Homeopathic — medical detente

A review of the main areas of contention that help maintain the rift between the two professions.

by J L Rogers

Having long been a double-agent, trying to decide which side should receive my undying loyalty and banner-bearing support, I have at last had the good fortune to be able to invite representatives from both sides to present arms.

From behind the homeopathic 'curtain' an eminent spokesman from SA Homeopathic Association, while the medical profession is equally eminently represented by a well-known Pretoria GP.

Research

The medical profession nags that homeopathy is unscientific: research conducted excludes double blind testing, the use of controls, trials not being sufficiently large and the placebo effect not being accounted for.

The homeopathic representative maintains that plenty of research has been done in France, Russia, the United Kingdom, and the USA, and that these results have been presented to the SA Medical and Dental Council.

The council, however, persists in regarding these as unscientific. Perhaps our South African attitudes are lagging behind the current change in attitude towards a traditional scientific approach (which has let us down glaringly in cases such as thalidomide research).

The homeopathic complaint about medical research is shared by many in the medical profession; the fact that drug companies dominate many medical practitioners; and that the independence of medical research in the universities is disrupted by the way in which these companies sponsor it.

Medication

The medical profession is suspicious of homeopathic remedies because they work slowly, thus leaving doubt as to whether they are effective or whether the patient recovers spontaneously. However, most do agree that the remedies are harmless — leaving no side-effects, even when overdosage occurs.

What belies suspicion about their effectiveness is the fact that chronic conditions (eg bronchitis and sinusitis) can be cleared up, leaving the patient with no weakness in the affected area. Although this is also seen under medical care, it is the exception rather than the rule.

It is also not true that all homeopathic remedies work slowly: the axiom is that the speed of the cure is related to the speed of the acquisition of the illness.

(The homeopathic spokesman warned here of some bogus homeopathic medicines available in some health shops and pharmacies, thus helping to give homeopathy a bad name).

Once again, the homeopathic criticism of the medical fraternity is shared by many of the latter — that medicines are used indiscriminately by doctors and/or patients and that overdosage leads to unpleasant side-effects (not least the empty pocket side-effect!).

Some doctors claim that because of thorough research, side effects are minimized. However, although our notoriously readily-prescribed antibiotics have no side-effects, they do lead to germ-immunity and are wasted on viruses in nine out of ten patients; they prevent the body from making its own anti-bodies for that particular germ.
Conclusion

Although there are growing areas of agreement, the cold war seems doomed to continue between the medical and homeopathic professions. Perhaps if we could practise the ideals suggested by the homeopathic spokesman a compromise would not be necessary. (Remember, that any code of ethics is in terms of an ideal towards which the followers work).

He posits placing the full responsibility of seeking treatment with the patient. Then it should be ensured that each practitioner, be he homeopath, medical doctor, sangoma or faith healer, treats a patient only when he is reasonably confident he can. When he is no longer confident, he should either communicate this to the patient so that he is free to seek help elsewhere or he should refer him to another practitioner whom he thinks can help.

Could this not also help to alleviate the problem of our shortage of doctors and make life more comfortable for them (though not perhaps financially so) than has been the case in the past?

Ringing the changes for rheumatoid arthritis

Immunisation against rheumatoid arthritis could in the future possibly prevent the development of this crippling disease in some patients.

This was said at a recent Johannesburg press conference by Dr Heddy Berry, Consultant in the Department of Rheumatology and Rehabilitation, King's College Hospital, Denmar Hill, London.

Dr Berry, who has a specialist interest in rheumatic diseases, conducted a series of medical meetings in Johannesburg, Cape Town and Durban. He spoke about recent advances in the diagnosis and treatment of rheumatic disease sufferers.

Discussing advances in therapy he said: “One area where there has been progress in rheumatological research has been to elucidate yet more complicated systems which are formed in the joints which may contribute in some way to the acute and chronic inflammatory processes.”

“But what causes rheumatoid arthritis?” he asked. “Our research in rheumatoid arthritis is much more advanced than in the more common disease of osteoarthritis. We have to think about what starts the ball rolling.”

Some researchers have implicated bacteria other mycoplasma. Another area of considerable interest has been the question of looking at the genetic markers.”

The Epstein Barr Virus (EBV) is a virus which has recently been possibly implicated as a causative agent in some patients with rheumatoid arthritis.

This virus is present in patients with glandular fever. These patients develop rheumatoid factor – rather like patients with rheumatoid arthritis.

Dr Berry added: “I do not think it is fair to think that all rheumatoid arthritis have this virus or that this is the only cause of the disease. It is one factor which may have possible relevance.”

It is important to remember that no single drug is effective in all patients. They have to find drugs which personally suit them best. ‘Ringing the changes’ and remaining hopeful is essential.

References