-serving medical establishment has succeeded in dominating the medical discourse.

Scores of homeopaths throughout the world have been unfairly tried, prosecuted, and even jailed for practicing homeopathy. In 1873, for example, eight members of the Massachusetts Medical Society, the majority of whom were graduates of Harvard University, were accused and found guilty, among other things, of trying to “disorganize and destroy the Massachusetts Medical Society.”

Dr. Israel T. Talbot, a founder of the first medical college for women and performer of the first successful tracheotomy in America, was one of the accused and acted as counsel for his colleagues. He made the following demands to the Board before the hearing: “1) That the trial should not be held with closed doors, but that their friends should be allowed to be present. Demand refused. 2) That reporters for the press should be allowed to be

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<sup>619</sup> Ibid., 18-21.

present; that as this was a matter affecting the character of the accused, the public had a right to know the evidence produced and the manner of conducting this trial. Demand refused. 3) That the accused be allowed legal counsel, since it is proposed to dispossess them of rights, privileges and personal property. Demand refused. 4) That they be allowed to have an advocate, not a member of the Massachusetts Medical Society, present to advise them. Demand refused. 5) That, as they have reason to object to the record of the Secretary, a phonographic reporter of the trial should be appointed by mutual consent, and sworn to the faithful performance of his duty. Demand refused. 6) That the accused may employ a phonographic reporter. Demand refused. 7) That an amanuensis, not a member of the Massachusetts Medical Society, be allowed to sit beside the accused and assist him in taking notes of the trial. Demand refused. 8) The right to peremptory challenge. Demand refused. 9) The right to challenge members of the Board of Trial for good and sufficient reasons. Demand refused.”<sup>620</sup>

Most importantly, because the weight of evidence has *not* been used to judge the efficacy, harm, and benefits of homeopathy, people the world over have been deprived for more than two centuries of the best that medicine can offer because of fierce theoretical opposition and underlying economic interests.

In effect, homeopathy has been largely pre-labeled and condemned, without having been subjected to any objective or thorough scientific analysis. Magicians are instead called in to expose the supposed deception; homeopathy is ridiculed and everyone has a good laugh.

But it goes beyond laughter. For most, some of the most shameful manifestations of cowardice and dishonesty in the history of science have occurred

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<sup>620</sup> *Trial of William Bushnell, M. D. [et al.] ... for practising homoeopathy, while they were members of the Massachusetts Medical Society.* Boston: Printed for the Examination and Consideration of the Fellows of the Massachusetts Medical Society, 1873.

when conventionally trained physicians and well-known scientists in the medical establishment decide to put homeopathy to the scientific test and find its underlying principle to be real and efficacious in practice. Then their sanity is questioned, their reputations are destroyed and they are ostracized in professional and academic circles. That happened to Dr. William Henderson, professor of Clinical Medicine and General Pathology at the University of Edinburgh, to Dr. Jean-Paul Tessier, the protégé of Dupuytren who conducted trials at the St. Marguerite hospital in Paris, and in the twenty-first century, to Dr. Jacques Benveniste, head of INSERM (the French institution which is equivalent to the NIH) who was short-listed for a Nobel prize, and Dr. Luc Montagnier, the 2008 co-winner of the Nobel Prize for Physiology and Medicine.<sup>621</sup>

Many scientists have told the author that they would endanger their careers by showing any interest in homeopathy. It is strange that even today homeopathy can attract so much hostility, particularly in individuals who are unable to accept factual evidence that conflicts with their philosophical convictions.

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<sup>621</sup> Skeptic and magician James Randi had been asked by the editor of *Nature*, John Maddox, to investigate the replication of the experiment on the memory of water that Benveniste had published. After a week-long investigation at Benveniste's lab, *Nature* called the work a "delusion." But no scientist except Luc Montagnier tried to replicate Benveniste's experiment. In an interview with the journal *Science*, which asked him, "You have called Benveniste a modern Galileo. Why?" Montagnier replied, "Benveniste was rejected by everybody, because he was too far ahead. He lost everything, his lab, his money." Regarding what he thought of homeopathy, Montagnier said, "I can't say that homeopathy is right in everything. What I can say now is that the high dilutions are right. High dilutions of something are not nothing. They are water structures which mimic the original molecules. We find that with DNA, we cannot work at the extremely high dilutions used in homeopathy; we cannot go further than a  $10^{-18}$  dilution, or we lose the signal. But even at  $10^{-18}$ , you can calculate that there is not a single molecule of DNA left. And yet we detect a signal." And to the question why he didn't pursue his research in France, he said, "I don't have much funding here. Because of French retirement laws, I'm no longer allowed to work at a public institute. I have applied for funding from other sources, but I have been turned down. There is a kind of fear around this topic in Europe. I am told that some people have reproduced Benveniste's results, but they are afraid to publish it because of the intellectual terror from people who don't understand it." (Luc Montagnier: French Nobelist escapes 'intellectual terror' to pursue radical ideas in China. *Science* 2010; 330: 1732.) After all, who was more scientific, the experimenter Luc Montagnier or those who denigrated the laboratory experiments through the aid of an illusionist but without any attempt to refute them scientifically?

## The Decline of Homeopathy

If the results homeopathy obtained during the NIP were so extraordinary, how can we explain its slow and progressive decline in America after the NIP?

In fact, the decline had already started 50 years earlier, when the standards for being a homeopath were lowered and its educational system on the whole stopped graduating physicians capable of practicing genuine homeopathy. The decline became more apparent after homeopathy had reached its numerical acme around 1900. This can be seen with progressive disappearance of its medical schools. In 1901, there were 20 medical schools teaching homeopathy in the United States.<sup>622</sup> By the time of the Flexner Report in 1910, only 15 remained.<sup>623</sup> By 1920, this number had dropped to 8. Dr. W. A. Dewey reported then in a Bulletin of the Bureau of Education of the Department of Interior: “At the present time homeopathic medicine is taught in Boston University School of Medicine; New York Homeopathic Medical College and Flower Hospital; Hahnemann Medical College of Philadelphia; Homeopathic Medical School of the University of Michigan; Homeopathic Medical School of Ohio State University; and Hahnemann Medical College and Hospital of Chicago. Two other State universities include in their medical curriculums the teaching of the homeopathic system of materia medica and therapeutics, namely, Iowa State University Medical School and the Medical School of the University of California [in San Francisco].”<sup>624</sup>

By 1940, only one homeopathic medical school was left, the Hahnemann Medical College of Philadelphia. In 1999, historian Julian Winston described the slow phasing out of the teaching of homeopathy: “In 1945, as soon as

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<sup>622</sup> T. Franklin Smith. Report of the committee on organization, registration, and statistics. *Transactions of the American Institute of Homoeopathy* 1901; 57 : 657-746.

<sup>623</sup> Abraham Flexner. *Medical Education in the United States and Canada. A Report to the Carnegie Foundation for the Advancement of Teaching*. Bulletin Number Four. New York, 1910: 258.

<sup>624</sup> *Education in Homeopathic Medicine During the Biennium 1918-1920*. Department of Interior. Bureau of Education. Bulletin 121, 18, 1921.

the pressure to supply physicians for the war eased, the American Association of Medical Colleges and the American Medical Association Council on Medical Education notified Hahnemann [Medical College of Philadelphia] that it was being put on probation. Teaching homeopathy did not help its probationary standing. ... In 1949, the probation was lifted and Hahnemann Medical College divested itself of homeopathy.”<sup>625</sup>

Another factor that converged with an internally weak profession was the changes that took place in medical education of all schools of medicine in America in the early twentieth century. The most notable change was the closing of many medical colleges and a resulting decline in the number of medical students. That was described in 1922 by Dr. Scott Runnels, director of Homeopathic Laboratories at the University of Michigan: “There has been a general falling off in the number of medical students in the country during the past twenty years. The following statistics are illustrative of the percentages in both schools: From 1905 to 1917, both the allopathic and homeopathic schools of medicine experienced a similar decrease of close to 50% in the number of students registered in their colleges.”<sup>626</sup> However, the homeopathic school experienced an increase in its graduates in 1920 because of the increased interest in homeopathy following the NIP.<sup>627</sup>

In 1922, Dr. William H. Dieffenbach, chairman of the Alumni Permanent Endowment Fund Committee of the New York Homeopathic Medical College explained the new economical reality of medical schools: “During the past three decades medical education has undergone such changes that a great many

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<sup>625</sup> Julian Winston. *The Faces of Homœopathy*. Tawa, New Zealand: Great Ark Publishing, 1999: 278-279.

<sup>626</sup> In 1905 there were 24,117 allopathic students. In 1917 there were 12,925, a decrease of 46.3%. In 1905 there were 1,104 homeopathic students. In 1917 there were 580, a decrease of 47.5%. ( Scott Runnels, Dean M. Myers. Is there but one school of medicine? *Journal of the American Institute of Homeopathy* 1921-1922; 14: 990-1001.)

<sup>627</sup> Scott Runnels, Dean M. Myers. Is there but one school of medicine? *Journal of the American Institute of Homeopathy* 1921-1922; 14: 990-1001.

colleges have been closed, while others must meet the requirements of advancing laboratory equipment and clinical teaching or close in the near future. It is vital to the health of the community that every medical college should be preserved. In New York State alone there has been a loss by death of 350 physicians a year in excess of the number of doctors graduated by the medical schools. ... My college, the New York Homeopathic Medical College and Flower Hospital, is the only Homeopathic College in New York State and its importance to our branch of the profession as ‘the Keystone to the Arch of Homeopathy’ cannot be over-emphasized. The College has been established over fifty-five years and has thus far withstood all the vicissitudes of the demands of the times. We are now faced with the necessity of taking care of its annual deficits and meeting the demands for new equipment. ... Homeopathy has done so much for humanity that our appeal to our friends and patients will not go unanswered. While the spectacular advances of other branches of medicine have tended to place the administration of drugs into the back-ground, the truths of homeopathy have been proven and re-proven for the past one hundred years.”<sup>628</sup>

The homeopathic profession was found unable to meet the new economical reality and to muster the support it needed from governments, institutions, and philanthropists to finance its medical schools. Having no more graduates, homeopathic institutions were slowly absorbed by the dominant school of medicine, particularly after cooperation had developed between the two schools.

In 1921, Dr. Hubert Work, president of the American Medical Association said before the annual meeting of the American Institute of Homeopathy, at a time when relations between the two schools of medicine were peaceful and without any apparent open conflict: “Your school of medicine and the

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<sup>628</sup> William H. Dieffenbach. For alumni of the New York Homeopathic College. *Journal of the American Institute of Homeopathy* 1921-1922; 14: 862-864.

school in which I was trained had so many things in common and so few points of difference that I cannot understand to this day why there is the distinction between us. ... The training in the essentials of medicine, in preventive medicine, our school course in anatomy, physiology, and everything that pertains to the practice of medicine, except the administration of drugs, the essentials in the great scheme of the practice of medicine are taught by the two schools alike, are practiced alike. We are together in our work as regards the fundamentals. ... You people do not care very much what your physicians prescribe provided they have laid the foundation to prescribe intelligently; we do not care at all what ours prescribe provided they have the education to prescribe intelligently, and so the essentials do not differ at all. ... I am glad to have the opportunity to extend to you officially the greetings of the American Medical Association, and to say to you that as an association we are proud of you and wish to be considered American physicians with you.”<sup>629</sup> The same evening, Admiral Edward Still, Surgeon General of the U.S. Navy, said, “I know that [Dr. Joel] Boone<sup>630</sup> has not told you about it because he keeps quiet on that score, but Boone for bravery in face of the enemy in France is the most decorated man in the Medical Corps of the Navy.”<sup>631</sup>

At that time, the homeopathic profession in the United States had high expectations for its future, the members of the American Institute of Homeopathy were received at the White House by President Warren G. Harding and the First Lady, and General Charles Sawyer, past president of the American

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<sup>629</sup> Hubert Work. The Institute banquet. *Journal of the American Institute of Homeopathy* 1921-1922; 14: 302-303.

<sup>630</sup> Dr. Joel Boone, a homeopathic physician, was assistant to Dr. Charles Sawyer, who was White House physician to President Warren G. Harding and later to presidents Calvin Coolidge and Herbert Hoover.

<sup>631</sup> Edward Still. The Institute banquet. *Journal of the American Institute of Homeopathy* 1921-1922; 14: 303-304.



Institute of Homeopathy, was President Harding's doctor. The profession was blind to the approaching demise of its institutions.

Without the necessary support from institutions and governments, the homeopathic profession, exhausted from constantly being in survival mode and fundamentally weak from an inadequate educational system, continued its slow decline in the United States in the years following the NIP. Furthermore, as Dr. R. F. Rabe, editor of the *Homoeopathic Recorder*, pointed out in 1919, even *professed* homeopaths were not immune to the delusive appeal of modern medicine: "Established medicine today finds itself doing its best work in the field of prophylaxis and immunity, while it is practically as helpless as ever in the field of curative therapy. We need only point to the truly appalling number of deaths under old school treatment in the recent pandemic of influenza and pneumonia for verification of this statement. But in our own school, where therapeutic results have been so strikingly superior, strangely enough we find little or nothing done to advance our knowledge of the very thing, which has enabled us thus far to achieve this superiority. We, too, are blinded by the magnificent luster of modern science and in its glare fail to see or to seize the very diamonds sparkling at our feet.

"What then ought we to do if there is to be an awakening within us which shall arouse us to action and cause us to place homeopathy where she rightly belongs, in the very *keystone* of the arch of drug therapy? For after all, homeopathy is and will remain a therapeutic specialty, and as such, by virtue of its fundamental law, will always be supreme in its legitimate field."<sup>632</sup>

### **The Core Issue in the Conflict Between Homeopathy and Its Opponents**

Scientists who have an opinion on homeopathy can essentially be divided into two groups:

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<sup>632</sup> Rudolf F. Rabe. *Materia medica: How shall it be taught?* *Journal of the American Institute of Homeopathy* 1919-1920; 12: 14-16.

The first group is like the people who refused to look into Galileo's telescope. Here we have a complete rejection of homeopathy on the basis of its implausibility. No argument can dissuade them the conviction that homeopathy is a gigantic fraud since the increase in potency by further diluting a solution is obviously absurd. If they are shown evidence of any superiority of homeopathic treatment, they attribute it to the danger of allopathic drugs and the placebo effect of homeopathy and are ready to uphold any systematic opposition to homeopathy.

In the second group, we find those scientists who take a completely different approach. While they realize the apparent absurdity of the UMPs they are willing to examine evidence and conduct experiments, which is what scientists are expected to do.

The dilemma related to the question of homeopathy has become clearer through the present exchange. One on hand, we have skeptics who reject homeopathy, not from facts, but primarily from a theoretical point of view. On the other hand, we have physicians who are interested in healing the sick in a safe, gentle and efficacious manner—therefore rationally and scientifically—and have accepted homeopathy after carefully examining its claims and conducting their own trials. We are in fact witnessing one of the most striking paradoxes in the history of medicine, namely, that what a homeopath considers to be evidence of effectiveness and excellence of practice following a purely scientific method, it is claimed by skeptics to be implausible and fraudulent and its splendid outcomes to be due simply to the placebo effect. It is at any rate unscientific. Whenever evidence of the effectiveness of homeopathy is reported in the world of science, skeptics are quick to reply that something must be wrong with the experiment, the observations, or the analysis of the results.

In fact, some skeptics go even further, according to Dr. Josef Schmidt, professor of ethics, history, and theory of medicine at the Ludwig-Maximilian University in Munich, Germany: “In order to raise the threshold into infinity, out of any reach of homeopaths, so-called scientific skeptics advocate a substitution of evidence-based medicine by the stricter concept of science-based medicine. According to that, also positive results of randomized clinical trials would no longer prove anything if their underlying rationale is not plausible to modern scientists. Since, according to their view, homeopathy is based on implausible principles such as the laws of similarity, infinitesimals, miasms, etc., any positive result of any future study whatsoever based on premises like that would henceforth—a priori—be judged as futile and irrelevant. ... Drawing on the knowledge and methods of most advanced modern sciences, such as *epistemology*, *quantum physics*, *chaos theory*, *systems theory*, and *history of science*, today it seems clear that the mechanistic and materialistic Cartesian and Newtonian approach is not able to cope with the systemic, non-linear, and complementary conditions of living beings.”<sup>633</sup>

Moreover, it is extraordinary to observe how ostensibly rational scientists become passionately irrational on the question of homeopathy. Many cannot bear the idea that a phenomenon cannot be explained, and so they deny its existence. But science does not limit its field of investigation because a result appears to be paradoxical or strange; it relies on facts alone, particularly when they are consistent, repeatable, predictable, and extraordinary numerous. True scientists do not allow themselves to be blinded by prejudice and personal opinion but instead follow wherever science leads them.

The theoretical physicist Dr. Richard Feynman points out that the infinitely small and large dimensions of the universe are not easy to understand, and he stressed the necessity of accepting Nature as it is: “Electrons, when they

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<sup>633</sup> Josef M. Schmidt. Evidence and excellence of homeopathy—revised and revisited. *68th Congress of the Liga medicorum internationalis homoeopathica*, Quito, Ecuador, June 4-7, 2013.

were first discovered, behaved exactly like particles or bullets, very simply. Further research showed, from electron diffraction experiments for example, that they behaved like waves. As time went on there was a growing confusion about how these things really behaved—waves or particles, particles or waves? Everything looked like both.

“This growing confusion was resolved in 1925 or 1926 with the advent of the correct equations for quantum mechanics. Now we know how the electrons and light behave. But what can I call it? If I say they behave like particles I give the wrong impression; also if I say they behave like waves. They behave in their own inimitable way, which technically could be called a quantum mechanical way. They behave in a way that is like nothing that you have seen before. Your experience with things that you have seen before is incomplete. The behavior of things on a very tiny scale is simply different. An atom does not behave like a weight hanging on a spring and oscillating. Nor does it behave like a miniature representation of the solar system with little planets going around in orbits. Nor does it appear to be somewhat like a cloud or fog of some sort surrounding the nucleus. It behaves like nothing you have seen before. ...

“The difficulty really is psychological and exists in the perpetual torment that results from your saying to yourself, ‘But how can it be like that?’ which is a reflection of an uncontrolled but utterly vain desire to see it in terms of something familiar. ... I think I can safely say that nobody understands quantum mechanics. So do not take the lecture too seriously, feeling that you really have to understand in terms of some model what I am going to describe. ... I am going to tell you what nature behaves like. If you will simply admit that maybe she does behave like this, you will find her a delightful, entrancing thing. Do not keep saying to yourself, if you can possibly avoid it, ‘But

how can it be like that?’ because you will get ... into a blind alley from which nobody has escaped. Nobody knows how it can be like that.”<sup>634</sup>

Science is based on the careful gathering of evidence through meticulous observation and experimentation and sound reasoning with the ultimate goal of obtaining a body of precise, consistent, and reliable knowledge. Physicians rely entirely on such precise scientific knowledge to obtain the highest degree of success in preventing disease, promoting optimal health, and achieving the therapeutic ideal in every sick person, which is the gentle, rapid, complete, and lasting restoration of health. It is a remarkable fact that the opposition to homeopathy is not based on scientific evidence but on the belief that homeopathy is implausible. But in science, it is not enough to put forward a hypothesis without testing it, and the opponents of homeopathy have never seriously tested their hypothesis, even though it would be extremely easy to put homeopathy to the test, for instance, in patients with pneumonia. To reject homeopathy on scientific grounds would require facts based on impeccable experiments that were more numerous than the ones that show its effectiveness. That should be as obvious as it is to verify whether it is raining outside by opening the window and putting one’s hand out rather than arguing about it while looking away from the window. However, skeptics refuse to follow that simple scientific procedure.

In short, the conflict between homeopathy and its opponents boils down to a clash of facts versus ideas, which greatly resembles other conflicts on scientific questions that have been argued through the centuries. Typically, one of the two parties of professed scientists presents a set of evidence based on irrefutable facts, which are opposed by the other side for being unacceptable from a theoretical or ideological point of view.

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<sup>634</sup> Richard P. Feynman. Quantum mechanics. The Messenger Lectures. MIT, 1964.

The dispute between the creationists and the evolutionists is a good example of such a conflict in the world of science that resembles the one in which homeopathy has been involved since its beginnings. Here, we find creationists, who still maintain that there is no persuasive evidence for evolution. It has been said that no amount of evidence will make the slightest difference for creationists, who have closed minds and are convinced that they are right. Similarly we could say that no amount of evidence will make the slightest difference to skeptics who can't be bothered to examine the full evidence of homeopathy. Clearly, the skeptics have confused or convinced a lot of people for a long time about homeopathy. But homeopathy will eventually have the upper hand in this argument because, in the long term, sound facts are more powerful than unsupported beliefs and assumptions.

Skeptics have always considered a priori that any evidence in favor of homeopathy must be flawed because they view homeopathy as being implausible. Of course, that argument is presented in the guise of science whereas it is in fact the antithesis of science, since it is based on personal opinion and theoretical or philosophical objections rather than on clinical or experimental facts.

Another remarkable fact in this long-lasting conflict is that the opponents of homeopathy have never attempted to dispute the foundation of homeopathy, which is the law of similars. Nor have they ever been able to show solid, experimental evidence against the phenomenon of potentization used in the preparation of homeopathic remedies.

In view of the overwhelming evidence for the effectiveness of homeopathy, the scientific community and the general public should ask the skeptics for nothing less than incontrovertible facts that negate the law of similars, the phenomenon of potentization, and the clinical results of homeopathy, because the health and lives of millions of people are at stake.

Homeopathy is now at the end of the second stage of Arthur Schopenhauer's description of the three stages of truth acceptance: "All truth passes through three stages: First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident." Of all major scientific discoveries, homeopathy may have had the longest period of being opposed before receiving universal acceptance.

In his 1875 presidential address to the American Institute of Homeopathy, Dr. William Holcombe expanded on the idea that the conflict between homeopathy and allopathy will continue until the fittest survives: "In matters of pure science, determinable only by observation and experiment, why this partisan feeling, akin to political or religious prejudice? The meaning is this, that the contest between allopathy and homeopathy is a great conflict of ideas. Ideas govern the world. Erroneous ideas are eradicated with much difficulty. Great and true ideas are always of slow and painful birth and tardy growth. A conflict of ideas is a battle or series of battles, and presents all the meanness, the cunning, the stratagems, the bitterness and sometimes the violence of actual war. ... Men have been burned at the stake for believing in the unity of God, the central position of the sun, the rotundity of the earth and the plurality of worlds. ... [W]e are no readier than our ancestors to give any new idea a hospitable reception, especially if it clashes with our preconceived opinions, our religious prejudices, the dogmas of our school or the evidence of our senses! ...

"Ideas which incur the persistent neglect, contempt, animosity or persecution of the age in which they are presented, belong to one of two classes. Those of the first class are fundamentally false, erroneous in theory, dangerous in practice, kept alive for a time by the enthusiastic zeal of friends, but slowly dying out from inherent want of vitality, and from the pressure of hostile influences brought to bear against them. Such were the many forms

of religious, philosophical and medical doctrine which have illustrated the eccentricities and the vagaries of the human mind. Among these ephemera, it is the fashion for the allopathic school to class our beloved homeopathy, and its prophets continue to predict that the next generation will witness the burial of the last adherent of the infinitesimal heresy.

“On the other hand, the greatest ideas are not received, but are rejected, despised, persecuted and resisted, when the ground has not been prepared for their reception, when they are sprung prematurely upon an unappreciative world; for ideas, like plants, have to be furnished with proper soil and suitable culture. The fundamental ideas of homeopathy are these: Diseases are cured by remedies which produce similar symptoms in the diseased parts, and ... cures may be effected with doses entirely inappreciable by our senses. The uninstructed mind immediately and instinctively revolts against both these propositions, as the child revolts against the idea that the world is round or that the sun is stationary in the heavens. ...

“If in one age of the world homeopathy and a belief in it are impossibilities, and in a succeeding age homeopathy is not only discoverable but acceptable and accepted, there have been causes at work to produce the change, which it is exceedingly interesting and instructive to trace.

“Our subject belongs to that department of the philosophy of history known as the history of opinion and discovery. ... It will be sufficient in our limited space to consider briefly four great causes which have led to the discovery or development of homeopathy and prepared the public and professional mind for the partial acceptance it has already received.

“These causes are:

1st. The growth of the critical spirit, insuring free discussion and inquiry, and bringing about greater flexibility of thought and readier acceptance of new



ideas.

2nd. The development of experimental philosophy and the consequent elevation of *fact* entirely above theory and speculation.

3rd. The discovery of the microscope and its application to anatomical researches.

4th. The wonderful advances made in the last half century in the laws and phenomena of the imponderable and elementary forces of nature.

“1st. History is full of the persecutions of those who have advanced ideas which were repugnant to the unthinking but dominant majority. Galileo, Harvey, Jenner, Fulton, and Hahnemann himself are stereotyped illustrations. But to form a vivid conception of the difficulties which have been overcome, imagine the entire medical profession to be composed of such men as Simpson, Holmes, Hooker and the editors of the London *Lancet*. With what scorn and even violence would such bigots, a few hundred years ago when they had the power, have repressed the doctrine of *Similia similibus* and the use of infinitesimal doses. Homeopathy would have been strangled in the birth by these watchful guardians of their own opinions and interests. Indeed it is probable that the homeopathic idea *has* been frequently prevented from taking form and shape and coming to the light. ...

“2nd. When I stated that the development of *experimental philosophy* was a necessary antecedent to the discovery and acceptance of homeopathy, I asserted a truth of great significance. Experimentation is altogether a modern process. The ancients, who were keen observers and good describers of facts, knew nothing of experiment in our sense of the term. They observed and speculated; the moderns observe and experiment. To experiment is to operate upon a substance in such a manner as to discover or elicit some fact or facts about it unknown before. This method began with the great revival

of thought in Europe after the long night of the dark ages. ... This method of investigating and as it were interrogating and cross-examining nature is the cause of our rapid strides in physics and chemistry, and of the vast and ever-increasing development of arts and sciences.

“Homeopathy is the child of philosophical experiment. Hahnemann was himself a chemist as well as a physician. He was fond of the laboratory and of the practical study of nature. Dissatisfied with the current theories of drug action, he experimented boldly upon himself, when in perfect health, with Peruvian bark. It was one of the grandest and most fruitful experiments ever made. ... The bark produced on him an attack of ague and fever. It was a new fact, unknown, undiscovered before. Peruvian bark cures ague and fever—an old fact. It causes ague and fever—the new fact, discovered by experiment. Put the two facts together, compare them, reason from them, and you have a *new idea*. It cures ague and fever *because* it has the power to produce it. *Similia similibus curantur* is uttered! Homeopathy is born! And a thousand hitherto detached and lawless facts are drawn together by a new thought and reduced to a common law. Light breaks in, a new system is inaugurated, and the world is wiser and better for the change.

“Such was the glorious beginning of homeopathy, not in the dreams of the poet, the speculations of the philosopher or the visions of the saint, but in the bold experiment upon his own body by a determined and sagacious physician. Such an achievement was impossible in any other age but ours, for the world was not ripe for it until experimentation became the ruling thought, principle and habit in the scientific mind. From that day to this experiment on the healthy system has been the guide and key to the construction of the homeopathic materia medica. Something has been learned from accidental poisonings, something from empirical observations on the sick; but true homeopathy depends for its scientific precision upon the discovery

of new facts by experiment, the great instrument of modern thought. ...

“3rd. The homeopathic law having been established, and a new *materia medica* created by novel and fruitful experiments, the next difficulty to both physicians and laymen was the homeopathic *dose*. A very minute dose was found, *also by experiment*, to be more efficacious than a merely small dose; and it was afterward discovered that an infinitesimal quantity of the drug, chosen on the homeopathic principle, was, in some cases, not more *powerful* but more *curative* than the very minute but still appreciable doses. This was a very puzzling fact, and the difficulty was to realize the existence of any medicine at all after it had been so comminuted as to elude the evidence of the senses and transcend the possibility of chemical analysis.

“The compound microscope and its applications have made the homeopathic dose comprehensible by the human mind. I may safely say that previous to the discovery of that wonderful instrument, the conception of an infinitesimal dose would have been an impossibility. The microscope has done for the infinitely minute side of nature what the telescope has done for the infinitely vast and remote. It has revealed a new world to us, and enabled us to realize what a universe lies beyond the reach of our senses or the tests of our chemical art.

“Take ... [an] illustration, from the crystalline lens of the eye of the codfish. This minute pellucid object is found by the microscope to consist of about five million distinct fibers. These fibers are furnished with teeth like those of a watch-wheel, and the teeth of the adjacent fibers lock into each other. Now there are sixty-two thousand five hundred millions of these teeth. Each tooth has six surfaces which come into contact with the corresponding surfaces of the adjacent teeth, so that the number of touching surfaces is three hundred and sixty-five thousand millions.

“Think of this extraordinary fact; realize it in your imagination; reflect that each of these surfaces is a space, a reality, a mechanical power, and you can readily conceive that the atom [i.e., the smallest quantity] of the highest homeopathic attenuation retains form, and substance, and properties, and has its part to play in the mechanism of cure.

“This is still more comprehensible when we remember that our own nervous tissues and blood-globules are just as inconceivably minute as the lens of the codfish, and that our homeopathic processes simply bring the medicine into a state of corresponding minuteness. The crude substances of allopathy never get into these secret recesses, these molecular and atomic spheres of vitality, no more than a steamship can get from the sea into the little mountain rill away up near the snow line.

“Hear what Hughes Bennett says of this infinitesimal anatomy, in which homeopathy works its wonders: ‘The intricate molecule has never been reached even with the highest magnifying powers. In the same manner that the astronomer with his telescope resolves nebulae into clusters of stars, and still sees other nebulae beyond them, at present irresolvable, so the histologist with his microscope magnifies molecules into granules, and sees further molecules come constantly into view.’

“One of the greatest modern philosophers, La Place, looking with comprehensive spirit on the wonders of animal life, exclaimed: ‘Beyond the limits of this visible anatomy commences another anatomy, whose phenomena we cannot perceive; beyond the limits of this external physiology of forces, action, and motion, exists another physiology, whose principles, effects, and laws it is of greater importance to know.’

“This invisible anatomy and physiology constitute the field where homeopathy works with its invisible atoms and its invisible operations, but its sure

and perceptible result. Within the allopathic world of wonders there is another world still more wonderful; within the molecule of old medicine lies a still more energetic atom opposite in its action. It is not surprising that men, living for ages with no scientific methods or instruments, did not penetrate into this mysterious sphere. It lay undiscovered, because the means of its discovery had not been invented. Homeopathy is the new continent, the western hemisphere of medicine, and Hahnemann was its Columbus.”<sup>635</sup>

The implications of this long-lasting conflict between the proponents and opponents of homeopathy are wide-ranging and probably more important than most people realize. It is more than just a simple feud between two systems of medicine, because it is really the story of *a great injustice to humanity*.

Some countries have made homeopathy an official system of medicine and have enjoyed its advantages. In India, for instance, millions of people have benefited since homeopathy was integrated and institutionalized in the 1960s and 1970s. The great humanitarian spirit and clinical success of homeopathy in India stands in stark contrast to the tyranny of skepticism and the deplorable mixture of profit seeking with medical science that has dominated Western discourse on homeopathy for the last 150 years.

### **Homeopathy as an Art and Science That Can Be Taught and Learned**

The main limitation to the successful practice of genuine homeopathy lies in the difficulty in training doctors capable of practicing it proficiently, owing to the lack of a widespread high-quality educational system. But once the right kind of system of medical education is established, homeopathy will be able to reach its full potential to help suffering humanity.

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<sup>635</sup> William H. Holcombe. Historical significance of homoeopathy. *Proceedings of the American Institute of Homoeopathy* 1875: 16-30.

In the hands of beginners, success with homeopathy can be around 10% to 20%, while in the hands of true experts it can reach close to 100%. That is the reason that Hahnemann recommended a conscientious and complete study of homeopathy after the study of medicine before beginning its application in full-time practice.<sup>636</sup> He said it is not sufficient to prescribe remedies that were prepared by a homeopathic pharmacy. To be homeopathic, remedies must be prescribed with one goal in mind, which consists in having the physician's complete attention and care focused on treating each patient as an individual without trying to fit him or her into any category.<sup>637</sup> Ideally, homeopathy should be part of the core curriculum of medical education and the study of the basic sciences and specialties should be subservient to it.

### **Application of the Principle of Similars to Any Epidemic Disease**

A doctor practicing genuine homeopathy is always ready to face any new epidemic disease, because the principle of similars can be applied to every sick person at any time. When poliomyelitis made its first appearance in New York City in 1916, homeopaths sought in its store of established remedies the ones most similar to symptoms experienced by the sick. Just before being named New York City Health Commissioner, Dr. Royal Copeland reported how homeopaths had coped with the new epidemic, which carried a high mortality rate: "During the past summer there stalked the streets of New York City a more terrible form of death than ever before came to plague a civilized and sanitary people. It entered ten thousand homes, snatched to its bony breast a multitude of precious ones, and left behind an army of deformed and helpless children—many worse than dead. As might be expected, the medical

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<sup>636</sup> Samuel Hahnemann. Allocution de Samuel Hahnemann, prononcée à l'ouverture de la session parisienne de la Société gallicane, le 15 septembre 1835. *Bibliothèque Homoeopathique* 1836; 6: 29-30.

<sup>637</sup> Samuel Hahnemann. Correspondance. *Bibliothèque Homoeopathique* 1835; 5: 320-322.

and sanitary officials of the city arose in their might to exterminate this dread disease. But alas! the scourge halted not!

“More doctors were called into consultation, famous laboratories were opened for study of the problem, and every local scientist was requisitioned for service. Still the epidemic widened its field. In desperation there was a call made for every sanitarian in North America. There assembled the greatest aggregation of public health experts, bacteriologists, laboratory directors, professors of hygiene, epidemiologists, and medical experts ever brought together for a single purpose. Days were spent in gathering first-hand information regarding the epidemic, visiting afflicted sections of the city, examining patients, making laboratory tests, and estimating therapeutic values. No possible method of treatment or remedy was overlooked. What did it all avail? Absolutely nothing. The death rate was undisturbed and one out of three children afflicted gave its life. Cases treated one way or another, or left untouched—all suffered the same fate. The medical profession was baffled, and the only confident physician was the one who had not seen the disease.

“At this stage, the [homeopathic] Flower Hospital opened its doors to a group of infantile paralysis patients. The first wagon-load came from the wards of another institution, glad to be rid of hopeless cases. Five of them died within a few hours of admission to Flower, one within twenty minutes. Certainly, we may properly exclude these cases from our statistics; they were dying when they came and had practically no treatment. But out of thirty-five other cases, just one died, and every single one of the living and paralyzed children had improvement of the paralysis before dismissal from the hospital. I doubt if any other group of cases in the city of New York can show anything like as good a report. Now, what treatment did these children

receive? Either our doctors made more skilful use of the ordinary methods, or else they did something different from the usual procedure. Which was it?

“Our doctors had seen an occasional case of infantile paralysis, but never enough to form any opinion as to treatment. They were as helpless in general as were all the other scientific gentlemen, who had met in solemn conclave to discuss the disease. But our men had the advantage of an elaborate store-house of knowledge, the homeopathic materia medica. They ransacked this collection until they found *Cicuta*, *Curare*, *Belladonna*, *Gelsemium* and *Hydrocyanic acid*, homeopathic remedies, with symptoms corresponding to the symptoms of their little patients. As the wing of the bird fits the air, so did one of these remedies or another fit the symptoms in an individual case. No generalization, no shot-gun procedure, no cure-all, no universal specific—no such unscientific way was followed, but for each case its own remedy was prescribed. ...

“Once more, my friends, and in a spectacular way has homeopathy demonstrated its superiority to all other methods of cure. ... [I]n our own Flower Hospital ... have we seen its virile and potent strength! ... By supporting [the homeopathic college] and endowing it, humanity is being supplied with a means of cure when other means fail. Homeopathy shortens disease, relieves human suffering, and prolongs the span of life. Are we not justified in presenting the case of homeopathy and urging its more general adoption?”<sup>638</sup>

### **Waiting for Homeopathy To Be Heard In the Court of Science**

In 1921, Drs. Scott Runnels and Dean W. Myers, two professors of medicine at the University of Michigan, envisioned bringing the conflict between homeopathy and its opponents into “the court of science”: “Few of those who

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<sup>638</sup> Royal Copeland. Publicity for the purpose of educating the intelligent public including the homeopathic profession. *Journal of the American Institute of Homeopathy* 1916-1917; 9: 1278-1283.



condemn homeopathy have a knowledge even of its principles, to say nothing of its practice, and even less of its track record. Wherefore, it is clear that in the court of science, their testimony, however voluble and dogmatic, would be vain. Their arguments against homeopathy are from a theoretical point of view, while homeopaths base their claims upon clinical experiments millions of times repeated. Clearly at the judgment bar of science, only experiments equally careful, equally numerous, but leading to opposite conclusions can be accepted as countervailing arguments. The question in brief is a practical one. Are the claims and statements of homeopaths justified? Hahnemann has set forth a law of nature which has never been disproved by any department of science, and on the contrary positive proof of its veracity is overwhelming.”<sup>639</sup>

The purpose of the current discussion is to point out the fact that homeopathy is based upon a definite law which is scientifically provable and that it is the only known law in medicine directed at medicinal therapeutics which specifically triggers a general healing reaction, also referred to as an allostatic response of the whole person (ARWP).<sup>640,641</sup>

On several occasions the American Institute of Homeopathy requested the American Medical Association to appoint a committee to act, with or independently of, a like committee of the American Institute of Homeopathy to investigate and prove or disprove the law of similars. These invitations were never accepted.<sup>642,643</sup> Perhaps, the time has now come.

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<sup>639</sup> Scott Runnels, Dean W. Myers. Is there but one school of medicine? *Journal of the American Institute of Homeopathy* 1921-22; 14: 990-1001.

<sup>640</sup> Ilia N. Karatsoreos, Bruce S. McEwen. Psychobiological allostasis: resistance, resilience and vulnerability. *Trends in Cognitive Sciences* 2011; 15 (12): 576-584.

<sup>641</sup> Iris R. Bell, Mary Koithan. A model for homeopathic remedy effects: low dose nanoparticles, allostatic cross-adaptation, and time-dependent sensitization in a complex adaptive system. *BMC Complementary and Alternative Medicine* 2012; 12 (1): 191.

<sup>642</sup> Correspondence. *Medical Century* 1913; 20: 176-177.

Different methods of treatment yield different results. The main factor for weighing the value of each method of treatment should be evidence based on the most incontrovertible facts; however belief and dogma have been the basis of judgment for too long in this most vital medical and scientific issue. The long accepted and classic way of proceeding in all the natural sciences should not be any different for homeopathy, because there is no place for bias in science and medicine.

No one has a right to oppose homeopathy upon purely theoretical grounds, particularly when it has been practiced all over the world for more than two centuries with all experience showing its immeasurable value to humanity. Physicians who refuse to recommend homeopathy to patients with pneumonia, for instance, are in fact signing the death warrant for ten or more persons out of every hundred with this disease, and an informed public should hold them responsible.

Beliefs, influence, and politics have so far greatly determined the legitimacy of medical education and practice. Once *Similia similibus* comes to be recognized as the therapeutic principle of choice by a physician, the difference between homeopathy and allopathy becomes clear, particularly in the outcome experience in every patient, which is a world apart from the old practice.

### **A Challenge to Scientists**

Scientists who are up for the challenge presented by homeopathy and decide to look into Galileo's telescope will have a rich and vast body of evidence to examine, whether it is the infinite number of extraordinary and consistent cases of recovery from acute or chronic mental, emotional, or physical conditions; long-term observational studies on large populations; innumerable prospective and retrospective epidemiological studies; in vitro ex-

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<sup>643</sup> Scott Runnels, Dean M. Myers. Is there but one school of medicine. *Journal of the American Institute of Homeopathy* 1921-1922; 14: 990-1001.

periments with all types of living organisms; well-designed and rigorous RCTs; or basic scientific research.

In view of this mass of evidence, there is no justification for the argument that homeopathy cannot be true because it is implausible.

When dogma is more important than factual evidence and scientists give credence to the allegations of the opponents of homeopathy, they bring discredit to the whole world of science; when that is pointed out, scientists tend to remain silent, as in the current debate.

Medical historians, who time and again investigate epidemics, should be encouraged by the academic and scientific communities to break the code of silence that has been imposed on them and to examine the record of homeopathy critically and report it objectively. That record, consisting of the results and experience of generations of homeopaths from all over the world, is contained in books, journals, and official reports that can be found in medical libraries all over the world. Historians would soon realize from their investigation that these results are authentic and that homeopathy is real.

The next step would be to conduct trials with very sick patients. If after such trials the physicians become convinced that the principle of similarity is true and decide to adopt genuine homeopathy, they will have a fascinating and gratifying medical career.

### **Conclusion:**

### **Rating the Quality of the Evidence and Strength of Recommendations**

The Canadian Evidence-Based Care Group writes, “Occasionally the benefits of an intervention are so clear, and the harms and costs so small, that there is little or no need for rigorous evaluation.”<sup>644</sup>

Let us proceed through this exercise and evaluate from the perspective of evidence-based medicine (EBM) the clinical evidence supporting the efficacy of homeopathy for patients with CIP. The main purpose of such an evaluation process would be to rate the evidence and strength of a recommendation for an intervention with a particular population of patients.

Four questions should now be asked in this evaluation process:

- 1- Does homeopathy work as an intervention or not?
- 2- How effective is homeopathy in the treatment of patients with CIP?
- 3- On the basis of its effectiveness, what should be the strength of a recommendation for homeopathic treatment in the case of patients with CIP?
- 4- Aside from patients with CIP, what is the expected prognosis in patients having any of the numerous WPDs if they were treated with *genuine* homeopathy?

### **Does Homeopathy Work As an Intervention or Not?**

The first question in this rating process is, “Does homeopathy work as an intervention or not?”

Reliable evidence from rigorously conducted RCTs has conclusively demonstrated that homeopathy works.

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<sup>644</sup> A. D. Oxman, J. W. Feightner (for the Evidence Based Care Resource Group). Evidence-based care. 2. Setting guidelines: how should we manage this problem? *Canadian Medical Association Journal* 1994; 150: 1417-23.

Even without the evidence provided by RCTs, all experience and data support the evidence that homeopathy forms a consistent and robust intervention with a scientific basis and sound principles; that experience and data are found in numerous in vitro experiments, an enormous collection of clinical reports and case studies, expert opinions, cohort retrospective studies, and prospective observational and epidemiological studies.

The fact that every aspect of homeopathy, from its development to its final application to patients with all types of conditions, is consistent with the purest methods of experimental and natural sciences and that the clinical outcomes have been consistently outstanding are sufficient evidence to demonstrate the soundness and effectiveness of homeopathy.

The robust epidemiological and observational evidence clearly establish cause and effect between the homeopathic treatment and the recovery of health and the saving of lives.

The question of causality becomes even more convincing when the fundamental sciences support the plausibility of the high dilutions commonly used in homeopathy. Moreover, extensive in vitro research with cultured cells, microorganisms, enzymes, yeasts, and plants entirely supports the biological plausibility of the law of similars and of the highly potentized remedies. Finally, clinical research in animals confirms all the experience that has been reported in humans.

In fact, all evidence and experience indicate that the law of similars is a real and irreducible phenomenon.

Scientists who have studied the question seriously have acknowledged that the record of homeopathy is unique in the history of medicine, for no other intervention presents such a huge amount of high-quality evidence for the

prevention of disease and the recovery of health by patients with all types of acute and chronic conditions.

### **Effectiveness of Homeopathy in the Treatment of Patients with CIP**

The next question that follows in this rating process is, “How effective is homeopathy in the treatment of patients with CIP?”

Often observational studies yield only low-quality evidence, but there are unusual circumstances in which guideline panels will classify such evidence as of moderate or even high quality.<sup>645</sup>

Because the results obtained with genuine homeopathy are consistent, reliable, predictable, and highly favorable in patients with CIP, regardless of the confounding factors examined and regardless of the time, place, or physician, we may be very confident about these results, which indicate a high quality of evidence.<sup>646</sup>

It has been known since at least the mid-1800s that homeopathy saved lives while PAA killed patients with CIP, and all experience shows that significantly fewer people die of CIP under homeopathy than under PAA or CCC. Therefore these facts yield an extremely large and consistent estimate of the magnitude of the treatment effect.

Some critics may question the value of the epidemiological and observational evidence presented in this essay. However, Dr. Daniel J. Hoppe et al. of McMaster University have argued, in a paper called *Hierarchy of Evidence: Where Observational Studies Fit In and Why We Need Them*, that when

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<sup>645</sup> Holger J. Schunemann, Roman Jaeschke, Deborah J. Cook, William F. Bria, Ali A. El-Solh, Armin Ernst, Bonnie F. Fahy et al. An official ATS statement: grading the quality of evidence and strength of recommendations in ATS guidelines and recommendations. *American Journal of Respiratory and Critical Care Medicine* 2006; 174 (5): 605-614.

<sup>646</sup> Gordon H. Guyatt, et al. Rating quality of evidence and strength of recommendations: GRADE: an emerging consensus on rating quality of evidence and strength of recommendations. *British Medical Journal* 2008; 336 (7650): 924-926.

treatment effect in observational studies is very pronounced, when it shows effectiveness adequately, and when no confounding factors could account for such a large effect, the study design is no longer so critical.<sup>647</sup>

Because of the sheer mass, homogeneity, and consistency of the results and the large effect obtained by homeopathy, particularly in critical cases, the evidence becomes very strong. Dr. Gordon H. Guyatt et al. wrote, “When methodologically strong observational studies yield large or very large and consistent estimates of the magnitude of a treatment effect, we may be confident about the results.”<sup>648</sup>

The evidence of the effectiveness of homeopathy in CIP patients is therefore of a high quality and with an extremely large treatment effect, and further research would be very unlikely to change the confidence in the estimate of the effect of the homeopathic treatment in these patients.<sup>649</sup>

### **Strength of a Recommendation for Homeopathic Treatment for Patients with CIP**

The third question is this rating process is, “On the basis of its effectiveness, what should be the strength of a recommendation for homeopathic treatment in the case of patients with CIP?”

Any question about the best clinical evidence for the effectiveness of homeopathy leads to a rating of the strength of the recommendation attached to it, and that depends on two factors: 1) the tradeoff between the benefits and the risks and burdens; and 2) the quality of the evidence regarding

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<sup>647</sup> Daniel J. Hoppe, et al. Hierarchy of evidence: where observational studies fit in and why we need them. *Journal of Bone and Joint Surgery* 2009; 91 (Supplement 3): 2-9.

<sup>648</sup> Gordon H. Guyatt, et al. Rating quality of evidence and strength of recommendations: What is “quality of evidence” and why is it important to clinicians? *British Medical Journal* 2008; 336 (7651): 995-998.

<sup>649</sup> Gordon H. Guyatt, et al. Rating quality of evidence and strength of recommendations: GRADE: an emerging consensus on rating quality of evidence and strength of recommendations. *British Medical Journal* 2008; 336 (7650): 924-926.

treatment effect. In the highest category, the tradeoff is clear and leads to a strong recommendation.<sup>650</sup>

Since there is no harm or risk from genuine homeopathic treatment, the balance of benefits and harm can be classified only as a net benefit; and since most reports cited in this paper show much higher recovery rates and much lower mortality rates with homeopathy than with PAA and CCC, the magnitude of the benefits of homeopathic treatment is certain. Therefore, there should be no hesitation in making the strongest possible recommendation that homeopathic treatment be adopted for patients with CIP.<sup>651</sup>

However another point should be considered here, namely, “Are the net benefits worth the costs?” Since the cost of homeopathy is low from a technical and medicinal point of view, it should receive the highest recommendation of any intervention (1 A/strong recommendation with high-quality evidence). Furthermore, each homeopathic intervention is preventive, and the incidence of CIP in patients who had already been treated homeopathically would be less than in the rest of the population. Indeed, by enhancing the healing process in every individual who is being treated with genuine homeopathy, the patient’s general health is optimized, the organism is better able to regulate itself, and a greater immunity to various diseases is thereby obtained. Moreover, as a rule, as soon as homeopathic treatment is begun in CIP patients, any further development to the advanced stages or complications of CIP is prevented.

The prevention of adverse outcomes further establishes the highest recommendation for the homeopathic treatment of patients with pneumonia.<sup>652</sup>

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<sup>650</sup> Ibid.

<sup>651</sup> Ibid.

<sup>652</sup> Gordon H. Guyatt, David Gutterman, Michael H. Baumann, Doreen Addrizzo-Harris, Elaine M. Hylek, Barbara Phillips, Gary Raskob, Sandra Zelman Lewis, Holger Schunemann. Grading strength of



Such a strong recommendation for patients with CIP should, as a rule, also apply to patients with other infectious diseases, because homeopathy does not attack microorganisms, such as viruses or bacteria, but instead strengthens the organism's capacity to defend and regulate itself. For that reason, homeopathy should be offered to patients suffering from inflammatory diseases, and to a lesser degree and with certain exceptions, to patients with a variety of other medical conditions, just as one would recommend a health-promoting diet and lifestyle.<sup>653</sup>

All experience, trials, and reports existing in the voluminous homeopathic literature, which consists of some 30,000 volumes, show a consistent and most favorable balance of risks and benefits, a high quality of care, and a high significance and magnitude of the outcomes in patients with both acute and chronic conditions. All of that should all be a strong incentive from a purely scientific perspective to adopt homeopathy universally as a mainstream method of treatment.

It goes without saying that the best prophylactic and therapeutic methods should be at the service of everyone, and homeopathy has amply demonstrated that it is the intervention of choice and should be universally available, not only to any population threatened with infectious and epidemic diseases, but also to the rest of the population.

One of the unique features of homeopathy is that it treats patients and not diseases. Therefore, since there will always be new infectious and epidemic diseases, homeopathy, instead of having to create new remedies for every new disease, simply uses from its store of more than 650 established reme-

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recommendations and quality of evidence in clinical guidelines: report from an American College of Chest Physicians task force. *Chest Journal* 2006; 129 (1): 174-181.

<sup>653</sup> Gordon H. Guyatt, et al. Rating quality of evidence and strength of recommendations: GRADE: an emerging consensus on rating quality of evidence and strength of recommendations. *British Medical Journal* 2008; 336 (7650): 924-926.

dies the ones that will most likely be indicated in any newly emerging infectious and epidemic disease.

For instance, when homeopaths first encountered yellow fever, they were able to rely on remedies they already had that presented pictures of diseases most similar to those presented by patients with yellow fever. In that way they dealt successfully with many epidemics throughout the Americas. At the time of writing, there is an outbreak, largely in West Africa, of Ebola hemorrhagic fever (EHF), which has an average mortality rate of 78.5%.<sup>654</sup> As the symptoms of EHF are very similar to those of yellow fever, the remedies most often indicated in the various stages of yellow fever should be the ones that will be indicated in the different stages of EHF. Despite the fact that the average mortality in yellow fever with PAA and without treatment is about 50%, homeopaths have been able bring that down to about 5%.

In 1867, Dr. H. M. Paine of Albany, New York, compared the mortality rate under allopathy and homeopathy in patients with yellow fever throughout the Americas. He found that the average mortality under allopathy was 44% and under homeopathy was 5%. He wrote, “The results of the treatment of yellow fever show that from one hundred deaths under allopathy, nearly eighty-eight (87.8) would have been saved by homeopathy; that is, in every hundred lost by allopathy, only about twelve would have been lost by homeopathy—making over eight times (8.2) the mortality in any given number of cases.”<sup>655</sup>

Not surprisingly, the growth of homeopathy rose and fell with epidemics. The nineteenth century was a time of deadly epidemics of such diseases as typhus, cholera, typhoid fever, malaria, scarlet fever, smallpox, membranous

<sup>654</sup> <http://www.reuters.com/article/2014/08/05/health-ebola-mortality-idUSL6N0QB2SN20140805>

<sup>655</sup> H. M. Paine. Statistical report showing the superiority of homoeopathic over allopathic treatment. *Transactions of the Homoeopathic Medical Society of the State of New York* 1867; 5: 222-241.

croup, yellow fever, diphtheria, influenza, etc., and the popularity of homeopathy continually grew after each of those epidemics. In 1894 when the U.S. population was about 65 million, Dr. Holcombe remarked: “Ten million of the people of the United States patronize the homeopathic system. The figures, indicating the real progress of homeopathy, have doubled every twelve or fifteen years ever since its first introduction into this country.”<sup>656</sup>

Twenty years earlier in 1874 during the golden age of homeopathy, Dr. Holcombe recited the gains that the homeopathic school had recently achieved: “Witness the vast strides which homeopathy has made in the teeth of all opposition; its five thousand practitioners, most of them graduates of the old school, its growing literature, its schools, hospitals, dispensaries, and asylums, and its lay-adherents numbered by the million.

“Witness the conceded fact, that it is not the practice of the ignorant and incapable, or of the fantastic and hypochondriacal; but that it absorbs and holds the lion’s share, in proportion to numbers, of the strong-minded, intelligent, traveled and cultivated portion of society, which recognizes and treats homeopathic physicians as honorable and enlightened men, and benefactors to humanity.

“Witness the effort made by scores of the most distinguished and aristocratic men in England to have homeopathy introduced into the army and navy of their country.

“Witness the recent law in the State of New York, that applicants for licenses to practice in that state shall be examined upon homeopathy as well as upon allopathy by the State Commissioners.

“Witness the splendid banquet given by the Common Council of Boston to the members of the American Institute of Homeopathy—a national organiza-

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<sup>656</sup> William H. Holcombe. *The Truth About Homoeopathy*. Philadelphia: Boericke & Tafel, 1894: 12.

tion containing more members than the American Medical Association; a banquet given on the spot where, twelve years before, Oliver Wendell Holmes facetiously predicted the speedy and utter extinction of our school.

“Witness the great Fair in Boston, given while the Massachusetts Medical Association was expelling the homeopathic members from its body; a fair which it took three of the largest halls in the city to hold, which was visited and patronized by the elite of the old Bay State, and which realized one hundred thousand dollars for a homeopathic hospital.

“Witness how the New York Ophthalmic Hospital—the largest and best endowed eye and ear hospital in America—passed entirely from allopathic into homeopathic hands.

“Witness the Legislature of New York appropriating one hundred and fifty thousand dollars to the establishment of a homeopathic insane asylum.

“Witness the people of Michigan insisting through their representatives in the Legislature that homeopathy should be taught in their State University.

“Witness how the Common Council of St. Louis compelled the allopathic professors to admit homeopathic students to the hospital clinics on an equal footing with their own.

“Witness how the State Hospital of Pennsylvania, at Harrisburg, was recently given over to homeopathic physicians and surgeons because the whole allopathic staff resigned, indignant that homeopathic practice was permitted in a certain ward of the institution.

“Witness the indignant remonstrance of the people at the removal of a homeopathic Commissioner of Pensions from office by his allopathic superior, on the sole ground that he was a homeopath; remonstrance so wide-spread and influential that they induced the government of the United States to re-

verse the action of its subordinates, and to declare that no distinctions should be made on account of differences of medical opinion.

“Witness a decision of the New York judiciary, fining an allopathic doctor for calling a homeopath a quack; declaring quackery to consist in conduct, and not in creed, and assuring the protection of the law to honest and intelligent men when assailed by rude and malignant partisans of another school. The quacks on both sides are exactly alike; and so are the gentlemen.”<sup>657</sup>

Such a strong recommendation for homeopathy would have the following implications:

1. Patients with CIP and other infectious and inflammatory diseases (CIPOIID) who are clearly informed of the basis for such a strong recommendation would want to be treated with homeopathy.
2. Clinicians should offer genuine homeopathic treatment to patients with CIPOIID.
3. Policy makers should ensure that homeopathy is adopted as a standard treatment for this population of patients.<sup>658</sup>

When setting priorities, governments and public health officials must also consider factors beyond the strength of a recommendation, which would include the following:

- 1- The high prevalence of CIPOIID and its high morbidity and mortality. Worldwide about 13 million people die every year from infectious diseases. More than 2 billion people are infected with the TB bacillus. An estimated

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<sup>657</sup> William H. Holcombe. Why are not all physicians homoeopathists? *United States Medical and Surgical Journal* 1874; 9: 129-147.

<sup>658</sup> Gordon H. Guyatt, et al. Rating quality of evidence and strength of recommendations: Going from evidence to recommendations. *British Medical Journal* 2008; 336 (7652): 1049-1051.

247 million are infected with malaria every year, and in recent years, the number has increased significantly.<sup>659</sup>

The Autoimmune Related Diseases Association estimates that 50 million Americans, or about one in six, suffer from an autoimmune disease and that the prevalence is rising.<sup>660</sup>

2- Considerations of equity for disadvantaged populations: As homeopathy is very inexpensive both for short- and long-term treatment, disadvantaged populations can greatly benefit from homeopathy. Homeopaths have had a rich tradition of setting up free dispensaries to serve such population.

3- Long-term health benefits of homeopathic treatment: People who receive homeopathic treatment throughout their lives experience a major improvement in their health and the overall quality of their lives.<sup>661</sup>

1920, Dr. W. A. Dewey of the University of Michigan remarked after the NIP the benefits that homeopathy had brought to the people who had access to it, “The homeopaths of this century have really done more for the cure and eradication of disease than all the allopaths have done in the last three hundred years. ... There can be no better reason for the existence of the homeopathic school of medicine than is furnished by a comparison of the results of homeopathic treatment of influenza and pneumonia with those of the therapeutically floundering allopathic school, driven by the paucity of its therapeutic measures to a quack nostrum on the transcendent scientific basis of ‘said to be good,’ and upon absolutely no other basis.”<sup>662</sup>

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<sup>659</sup> <http://www.smartglobalhealth.org/issues/entry/infectious-diseases> [can you provide dates for the sources that don't have one?]

<sup>660</sup> <http://www.aarda.org/autoimmune-information/autoimmune-statistics/>

<sup>661</sup> William H. Holcombe. Why are not all physicians homoeopathists? *United States Medical and Surgical Journal* 1874; 9: 129-147.

<sup>662</sup> W. A. Dewey. Aspirin a dangerous quack nostrum. *Homoeopathic Recorder* 1920; 35: 157-163.

The same year, Dr. W. B. Hinsdale, dean of the Homeopathic Department of the University of Michigan Medical School, remarked that the superiority of homeopathy during the NIP demands everyone's respect: "There is no sense in spending either words or evidence upon one who will not give heed either to tests or evidence. If the evidence is presented to an open mind it cannot fail to command respect, if not acceptance. The problem resolves itself to this: enough rational and honest men, versed in the theories and methods of homeopathy, have employed them with confidence and even those who do not admit the reliability of the principle admit that just as many people recover from illness under homeopathic medical service as under any other system of practice. We who practice it challenge with our statistics any other system to show so small a percentage of deaths and so large a percentage of recoveries as we can array. The evidence of superiority of homeopathy in the recent epidemics should demand of itself the sober respect of all mankind, especially of those who are entrusted with the care of the sick. The medical man who does not give considerate heed to the statistical evidence of homeopathy as well as to its intrinsic merits is not doing full justice to his patrons."<sup>663</sup>

Governments can play an important role in ensuring that homeopathy is taught in all medical schools, as it is currently in Germany, and that it is made universally accessible to the general population. In 1850, Dr. John F. Gray of New York said in an address entitled *The Duty of the State in Relation to Homeopathy*, "There should be no coercion on the part of the State in the matter of medical doctrines, for very obvious reasons; but the State should undertake to aid in the advancement of Medical Science by measures which shall permit the conflict of opinions among the members of the pro-

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<sup>663</sup> W. B. Hinsdale. The validity and efficiency of the homeopathic law. *Journal of the American Institute of Homeopathy* 1920-1921; 13: 121-125.

fession to take place in the presence of the learners of that science—it should open a fair field and show no favor to any combatant in the lists.”<sup>664</sup>

### **Prognosis for WPD Patients Treated Homeopathically**

The final question for rating the evidence is, “Aside from patients with CIP, what is the expected prognosis in patients having any of the numerous WPDs if they were to be treated with genuine homeopathy?”

As homeopathy doesn’t directly address WPDs but rather patients experiencing acute or chronic states of dysregulation, it would be easier to identify the patients who would *least* benefit from homeopathy, such as those suffering from problems due to purely mechanical causes (e.g., surgical cases, cases of poisoning where either an emetic or an antidote would be indicated, or cases of heavy metal poisoning where the use of a chelating agent would be indicated, etc.). However, even purely surgical cases do better when homeopathic treatment is administered before, during, and after surgery.

Essentially, homeopathy can be applied to any person or animal with an acute or chronic condition. By surveying the vast homeopathic literature, we could say with confidence that by directly strengthening the capacity of the organism to defend and regulate itself, homeopathic treatment is curative in patients with acute and chronic physical, emotional, and mental conditions that are curable in nature.

Homeopathy can also be successfully used for palliation in incurable conditions. Even patients with irreversible tissue changes or fixed genetic diseases

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<sup>664</sup> John Gray. *The Duty of the State in Relation to Homoeopathy; an Inaugural Address Delivered Before the Hahnemann Academy of Medicine, on January 9 1850*. New York: Angell & Engel, 1850.



with 100% penetrance of their genetic expression<sup>665</sup> still benefit from homeopathic treatment.

Effectiveness studies considering all available systematic reviews have demonstrated that homeopathy is safe and cost-effective, and has *consistent and strong therapeutic effects and real-world, long-term effectiveness*.<sup>666,667</sup>

### Opposition to Homeopathy Has Been a Huge Mistake in Our History

The same bias and arguments against homeopathy, which originated in the first part of the nineteen-century on wholly invalid evidence, have continued to exist to the present day. Unlike the intentions of evidence-based medicine, the opposition to homeopathy is based on tradition, authorities, expert opinions, misinformation, and misapprehension, or conflicts of ideas, paradigms, or schools of thoughts.<sup>668</sup>

Much energy, time, and resources have been wasted in disparaging homeopathy by focusing on plausibility and arguing about the wrong things. As a result, for over 200 years medical progress has been stalled and countless patients have suffered or died unnecessarily.

Hopefully, exchanges like the current one can help disperse misapprehensions about homeopathy and create a more serious and fruitful discussion.

In fact, there has never been evidence to justify the rejection of homeopathy: quite the contrary in fact. In view of the iatrogenesis associated with allopathy, homeopathy should have been adopted officially over 200 years

<sup>665</sup> I. Miko. Phenotype variability: penetrance and expressivity. *Nature Education* 2008; 1 (1): 137.

<sup>666</sup> Michael E. Dean. *The Trials of Homeopathy: Origins, Structure, and Development*. Essen: KVC Verlag, 2004.

<sup>667</sup> Gudrun Bornhöft, Peter F. Matthiessen. *Homeopathy In Healthcare: Effectiveness, Appropriateness, Safety, Costs: an Hta Report on Homeopathy As Part of the Swiss Complementary Medicine Evaluation Programme*. Springer, 2011.

<sup>668</sup> David L. Sackett, John E. Wennberg. Choosing the best research design for each question. *British Medical Journal* 1997; 315 (7123): 1636.

ago because of the risks and benefits ratio, low cost, preventive aspects, and undoubted effectiveness. With the strength of the evidence presented, it is remarkable that the nineteenth-century homeopathic detractor Dr. Oliver Wendell Holmes could call homeopathy a delusion and that modern skeptics have been able to convince almost the totality of the academic and scientific communities and policy makers that it is a dangerous pseudoscience.

Also astonishing is how the comparative records of homeopathy and PAA, especially for CIP patients during the NIP, have been almost completely forgotten.

Skeptics often claim that the results reported by homeopaths are all anecdotal,<sup>669</sup> implying that they are not true or reliable, because they are based on personal accounts rather than on facts or research.

In science, anecdotal evidence refers to information that is not based on facts or careful study; to reports or observations by usually unscientific observers; to casual observations or indications rather than rigorous or scientific analysis; and to information passed on by word-of-mouth but not documented scientifically.<sup>670</sup> But none of that applies to the evidence for the effectiveness of homeopathy, which consists of an enormous data bank of clinical experience and experimental findings.

### **Unique Quality of Care Offered by Homeopathy**

Genuine homeopathy is likely the only medical system that fully abides by the following six fundamental principles of medicine in every encounter or intervention with patients: a) the prevention of disease and promotion of

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<sup>669</sup> A homeopath lectures scientists about anecdotal evidence.  
<http://scienceblogs.com/insolence/2012/04/16/a-homeopath-lectures-scientists-about-an/>

<sup>670</sup> [http://en.wikipedia.org/wiki/Anecdotal\\_evidence](http://en.wikipedia.org/wiki/Anecdotal_evidence)

health, b) addressing the fundamental causes of disease,<sup>671</sup> c) minimal or nonexistent iatrogenesis, d) helping the regulation of the natural healing power of living organisms, e) considering all aspects of each individual in its examination of the patient and therapeutic outcome, and f) having as its ultimate goal a recovery of health that is rapid, gentle, pleasant, certain, complete, and lasting.

The quality of care offered by physicians who practice genuine homeopathy is unique, for every visit is a further opportunity to prevent disease and to promote health. The long-lasting benefits to members of a population who receive homeopathy in every stage of their lives are therefore magnified.

### **Judging Homeopathy by Its Results**

In the face of all the facts presented here, even the most incredulous mind should be haunted by many questions. Why has homeopathy had so many enemies who have condemned it before first examining its principles and data? Why have the public and the academic and scientific communities believed the biased arguments against homeopathy for so long? Can prejudice still be stronger than facts in our supposedly free and democratic societies? Why have health officials and policy makers not acted upon the evidence showing the clear advantages of integrating homeopathy into their health care systems? Who benefits when the evidence of the life-saving power of homeopathy is suppressed? The truth or falsity of the fundamental principle of genuine homeopathy, which is the principle of similarity, can be proved every day by any clinician through well-conducted clinical trials.

Most allopathic physicians who have adopted homeopathy became convinced of the truth of homeopathy by conducting their own trials, usually with very

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<sup>671</sup> Of the two fundamental causes of diseases, one is endogenous, which is a dysregulation of the capacity of the organism to regulate itself; and the second one is exogenous, which is essentially related to lifestyle and environment.

sick patients; in other words, they conducted clinical tests, which are a scientific way of proving the validity of any intervention. Dr. Holcombe remarked in an essay called *Why Are Not All Physicians Homoeopathists?* that *mental inertia* and *moral cowardice* are the two most powerful reasons why not all physicians do become homeopaths:

“I recommend the inquirer to provide himself with as much of the above material as possible, and to study, long and carefully, undeterred by difficulties. Let him get a small supply of good medicines, and give them at first in the plainest cases, and where his books tell him the homeopathic practice promises the most brilliant results. He will soon acquire faith and confidence, which will increase every day he lives. He need not begin with intermittent fever, Bright’s disease, consumption, cancer, paralysis, or any other of the *opprobria* of medicine in general; but croup, influenza, dyspepsia, facial neuralgia, sciatica, hysteria, hemorrhages, pleurisy, pneumonia, dysentery, and the whole catalogue of curable inflammations and fevers will disappear so rapidly under his globules and powders, that he will be firmly convinced that homeopathy, however imperfect it may still be, is a vast, genuine, philosophical, therapeutic reform, in comparison with which all the allopathic discoveries of the age sink into insignificance. ...

“The allopathic tribe cannot kill the dissenting homeopath, punish him or silence him; but it expels him, ostracizes him, traduces him and stops its own ears when he speaks.

“‘Toleration,’ says a great thinker, ‘is of all ideas the most modern. It is learned in discussion, and, as history shows, is only so learned. In all customary societies bigotry is the ruling principle. In rude places to this day one who says anything new is looked upon with suspicion, and is persecuted by opinion if not injured by penalty. One of the greatest pains to human nature is the pain of a new idea. It is, as common people say, ‘so upsetting.’ It

makes you think that, after all, your favorite notions may be wrong, your firmest beliefs ill-founded. Naturally, therefore, common men hate a new idea, and are disposed more or less to ill-treat the man who brings it.'

"...To the allopathic mind, the growth of homeopathy is simply a disagreeable fact, which is either denied or ignored. ... It expels, snubs and insults all who examine and believe. To read a homeopathic book, to take a homeopathic journal, to be on friendly terms with a homeopathic physician causes one to be regarded with distrust and dislike. The study of homeopathy is always discouraged, sometimes absolutely prohibited. One college refuses to grant its diploma except to those who sign a pledge never to investigate homeopathy. Another threatens to recall its diploma from any one who adopts it. Some moral obliquity, some intellectual infirmity is always suggested as the cause of a conversion to the new school. The great Professor Henderson of Edinburgh, who lost his position and his practice by his brave adherence to homeopathy in its early struggles, was not only persecuted during his life, but the hyenas of the medical press charged him after his death with having stained his professional reputation for money! ...

"For fear my reader may think this is a partisan representation of the allopathic spirit, I quote from an editorial in one of the best conducted allopathic journals in the United States—the New York *Medical Record*: 'The profession in America has been inclined to *discourage* rather than to encourage original thought among its members. ... We write in memory of the time when one of the greatest surgical discoverers of the country, whose name all Europe has delighted to honor, was first received here with coldness and despising; when, even in New York, the most progressive of cities, his theories were scouted and his facts discredited, and all the medical colleges closed their doors against him. We write in memory of the time, but eight years since, when the reviver of the practice of *external version*, which our leading ob-

stetricians now boast of having performed, was driven into exile, hounded not only by his own townsmen, but by medical professors from all parts of the country. We write in memory of the time, when, in one of our principal medical societies, a well known member of the profession used the influence of a deserved reputation and the weight of an honored name, to *prevent the discussion* of a department of science that is already growing into transcendent importance both in Europe and America.’

“How strangely these humiliating confessions of stupidity, bigotry and persecution in their own ranks compare with the speeches of allopathic professors at college commencements and on other public occasions, glorifying the liberality, the scientific research, the independence and the progress of the medical profession!

“Is it strange that most young men trained in such a school are intolerant, self-satisfied and stationary? Is it strange that the born heretic or dissenter, whom nature, with her constant *tendency to variation*, is ever producing, to dare and do, to suffer and to achieve, should find himself unhappy and dissatisfied, oppressed and stifled in such an atmosphere? Is it surprising that the young physician, anxious for more light, and willing to investigate, should feel afraid to move in the shadows of such despotism? Should be ashamed to be seen with homeopathic books and medicines and should beg the assistance of friends to enable him to prosecute a private and secret study? Is it surprising that many so-called allopathic physicians are homeopaths at heart, and homeopathic in practice, so far as it can be concealed from the prying eyes of their ignorant and intolerant brethren? Is it astonishing even that they write books, saturated with homeopathic ideas—witness Ringer’s *Therapeutics*—without one word of acknowledgment of the source whence they were obtained?

“Persecution, charge of base motives, social ostracism, professional con-

tempt, ridicule and general intimidation are the means employed to prevent physicians from examining homeopathy or to punish those who adopt it. But *mental inertia* is the most powerful cause why all physicians are not homeopaths. Nature, while producing heretics and reformers for the advancement of the race, secures the stability of human affairs by leaving the vast majority of mankind thickheaded, inattentive, not inquisitive and unprogressive. The medical world is kept especially steady by this kind of ballast or dead weight.

“‘Few men think,’ said Berkeley, ‘but all have opinions;’ and he might have added, the more shallow the thought, the more fixed the opinion. It is in vain to quote the great mottoes from the profoundest thinkers to these stationary spirits. ‘The largest minds are the least constant,’ said Bacon. ‘In knowledge,’ says Faraday, ‘that man only is to be despised who is not in a state of transition.’ And again, ‘nothing is so opposed to accuracy of philosophical deduction as fixity of opinion.’ On the contrary, our medical unimprovables regard an obstinate adhesion to the opinions and practice of their fathers and their instructors as a special virtue. ...

“Besides the timid who are ashamed to investigate homeopathy, and the stupid who are incapable of doing so, there is a large body of medical men in the old school, educated, intelligent, respected, filling the high places and enjoying the honors and emoluments of the profession, from whom the world has a right to expect better things. It is the theory of the public, of the students they teach, of the young men they influence, and especially of their own patients, that these gentlemen have given homeopathy the most thorough and scientific investigation and have pronounced conscientiously against its claims. This is the theory, but the fact is quite different. Nine out of ten of these distinguished doctors know nothing whatever of homeopathy, except what they may have gleaned from *ex-parte* statements from

Simpson's big book or Hooker's little book written *against it* or from the vituperative articles in their own medical journals.

"Nor do people generally recognize the fact that homeopathy has the *least* chance of being fairly heard from these very men, who are supposed to be devoted to pure science and to be capable of the most enlightened opinion. These men are so hedged in by influences, which oppose a candid investigation, that they enjoy less freedom of thought and action than any others. They have become oracles and expounders of the allopathic system, fully committed to its doctrines. They have a certain intense professional feeling, an *esprit du corps*, akin to the partisanship of politics and the fanaticism of religion. Their reputations, their social positions and, above all, their worldly interests are involved in their medical creed. They believe in allopathy because they bask in the sunshine of the old, wealthy, time-honored institutions, which still hold in their hands the great official honors and rewards they desire. They disbelieve in homeopathy because its study would demand labor and patience and self-sacrifice, and its adoption would be followed by trials and penalties they cannot persuade themselves to endure.

"Converts to our system are frequently taunted with having left the old school with the hope of making more money in the new. It is strange that educated physicians should adopt a young, persecuted, struggling system of medicine, leaving an old, rich and powerful school, where the prizes of professional ambition are ten to one, in the hope of making money. The ignorant adventurers, who sometimes take a box and a book, and impose themselves on the people as homeopathic physicians, soon betray their incapacity and fail to achieve their mercenary ends. The pecuniary attractions are far greater on the allopathic than the homeopathic side, and most assuredly professional emolument is the strongest argument, which keeps many thousands in the old school ranks.



“This question of self-interest is a double-edged sword, which cuts both ways. It is a serious one, for it pervades our whole nature; is organic, indestructible, and unless under moral control, may be subversive of every virtue.

“Herbert Spencer says our opinions have no logical foundation, but are the result of our wishes and character.

“‘People generally stick,’ says Hazlitt, ‘to an opinion which they have long supported, and which has supported them.’

“Lecky declares that opinions are usually the result of complex influences, of which self-interest is always the most powerful.

“Martineau says that the smallest probability will outweigh the greatest if it falls in with our wishes.

“The wish is father to the thought in many a profession of faith, religious, political or medical, and all the world knows that the love of money keeps the allopath in his well-feathered nest, quite as often as it allures his hungry brother to some supposed El Dorado of popular credulity.

“Next to self-interest, the fear of each other is the strongest influence which keeps your average, flourishing, well-to-do allopaths from examining homeopathy. A friend of mine asked one of the most distinguished old school physicians in the United States what was the reason the old school profession did not study homeopathy thoroughly and fairly. His answer was: ‘Moral cowardice.’

“Such are the reasons why all intelligent physicians do not at once become homeopaths.

“All this must and will change. Our antagonisms prove our intellectual activities, and union will be effected by the triumph of truth. Free, continuous,

tolerant discussion is the sure remedy for all dissensions. Discussion must be full, not one-sided. Such discussions as we have had hitherto have been mere attacks and defenses, not fair questions and answers with legitimate cross-examinations. The parties have never even been brought face to face—but have cannonaded each other across a turbid river of prejudice. It has been war, not parley. The question must be put on its rational merit alone. It must be discussed freely and fairly, face-to-face, in the same associations, the same hospitals, the same journals, and open to public and universal criticism.

“Toleration is induced by discussion; because each party, by the conflict of thought, acquires more respect for the opinions and characters of the other, as well as some wholesome skepticism as to its own superiority. Discussions in time become more and more tolerant, until, the feeling of brotherhood having been fairly engendered, men who had before appeared inimical to each other are friends and coworkers in the common cause of truth.”<sup>672</sup>

A large volume could be filled with stories of the conversion of allopaths to homeopathy. On the other hand, there is no known homeopathic heretic. Dr. Robert Liston of Edinburgh, who was an eminent pioneering Scottish surgeon, conducted in his own trials with homeopathy in patients with erysipelas, which he reported in the *Lancet* in 1836, some years before it had become a complete anathema to disclose any association with homeopathy: “Since I last spoke on the subject of erysipelas, we have succeeded in subduing the action of the vascular system, without either the use of the lancet or tartarized antimony, by giving small doses of the *Aconitum napellus*, and afterwards of *Belladonna*.

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<sup>672</sup> William H. Holcombe. Why are not all physicians homoeopathists? *United States Medical and Surgical Journal* 1874; 9: 129-147.

“Two cases in which this treatment has been most successfully employed have been accurately detailed in some late numbers of the *Lancet*. You have no doubt read them, as well as watched the cases themselves in the hospital.

“The first case was that of a woman who the first time she was in the hospital was treated for erysipelas by antimony, punctures, and fomentations. It was some time before she recovered, and her convalescence was exceedingly tedious. In the second attack, after subduing the inflammatory fever in some measure by antimonials, we administered extract of belladonna in very minute doses, and in two or three days she was quite well.

“The second case was that of a woman who had been much subject to the affection, having had successive attacks of it at intervals, seldom recovering from them under a fortnight. Small doses of the aconite, followed by belladonna, were given her, and in the course of three days she also was convalescent.

“There has been another case lately here of a man who had small ulcerations of the leg from the toes up to the knee, aggravated by a scald, and who walked about until the leg became exceedingly swollen and red. He suffered besides considerably from fever. In this state he was admitted. We subdued the fever, and then administered to him the extract of Belladonna, and in twenty-four hours the disease had quite disappeared.

“Of course we cannot pretend to say positively in what way this effect is produced, but it seems almost to act by magic; however, so long as we benefit our patients by the treatment we pursue, we have no right to condemn the principles upon which this treatment is recommended and pursued.

“You know that this medicine is recommended by the homeopaths in this affection, because it produces on the skin a fiery eruption, or efflorescence,

accompanied by inflammatory fever. *Similia similibus curentur*, say they. They give, in cases where a good night's rest is required, those substances which generally in healthy subjects produce great restlessness, instead of exhibiting, as others do, those medicines termed sedatives. It is like driving out one devil, by sending in another.

"I believe in the homeopathic doctrines to a certain extent, but I cannot as yet, from inexperience on the subject, go the lengths its advocates would wish, in as far as regards the very minute doses of some of their medicines. The medicines in the above cases were certainly given in much smaller doses than have ever hitherto been prescribed. The beneficial effects, as you witnessed, are unquestionable. I have, however, seen similar good effects of the Belladonna, prepared according to the *Homoeopathic Pharmacopoeia*, in a case of very severe erysipelas of the head and face, under the care of my friend Dr. Quin. The inflammatory symptoms and local signs disappeared with very great rapidity. Without adopting the theory of this medical sect, you ought not to reject its doctrines without due examination and inquiry. We shall continue the employment of this plan of treatment in erysipelas, so long as we find it as successful as it has been; should it fail, on continued trial, of course we shall resort to other means in its stead. At the same time that I adopt this constitutional treatment, I should not think myself justified at present in neglecting auxiliary measures of a local kind. We must, in order to be successful, neglect nothing which is likely to be serviceable; in fact, we must meet this and many other affections, armed at all points."<sup>673</sup>

Dr. John Gideon Millingen, who was a British physician, army surgeon, and prolific author, had been an ardent opponent of homeopathy. However, since he was open-minded, he conducted his own trials with homeopathy. In 1838, he wrote in his fascinating book *Curiosities of Medical Experience*, "It is a

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<sup>673</sup> Robert Liston. Clinical remarks on cases of erysipelas, secondary hemorrhage and recto-vaginal fistula. *Lancet* 1836: 2: 105-107.

matter worthy of remark, that, while the doctrines of homeopathy have fixed the attention and become the study of many learned and experienced medical men in various parts of Europe, England is the only country where it has only been noticed to draw forth the most opprobrious invectives.”<sup>674</sup>

After reviewing the scientific basis of homeopathy, he reports six cases (involving concussion, an excruciating headache, tonsillitis, hemiplegia, hectic fever, and recurring deafness in a young person) in which he tested homeopathy and found most surprising benefits: “But the facts I am about to record—facts which induced me, from having been one of the warmest opponents of this system, to investigate carefully and dispassionately its practical points—will effectually contradict all these assertions regarding the inefficacy of the homeopathic doses, the influence of diet, or the agency of the mind; for in the following cases in no one instance could such influences be brought into action. They were (with scarcely any exception) experiments made without the patient’s knowledge, and where no time was allowed for any particular regimen. They may, moreover, be conscientiously relied upon, since they were made with a view to prove the fallacy of the homeopathic practice. Their result, as may be perceived by the foregoing observations, by no means rendered me a convert to the absurdities of the doctrine, but fully convinced me by the most incontestable facts that the introduction of fractional doses will soon banish the farrago of nostrums that are now exhibited to the manifest prejudice both of the health and the purse of the sufferer.”

After describing his successful treatment of those cases, he continued, “I could record numerous instances of similar results, but they would of course be foreign to the nature of this work. I trust that the few cases I have related will afford a convincing proof of the injustice, if not the unjustifiable obstinacy, of those practitioners who, refusing to submit the homeopathic

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<sup>674</sup> J. G. Millingen. *Curiosities of Medical Experience*. Philadelphia: Haswell, Barrington, and Haswell, 1838, 228.

practice to a fair trial, condemn it without investigation. That this practice will be adopted by quacks and needy adventurers, there is no doubt; but homeopathy is a science on which numerous voluminous works have been written by enlightened practitioners, whose situation in life placed them far above the necessities of speculation. Their publications are not sealed volumes, and any medical man can also obtain the preparations they recommend. It is possible, nay, more than probable, that physicians cannot find time to commence a new course of studies, for such this investigation must prove. If this is the case, let them frankly avow their utter ignorance of the doctrine, and not denounce a practice of which they do not possess the slightest knowledge.

“... The history of medicine affords abundant proofs of the acrimony, nay, the fury, with which every new doctrine has been impugned and insulted. The same annals will also show that this spirit of intolerance has always been in the *ratio* of the truths that these doctrines tended to bring into light. From the preceding observations, no one can accuse me of having become a blind bigot of homeopathy; but I can only hope that its present vituperators will follow my example, and examine the matter calmly and dispassionately before they proceed to pass a judgment that their vanity may lead them to consider a final sentence.”<sup>675</sup>

In an 1870 address called *Freedom of Medical Opinion and Action: A Vital Necessity and a Great Responsibility*, Dr. Carroll Dunham warned that physicians who adopt homeopathy should not be surprised if henceforth they are shunned by their professional friends, and he told the following anecdote: “Two young physicians, firm friends and classmates, and alumni of the same college, were earnest students of microscopic morbid anatomy. One of them became a homeopath. It chanced that about ten years after their gradua-

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<sup>675</sup> Ibid., 248-251.

tion, they became residents of the same city and renewed their acquaintance. The homeopath, having met with a rare specimen of structural metamorphosis, called upon his friend with it, stating the result of his own examinations, and proposing that his friend should investigate it with him, as had been their custom of old. To this, the 'regular' replied: 'James, *personally*, I highly esteem you, and as a histologist I would like to examine your specimen; but, you know, I am a member of the American Medical Association, and its laws forbid my consulting with a homeopath. I must therefore deny myself the pleasure of conversing with you on professional topics.'

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About that anecdote, Dr. William Holcombe commented: "The case of this last allopathic physician seems to be one of mental inertia, bordering on imbecility. It is incurable. He will never be converted to homeopathy. Archbishop Whately said: 'A man will never change his mind who has no mind to change.' This man is, perhaps, organically incapable of free thought or independent action. He is the hindmost sheep in a flock, and follows his leaders. He lives and breathes, and suns himself, and is satisfied and happy in the atmosphere of the American Medical Association. That august body fills his whole mind, thinks for him, dictates to him, governs him, owns him soul and body. ... Meditating with sadness on the two cases detailed above, one of mental inertia and the other of moral weakness, I was led to investigate more deeply than usual the causes of such a state of things. When homeopathy is so strongly sustained and so clearly proven, why should not all intelligent physicians become homeopaths? The real causes are not visible on the surface. They lie deep in the very constitution of the human mind, and in the laws which govern the evolution of society—for every thing is evolved from its primordial chaos by fixed and eternal laws; not only the material world and its three kingdoms, but social order, government, religion, philosophy,

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<sup>676</sup> Carroll Dunham. Freedom of medical opinion and action: A vital necessity and a great responsibility. *Proceedings of the American Institute of Homoeopathy 1870*: 107-128.

science and medicine.

“As the causes lie very far back and operate with invariable precision on the savage and the sage, on all men and all their institutions alike, I will take for the illustration of my subject an incident which was witnessed by an English traveler in the Fiji islands: ‘One of the chiefs of the island was ascending a mountain-path with a long string of his people following him in single file, when he happened to stumble and fall. Immediately every man in the long procession, *except* one, stumbled also, and lay flat upon the ground. When the chief arose, they all arose likewise, and fell upon the dissenting or neglectful member, who had dared to deviate from the sacred custom of the tribe, and beat him to death with their clubs.’

“This little incident is a miniature picture of a great law of evolution which runs in one unbroken thread through the entire philosophy of history. He who will study the origin of social order and government will see how hard it was in the beginning to break the savage instincts of man, to bend him to obedience, to accustom him to sustained labor and regular habits, and to fit him for concerted action with his fellow-men. All governments, religions, and institutions have been slow of growth and difficult of construction. They always imply the coercion of ages, physical or spiritual, and frequently both. Societies and institutions, once organized, are held together by all the forces of conservatism—self-interest, transmitted habits of obedience and order, hereditary usages, fear of and respect for constituted authority, reverence for tradition, and the mighty despotism of custom and fashion.

“The traits of character thus acquired were transmitted from father to son; and progress would have been soon arrested and a fixed, stationary tyranny of custom in all things imposed upon mankind, if nature, always prolific, had not provided for our indefinite expansion by another great law, that in every succeeding product of her hands there is a *tendency to variation*. If her first



and hardest work is the formation of institutional order, her second and greatest is the production of heretics. Given—institutional forms of all kinds, acquired by ages of obedience to custom and authority, and coerced into strength and usefulness by conservative forces—and super add a radical spirit, forever attempting to revolt against them, and to improve or destroy them, and the onward progress of mankind is secured.”<sup>677</sup>

The strong recommendation that homeopathy should receive for its high benefits and low costs should inspire every physician to learn more about genuine homeopathy and even conduct their own trials, which the more skeptical could divide into two phases. In the first phase, the principle of similarity would be tested by treating very sick patients (e.g., patients with pneumonia) with very low potencies, let's say the 3 X, 6 X or 12 X potency, which still contain molecules of the original medicinal substances. In a 3 X potency there is one part of the original medicinal substance for 1,000 parts of the menstruum ( $10^{-3}$ ); in a 6 X remedy, there is one part for 1 million parts of the menstruum ( $10^{-6}$ ); and in the 12 X, there is one part per billion ( $10^{-12}$ ). To be successful in this phase, a complete case must be taken; namely all the symptoms experienced by the patient at all levels must be noted and graded, and the remedy that presents a picture that is most similar to the totality of the characteristic symptoms of patients must be prescribed.

Physicians should not be dubious about the scientific basis of such trials for they are entirely compatible with biomedical observations, as Dr. Daniel Eskinazi of Columbia University College of Physicians and Surgeons points out. First in regard to high dilutions (i.e., low concentrations): “When homeopathic drugs contain molecules of the active substance, claims of homeopathy are compatible with common biomedical observations, and there is an

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<sup>677</sup> William H. Holcombe. Why are not all physicians homoeopathists? *United States Medical and Surgical Journal* 1874; 9: 129-147.

overlap between the range of higher dilutions shown by biomedical research to have biological activity and the range of lower homeopathic dilutions considered to not contain molecules of active substances”<sup>678</sup>

Dr. Eskinazi then gives other reasons why homeopathy is entirely compatible with biomedical sciences: “If the facts discussed in this article were acknowledged, homeopathy could not be dismissed on the grounds that its principles are incompatible with current scientific observations.”<sup>679</sup>

He then points out the compatibility of the law of similars with biomedical sciences by listing a large number of drugs and other substances that may induce symptoms that they can also alleviate in other concentrations: “Furthermore, in the following examples, the therapeutic activity of drugs was not discovered based on homeopathic principles, and the observed paradoxical effects are usually considered as odd coincidences. Therefore, these examples, taken as a whole, are suggestive of an independent reconfirmation of the principle of similars by biomedicine. First, drugs and other substances may induce symptoms they can relieve. For example, aspirin at a therapeutic dose can be used to lower temperature, whereas a toxic dose may induce life-threatening hyperthermia. Agents used to manage angina or arrhythmia (atrial fibrillation) can induce or aggravate angina (e.g., nitroglycerin) or arrhythmia (e.g., digoxin). Also, allergens are used to desensitize patients whose allergies have been induced by these specific substances.” He finally lists numerous drugs and other substances that have measured biological effects in extremely low concentrations, such as the luteinizing hormone-releasing hormone with concentrations of leukotrienes in the range of  $10^{-18}$  to  $10^{-20}$ .<sup>680</sup>

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<sup>678</sup> Daniel Eskinazi. Homeopathy re-revisited: is homeopathy compatible with biomedical observations? *Archives of Internal Medicine* 1999; 159 (17): 1981-1987.

<sup>679</sup> Ibid.

<sup>680</sup> Ibid.

Once good responders<sup>681</sup> are identified in the first phase of the experiment, the second phase would verify the phenomenon of potentization. The potency could then be raised, first to a 30 C and then a 200 C potency.<sup>682</sup> The greater the similarity that exists between the symptoms found in the materia medica of the remedy and the symptoms presented by any individual patient, the stronger will be the reaction of that patient to the remedy as the potency is raised. Again a doctor should not be hesitant about this part of the experiment because it was clearly demonstrated clinically over a 10-year period in a Vienna hospital that the higher the potency, the quicker the recovery.

Physicians are thus asked to follow the scientifically sound method developed by Hahnemann more than 70 years before Dr. Claude Bernard, who wrote the *Introduction to the Study of Experimental Medicine* in 1865. Like any other scientific question, the efficacy of homeopathy can only be settled through meticulous experimentation, not through *a priori* reasoning. Samuel Hahnemann in a paper entitled *Nota Bene for My Reviewers* wrote in 1825, “This doctrine appeals chiefly, but solely to the verdict of experience—‘repeat the experiments,’ it cries aloud, ‘repeat them carefully and accurately, and you will find the doctrine confirmed at every step’—and it does what no medical doctrine, no system of physic, no so-called therapeutics ever did or could do, it insists upon being ‘judged by the result.’”<sup>683</sup>

Dr. James Rogers, a nineteenth-century allopath and author, said in reference to the circumstances which led Hahnemann to think that *Similia similibus* was the principle underlying the cures witnessed in certain patients with

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<sup>681</sup> By a good responder is meant a patient who was prescribed a homeopathic remedy and had a sufficiently favorable response to the remedy. This would mean that the symptoms found in the materia medica on this remedy were sufficiently similar to the symptoms experienced by the patient.

<sup>682</sup> 10<sup>-60</sup> and 10<sup>-400</sup>, respectively.

<sup>683</sup> Samuel Hahnemann. *Materia Medica Pura*. Translated by R. E. Dudgeon. Vol. 2, Liverpool, London: The Hahnemann Publishing House, 1880: 2.

intermittent fever who were treated with Peruvian bark (Cinchona): “*Similia similibus* became the basis of his therapeutics; and although the principle was not a new one, as it had been frequently referred to by medical men since the time of Hippocrates, yet it must be confessed that in his hands it received a far greater, and in some respects more scientific, development than any of its former supporters ... had even attempted to give it. The seeming simplicity and completeness of the principle are admirable. If true, it contains within itself a complete system of therapeutics; to find a remedy for any given case of disease, it is only necessary to discover a drug that can produce in the healthy individual symptoms similar to those of the disease to be cured.”<sup>684</sup>

### **Is It Time for a Fundamental Revolution in Medical Education and Practice?**

It is difficult to explain the lack of attention the scientific community as a whole has paid to the principle of similars, and how medical historians have, as a rule, completely ignored the authoritative success of homeopathy. For more than 200 years, prejudice has prevailed over an enormous amount of robust evidence even though the well being and lives of million of people are a stake. When the burden of proof has been overwhelmingly met by a medical system that clearly improves quality of life and saves lives, one expects a shift of sentiment, particularly in this modern age. How much longer will it take for the medical and scientific communities to recognize the superb record of homeopathy and the crucial importance of the principle of similars in the practice of medicine?

Imagine how much less disease there would be today and how much lower mortality rates and health care costs would be if policy makers had met their responsibilities in the last 200 years. Think how much less the sick would

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<sup>684</sup> James Rogers. *On the Present State of Therapeutics, with Some Suggestions for Placing It Upon a More Scientific Basis*. London: John Churchill and Sons, 1870, 8.

have had to suffer if they had always been treated by the most efficacious methods. Perhaps these questions will inspire investigations that will lead to the discovery of what homeopathic physicians have known for generations, namely, that never before has the disparity between scientific knowledge and its benefit to society been so vast.

Some may say that many of the extraordinary results of homeopathy occurred over 100 years ago. But facts are facts regardless of when they were observed, and what was true yesterday remains true today and will still be true tomorrow. Aldous Huxley said, “Facts do not cease to exist because they are ignored,”<sup>685</sup> and Nehru said, “Facts are facts and will not disappear on account of your likes.”<sup>686</sup>

The results obtained by homeopathy during epidemics have been consistent, from the first two epidemics where Hahnemann used homeopathy, namely, a scarlet fever epidemic in 1796 and the great typhus epidemic of 1813 in Leipzig,<sup>687</sup> to those in modern times, such as the meningitis epidemic in Brazil in 1974-75, the leptospirosis epidemic in Cuba in 2007, and the acute encephalitis syndrome that is currently endemic among the children of India.

With the universal adoption of homeopathy, allopathy would not entirely disappear, because certain conditions would still require allopathic medicinal intervention, such as anesthesia or hormone replacement therapy (e.g., in patients with type I diabetes). But even now, most of the allopathic therapies that were developed in the nineteenth and twentieth centuries have already

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<sup>685</sup> Aldous Huxley. Note on Dogma in *Proper Studies*. New York: Doubleday Doran & Company. 1928.

<sup>686</sup> [http://en.wikiquote.org/wiki/Talk:Jawaharlal\\_Nehru](http://en.wikiquote.org/wiki/Talk:Jawaharlal_Nehru)

<sup>687</sup> In his retreat from Russia, Napoleon's army spread typhus throughout Germany. In 1813 after the battle of Leipzig, Hahnemann was put in charge of a typhus hospital and reported having treated 183 cases of typhus without losing a single patient. Such stunning results greatly impressed the Russian government then in occupation but went unnoticed by the medical authorities. This is very peculiar in view of the fact that half a million people among Napoleon's soldiers and the German population eventually fell victim to that deadly epidemic.

been discarded. On the other hand, homeopathy, which is based on a set of principles discovered through the inductive method common to the natural sciences, has since its inception met the criteria of EBM better than any other approach in medicine; moreover, the innumerable observations reported in its journals and books are as valid and useful today as when they were first published, even 200 years ago. On the other hand, a system of medicine that is essentially based on empiricism is condemned to be in a state of perpetual change, discarding what was celebrated yesterday for the novelty of today, while in a system of medicine that is based on principles knowledge is always cumulative and nothing needs to be discarded.

### **Putting a Face to the Comparative Records of Homeopathy and Allopathy**

In 2011, Dr. David Katz, founding director of the Yale University Prevention Research Center, wrote a moving article called *Facing the Facelessness of Public Health*. Though he was talking about the failure of public health authorities to put their knowledge into practice, much of what he says can be applied to homeopathy: “We have known since 1993 at least ... that the leading causes of both premature death and persistent misery in our society are chronic diseases that are, in turn, attributable to the use of our feet (physical activity), forks (dietary pattern), and fingers (cigarette smoking). Feet, forks, and fingers are the master levels of medical destiny for not just thousands or tens of thousands of people on any one occasion but the medical destiny of millions upon millions year after year.

“We have known, but we have not managed to care. At least not care deeply enough to turn what we know into what we routinely do. We have failed to achieve ... passion for the crucial causes of modern public health.

“Were we to do so, we could eliminate 80% of all heart disease and strokes, 90% of all diabetes, and as much as 60% of all cancer. Whether or not that

is news to you—whether or not you are mouthing ‘wow’—you almost surely do not feel a sudden surge of genuine passion. Surely you do not have a tear in your eye ... Statistics have the emotional impact of ... well, statistics.

“But now forget the bland statistics of public health, and ask yourself if you love someone who has suffered a heart attack, stroke, cancer, or diabetes. You are exceptional if you do not.

“Now imagine their faces, whisper their names. Recall what it felt like to get the news. And while at it, imagine the faces of other readers like you and me imagining beloved faces.

“Now imagine if eight of 10 of us wistfully reflecting on intimate love and loss, on personal anguish, never got that dreadful news because it never happened.” ...

“Which leads to what I am asking you to do about it: put a face on public health every chance you get. When talking about heart disease and its prevention—or cancer or diabetes—ask your audience to see in their mind’s eye the face of a loved one affected by that condition. Then ask them to imagine that loved one as beneficiary among the 80% who need never have succumbed if what we knew were what we do. ...

“The things we know, and could do, to advance public health on a grand scale deserve our passion.”<sup>688</sup>

Similarly, we have known since the mid-1800s that homeopathy is safe and effective, “but we have not managed to care. At least not care deeply enough to turn what we know into what we routinely do. We have failed to achieve ... passion for the crucial causes” of high mortality and morbidity, at the very least in patients with CIPOLD.

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<sup>688</sup> David L. Katz. Facing the facelessness of public health: what’s the public got to do with it? *American Journal of Health Promotion* 2011; 25: 361-362.

We could add, let's put aside the bland statistics comparing homeopathy with PAA and CCC, and ask if you have loved someone who died from an infectious disease or a chronic inflammatory disease or is suffering from one of the many autoimmune diseases (rheumatoid arthritis, multiple sclerosis, ulcerative colitis, lupus, etc.) and who could have benefited or could benefit now from the safe and effective treatment commonly provided by genuine homeopathy.

Homeopathy is another master “of medical destiny for not just thousands or tens of thousands of people on any one occasion but the medical destiny of millions upon millions year after year.”

Every period must learn from its own history. The things we now know about the extraordinary potential of homeopathy and the contrast offered by the current system of health care deserve our passion.

### **Everyone's Duty Toward Homeopathy**

It is clear that opposition to homeopathy on purely theoretical grounds is unscientific, for all the evidence shows it to be a priceless gift to the world.

We should all be outraged at the injustice that has been perpetrated against humanity for the last 200 years by misinforming the public about homeopathy and hindering medical progress. The discussion about homeopathy has been dominated by a medical autocracy characterized by prejudice, bigotry, ignorance, and intolerance, not to mention deception, intrigue, and intimidation, all of which have gone hand in hand with an unreflecting credulity on the part of the scientific world, the media, and the public at large.

As individuals we all have a part to play in the course of our history. We must all work together to ensure that our health-care system makes homeopathy available to everyone.



Citizens should be outraged at the incompetence of the authorities who have failed to provide them with the safest and most effective medical care. They should therefore be very careful in choosing a doctor and a type of medical care, which should be measured by its safety and effectiveness.

They should choose health insurance policies that include comprehensive homeopathic care, and insurance companies should offer comprehensive homeopathic coverage in their health insurance policies.

They should ask their politicians to require public medical schools to teach genuine homeopathy and ensure that it becomes available in every public hospital.

They should hold doctors that refuse to recommend homeopathy for pneumonia patients responsible for the deaths of 10 or more people out of every hundred with this disease.

I encourage idealistic young people who are interested in medicine to study homeopathy, preferably at a naturopathic medical college with a good homeopathy program, because that will give them the best opportunity to become a well-rounded physician.

Patients should request, whether from doctors in private practice or from public hospitals, a standard of medical care that includes homeopathy.

Physicians of the allopathic school should defy the forces of peer pressure and recognize the reality of the medical system they have been practicing. They should enroll in graduate programs that offer a complete training in the principles and practice of genuine homeopathy.

They should begin experimenting with homeopathy, particularly in severe cases or with patients who are not responding well enough to conventional treatments.

Clinicians should systematically offer genuine homeopathic treatment to patients with CIPOLD.

Clinical researchers should not delay in instituting trials with homeopathy, beginning with CIPOLD patients, particularly the most sick and vulnerable.

Medical students should request that their schools offer undergraduate instruction in genuine homeopathy and graduate programs for those who wish to specialize in it.

Naturopathic medical students should demand that their courses teach nothing but the highest standard of genuine homeopathy instead of the counterfeit homeopathy being taught in certain schools. They should be outraged that 95% of the graduates of some naturopathic medical schools are unable to practice homeopathy effectively because of the substandard training they received.

The principles and practice of homeopathy are clear and easy to learn, but when the teaching misrepresents the fundamentals, repeated failures in practice are inevitable.

Medical associations should promote homeopathic training by organizing state-of-the-art graduate programs on the principles and practice of genuine homeopathy and encouraging their members to learn and practice it. They should hold physicians responsible for the consequences if they refuse to recommend homeopathy to pneumonia patients.

Scientists should contribute to this debate on homeopathy by upholding the highest standard of objectivity and sound reasoning for all parties, and should insist that skeptics present, not opinion and theoretical objections, but incontrovertible facts based on experimentation.

Insurance companies should offer comprehensive homeopathic coverage in their health insurance policies.

The state should take responsibility for advancing medical science by establishing commissions and organizing open and fair debates about the place of homeopathy in our society.

Elected politicians should not rest until they have enacted laws worthy of a democracy by protecting freedom of choice in medical care, mandating public medical schools to teach genuine homeopathy and making it available in every public hospital and clinic to patients that could benefit from it.

Health authorities should facilitate the integration of genuine homeopathy into all levels of the health care system and should inform the public of the odds of dying from pneumonia with the different therapeutic approaches.

Policy makers should ensure that homeopathy is adopted as a standard treatment for any population of patients that could benefit from it.

At the same time, governments should make every effort to recognize and resist the influence of the dominant school of medicine and the vast economic interests that support it.

Philanthropists should support or establish organizations and institutions that promote genuine homeopathy. NGOs should ensure that homeopathy is offered to every citizen in developing countries.

The media should try to inform the public about the benefits of homeopathy: the significantly lower mortality and morbidity, speedier recovery, uniformity of response in elderly and weak patients, the low cost to society, the two important prophylactic aspects of homeopathy, the short- and long-term health gains, and the lack of fatal side effects.

Medical historians should examine why their profession has almost completely ignored homeopathy and begin investigating and documenting comparative statistics from the official records of boards of health, public health services, hospitals, the armed forces, insurance companies, state prisons, orphanages, and mental asylums.

We should all be unrelenting in our quest for justice, for the well being of humanity is at stake.

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## **Abbreviations**

AIH – American Institute of Homeopathy

ARWP – allostatic response of the whole person

CAP – community-acquired pneumonia

CCC – conventional contemporary care

CDC – Centers for Disease Control

CGI – Conners' Global Index

CIP – combined influenza and pneumonia

CIP0IID – combined influenza and pneumonia and other infectious and inflammatory diseases

EBM – evidence-based medicine

ESRD – end-stage renal disease

FDA – Food and Drug Administration

HCAP – health-care-acquired pneumonia

IHA – International Hahnemannian Association

IOM – Institute of Medicine

JAMA – Journal of the American Medical Association

NIH – National Institutes of Health

NIP – 1918-1919 influenza pandemic

NSAID – nonsteroidal anti-inflammatory drug

OTC – over-the-counter

P – placebo

PAA – pre-antibiotic allopathy

PCI – percutaneous coronary intervention

PD – Parkinson's disease

POMS – Profile of Mood States

RA – rheumatoid arthritis

RCT – randomized controlled trials

SARS – severe acute respiratory syndrome

TCS – totality of the characteristic symptoms

UCSF – University of California in San Francisco

UMP – ultra-molecular preparation

USAF – United States Armed Forces

USCDC – United States Centers for Disease Control

USPHS – United States Public Health Service

V – verum

WHO – World Health Organization

WPD – well-defined patho-physiological disease