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HOMEOPATHY AND THE AMERICAN HEALTH CARE SYSTEM

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PATIENT OR CURE?
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By

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ABSTRACT

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By

Liisa Marie Randall

Homeopathy is a therapeutic system which gained great popularity in 19th century Europe and America. Although homeopathy nearly disappeared from the American health care scene by the 1930's, it is currently experiencing a resurgence in popularity. The success of a health care system in fulfilling its primary goal of healing the patient depends upon the degree of cognitive and communicative agreement which exists between the patient and practitioner. The major findings of this research were obtained through interviews with allopathic and homeopathic patients, practitioners and medical students and a review of relevant historical and ethnographic sources. The findings suggest that individuals who use homeopathy understand sickness differently than those who utilize allopathy; that individuals who use homeopathy do so more for the therapeutic relationship which is established with the practitioner than for the treatments it administers; and that successful homeopathic treatment depends upon an effective therapeutic relationship.

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CHAPTER I

OVERVIEW AND PRESENTATION OF THE STUDY

Introduction

Homeopathy is a health care system which was developed in the early 19th century by Samuel Hahnemann, a German physician. Hahnemann's goal was to develop a more scientific and humane system of medicine than any that existed at the time. Homeopathy was introduced to America around 1825. At this time there was widespread revolt against the treatments and expense associated with 'heroic' medicine. Americans were already experimenting with a variety of systems of health care and homeopathy was readily accepted. Unlike other systems, homeopathy rapidly gained popularity among all segments of American society. Homeopathy came to pose a major intellectual and economic challenge to the allopathic establishment. From the middle 19th century to early 20th century, changes in American medical practice were spurred by the battle fought between the homeopathic and allopathic establishments.

By the 1930's homeopathy had largely disappeared from the American scene. Advances in scientific medicine as well as changing American life-styles made homeopathy a less desirable and acceptable form of health care. Since the mid-1970's, however, the United States has witnessed a substantial rise in the use of homeopathy as an alternative to allopathic medicine. Homeopathic practitioners and patients cite

an interest in health promotion and maintenance, concern over drug iatrogenesis, danger of invasive medical techniques, and cost as reasons for the current popularity of homeopathy. More importantly, however, they cite a dissatisfaction with the allopathic therapeutic encounter as the major reason for some individuals' choice of homeopathic treatment.

Homeopathic Theory and Practice

Understanding Sickness and the Meaning of Symptoms

According to the theoretical principles of homeopathy, the human body is a dynamic organism which is constantly trying to maintain a state of equilibrium (McGary 1985:92-93; Vithoulkas 1980:21). When the natural balance of the organism is disturbed, sickness results and is indicated by symptoms such as pain, fever, cough, irritability, depression or even cravings for certain types of food (Panos 1980:15). Sickness, according to homeopathic theory, represents the curative effort of the organism. Because the organism is presumed to have the best possible response to an underlying disturbance, sickness is beneficial. Homeopathy understands symptoms as the "working of the cure" (Grossinger 1987:172).

Homeopathy, in theory, does not recognize pathogens such as bacteria or viruses as causative agents of sickness. Rather, an organism's resistance to a pathogen is reduced by a sickness which is already in place (Coulter 1981:19; Grossinger 1987:172; Korok 1985:844; Ullman 1988:158; Vithoulkas 1980:91). It is important to remember, however, that the theory and philosophy of homeopathy were developed nearly a full

century before the discovery and acceptance of 'germ theory'. The homeopathic physicians of today are well educated in germ theory and recognize the role that certain pathogens play in the causation and transmission of illness. While this is true, modern homeopathic practitioners continue to assert the importance of homeopathic principles in health promotion and health maintenance. Sickness, according to homeopathic theory, cannot be overcome by the organism when "disturbing forces are so strong as to overwhelm an organism's ability to meet them and respond" (Weil 1983:73). Thus, the aim of homeopathic treatment is not to remove or destroy a pathogen directly, but to aid the organism in increasing its resistance to that pathogen as indicated by symptoms experienced by the patient. This is accomplished through the administration of a highly specific individualized remedy known as the 'similimum'. Homeopathic remedies work in concert with the body's inherent immune and defense systems (Ullman 1988:xviii).

Homeopathic practitioners assert that they are able to treat successfully a variety of ailments with homeopathic remedies, either alone or in combination with diet and nutritional counselling, advice on exercise or behavioral change or other forms of therapy. Homeopathic practitioners claim they can successfully treat chronic conditions such as rheumatoid arthritis or bronchitis, acute conditions such as pneumonia, and emotional disturbances such as depression and anxiety. The type of ailments which my consultants claimed to be able to treat successfully with homeopathy varied among practitioners.

> ....Homeopathy treats mental symptoms very well [like] anxiety and grief...[but] pathological problems like schizophrenia or manic depression I won't treat with homeopathy. I feel like they'll do better with lithium.

> I also won't touch cancer. Things like that are more appropriately treated by more orthodox means. I know that other practitioners who will treat these illnesses homeopathically....

Homeopathic practitioners do not claim to be able to treat conditions which require surgical intervention. According to one consultant, "Homeopathic remedies can help reduce the need for surgery or can aid in the recovery of a patient after surgery". Homeopathic practitioners recognize the value of surgical intervention in certain situations.

Principles of Homeopathy

The word homeopathy has its origins in the Greek words homios ('similar') and pathos ('sickness').[1] The Law of Similars is the foundation of homeopathic practice. Simply stated, this is the 'like cures like' rule.

> A dynamic disease in the living economy of man is extinguished in a permanent manner by another that is more powerful when the latter (without being of the same species) bears a strong resemblance to it in its mode of manifesting itself (Hahnemann 1974(1842):21, Cited in Kent 1979).

It was Hahnemann's belief that a substance which produced a certain set of symptoms when administered to a 'healthy' person would cure a sick person, when administered in very small doses, who exhibited that same set of symptoms. Hahnemann, incidentally, did not claim to have discovered the concept of 'like cures like'. One of the earliest accounts of this principle occurs around 400 B.C. in the writings of

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[1]Hahnemann coined the term 'allopathy' to refer to the methods of treatment practiced by the orthodox medical establishment of his time. The word 'allopathy' has its origins in the Greek words allo ('opposite') and pathos ('sickness'). Under allopathy, treatments are administered which are intended to counteract symptoms. The word allopathy is still used today to refer to scientific medicine.

Hippocrates, "Through the like, disease is produced and through the application of the like, it is cured" (cited in Panos 1980:11).

The Law of Potentization or 'the infinitesimal dose' is also a central tenet of homeopathy. This law refers to the way in which a remedy is prepared. Homeopathic remedies are prepared by a method of successive dilutions of the crude substance with alcohol and water followed by succussion (shaking):

> The changes which take place in material substances, especially in medicinal ones...when dissolved, through a long-continued shaking with a non-medicinal fluid, are so incredible, that they approach the miraculous....Not only...do these medicinal substances thereby develop powers in a prodigious degree, but they also change their physico-chemical demeanor in such a way [as to be] wholly invaluable to the healing art (Hahnemann 1987(1835):246).

It was Hahnemann's contention that the more a remedy was subjected to the process of successive dilution and succussion, the more therapeutically powerful it became. Thus, more powerful remedies were those which had been diluted to a greater degree by this method of preparation. Hahnemann believed that a remedy prepared in this way became more powerful due to the fact that the energy field of the crude substance had been "dynamized" by the preparation process (Weil 1983:18).

The Law of Proving is the final tenet of homeopathy to be explained. This law refers to the method by which various animal (including human), vegetable and mineral substances used as homeopathic remedies are tested in order to determine their therapeutic effects. The 'traditional' method of proving involves administration of a homeopathically prepared substance to a group of 'healthy' subjects daily, for a period

of several days. All symptoms, both physical and psychosocial, reported by patients and the context in which such symptoms are experienced are recorded. Once a proving has been completed, symptoms which have been consistently reported by all members of the proving sample are listed as the characteristic "remedy picture" in the materia medica, the homeopathic practitioner's reference. It was this method by which Hahnemann and his disciples "proved" remedies. Homeopathic provings are still conducted today but generally adhere to the standard randomized, double-blind, placebo-controlled method. Examples and discussions of contemporary provings are provided in the section on Clinical Evaluation of Homeopathy.

Taking the Case

The homeopathic patient-practitioner relationship is fundamentally different than that which exists between the allopathic physician and patient. The preliminary examination of a homeopathic patient (weight, temperature, blood pressure) is not performed by a nurse or other para-professional in homeopathic practices as is characteristic of allopathic practices. In fact, the homeopathic practitioners I interviewed do not even perform such a preliminary examination. Instead, a patient spends the entire appointment time in direct interaction with the physician. Rather than physically examine the patient and collect pertinent somatic data, the homeopathic practitioner elicits as many possible somatic and psychosocial complaints as possible from the patient.

Homeopathic theory asserts that each case of illness is unique (Maretzki 1985:394). Thus, treatment must be highly individualized. It is the task of the homeopathic practitioner to select a similimum which matches as closely as possible the symptom complex presented by the patient. Twenty-five individuals, each suffering from what we might call a 'cold', could all receive different remedies if their symptom complexes were different. The homeopathic practitioner relies extensively upon information provided by the patient. Patients present to the homeopathic practitioner that information about their sickness which they regard as most important.

In 'taking the case', it is imperative that the homeopathic practitioner make a careful and detailed record of patients' case histories. The homeopath must pay very close attention to what patients say about their sicknesses and the way in which they say it. The homeopath should also record what the patient says in the patient's own words (Blackie 1976:63). The symptom picture which the homeopath seeks to construct can be considered to be highly subjective. For example, the practitioner is not interested only in whether or not the patient's appetite has changed but how it has changed -- is it greater/less than usual? Is the patient upset by certain foods and if so is this unusual? Does the patient crave certain types of foods? With respect to feelings and changes in affect, the homeopath is not concerned merely with whether a patient is feeling depressed lately but whether the patient has been feeling particularly greedy, quarrelsome, deceitful, rude, or even averse to being touched. Furthermore, the homeopath is interested in discovering in what context these feelings are experienced. A homeopathic practitioner is concerned not only with the somatic

manifestations of sickness but also with the psychosocial manifestations. All complaints are given equal priority when selecting an appropriate form of treatment. It appears that homeopathic case-taking is of a different quality and content than allopathic physical examination and collection of primarily somatic data. Several patients and one practitioner whom I interviewed compared homeopathic case-taking with psychological counseling.

Once homeopathic practitioners have gathered and recorded as much information regarding the patient's sickness as possible, they must then determine which symptoms are the strongest and most important to consider in choosing an appropriate remedy (Panos 1980:25). The appropriate remedy for a patient (the one which will most effectively aid the body in restoring itself to homeostatic balance) is the one which has a remedy picture in the materia medica which matches, as closely as possible, the symptom picture presented by the patient.

Purpose of the Study and Research Questions

An increasing amount of literature related to homeopathy is being produced. A portion of this literature involves research focused on the evaluation of the clinical efficacy of homeopathic remedies. The great bulk of the literature, however, is related to outlining the principles and practice of homeopathy for professionals and laypersons or the defense of the homeopathic health care system against attacks by the allopathic establishment. There has been relatively little attention given to the ways in which homeopathic theory and practice influence utilization of this health care system.

Growing numbers of Americans are turning to homeopathy for their health care needs and are reporting successful treatment for a variety of health problems (Coulter 1981:15-16; Coulter 1984: 72-73; Cummings and Ullman 1984:26-27). In order to better understand the current success of homeopathy, it is important to examine how homeopathic treatment effectively meets the needs and desires of a particular group of patients as related to health care issues. Those individuals utilizing homeopathy cite the nature of the patient-practitioner relationship as a factor which significantly influences their decision to use this health care system. Thus, an examination of allopathic and homeopathic patient-practitioner relationships is key to understanding the appeal and growing popularity of homeopathy in the United States.

The purpose of this research was threefold: 1) to explore the ways in which homeopathic patients and practitioners understand sickness; 2) to examine patient and practitioner expectations for therapeutic intervention and 3) to show how patients' explanatory models of sickness and expectations regarding treatment influence their decision to use homeopathy for their health care needs. This research will address the following questions:

1. What is homeopathy and how is it practiced?
2. In what ways does homeopathy differ from allopathic medicine? In what ways is it the same?
3. How are homeopathic and allopathic theory and practice perceived by patients who use homeopathy? Is there an association between this and patterns of use of the two systems?

4. What needs or expectations do homeopathic patients have regarding their health care? To what extent are these addressed by homeopathy?

This thesis is an effort to present and document the major findings of my research which are:

1. The understanding of sickness and expectations for treatment for homeopathic patients are different from those of patients of allopathic medicine.
2. Individuals who choose homeopathy do so more for the therapeutic relationship which homeopathy advocates and works to establish than for the remedies and treatments that it utilizes, although these also important.
3. The success of homeopathy in treating a variety of illnesses may have more to do with the type of therapeutic relationships it advocates than with the intrinsic properties of its remedies.

Theoretical Considerations

A health care system should be understood not only as a means of distributing goods and services, but also as a series of social relationships which can influence the direction and outcome of episodes of sickness. Healing is dependent not only upon the treatment which is administered but also upon the socio-cultural context in which it is administered. The success of a health care system in fulfilling its primary goal of healing the patient is dependent, to a large extent, upon the degree of cognitive and communicative agreement which exists between the patient and practitioner (Kleinman

1980:114). The homeopathic understanding of sickness and approach to health care appear to be more closely aligned with the understanding and needs of the patients who utilize this system than are those of the allopathic health care system. This relative compatibility may explain the growing popularity of homeopathy in this country and recent reports of its therapeutic successes.

Health care systems are cultural systems in the same way that language and religion are cultural systems (Kleinman 1980:24). Cultural systems are "the fabric of meaning" of human experience and action and they allow us to make sense of our experiences and interactions (Geertz 1973:3-30, 144-145). Health care systems allow human beings to make sense of the universal experience of sickness. They shape an individual's affective response to sickness, valuation of symptoms, and the perceptions that others hold toward the sick individual. Health care systems also influence what type of treatment, if any, an individual will seek and accept, compliance with the chosen treatment, satisfaction with that treatment, and ultimately, the outcome of the sickness episode (Kleinman 1980:26,104-114). If we accept that health care systems are cultural systems, then we must accept that healing is a social process which is constituted, in part, in the relationship formed between patient and practitioner. In order to better understand the psycho-social aspects of sickness and treatment, it is important to examine the nature of the relationship between the patient and practitioner.

How a given health care system approaches health and healing is reflected in the definition of "sickness" supported and maintained by that system. Western

biomedicine makes an implicit distinction between 'disease' and 'illness'.[2] Disease and illness are considered to be two separate entities to be addressed in treatment of 'sickness'. Disease, according to the allopathic paradigm, is materially based. "Disease refers to a malfunctioning of biological and/or psychological processes...." of the organism (Kleinman 1980:72). Simply stated, disease refers to organic pathologies and abnormalities of the body and mind. Illness, on the other hand,

> ...refers to the psychosocial experience and meaning of perceived disease. Illness includes secondary personal and social responses to a primary malfunctioning (disease) in the individual's physiological or psychological status (or both). Illness involves processes of attention, perception, affective response, cognition and valuation directed at the disease and its manifestations.... (Kleinman 1980:72).

This distinction between disease and illness, while important to the current study, is not necessarily culturally or socially appropriate. The meaning, or perhaps more appropriately the perceived meaning of 'disease' is different for the layperson than it is for the health care professional. Understanding of 'disease' also varies among individuals. Furthermore, the definition of 'disease' as a physiochemical process or state is, above all else, a social and cultural construction. It is the product of a Western scientific ideology based both in materialism and dualism.

Disease, as defined above, is the central focus for research and treatment in allopathic medicine (Kleinman 1980). Attention in diagnosis and treatment is focused on the material or the 'real' as opposed to the non-material or the intangible. In this way, the processes and structures of the physical body are associated with the material

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[2]The distinction between disease and illness has been defined in various ways in the literature. However, I will draw largely upon Kleinman (1980) for a basic working definition.

and the 'real'; while thought and affect, as products of the mind, are associated with the non-material and the intangible.

> Physical reductionism is a central tenet of biomedicine. This medicine also radically separates body from non-body; the body is thought to be knowable and treatable in isolation (Hahn and Kleinman 1983:313).

Central to this ideology is the belief that "the biological aspects of medical problems are the 'real' ones, while the psychosocial and cultural aspects are second-order phenomena and are thus less 'real' and important" (Kleinman 1980:57). Until relatively recently, the allopathic establishment has paid little attention to 'illness' and the way in which it influences both the treatment and outcomes of the sickness episode. It has been usual practice for psychologically or emotionally-based complaints (psychosomatic) to be referred to specialists such as psychiatrists or psychologists as if such problems should be treated differently and separately from somatic complaints.

Disease and illness cannot be analyzed independently of each other. For this reason, I have chosen to use the term 'sickness' throughout this monograph. I do not intend the term 'sickness' to refer to disease and illness in combination. Rather, I have used the term 'sickness' to refer to a process through which the feeling or perception of 'unwellness' as manifested somatically, cognitively, socially and culturally is understood, experienced, and given meaning (made sense of) both by the self and by others (family, friends, and healers).

> Sickness is [not] a blanket term referring to disease and/or illness. Sickness is redefined as the process through which worrisome behavioral and biological signs, particularly ones originating in disease, are given socially recognizable meanings.... The path a person follows from translation to socially significant outcome constitutes his

> sickness....Sickness is...a process for socializing disease and illness (Young 1982:270).

Sickness, then, is a social process.

The focus of homeopathic practice, according to both classic texts and contemporary practitioners, is the establishment and development of social relationships, most notably between the patient and the practitioner, which will facilitate choice and implementation of appropriate and effective therapies (Vithoulkas 1980:169-171). It is the nature of their relationship with a practitioner that patients most often cite as a major reason for seeking alternative forms of health care.

> ...patients who turn to alternative healing systems do not do so because they find new theories of disease causation persuasive. The one consistent theme in consumers' responses and in observers' speculations is dissatisfaction with the relationship which obtains with conventional physicians and the attraction of a different kind of relationship with alternative practitioners (Taylor 1984:204).

Homeopathic patients cite the nature of the patient-practitioner relationship as a major reason for their relatively greater satisfaction with homeopathy over allopathic medicine for their health care needs. The relationship constructed between the homeopathic practitioners and their patients is rooted in the principles of homeopathic practice. It is a relationship which is unique and intentionally of a different quality from that which is established between allopathic practitioners and patients. In this way, the nature of the patient-practitioner relationship and the context in which it is built and articulated becomes the appropriate focus of a discussion of the success and growing popularity of homeopathy.

Summary

This section has provided the reader with the necessary background information and theoretical assumptions to facilitate the presentation and analysis of the data which follows. In Chapter II I have presented a discussion of the methods and procedures which were used in the research. An historical overview is presented in Chapter III so that the reader may gain an understanding of the social and historical circumstances in which homeopathy was founded and developed. This section also highlights some interesting and important historical parallels to the circumstances under which homeopathy is reemerging on the American medical scene today. Chapters IV and V encompasses the presentation of my data and pertinent analyses. Chapter IV is intended to examine the current place that homeopathy occupies in the American health care system. In this section I have examined the ways in which the allopathic establishment evaluates homeopathy in order to provide a broader foundation for the examination of homeopathy and to illustrate the dynamics of the patient-practitioner relationship. Chapter V encompasses a discussion of the therapeutic encounter, the focus of my examination of the efficacy of homeopathic therapeutics.

CHAPTER II

METHODOLOGY

Setting

The research for this project was undertaken over a period of approximately 18 months in 1987-1989. The research was conducted in several different areas of the United States and in Ontario, Canada. I conducted formal, in-depth interviews with six health care practitioners in Ann Arbor, Michigan, suburban Detroit, Michigan and Lansing, Michigan. All practitioners, both homeopathic and allopathic, had well-established clientele, and had been in practice for at least 10 years in their present location or nearby. These interviews were also followed up with one or two brief telephone calls used either to confirm information or to obtain responses to the conceptual framework as it developed. Telephone interviews were also conducted with homeopathic practitioners in the cities of Berkeley, California and Seattle, Washington and with one of the directors of a homeopathic educational institution. This last individual was an expert on homeopathic practice, history and theory and an invaluable source of information and counsel.

The Practitioners

As I began the research, I was concerned about the opportunities for establishing contacts within the homeopathic community. These concerns were proven

groundless. I was overwhelmed by the response with which my interest was met. All of the homeopathic practitioners with whom I consulted expressed a great deal of interest in learning more about my research and offered generous amounts of their time. I have used the term "homeopathic practitioner" throughout my writing to refer to health care practitioners who use homeopathy to a greater or lesser extent in their professional practices. None of the practitioners whom I interviewed used homeopathy as the sole method of treatment in their practice. All combined homeopathy with other forms of treatment. The term "homeopath" therefore seemed inappropriate as it implies that the practitioner uses only homeopathic forms of treatment.

I had somewhat more difficulty establishing contacts within the allopathic community. Several practitioners I contacted for interviews felt that they did not have sufficient time to become involved with the research or were simply not interested. I had intended to conduct interviews with two or three allopathic practitioners established in general or specialty practices. Ultimately, my three major sources of information within allopathic medicine were drawn from university communities in Ann Arbor, Detroit, and Lansing, Michigan. One consultant was an osteopath involved in teaching and research on the history of medicine, one a medical doctor involved in teaching and research in a medical school and the third an osteopath involved with health education at a university health service. Because the focus of these consultants was teaching and research as well as than clinical practice, they may not be representative of all allopathic practitioners. They were, however, able to offer in-depth information which aided me in the development of analytical categories. I am

confident that these practitioners have provided me with both accurate and insightful information about the goals of allopathic medicine and its approach toward health care.

Supporting views were reflected in interviews with other allopathic practitioners including three osteopaths, one gynecologist, two internists, one psychiatrist, two registered nurses and two physician's assistants. The nature of these interviews was highly informal and could even be characterized as 'opportunistic' insofar as many of these practitioners assumed that I was merely curious. I also interviewed 10 medical students and interns at the University of Michigan-Ann Arbor and Michigan State University in order to examine their understanding of homeopathy as well as their beliefs regarding the psychosocial dimensions of health care.

The Patients

I interviewed 15 individuals who identified themselves as homeopathic patients. I approached many of these individuals in homeopathic practitioners' waiting areas, others I recruited through personal contacts. I identified myself as a graduate student doing research on homeopathy with approximately half of these persons and asked if I could speak with them about themselves, their views of homeopathy and health care in general and their reasons for using homeopathy. Before beginning the first three interviews, I asked for permission to tape record the conversation and made them aware that I would be taking notes. After these first interviews I chose not to use the tape recorder as it seemed to make these individuals uncomfortable and to cause them to self-consciously monitor their responses. It also seemed to halt a free flow of

conversation between myself and the interviewee. I was able to gather much richer and possibly more revealing data about these patients and their health behavior without the use of the recording device. I also chose not to take notes in the presence of my consultants as it interrupted the flow of conversation. Instead, I waited until the completion of the interview when I could privately write notes and record my thoughts and impressions on a tape recorder.

I did not identify myself as a researcher to the remaining patients. I assume that these self-identified homeopathic patients merely thought that I was curious about their health care behavior or socially gregarious. I did not ask questions in the direct manner which I used with the other group of patient-consultants. Rather, I tried to weave such questions into the context of the conversation, often gathering information by presenting questions in the following way: "I have found such-and-such to be true, what about you?" I chose to use this interview technique in order to test the generalizability of earlier interviews as well as the validity and applicability of analytical categories as I developed them.

I also collected information on health seeking behavior, experiences, evaluation of health care and other related topics through interactions with many different individuals in a variety of situations. Family, friends, colleagues, and even strangers have provided a wealth of observations and comments that have been valuable in helping me to gain a fuller understanding of the experience of sickness and its treatment and the factors which influence health care behavior.

Organizing Findings and Analysis

I began my research with a set of loosely defined categories of inquiry based upon my theoretical orientation and a preliminary review of the literature. As data were collected each piece, including comments from consultants, events or interactions which I witnessed, quotes or thoughts from my reading or interpretive thoughts from my field notes, was transferred onto index cards. The unit of analysis was a complete thought, statement or observation. Each card indicated the source or context from which it was drawn as well as the category of analysis into which I felt it most appropriately belonged. In this way, I was able to file data in a manageable way.

As my research progressed, I gained a deeper understanding of homeopathy and new categories of analysis emerged. I allowed the data to guide me to the appropriate categories of analysis. The index cards were an efficient way to reorganize data and explore whether not emergent categories were able to fully account for the body of my data.

I returned to my consultants in an effort to assess the validity and applicability of new categories and new hypotheses as I developed them. Two of the homeopathic practitioners and one of the allopathic practitioners, all of whom had backgrounds in the social sciences, were most helpful in this regard.

Problems and Concerns

For reasons related to confidentiality, I was unable to view any patient-practitioner interactions directly. Thus, any observations provided by patients or practitioners regarding the nature of the therapeutic encounter are at best interpretations and reconstructions of the third order. The process of objectifying, in some sort of coherent way, a subjective experience to a third party necessarily changes the nature of that experience,

> Whenever an anthropologist enters a culture, he trains people to objectify their life-world for him. Within all cultures, of course, there is already objectification and self-reflection. But this explicit self-conscious translation into an external medium is rare. The anthropologist creates a doubling of consciousness...What we receive from our informants are interpretations, equally mediated by history and culture. Consequently, the data we collect is doubly mediated, first by our own presence and then by the second-order self-reflection we demand from our informants (Rabinow 1977:119).

I believe, however, that it is not what has 'actually' transpired between the practitioner and the patient which is important, but what is perceived to have happened. It is also important to realize that in relating an experience to a third party, individuals also tend to 're-write' the interaction. This refers to the fact that in relating experiences to third parties, an individual may tell you what they think you want to hear or what you should hear. They may also relate only those portions of the experience which were important to them.

CHAPTER III

HISTORICAL OVERVIEW

> Physicians pour drugs of which they know nothing,
> to cure diseases of which they know less,
> into humans of which they know nothing
> - Voltaire

The Age of Heroic Medicine[3]

Medicine in Europe and America in the late 18th and early 19th century lacked any substantial body of 'scientific' (as we understand the term) medical knowledge. The medical profession of the time had little more knowledge regarding the cause of disease and its treatment than did the lay public. Physicians knew nothing of the role that bacteria and viruses play in disease. They disclaimed any belief of disease as a specific biological entity and lacked the most basic understanding of infection (Rothstein 1972:27). Instead, disease was believed to be a "dynamic condition", brought about by an interaction of "mental, moral, climatic, and hygienic factors" (Rosenberg 1987:73).

More than the cause of disease, physicians concerned themselves with effects. A disease was thought to be the sum total of the patient's symptoms. Thus, physicians

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[3]The period from approximately 1780 to 1850 is commonly referred to by medical historians as the 'Age of Heroic Medicine'.

reasoned, the more quickly each of these symptoms was removed, the more quickly a patient would recover (Gevitz 1982:5). Physicians at this time made diagnoses on the bases of statements made by the patient and easily observable symptoms such as fever, skin eruptions, coughing, and vomiting and by analogy extended these symptoms to internal, physiological functioning (Coulter 1982:8-15). The treatments used were ones that produced dramatic physical effects on the body. It is likely that many physicians "diagnosed" completely different ailments as the same because of their reliance on a few "gross physical symptoms" (Rothstein 1972:27) to make these diagnoses. Furthermore, it appears that even if physicians could agree on a diagnosis, they could rarely agree on a treatment.

Heroic Therapy

Allopathic medicine in the early part of the 19th century offered but a few standard therapies for the treatment of any and all illnesses. Under heroic treatment patients were regularly cauterized, blistered, purged and bled (Gevitz 1982:5-7; Jones 1978:33-42; Panos 1980:9; Rosenberg 1987:66-67). A Dr. Bischoff recommended drawing copious amounts of blood for the treatment of cholera, "It [the blood] must be four to five pounds. It is necessary to repeat venesection - repeat it until the patient has fainted, even if those around him wail..." (Mitchell 1975:15). Dr. John Lettsom had the following to offer:

> When any sick to me apply
> I physicks, bleeds and sweats 'em
> If after that they choose to die
> What's that to me, I Lettsom

Purging by administration of huge doses of mercurous chloride was a popular method

of treatment. This treatment usually left patients continuously salivating and with swollen tongues. Additionally, these patients almost always lost all of their teeth (Panos 1980:17). Surgery was also common but usually resulted in the death of the patient due to loss of blood or infection (Jones 1978:40) The treatments which physicians recommended were conflicting and consistently unsuccessful, not to mention highly unpleasant. Much of the literature on medicine during this time period suggests that physicians practicing 'heroic' therapy were probably doing their patients more harm than good.

It is important to note here that all cases of sickness were not treated by the administration of drugs or through surgery. It appears that if a physician had little idea how to treat a patient, all he could hope to do was comfort the patient and his family (Gerald Osborne D.O., Michigan State University, personal communication). According to one of my informants, a medical historian, it was not unusual for a physician to remain with a patient during the "crisis" portion of that patient's sickness or to visit a patient, particularly one who was chronically ill, often. Inasmuch as physicians were dependent on patients' statements regarding their illnesses and the demeanor of the patient in understanding sickness, patients were active participants in the medical encounter (Reiser 1978). The focus of the medical encounter was patients' concerns and their satisfaction with treatment. Thus, much of a physician's powers of healing lay in the relationship with the patient.

Allopathic Medical Education and Professional Organization

According to Inglis (1965:87), "...until the end of the [19th] century, medicine in the U.S. remained what might be called a private enterprise basis." Licensing did not exist and there were no established medical standards. Anyone who wanted to take up the practice of medicine, according to any therapeutic system, could be called 'doctor'. The existence of a few dozen medical schools in America during the first half of the 19th century helped to regularize medical education to a small extent. The four major competing medical schools at this time were Harvard, Dartmouth, College of Physicians in New York and the University of Pennsylvania (Coulter 1982:7). If the physician had come from a family of means, it was very likely that he had received a year or more of medical training in Europe, particularly in Paris and Edinburgh, as physicians there were considered to be on the 'cutting edge' of the medical technology of the day (Jones 1978:1; Starr 1982:39). Before the establishment of the medical colleges in America, which at first offered only supplemental education (Starr 1982:39), physicians were trained by preceptorship, with little, if any, formal training in anatomy, chemistry and pharmacology. Even after the establishment of the medical colleges, medical education lacked any sort of clinical or laboratory training (Rothstein 1982:125). J. Marion Simms, upon examination of his first patient after graduating from medical school in 1835, wrote,

> I examined the child minutely from head to foot, I looked at its gums... I saw some swelling of the gums. I at once took out my lancet and cut the gums down to the teeth. This was good as far as it went. But, when it came to making up a prescription, I had no more idea of what ailed the child, or what to do for it, than if I never studied medicine. I was at a perfect loss for what to do (Rothstein 1972:126).

Thus, after completing their medical education, which was often only a few months at

less prestigious schools, physicians had little if any practical experience in clinical diagnosis, treatment, or the prescription and administration of drugs.

The cholera epidemics which devastated this country in the 19th century had an enormous influence in promoting medical change. Rosenberg writes of the 1832 epidemic,

> The conflicting and uniformly unsuccessful modes of treatment followed by the medical profession, [coupled with]...the behavior of many physicians during the epidemic did little to increase the prestige of their profession. In some cases...physicians fled from the epidemic while others were charged with profiteering (Rosenberg 1987:68).

According to Weil, (1988:20-21) "The excesses of heroic medicine and the arrogant political behavior of its practitioners produced a strong reaction among the citizens of the young country...," Americans joined forces to "...form a powerful political tide known as the popular health movement." Thomsonianism, botanical treatments, hydrotherapy, homeopathy and Indian remedies became popular alternatives to heroic medicine in the early decades of the 19th century. All of these movements espoused the popular belief that medical knowledge was common sense and was accessible to everyone. By the time the second cholera epidemic hit American in the middle of the century, however, homeopathy had come to lead the opposition to allopathic medicine (Coulter 1982:6).

The Founding of Homeopathy

Samuel Christian Friedrich Hahnemann, the founder of homeopathy, was born the son of a porcelain painter in Meissen (now in East Germany near the

Czechoslovakian and Polish borders) on April 10, 1755 (Haller 1981:106; Inglis 1965:79). He studied medicine at the University of Leipzig and at the University of Erlangen. Hahnemann held a variety of medical positions but always gave them up after a short period of time. Haller (1981:106) speculates that this was due to a chronic lack of patients, particularly in rural areas. It seems more likely, however, that this was due to Hahnemann's great difficulty in coming to terms with the practices of allopathic medicine. He strongly, and often publicly, criticized regular medicine for its inability to recognize the varieties of illness and develop consistent rational treatments for them. Hahnemann disapproved of pharmacology as it was commonly practiced and opposed the standard practice of bloodletting as "excessive and unhealthy" (Grossinger 1987:210). For example, Emperor Leopold II of Austria died in 1792 after emergency treatment by his physicians. Shortly after his death an account of his illness, treatment and consequent death was published. Hahnemann responded thusly:

> On the morning of February 28th, the... doctor... found a "severe fever and distended abdomen" - he tried to fight the condition by venesection, and as this failed to give relief, he repeated the process three times more without result. We ask, from a scientific point of view, according to what principles has anyone the right to order a second venesection when the first has failed to bring relief? As for the third, Heaven help us!; but to draw blood a fourth time when the three previous attempts failed to alleviate!...Science pales before this! (cited in Haehl 1922:35).

Hahnemann advocated better nutrition, exercise, fresh air and clean, fresh water (Grossinger 1987:270, Rothstein 1972:152). Hahnemann wrote several educational pamphlets on public health. This was heresy in a time of poorly ventilated houses, contaminated food and water and fear of fresh air. Additionally, he insisted on boiling

utensils that had been used for patients with contagious diseases as well as isolation of these same patients (Grossinger 1987:210). Hahnemann also insisted on cleaning wounds, bandaging them with alcohol soaked bandages and changing the dressing often. The usual treatment for open wounds at this time was 'healing by second intention', meaning that after tying off blood vessels to control hemorrhage, unsterilized lint bandages were stuffed into the open wound to keep it open and to promote the flow of 'laudable pus' which was believed to indicate that healing was occurring. Often the inflammation was treated with opium to ease the pain and astringents to hasten the drying of the wound. Sometimes wounds managed to heal in this manner, but more often than not they became infected, gangrene set in and the patient died (Jones 1978:41).

The techniques and practices which Hahnemann advocated came decades before the germ theory of disease was understood and accepted. Hahnemann refused to administer what he considered to be senseless and brutal treatments to his patients.

> My sense of duty would not easily allow me to treat the unknown pathological state of my suffering brethren with these unknown medicines. If they are not exactly suitable (and how could the physician know that, since their specific effects had not yet been demonstrated?), they might with their strong potency easily change life into death or induce new disorders and chronic maladies, often more difficult to eradicate than the original disease. The thought of becoming in this way a murderer or a malefactor towards the life of my fellow human beings was most terrible to me, so terrible and disturbing that I wholly gave up my practice in the first years of my married life. I scarcely treated anybody for fear of injuring him and occupied myself solely with chemistry and writing (quoted in Haehl 1922:64).

This was particularly true after the illness and subsequent death of his children moved Hahnemann greatly and fueled his quest for a safe and more rational system of

medicine.

> ...children were born to me, several children, and after a time serious illness occurred, which, in tormenting and endangering my children, my own flesh and blood, made it even more painful to my sense of duty, that I could not with any degree of assurance procure help for them....Whence then was certain help to be obtained? - was the yearning cry of the comfortless father in the midst of the groaning of his children, dear to him above all else. Night and desolation around me - no sight of enlightenment for my troubled paternal heart (quoted in Haehl 1922:64).

Hahnemann turned his energy toward research in chemistry, botany and pharmacology. Hahnemann was fluent in at least nine languages including Arabic, Greek, Latin and Hebrew (Koehler 1986:19; Rothstein 1972:152). He supported himself and his family by translating texts in chemistry, physiology, pharmacology, practical medicine as well as popular literary texts. It was while translating Cullen's Materia Medica in 1790 that Hahnemann began to develop the principles of homeopathy which were first published in 1810 in Hahnemann's Organon of Medicine (Weil 1983:14-17).

Homeopathy in America

Homeopathy was introduced to America around 1825. The first American school of homeopathy was founded in Allentown, Pennsylvania in 1835 (Grossinger 1987:226; Haller 1981:117-118). Most homeopaths, however, were physicians who had defected from the ranks of allopathic medicine. They were drawn to homeopathy by the mildness of its remedies and also because it was highly profitable to practice homeopathy. Patients, particularly wealthy ones, flocked to homeopaths in droves (Kaufman 1971:29). Homeopathic practitioners considered themselves 'regular' physicians who possessed as thorough a knowledge of the medical sciences as their

allopathic counterparts (Gevitz 1987:1638; Haller 1981: 121; Inglis 1961:88; Rothstein 1972:162). Many homeopathic physicians asserted that the only difference between themselves and their allopathic counterparts was the type of therapies which were administered to patients. Lay practitioners were drawn to homeopathy because of the seeming simplicity of the system. No specialized knowledged of chemistry or physiology was required. One only needed to learn how to match a patient's symptoms with the repertory (Grossinger 1987:229).

Homeopathy was the first attack on allopathic medicine from within its own ranks. Previous challenges to heroic therapy including Thomsonianism, botanical medicine, and Grahamism were practiced by individuals who had not received any formal education in the practice of medicine. This perhaps helps to explain the extremely hostile reaction the allopathic profession had toward homeopathy. Interestingly, allopathic physicians did not object so much to homeopathy's Law of Similars as they did the administration of 'infinitesimal doses' of medicines (Haller 1981:109; Rothstein 1972:166). Treatment by similars had been suggested in the writings of Hippocrates and Paracelsus (Barrett 1987:56; Ullman 1988:33) and was therefore acceptable to allopathic practitioners. Potentization and the use of infinitesimal doses, however, seemed absurd to allopathic physicians who advocated the 'more is better' attitude in prescribing and administering drugs. One popular and widely published poem illustrates the reaction of the allopathic profession to homeopathic therapeutics:

Take a little rum,
The less you take the better;

Mix it with the lakes
Of Werner and Wetter.

Dip a spoonful out -
Mind you don't get groggy.
Pour it in the Lake
Winnipisiogee.

Stir the mixture well,
Lest it prove inferior;
Then put half a drop
Into Lake Superior (Haller 1981:119).

One physician in the 1800's offered the following pithy comment about homeopathic remedies: "Why not put a drop of homeopathic medicine in Lake Erie, and turn the whole lake into a vast therapeutic reservoir?" (quoted in Weil 1983:34).

The latter half of the 19th century saw a rise in the popularity of homeopathy due, in part, to its success in dealing with the cholera epidemic of 1849. The mortality rate in homeopathic hospitals during the cholera epidemics of 1849 and 1866 were reported to be one-half to one-eighth of that in regular hospitals (Grossinger 1987:228; Ullman 1988:42-43). One Cincinnati hospital published daily figures during the 1849 cholera epidemic which indicated that only three percent of over 1,000 homeopathic patients died as a result of cholera compared with 48% - 60% of allopathic patients (Grossinger 1987:228; Ullman 1988:43). Partially as a result of these statistics, some life insurance companies offered a 10% discount to homeopathic patients (Ullman 1988:43). Homeopathy grew to be extremely popular as it was relatively inexpensive, and unlike some allopathic therapies it would not "make well men sick, nor keep sick men from getting well" (Christian Ambassador II (1849), 443; Olive Branch (Boston), March 31,1849; Wisconsin Free Democrat (Milwaukee),

December 13, 1848. quoted in Rosenberg 1987:161). Statistics also indicate that homeopathy may have been more successful than the allopathic practices of the time in treating other diseases including scarlet fever, dysentery, meningitis, and yellow fever (Coulter 1981:5; Inglis 1965:86).

Unlike other alternatives to allopathic medicine, homeopathy appealed primarily to the middle and upper classes of America (Rothstein 1972:160; Starr 1982:97; Ullman 1988:42). This was true partially because homeopathy had become extremely popular among the nobility and upper crust of Europe whose tastes and interests were often copied by Americans of means. Additionally, homeopathy was more acceptable than other alternative forms of medicine to affluent Americans because the majority of homeopathic practitioners were well-educated and cultured men.[4] According to Rosenberg (1987:154),

> In 1832, few well-educated and respectable Americans would have consulted any but a regularly educated physician. Less than two decades later...homeopathic physicians were welcome in some of the most respectable American homes.

The patronage of wealthy and influential Americans assured homeopathy a level of success which other alternative medical systems had been unable to attain. It also assured that homeopathy would become a greater threat to allopathic medicine than any other medical system (Inglis 1965:87; Rothstein 1972:165). It should be noted that homeopathy also had a strong following among poor Americans. This may have been

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[4]Some notable 19th century Americans who subscribed to homeopathy included Mark Twain, William Wadsworth Longfellow, Nathaniel Hawthorn, Julia Ward Howe, Louisa May Alcott, Daniel Webster, John D. Rockefeller and William Seward (Haller 1981:117; Ullman 1988:41).

partly due to the fact that free homeopathic dispensaries were established in many American cities (Ullman 1988:42).

In the United States, homeopathy reached the height of its popularity in the 1880's and 1890's. At this time, homeopathic practitioners did between three and five times more business than allopathic practitioners (Grossinger 1987:229; Weil 1983:20). Homeopaths had gained sufficient respectability to get laws passed in several states which officially recognized homeopathy as a legitimate system of medicine. In these states licensing boards were directed to examine license applications from homeopaths in addition to those of allopathic physicians. In many cities, homeopathic practitioners established Hahnemannian societies, dispensaries, hospitals, and asylums (Haller 1981:125). Allopaths established similar organizations and institutions. Homeopathy fought itself into a position of parity with the allopathic profession in terms of legal entitlements and public respectability (Starr 1982:97). Many physicians practicing allopathic medicine were regarded by the American public as incompetent and unethical quacks based, in part, on their performance during the cholera epidemics of 1832 and 1849. Homeopaths, on the other hand, enjoyed great success and prestige.

America saw a change in allopathic medicine during this same period. The remedies employed by allopathic practitioners became increasingly mild. There were several reasons for this change including the fact that heroic methods had proven ineffective in combating cholera and other ailments; beliefs regarding the cause of disease were changing; and finally and most importantly, competition from other

systems of healing, most notably homeopathy. "The increasing mildness of [allopathic medicine's] remedies was...due...to the mundane factor of competition" (Rosenberg 1987:223; see also Grossinger 1987:228; Rothstein 1972:181).

Professional Conflict

Homeopathic physicians considered themselves 'orthodox' physicians, but disapproved of allopathic therapeutics. Allopathic physicians considered homeopaths to be 'quacks' and disapproved of their therapeutic practices. Both sects maintained that the two systems were incompatible philosophically and theoretically. While this was true, physicians who used homeopathy tended to combine the two systems in practice. Many allopathic physicians adopted the use of homeopathic medicine in practice because it had proven more effective, or perhaps less detrimental than heroic medicine. Additionally, allopathic physicians who advertised that they used homeopathic medicines attracted more patients and enjoyed greater income than those who did not (Haller 1981:126). Homeopaths also combined the two systems in practice. This may have been partially a result of inadequate homeopathic medical education, most specifically the lack of appropriate textbooks. Homeopathic medical students were often forced to rely upon allopathic textbooks, which were in opposition to Hahnemannian principles. Professors of homeopathic medicine were also divided on the issue of interpretation and application of Hahnemannian principles. Some homeopaths thought it acceptable to mix allopathic and homeopathic therapeutics; other homeopaths were divided on the issue of dilution, there were high dilutionists and low dilutionists. Graduates of American homeopathic medical schools became increasingly

less able to practice homeopathy according to Hahnemannian principles (Haller 1981:124-5; Ullman 1988:45). The combination of the two systems in practice concerned physicians from both ranks, as well as Hahnemann himself. He felt that physicians who combined the two systems in practice were "...worse than allopaths... amphibians...still creeping in the mud of the allopathic marsh...only rarely venture to raise their heads in freedom toward the ethereal truth" (quoted in Grossinger 1987:231).

The American Institute of Homeopathy (AIH) was founded in 1844 as a reaction to professional and educational disorganization. The goals of the AIH were to improve medical education, thereby producing physicians who were competent in the philosophy and practice of homeopathic medicine; to scientifically investigate drug action and to organize the practice of homeopathy (Grossinger 1987:226; Kaufman 1971:55). The American Medical Association (AMA) was founded in 1846 largely as a response to the founding of the AIH. The AMA may never have been founded or at least would have been a longer time in coming had the AIH not been established. Homeopathy became a target for the reform efforts of the AMA (Grossinger 1987:227). In 1847 the AMA adopted a code of ethics as a pre-requisite for membership. The code of ethics specified that the Association would not recognize and accept for membership any but 'properly' educated and graduated physicians. The code explicitly excluded homeopaths from this definition. This effectively denied homeopaths access to the organized allopathic medical profession (Coulter 1982:180 Rothstein 1972:170). In 1855, the AMA included a 'consultation clause' in its code of ethics. The consultation clause provided for the expulsion of any member who consulted with

homeopathic practitioners. The AMA adhered so rigidly to this policy that one Connecticut physician was expelled from the AMA for consulting with his wife who happened to be a homeopathic physician (Coulter 1982:207; Grossinger 1987:227; Ullman 1988:33,44). The AMA apparently intended to destroy public confidence in homeopathy and thereby deprive homeopathic practitioners of their clientele. While the main goal of the AMA appeared to be blocking the progress and growth of homeopathy, allopathic physicians also realized the importance of educational, ethical and therapeutic reform and professional organization. The AIH and AMA had nearly identical goals. However, these organizations were able to accomplish very little in terms of educational and practical reform and professional organization until the last few years of the century due to a lack of legislative support and organizational focus.

As of 1900, the "medical diploma mill system", through which an individual could literally buy medical qualifications without benefit of appropriate education, was flourishing in the United States (Inglis 196:87). The American Medical Association's Council on Medical Education was called upon by the legislatures of several states to review the curriculum, facilities, faculty and admission requirements of American medical schools in an effort to reform medical education and monitor the ethics of the medical profession (Inglis 1965:88; Rothstein 1972:170). The AMA graded medical schools largely on the basis of how graduates of various schools had performed on state licensing examinations. It is interesting to note that a higher percentage of homeopathic medical students passed medical board examinations than did allopathic medical students (JAMA 1909:1691). Many medical schools fared poorly in these

evaluations but the results were never made public due to the AMA's code of ethics. The AMA then invited the Carnegie Foundation to conduct an evaluation of medical schools in the United States and Canada (Starr 1982:117-118). The Flexner Report (1910) was the result of this evaluation.

Flexner and the Fall of Homeopathy

Medical schools cited in the Flexner Report were evaluated according to the 'Hopkins Model'. Johns Hopkins was considered the best and most prestigious allopathic medical school in North America. Consequently, the AMA felt the evaluation should be based on this model. In this report, it was recommended that institutions which did not meet the Hopkins' standards be closed. State legislatures accepted these recommendations and, in this way, the AMA became the entity responsible for accrediting medical schools. It is hardly surprising, given the allopathic profession's animosity towards the homeopathic establishment, that the AMA did not recommend accreditation of homeopathic institutions (Inglis 196:88; Panos 1980:19; Starr 1982:118-123). The Flexner Report hastened the demise of homeopathic institutions already struggling with financial woes and internal divisions among faculty and administrators.[5]

Allopathic medicine became more acceptable to the American public in the early decades of the twentieth century and homeopathy began to seem outdated to

[5]It should be noted that homeopathic institutions were not the only victims of the Flexner Report. Black and womens' institutions, already struggling from a lack of adequate financing closed after the release of the Flexner Report.

many people. Emerging medical technology and scientific discoveries contributed to the changing image of allopathic medicine. Advancements in science, including the use of x-rays, discovery of a diphtheria antitoxin, antisepsis and asepsis to name a few, reflected well upon the practitioners and on medicine in general and lent greater authority to allopathic medical science. According to Vogel (1980:62), "dramatic treatment and likely cure reflected well on the profession...." Such discoveries made advances in diagnosis, treatment and, especially, surgery possible.

There were also social changes which were responsible for the decline in popularity of homeopathy in the United States. Americans were adopting an increasingly mobile lifestyle (Grossinger 1987:232; Oabis 1980:19). Homeopathic treatment, practiced according to classical theory, demanded a great deal of time and effort from both the patient and practitioner. Increasingly, Americans were unwilling or unable to invest the time required of homeopathic therapy. Finally, the American public began demanding a 'quick and easy' cure to match their increasingly fast-paced life-style.

Advances in medical technology and changes in social demographics in America also had a significant impact on the patient-practitioner relationship. Increasing urbanization shifted medical practice into the hospital where large numbers of individuals could be cared for. Technologically based diagnoses emphasizing objective physical measurement were the result of advances in medical technology (Osherson and AmaraSingham 1981). The medical encounter was shifted from one which was

subjective and patient centered to one which was object centered, with the patient as the object. In this format, a physician had the task of examining the 'object' and determining the cause of sickness.

The second scientific revolution in American medicine occurred in the years after World War II. So-called "wonder drugs", including penicillin, other antibiotics and the Salk polio vaccine, were products of this revolution (Gevitz 1987:1639). These wonder drugs promised even more dramatic preventions and cures which could be effected relatively quickly and with little effort on the part of the patient. Homeopathic remedies, on the other hand, often worked very slowly. Treatment for some conditions could often take a number of years.

In the 19th century the American public had perceived homeopathy as more "scientific" than allopathic medicine because it was philosophical as well as experimental (Starr 1982:97). Homeopathy in the 20th century, however, did not seem to Americans to be progressing and making scientific advancements in the same manner as allopathic medicine. Homeopaths were conducting provings on remedies by the same methods that Hahnemann had used a century earlier. Homeopaths had discovered nothing 'new' about the human body and disease and treatments were not much different than they had been in Hahnemann's day. Allopathic medicine, on the other hand, was almost daily making some wonderful new discovery to help Americans live longer and healthier lives. This second scientific revolution coupled with the expectations and demands that Americans were placing on scientific medicine did a

great deal to legitimate the authority of allopathic medicine. According to Starr (1982:347),

> Probably no event in American history testifies more graphically to public acceptance of scientific methods than the voluntary participation of millions of Americans in the Salk Vaccine.

Homeopathy seemed outdated and backwards and the American public placed their faith and health in the hands of allopathic medicine. It seemed that the allopathic profession had finally won the victory over homeopathy it had been seeking for over a century.

CHAPTER IV

HOMEOPATHY TODAY

Dissatisfaction with Allopathic Medicine

Today, allopathic medicine is again under fire by the American public. The methods and practices of allopathic medicine were most frequently criticized by my consultants for being too dangerous and too expensive. Drug iatrogenesis appears to be a major concern to many individuals. One recent study found that at least 36 percent of all patients hospitalized at a university hospital in Boston suffered from iatrogenic illness (Steele 1981:638). According to another study published in American Druggist (September 1978),

> ...it has been established that during a typical hospital stay, the patient gets an average of ten drugs and the numbers sometimes go as high as thirty or more. Among the ambulatory non-hospitalized, it is common for an individual to be taking as many as six prescription and non-prescription drugs at the same time (quoted in Panos 1980:13).

There is also a great deal of concern over the danger involved with invasive medical techniques, particularly diagnostic techniques (Weil 1983:25,83). As a consequence of this dissatisfaction, growing numbers of patients appear to be questioning not only the efficacy and desirability of allopathic medical practice but also the authority and legitimacy of physicians to determine appropriate therapy and direct health care decision making. Consequently, the United States is presently witnessing a revolt

against the allopathic medical establishment which, according to H.L. Coulter, is "comparable to the revolt of the 1830's and 1840's which ensconced homeopathy on the American medical scene" (Coulter 1981:9). Growing numbers of Americans are seeking alternative forms of health care and are turning to many different types of 'alternative' systems of health care for their health care needs, including homeopathy.

Growth of Homeopathy in the United States

Increasing numbers of practitioners are also using homeopathy in their practices. At the turn of the 20th century, 15% of all physicians considered themselves to be homeopathic practitioners (Ullman 1988:xvii). By 1975, this number had dropped to only 65 practitioners (Panos 1980:23). In 1986 the National Center for Homeopathy published a directory which listed 300 licensed U.S. health professionals who practice homeopathy. The 1989 directory listed nearly 1,000 (Ullman 1988:50). The physicians listed in this directory ar those who describe homeopathy as their primary or only mode of practice. This directory does not reflect the growing number of health care professionals in the United States, including nurses, dentists, chiropractors, opthamologists, naturopaths, veterinarians, psychologists, herbalists and others who utilize some homeopathic techniques in their practices. One consultant placed the number of health care professionals who use elements of homeopathy to some extent in their practices between 5,000 and 10,000. Still, the number of homeopathic practitioners in the United States is small when compared to countries such as Great Britain, which claims over 11,000 homeopathic practitioners; France, which claims over

14,000 practitioners; and India where it is estimated that there are nearly 100,000 homeopaths (Panos 1980:23; Ullman 1988:48).

Training and Certification of Homeopathic Practitioners

In order to be certified as a homeopathic practitioner in the United States, one must complete a course of post-graduate training offered at one of several homeopathic institutions in this country. These institutions include the National Center for Homeopathy in Washington D.C., the International Foundation for Homeopathy in Seattle and the Foundation for Homeopathic Education and Research in Oakland, California. Once this training has been completed, an individual must serve a preceptorship for one or two years before being certified as a homeopathic practitioner.

Homeopathic practitioners must first, however, attend the same medical schools and pass the same qualifying and licensing examinations as allopathic physicians. In the United States only individuals certified as medical doctors (M.D.'s) or doctors of osteopathy (D.O.'s) are legally sanctioned by virtue of their specialized training both to diagnose and prescribe treatment. These practitioners must also be licensed by appropriate state agencies. Consequently, homeopathic practitioners are generally allopathically trained physicians who have chosen to practice homeopathy exclusively or have incorporated homeopathy to some extent into their health care practice. In some states, including Michigan, licensed naturopathic doctors (N.D.'s) are legally recognized health care practitioners and are able to practice medicine appropriate to their training. In Michigan, naturopaths can legally utilize homeopathy in their practice.

Other health care professionals including registered nurses, physician's assistants and licensed practical nurses can receive training in homeopathic prescribing but are prohibited from administering homeopathic treatment to anyone except themselves and their immediate families. Homeopathic remedies are approved by the Federal Food and Drug Administration (FDA) and are available over the counter as the FDA considers them to be non-toxic.[6]

Homeopathic theory and practice are not a standard parts of the curriculum in any allopathic medical school in the United States today. Nearly all of the medical students I interviewed reported that they had never heard of homeopathy before entering medical school. Both allopathic medical students and physicians and homeopathic physicians reported that the principles and practice of homeopathy were generally covered in "15 minutes or less" in medical history classes. The exception was among those students who had taken elective courses in medical anthropology, sociology or history in which the history and principles of homeopathic practice were covered in more depth. Clearly, then, most individuals entering medical school do not do so with the intention of ultimately practicing homeopathy.

According to my consultants, many homeopathic practitioners report that their introduction to homeopathy occurred in conjunction with an illness episode in their lives that allopathic medicine was unable to deal with to their satisfaction. The homeopathic practitioners whom I interviewed reported that they had chosen

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[6]Homeopathic remedies are actually classified as 'foods' by the FDA.

homeopathy over other alternatives to allopathic medicine because of the mildness of homeopathic remedies and the fact that it "seemed to be a more legitimate system of medicine than something like iridology or spiritual healing". I believe that these individuals perceived homeopathy to be a more rational or 'scientific' health care system than some other alternatives to mainstream medicine. However, all of these practitioners reported that they have also tried and continue to use other forms of alternative therapy both for their own health care and for that of their patients. Most commonly these include acupuncture, chiropractic, yoga, herbalism, ayurveda, naturopathy, meditation and biofeedback.

Homeopathic Practice

Homeopathic theory and practice as proposed by Hahnemann are in opposition to allopathic theory and practice. Allopathic practice depends largely on the administration of large doses of drugs to counteract the effects of disease. Homeopathy, on the other hand, depends on the administration of relatively small doses of substances which aid the body in increasing its natural resistance to disease. Allopathic practice aims to remove disease, thereby restoring health, while homeopathy aims to restore health, thereby removing sickness.

The majority of contemporary homeopathic practitioners, however, have received their medical training at allopathic medical schools, and must reconcile the different approaches of allopathy and homeopathy in practice. One consultant best expressed the consensus of all those interviewed.

Homeopathy is a tool...I am a physician first and a homeopath second.

> My main goal is to help the person. I am not so tied to the system called homeopathy that I won't use other things that I feel are appropriate to the individual.

The homeopathic practitioners with whom I consulted refer to themselves as "holistic" practitioners rather than "homeopathic", indicating their greater commitment to healing, by whatever means, than to homeopathy as a method of healing.

It is difficult to generalize about homeopathic practice because the ways in which it is practiced are probably as numerous as the number of practitioners. According to my consultants, all contemporary homeopathic practitioners subscribe to the basic tenets of homeopathy. Like Hahnemann, they are also advocates of proper nutrition, exercise and stress reduction. Homeopathic practitioners differ, however, in the ways they prescribe homeopathic treatment. Some homeopathic practitioners use only high dilution remedies, some only low, some use combinations of high and low dilution remedies. Classical homeopathic practitioners use only a single remedy in treating a patient. Other practitioners use several remedies in succession or combinations of remedies simultaneously. According to my consultants, it is common for homeopathic practitioners to combine several different types of therapy in their practices or to recommend different types of therapy according to what is most appropriate for the patient's illness and/or acceptable to the patient. Some homeopathic practitioners are proficient in administering other therapies. Others either practice with an associate who administers other therapies or will refer patients to other practitioners depending on the nature of the problem and the needs of the patient. Homeopathic practitioners also refer patients to allopathic specialists such as cardiologists,

gynecologists or psychiatrists when it is appropriate. Thus, while the allopathic establishment tends to classify homeopathy and its practitioners under the rubric of "alternative" medicine, it seems more appropriate to classify them under "complementary" medicine.

Homeopathy and Allopathy

Relationship with the Allopathic Establishment

The allopathic establishment today seems to maintain a laissez-faire attitude towards homeopathic practitioners, so long as they make appropriate referrals to the allopathic establishment. According to one homeopathic practitioner,

> ....there have been a couple of doctors who have been negative..., but generally I have been left alone and leave other people alone....I make appropriate referrals when I feel that...I'm beyond my expertise and I think that my cautiousness is appreciated by most orthodox physicians.

According to my consultants, some allopathic practitioners accept that their patients patronize alternative practitioners, including homeopaths. However, I found that only two of my allopathic consultants would actively encourage patronage of alternative practitioners by their patients or make referrals to homeopaths or other alternative practitioners. These two practitioners, however, perceived themselves to be atypical of their colleagues and stated that their openness to alternative methods was related to their background as instructors and researchers rather than clinicians. Chiropractors seem to be the one exception in allopathic referrals. All of my allopathic consultants in clinical practice indicated that they had referred patients to chiropractors in the past or would consider doing so where appropriate.

The patients that I interviewed who used homeopathy or other types of alternative health care report that they generally have not made their allopathic practitioners aware of this. They reported that they believe that the allopathic physicians would accept their patronizing alternative practitioners. Some individuals report the experience of having disclosed use of alternative forms of health care to an allopathic physician and literally being laughed at for spending money on "quackery". One consultant stated that "...he [the allopathic physician] laughed and said 'Well, if you want to waste your money on that worthless crap, it's up to you'".

Given the attitude of the allopathic establishment towards homeopathy, it is hardly surprising that allopaths rarely consider actively referring a patient to a homeopath. The homeopaths that I interviewed report that they have occasionally had difficulty in referring patients to allopathic specialists.

> Over the years...I have learned which physicians are open minded people....I have a whole network of specialists that I refer to...if I feel that my expertise can't handle it or I need to get diagnostic work done....They are not necessarily holistic practitioners but they are open minded people and are willing to accept what I do and work with me.

These practitioners have worked rather hard to establish a referral network of allopathic specialists who are willing to accept referrals.

My homeopathic consultants also indicate that they and their colleagues have occasionally had allopathic physicians refuse to treat patients whom they have referred, simply because these patients were referred by a homeopathic practitioner. One practitioner established in the Northwestern suburbs of Detroit, an area considered by

some to have some of the most prestigious medical practitioners and facilities in this part of the country, reports having more difficulty in this respect than his colleagues. Allopathic practitioners in this area may be more closed to alternative forms of health care than in other areas or they may be less open to referrals from this particular homeopathic practitioner because he is a naturopathic doctor (N.D.) rather than a medical doctor (M.D.) or doctor of osteopathy (D.O.) and is therefore not considered by his allopathic counterparts to be a legitimate practitioner.

It is reasonable to assume that allopathic physicians do not actively refer patients to homeopaths because homeopathy is not well understood by the allopathic establishment. The allopathic physicians who reported negative impressions of homeopathy also reported that they actually knew very little about the principles and practice of homeopathy. In describing homeopathy allopathic physicians and medical students often confused or associated it with herbalism or naturopathy. This confusion may be a result of homeopathy's utilization of many herbal substances as remedies. It is interesting that the majority of my allopathic consultants dismissed homeopathy so readily without knowing a great deal about it. This may be due to an attitude prevalent within the allopathic profession that allopathy is the only legitimate system of medicine because it can be validated "scientifically". Any system of health care which cannot be validated through clinical and laboratory investigation is not considered to be a legitimate form of health care. Few of my allopathic consultants in clinical practice reported having investigated homeopathy or any other "alternative" system 'scientifically' or at all.

The osteopathic physicians with whom I consulted seemed to be more accepting of homeopathy as a legitimate alternative to mainstream medicine than other physicians (i.e., M.D.'s).

> I really don't know much about it except that some doctors have gotten really good results with it.....with a variety of illnesses.....My impression of it has been generally favorable....I don't really know much about its clinical efficacy or anything so I can't condemn it on that level. However, it seems to work for some people and I accept that.

Osteopaths may be more familiar with homeopathy both historically and as it is practiced today. The osteopaths with whom I consulted reported an interest in alternatives to mainstream medicine as a motivation for their choice of osteopathy over strict allopathy. Such interest may contribute to their relatively greater acceptance of homeopathy. One osteopath reported having practiced at facilities which also employed homeopathic physicians.

While these earlier generations of osteopaths seem to hold a more liberal attitudes regarding homeopathy, osteopaths currently entering the medical field may hold more conservative attitudes which resemble those of their more orthodox counterparts. The curricula of osteopathic medical schools increasingly resembles that of strictly allopathic medical schools. This is particularly true at universities such as Michigan State University which operate both allopathic and osteopathic medical schools. Such medical schools often share classes between the two schools because it is more economical than maintaining separate facilities and faculties. It is likely that allopathic and osteopathic medical students will become more similar in their orientation and approach to health care. The opinion of homeopathy held by new

generations of osteopaths may increasing resemble that currently held by their more orthodox counterparts. Alternatively, the more orthodox practitioners could come to hold more favorable opinions of homeopathy.

Clinical Evaluation of Homeopathy

The allopathic establishment has charged that homeopathy is not a legitimate form of health care as it cannot be validated clinically. Allopaths argue that homeopathic therapies are clinically ineffective. They believe that homeopathic remedies do not possess biochemical properties which enable them to act directly upon the cells and tissues of an organism. A recent survey of faculty members at 49 U.S. pharmacy schools found that "[v]irtually all said the remedies were neither potent nor effective, except possibly as placebos for mild, temporary ailments that commonly resolve on their own" (Consumer Reports 1987:62). The criterion used by the allopathic establishment to measure effectiveness, however, is verifiable chemical activity leading to physiological changes in the organism. This assumes that it is the material property of the substance being administered to the patient which is responsible for the cure. The allopathic establishment cites the dilution of homeopathic remedies as the reason why these remedies cannot be biochemically active. The dilution of homeopathic remedies often exceeds Avogadro's limit. Western science recognizes this to be the limit to which any substance can be diluted and still retain its molecular structure. Once this limit is surpassed, no molecules of the original substance remain in the solution and the substance is rendered inactive biochemically.

It is inappropriate to evaluate homeopathic therapeutic effectiveness on the basis of the clinical or laboratory evaluation of homeopathic remedies. Homeopathic practitioners do not prescribe homeopathic remedies because of a belief that these remedies possess a biochemical property which acts directly upon the organism to effect a cure. (Weil 1983:37) Homeopathic remedies are used to "boost" the healing powers of the organism. Homeopathic practitioners believe that the body has the ability to heal itself in most instances but that occasionally, due to external stresses, it has difficulty in returning itself to a homeostatic balance. This is when homeopathic remedies are needed. Furthermore, homeopathic treatment is not limited to administration of remedies. Diet, exercise, and personal and family counseling are integral parts of homeopathic therapeutics. In response to the argument that dilution past Avogadro's limit renders a substance ineffective, homeopaths contend that they are not concerned with the molecular substance or more specifically, the biochemical properties of the substance, but rather the "energy pattern" or the biophysical properties of the substance (Ullman 1988:63).

An increasing number of studies are being conducted on homeopathic remedies to determine their biochemical action. Several randomized, double-blind, placebo-controlled studies on homeopathic remedies have recently been completed that support the homeopathic claims for efficacy. Gibson and his colleagues (1980) found that 82% of patients involved in a rheumatoid arthritis study achieved improvement in patient and physician assessed levels of subjective pain, stiffness, grip strength and articulation of involved joints with treatment by individualized homeopathic remedies. Only 21%

of the patients receiving inert placebos were reported to have achieved similar improvements in health. Reilly, Taylor, McSharry and Aitchison (1986) reported similar positive results for a study on homeopathic treatment of hayfever. The homeopathically treated group showed a more significant reduction in patient and physician assessed symptoms than did the group which was treated with the placebo.

The publication of the latter study (Reilly, et. al., 1986) in the Lancet caused a backlash in the allopathic medical community. One physician wrote to the Lancet, "....I was astonished to see the tail of absurdity wagging the sick dog of rationality quite so obviously in your column. Dr. Reilly and his colleagues' study is the first randomized, double-blind trial of one placebo against another" (November 8, 1986:1106-07). Another physician wrote, "Such a belief system could not be meaningfully tested by trials conducted by the adherents of the system. Numerous trials by uncommitted physicians failed to substantiate homeopathic claims." (Lancet, November 8, 1986:1107).

Homeopathy does not lend itself well to traditional double-blind, randomized, placebo-controlled studies. This is true because homeopathic treatment depends upon highly individualized prescribing for highly unique episodes of sickness. It is not appropriate, then, to give each individual involved in such a study the same type and dilution of a remedy as it may not be the appropriate remedy for their particular sickness. Furthermore, some homeopathic physicians often change remedies several times during the course of treatment as the patient's symptom complex changes.

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Traditional experimental design does not allow for such individualization. This may partially account for the results obtained in a study by Shipley (1983) which suggested that homeopathic treatment was not more effective than a placebo in treating osteoarthritis of the hip and knee. Patient preference during this study was for the use of allopathic anti-inflammatory medication. Gibson's (1980) clinical trial can be considered to be a better indicator of the clinical efficacy of homeopathic remedies, at least in the treatment of rheumatoid arthritis, because individually chosen homeopathic remedies were used in this study.

Homeopathy as a Placebo Response

Allopathic medicine, as evidenced by the commentary on Reilly's (1986) trial, seems intent on attributing the successes of homeopathic treatment to a placebo effect. It is important to examine what a placebo response is in order to determine whether this is an appropriate evaluation of homeopathic treatment. Brody (1977:43) defines a placebo as,

> ...a form of medical therapy, or an intervention designed to stimulate medical therapy, that at the time of use is believed not to be a specific therapy for the condition for which it is offered and that is used either for its psychological effect or to eliminate observer bias in an experimental setting.

A reaction or change is usually attributed to a placebo effect when a tangible cause for that change or reaction cannot be found. The placebo effect has been largely associated with psychological and sociological factors of sickness and therapeutic intervention.

Psychological or sociological explanations for change in disease or reaction to therapeutic intervention have been held, until recently, in relatively low esteem by the allopathic medical community and have been considered acceptable only until "real" explanations in physical or chemical terms can be determined through research and experimentation (Brody 1977:27). The use of homeopathy by some patients, particularly what one of my allopathic consultants referred to as "troublesome" or "neurotic" patients, is considered by some allopathic physicians to be acceptable. This may be largely due to the belief that if such patients are satisfied by encounters with homeopaths and experience relief from conditions considered to be "psychosomatic", the allopathic physician is relieved of responsibility for dealing with the patient and his sickness. In this way, a placebo effect takes on a negative connotation. "Placebo" also has devious and deceitful connotations. It seems to infer that the patient's body is being tricked into wellness by a mind which has been tricked by the practitioner.

The problem with this view of the placebo response is that it neglects to address the psychosocial dimensions of sickness and treatment. Allopathic medicine concentrates primarily on the material cause and physical manifestation of sickness and minimizes the cognitive and social dimensions as "important determinants of health, illness and response to treatment" (Weil 1983:257). With respect to the placebo response, allopathic medicine has not begun to consider fully the effect that the context of the therapeutic relationship and healing encounter has on treatment and outcome of the illness episode.

There are both positive and negative placebo responses. Administration of a placebo pill resulting in a total cure can be considered to be an example of a positive placebo response. A further decline in health or manifestation of new symptoms even after administration of appropriate therapy can be considered to be a negative placebo response. A negative placebo response may be the result of disparity between the explanatory models of sickness and treatment used by the patient and the practitioner or an outcome of the lack of faith in the efficacy of treatment being offered. Benson and Epstein (1975:1225-1226) cite the demeanor of the practitioner toward the patient as an important factor influencing the response to therapeutic treatment. In relating a discussion with her physician, one of my consultants reported that she remarked to her physician, "I would heal better if you'd only stop insulting me!" In this example, the patient may have been more consciously aware than some patients of the negative effects that the disagreement over type of treatment may have on the outcome of the sickness episode.

Diagnosis, or the act of placing a name on the ailment may be enough to initiate the placebo response.

> If...patients come to physicians largely to confer meaning on the illness experience, this function has been completed once the physician pronounces a diagnosis and reinforces it by writing a prescription; the actual taking of the drug may be less important (Brody 1977:120).

Treatments such as surgery may be considered to involve a placebo component both because "they impress the patient and because allopathic doctors have the greatest faith in techniques with high impact upon the physical body" (Weil 1983:226).

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Allopathic practice, until relatively recently, has largely disregarded the psychosocial dimensions of illness and treatment as important influences on treatment and the outcome of sickness episodes. In this way, it has also failed to consider fully the implications of both positive and negative placebo response both in allopathic and in homeopathic practice. A placebo response may be responsible for cure in combination with, independently of or even in spite of the direct effect of treatment. "Any direct beneficial effect of treatment can therefore be enhanced by an additional indirect effect - a halo of placebo response" (Weil 1983:220). If we define a placebo response more fully to refer to psychosocial and cultural aspects of illness and healing which cannot be directly observed or measured then we realize that so-called placebo responses are an integral part of all sickness and treatment interactions. If scientific medicine persists in attributing the success of homeopathic therapy to placebo response then, according to this broader definition, it would be at least partially correct because homeopathy recognizes and actively integrates this understanding of the psychosocial dimensions of sickness and treatment into practice.

At this point we will turn to an examination and discussion of the way in which homeopathic practice addresses and integrates an understanding of the psychosocial dimensions of sickness into treatment and practice. The analysis will focus on the way in which the therapeutic encounter or the patient-practitioner relationship influences relative patient satisfaction and the outcome of the sickness episode.

CHAPTER V

THE THERAPEUTIC ENCOUNTER

The Setting

The milieu in which a treatment or therapy is administered may have great influence over the response to that treatment (Benson and Epstein 1975:1225-1226). The way in which a homeopathic practitioner approaches a patient and the milieu in which this occurs are oriented toward establishing a relationship between the patient and the practitioner which allows the homeopath access to the elaborate personal history necessary to successful homeopathic treatment. "The relationship between the practitioner and patient is essential to the healing process; confidence and trust are taken to be as important as pills and good surgical technique" (Taylor 1984:196). Thus homeopaths are interested in creating as congenial and familiar an atmosphere as possible for their patients. In his textbook on homeopathy for health care professionals, The Science of Homeopathy (1980:171-172), George Vithoulkas writes,

> ...attention must be paid to the setting in which the interview is conducted. The environment should be quiet, with harmonious, simple, aesthetic decor. Interruptions should be minimized, and the patient should not feel rushed....The prescriber's attitude is a very important factor in taking the case. It is of the utmost importance that the interviewer be interested in and concerned with the welfare of the patient.

It is presumed that a greater level of comfort will facilitate the interaction necessary for successful homeopathic treatment.

The nature of the homeopathic encounter seems to be markedly different from that of an allopathic encounter. The differences begin with the practitioner's office or the setting in which the patient and practitioner interact. The offices of the homeopathic practitioners whom I interviewed were very unlike those of their allopathic counterparts. Upon my first visit to a homeopath I was most surprised at the arrangement of the office and waiting area. The waiting area resembled a family den or study. It was relatively small and furnished with eight cloth-upholstered chairs. With the exception of the light coming through the front door, three ceramic-based lamps on end tables provided all of the light for this waiting area. An array of holistic health, homeopathic, and news magazines as well as a large assortment of pamphlets on health promotion, preventative medicine, self-care, nutrition, exercise and yoga were displayed on an oak magazine rack. There was a box of children's toys and books on the floor beneath the magazine rack. The walls were painted a soft yellow color and on them hung 3 colorful prints of herbal medicine and a Peter Max poster. Near the front door was an large oak study desk at which a receptionist, dressed in slacks and a blouse, was seated. The receptionist was friendly, outgoing and actively engaged clients in conversation. There were three rooms off of the main reception area. Two served as combined examination rooms/offices for the practitioners who were partners in this practice. Remedies were prepared and stored

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in the third room. This homelike atmosphere was characteristic of the offices of all the homeopathic practitioners who participated in this research.

The arrangement of the reception and waiting area at the offices of the allopathic physicians that were interviewed was strikingly different. The waiting rooms of these practitioners, with the exception of one, were furnished with vinyl and chrome chairs and sofas. Current glossy magazines were provided. The walls were painted or papered in white or beige. One of the most important and noticeable differences between the arrangement of the allopathic and homeopathic professional 'space' is the door and sliding window commonly found in allopathic medical offices. These doors and windows literally and symbolically separate the patient from the clinical part of the office -- from the 'business' part of the office - the business, of course, being the patient's health. The message that they send out is that patients have no expertise once they have crossed the threshold. This is ironic as it is their own health which patients have come to discuss and it is behind this window or door that the 'business' of their health will be conducted. It is privileged territory and the only way to gain access to it is to possess the specialized knowledge necessary to claim a place on the other side of the window or submit to the authority which allows one temporary access it.

The 'examination' rooms used by homeopathic practitioners interviewed for this research were quite different from those used by their allopathic counterparts. This is partially due to the purposes for which they are used both symbolically and practically.

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The homeopathic practitioners combined their offices with examination rooms. Each of the homeopathic practices had only one examination room per practitioner. A description of one homeopathic examination room will serve as an example of those which I was able to view. The examination room doubled as the practitioner's office. In this room there was a sofa, an armchair, shag carpeting, a heavy, dark, antique roll top desk piled high with papers and books. In front of this desk, the practitioner sat in a large, antique wooden chair on rollers. Above the desk were book shelves laden with books about any subject imaginable: homeopathy, history, novels, pharmacology, astrology, yoga, and psychology, to name but a few. Above the desk and on the walls were diplomas and finger paintings by children. I felt as if I was entering a university professor's private study. Along the far wall was an examination table and a small table holding a stethoscope, a blood pressure cuff, thermometers, rubber gloves -- the standard tools for a medical examination. Lighting came from a desk lamp and a high window, the length of the room. Although there were fluorescent ceiling lights, they were not turned on.

The allopathic examination rooms which I visited were much different in appearance than those of the homeopathic practitioners. The examination rooms used by the allopathic physicians, as stated earlier, were physically cut off from the view of the reception areas. Separate rooms were maintained as offices for the physicians. All of the allopathic practitioners interviewed for this research had several examination rooms even if they were in solo practice. The examination areas were very impersonal and 'sterile'. They were brightly lit with overhead fluorescent lighting and most had

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additional lighting, usually an examination lamp. These rooms were furnished with an examination table, a cabinet for medical instruments, a sink, a chair, possibly a scale and a trash can. The floors were not carpeted and were either porcelain tile or linoleum. Two or three of these examination rooms had posters or small framed pictures on the walls.

The homeopathic practitioners interviewed for this research did not employ nurses or physician's assistants. Patients are escorted to the examination room by the practitioner after which case-taking begins almost immediately. Patients reported that they are not asked to disrobe for the examination. If some physical examination is required, they are asked by the practitioner to remove only as much clothing as is absolutely necessary. The homeopathic practitioners whom I interviewed dressed more casually than their allopathic counterparts. My consultants dressed in pullover sweaters or button down shirts open at the collar. White lab coats were noticeably absent.

Allopathic patients report being led into an examination room by a nurse, physician's assistant or receptionist who nearly always wear the traditional white uniforms of the medical profession. The patients I interviewed report being instructed to disrobe completely and cover-up with a paper sheet. After a period of time, a nurse or assistant returns to record pertinent data about the patient's visit such as reason for coming, temperature, blood pressure and weight. After this information is obtained, the patient is again left alone in the examination room until the physician returns to perform the examination.

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Benson and Epstein (1975:1226) have cited the length of time which is spent with a patient and the demeanor of the physician as factors which significantly influence illness and treatment. The homeopathic practitioners with whom I consulted cited the greater amount of time that they spend with their patients as one of the reasons for their patients' relatively greater satisfaction with homeopathy over allopathic practice. Homeopathic case taking can be an extremely time consuming process. My homeopathic consultants indicate that it is desirable to spend at least one hour with a new patient in order to take as complete a personal history as possible and to develop an effective therapeutic relationship. One homeopathic practitioner stated,

> A close doctor-patient relationship is essential in homeopathy. We treat the patient, not the disease, which means getting to know the person's feelings, thoughts and family situation.

Return visits reportedly average about 20 minutes. These observations are supported by a study by Avina and Schneiderman (1978:368).

In 1973 allopathic physicians averaged 12 minutes in face-to-face interaction with patients for all visits across all specialties (U.S. Department of Health, Education and Welfare: 1973 Summary 1975:7). This figure was based on estimates provided by physicians after patient visits. The average amount of time reportedly spent by allopathic physicians in direct face-to-face contact with patients in 1988 has increased by nearly one full minute since the 1973 study (Mitchell, Schurman, Cromwell 1989:580). This increase may be due to physicians adding some form of counseling to office visits on the issues of diet, nutrition, stress reduction and exercise and to an influx of female physicians who consistently spend more time with patients than do

male physicians (Mitchell, Schurman, Cromwell 1989:580-5). Patients often estimate that much less time is spent in direct interaction with allopathic practitioners. Three patients that I interviewed reported that allopathic practitioners have spent as little as three minutes in direct interaction with them. Such a figure may or may not be accurate. It is possible that patients who are dissatisfied with an interaction may perceive the amount of time spent with them by a practitioner to be significantly less than it actually is. It is also possible that physicians overestimate the amount of time spent in direct interaction with their patients.

Profile of Homeopathic Patients

The homeopathic physicians with whom I consulted reported that it was rather difficult to generalize about the type of patients who use homeopathy. My consultants reported that their patients come from all segments of society and that these patients are fairly well educated in matters of health and health care.

> In my kind of practice I see people who are fairly well educated to health. That doesn't mean that they all went to college. There are people who are pretty intuitive who haven't had much [formal] education and I get these patients too. Most are people who are interested in their health and want to take responsibility for it. Homeopathy lends well to that kind of person.

This statement represents the way in which the homeopathic practitioners I interviewed characterize their patients. However, spending many hours in the waiting areas of homeopathic practitioners offices reveals some more obvious characterizations. Based on observations and interviews, homeopathic patients tend to be younger than age 45, white, female, middle to upper-middle class, and have a relatively high level of formal education. This profile is supported by Avina (1978:367).

Holohan (1987:1641) asserts that patients using alternative therapies instead of or in conjunction with more orthodox therapies tend to have achieved a higher level of formal education than those patients relying only on allopathic therapies. Holohan's characterization may not be fully accurate as he does not distinguish between different types of alternative therapies and does not consider ethnic or religious beliefs as motivating factors for choosing particular health care systems.

Individuals with higher levels of education may be more likely to use homeopathy and other forms of alternative health care because of a relatively greater awareness that alternative sources exist. One recent study (Ende et. al., 1989:27) indicates that younger patients with higher levels of formal education show a stronger preference than older individuals, especially those with lower levels of formal education, for assuming responsibility for gathering information on health care issues and for making treatment decisions. Such individuals may be attracted to homeopathy because homeopathic treatment offers a greater opportunity than allopathic treatment for exercise of autonomy and decision-making related to health care issues.

It is not surprising that the majority of homeopathic consumers tend to be women as women constitute the great majority of consumers of all health care in the United States (Todd 1989:23). Most of the male patients I saw in homeopathic offices were accompanied by a woman.

Individuals from the middle socio-economic classes may be more likely than either upper-class or lower-class individuals to seek less expensive, alternative forms of health care because they are most likely to be financially pinched by the rising costs of allopathic medical care and limited health care insurance coverage or the inability to afford such insurance. Those individuals in the upper economic classes can more easily afford allopathic medical care and may be less likely to seek alternative health care for economic reasons. Those in lower socioeconomic classes who use public assistance health programs such as Medicaid may be less likely to seek alternative medical care as their health plans may not cover the cost of alternative medical care.

Reasons for Choosing Homeopathy

The homeopathic patients with whom I consulted indicated that they were introduced to homeopathy primarily through friends and co-workers who utilize homeopathy but some learned about homeopathy through holistic health guides, publications or other alternative practitioners such as chiropractors and naturopaths.

Many of the homeopathic patients with whom I consulted reported that they use homeopathy because they were "dissatisfied" with one or more aspects of allopathic medicine. According to one study of patients of a homeopathic clinic, 81% percent reported that they initially sought help from homeopaths due to "dissatisfaction" with some aspect of allopathic practice (Avina and Schneiderman 1978:368; also see Furnham and Smith 1988:689). Nearly all of my homeopathic consultants reported seeking homeopathic assistance for the first time after exhausting all resources within

the allopathic establishment and having either been dissatisfied with the treatment offered or having been unable to receive treatment for their particular complaint. The homeopathic practitioners whom I interviewed reported that the majority of patients who utilize homeopathy do so for the treatment of a chronic illness. Avina and Schneiderman (1978:367) reported that 74% of all new homeopathic patients presented with a chronic condition which had persisted for one year or longer.

Homeopathic patients and practitioners interviewed for this research cited an interest in health promotion and maintenance as a reason for seeking homeopathic treatment. This is supported by a study by Avina (1978:368) which found that a significant percentage (54%) of patients were attracted to homeopathy because of its emphasis on health maintenance and health education. The homeopathic patients I interviewed appeared to be skeptical about the efficacy of allopathic medicine in general and believed that preventative medicine or health maintenance is more effective in dealing with sickness than is taking any sort of medication. On the other hand, patients who use allopathic medicine exclusively believe that taking medicines is more successful than any other form of treatment in treating sickness (Furnham and Smith 1988:688).

The homeopathic patients whom I interviewed cited relative cost as one reason for using homeopathy. The cost of office visits to a homeopathic practitioner is significantly lower than that of the majority of allopathic practitioners, particularly specialists. The homeopathic patients and practitioners whom I interviewed reported

an average fee of $25 for a 20-30 minute office visit, in which the cost of remedies is included. This is compared to a $60 - $80 fee for a 10-15 minute office visit reported by allopathic practitioners and patients.[7] Additional costs are incurred in allopathic practice because of the costs of drugs, laboratory tests, x-rays, and other diagnostic procedures. Homeopathic practitioners also use such tests but report using them to confirm rather than to make diagnoses.

While it is easy to say that the expense and potential dangers associated with allopathic medicine are sufficient reason for the expressed dissatisfaction with this health care system, this may be too superficial an analysis. The dissatisfaction with allopathic medicine, as expressed by the homeopathic patients and practitioners with whom I consulted, seems to have less to do with the treatments that are offered and administered to a patient than with the context in which they are administered. Satisfaction with treatment of sickness, and ultimately the outcome of the sickness episode, are directly related to the degree of cognitive and communicative agreement which exists between the patient and the practitioner (Kleinman 1980:114). The more closely aligned a patient's and practitioner's understanding and expectations of sickness and treatment, the more successful the treatment will be and the more satisfied a patient will be with the healing intervention.

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[7]Costs for allopathic consultations probably vary geographically. Thus, the figures cited above may be high for some areas and low for others. Fees also vary according to specialty.

In order to understand better the source of dissatisfaction with allopathic medicine, it is important to examine its theory and practice. Under the biomedical paradigm, health is considered to be a more or less static state. Health is the absence of disease (Weil 1983:114). "Disease...is a disordered biological state, described in terms of physical science and treated generally independently from social behavior and intrapsychic processes...." (Salmon 1984:8). An individual does not experience 'relative' health. One is either well or one is sick to some degree. The foci of research and therapeutic intervention of allopathic medicine are the physiological, biochemical or pathological processes which are "really there". Treatment, under this paradigm, is a technical endeavor. A physician's task is to seek out the material cause of the sickness and either remove it or destroy it. Until recently, little attention has been paid to the way in which a person experiences sickness and what effect this may have on treatment and the outcome of the sickness episode.[8]

Individuals may turn to homeopathy and continue to use it because the model and understanding of sickness and treatment by which homeopathy operates is more closely aligned with the patient's own model of sickness and expectations for treatment. Lay individuals possess a variety of models for understanding sickness and treatment which are influenced by such factors as educational or ethnic background. Some individuals have a more 'scientific' or 'clinical' understanding that is more

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[8]See Kimball (1981) for an excellent examination and discussion of the need for allopathic medicine to implement a more holistic approach to patient care through the restructuring of the therapeutic relationship. Dr. Kimball presents and discusses specific training strategies for medical students and clinicians. The approach to patient care which Kimball advocates closely resembles that of homeopathy.

closely aligned with the biomedical model of sickness and treatment. Most people probably do not understand why they are sick in such a clinical sense. When asked about their reasons for seeking health care intervention, the patients with whom I consulted reported that they were "feeling run down lately", had "a sore throat", experienced "pain" somewhere or were "feeling depressed". Rather, they understand that they are not feeling well and want relief. Thus, symptomatic complaints (physical and psychosocial) which are the catalyst for seeking health care are the language by which people understand their sickness.

Patient complaints are not merely 'lists' of physical or psychosocial complaints, however. They are often embedded in a social context. For example, one patient who had recently begun homeopathic treatment for persistent and debilitating headaches described the context in which she sought homeopathic treatment.

> ...I started getting these horrible headaches about three months after Jenny's wedding. The doctor [an allopath] gave me some pills just before my folks flew in for the holidays. I would get sick at work...get dizzy...lie down....We go to Texas every Easter...that's when I got numbness in my arm....

The individual in this example could simply have provided a list of her symptoms in the context of onset and duration but instead placed them within the social milieu of family and work. This was a common form of expression among my consultants.

Allopathic physicians make diagnoses on the basis of symptoms. Allopathic physicians, however, are trained to identify specific, primarily physical symptoms which are clinically relevant and may indicate the existence of a particular disease or

condition (Beckman and Frankel 1984:694). Symptoms which the patient may regard as important may be disregarded by the physician if they not perceived by the physician as relevant to diagnosis. One recent study (Beckman and Frankel 1984) reported that in only 23% of visits to allopathic physicians were patients provided the opportunity to complete their opening statement of concerns, let alone provide a full accounting of all the aspects of his sickness which were troubling them. This suggests allopathic physicians shift from a patient-centered format to one which is physician-centered in collecting diagnostic information. This may lead to the loss of potentially relevant information and leave some patients frustrated or angry and may influence compliance with prescribed treatment. In allopathic practice, it is the physician who possesses the specialized knowledge required to determine which symptoms are relevant for making diagnoses and prescribing treatment. The patient is not believed to possess sufficient or appropriate knowledge for making such decisions.

Homeopathy, on the other hand, relies heavily upon patients' knowledge of their sickness in determining appropriate treatment. One important aspect of homeopathic prescribing is the agreement between the patient and practitioner on the uniqueness of the patient's symptoms. The patient makes the decision about what information is relevant to choosing an appropriate form of therapy, not the practitioner.

> The primary concern of the homeopathic method is patient "idiosyncrasy". It begins with a restructuring of the patient-practitioner relationship toward the acquisition and use of an elaborate history. This concern for the individual patient yields a marked degree of intimacy responding to a factor the [American] public has complained is absent in conventional medical practice (Salmon 1984:3).

It seems clear, given the concentration on complete symptomatology and agreement by

patient and practitioner on the uniqueness of the patient's sickness, that the disparity between the homeopathic practitioner's and patient's understanding of sickness and expectations regarding treatment is relatively small. This shared understanding may be a major contributing factor to the repeated use of and reported satisfaction with homeopathic medicine among those who utilize it.

Dissatisfaction and Paternalism

Homeopathic patients appear to be strongly against leaving the responsibility for determining and dealing with their health care needs in the hands of a physician. According to one homeopathic practitioner with whom I consulted, individuals who use homeopathy are "...interested in their own health, are educated about health and take responsibility for it." In contrast, Furnham and Smith (1988:687-688) report that patients who use allopathic physicians exclusively for their health care needs are more or less indifferent to ceding responsibility for their health and health care to their physicians. Individuals interested in maintaining control over health care treatment decisions may be attracted to homeopathy as it offers a relatively greater opportunity for exercise of autonomy in decision-making related to health care issues.

Paternalism is pertinent to a discussion of dissatisfaction with scientific medicine. In allopathic practice, physicians assume ultimate authority on sickness and its treatment by virtue of the specialized knowledge which they possess. This knowledge is considered to be largely inaccessible to the patient. Thus, the allopathic physician assumes a great portion of responsibility for choice and administration of

treatment. This may encourage patient passivity in treatment because sickness has been removed from the patient's realm of understanding. Transfer of responsibility for health care to the physician may lead to decreased feelings of autonomy on the part of patients with respect to their sickness, and may ultimately affect such factors as compliance with treatment, the outcome of the sickness episode as well as future health care seeking behavior. One homeopathic patient with whom I consulted reported an experience with an allopathic practitioner,

> She didn't listen to what I was telling her [the physician]. It was like she had already decided what was wrong....and what she was going to do about it. She made me so mad I never even bothered to have the prescriptions filled....and I got so sick that I finally came here to Dr. C [a homeopathic practitioner].

It is interesting that the patient in this example chose to change practitioners in an effort to regain lost autonomy rather than to directly confront the practitioner with whom she was dissatisfied.

Todd (1989:51) suggests that a patient's source of power in the health care encounter may be in choosing or not choosing to come to a practitioner and in choosing to or not to comply with a physician's recommendations and instructions. She asserts that it is rare for a patient to challenge a physician directly. Few of the patients I interviewed reported having directly confronting an allopathic physician over dissatisfaction with an encounter or prescribed treatment. An alternative view is that medical paternalism relieves the patient of assuming responsibility for health care decision making by shifting that responsibility to the health care practitioner (Ehrenreich and Ehrenreich 1978:60). Brody (1977:125-126) suggests that if a patient

feels that a practitioner has assumed responsibility for decision making this may be sufficient for a placebo response to occur.

This type of paternalism appears to be largely absent from homeopathic practice. This is primarily due to the fact that successful treatment relies heavily upon specialized knowledge which is possessed by both the patient and practitioner. Both are authorities of nearly equal importance in the therapeutic encounter. In fact, the patient may be considered to possess more 'specialized' knowledge because it is only the patient who can communicate the symptoms and concerns to the practitioner in a way which will allow an appropriate and effective remedy to be chosen. Thus, homeopathic patients may retain greater responsibility for their health and health care than do allopathic patients. "The notion of the passive patient is explicitly rejected and the patient is encouraged to participate in defining symptoms and evaluation therapy" (Berliner 1984:44). Both homeopathic theory and contemporary practice assert that homeopathic practitioners possesses specialized knowledge only insofar as they are practiced in choosing appropriate remedies. The homeopathic practitioner appears to assume the roles of facilitator and educator.

Based on my interviews with homeopathic practitioners and patients, dissatisfaction with allopathic encounters is expressed by patients when their understanding or views about their complaints are either unsolicited or ignored in part or in total by the physician. Satisfaction with a therapeutic encounter appears to be in part dependent upon patients being allowed to fully communicate their understanding

of their sickness to the physician. It also seems to be dependent on how fully the doctor is able to communicate information about diagnosis and treatment in a way which the patient can understand.

Science

The features of allopathic medicine which cause some patients to seek alternative forms of health care lead others to believe that scientific medicine is the only legitimate system of health care. The authority and power that scientific medicine maintains over health care in our country is legitimated by its association with science. In American society faith in technology and the importance of physical reality as part of the scientific paradigm make relatively traumatic procedures more acceptable than milder ones, such as those administered by homeopathy,

> [t]he development of medical technology has produced a fantastic rise in expectations of what the medical system has to offer. Medical 'miracles'...promote
> the idea that any problem can be cured (Ehrenreich and Ehrenreich 1978:53).

This may be true because more invasive, technological procedures seem more like the pinnacle of human progress and achievement while the milder therapies administered by homeopathy, which have remained essentially unchanged for nearly 200 years, may seem to be "backward" or "old-fashioned".

While many of the homeopathic patients that I interviewed claimed that they "never wanted to have anything to do with another [allopathic] doctor, unless it was something serious" such as a broken leg or trauma due to an accident, their reasons for coming to homeopaths over other types of 'alternative' practitioners were very

revealing. Some of the homeopathic patients with whom I consulted who have had unsatisfying interactions with allopathic medical practice, report that they want to "get as far away from it as possible". Sixteen percent of the patients in Avina and Schneiderman's study (1978:368) reported that they would not use or recommend an allopathic physician for any reason at all. Many of my consultants who chose homeopathy report that they did so because it seemed to be a polar opposite to allopathic medicine in terms of treatment. Interestingly, and perhaps ironically, many of these individuals reported going to homeopaths over other 'alternative' practitioners because homeopathic practitioners are "real doctors". It appears that homeopathic practitioners are far enough removed from allopathic medical practice in terms of their basic methods for treatment to satisfy patients looking for a more "holistic", "individualistic" or "humanistic" health care system. Homeopaths are, however, still closely enough aligned with scientific medicine "just in case it's something serious". Homeopathic practitioners may be viewed by their patients as having more authority over issues of health care than other alternative practitioners by virtue of the specialized medical knowledge which they possess.

It seems that few of the patients who use homeopathy do so because of a strong or explicit belief in the theory and philosophy of this health care system. Many of the patients that I interviewed reported that they possess only a basic understanding of homeopathic history and theory. This is not to say that there are not homeopathic patients who do not thoroughly understand the theory and philosophy of homeopathy. In fact, of the patients I interviewed, those who patronize homeopaths exclusively or

nearly exclusively seem to be the most knowledgeable in this respect. Nearly all of the homeopathic patients whom I interviewed report that they do not use homeopathy exclusively for their health care needs. Most are what I refer to as 'mixers' and utilize a variety of different types of practitioners and therapies depending upon the nature of their particular complaint. Avina and Schneiderman (1987:368) report that nearly 77% of all the homeopathic patients in their study were also involved in some other form of 'alternative' health care including acupuncture, yoga, massage therapy and, especially, chiropractic. The use of other forms of health care is not incompatible with homeopathy insofar as Hahnemann was an advocate of health maintenance and promotion though proper nutrition, exercise and spiritual counseling. It is likely that had Hahnemann been familiar with yoga or massage therapy he would have approved of these as treatments for some complaints.

It appears that individuals who utilize homeopathy do so more because of the approach which homeopathic practitioners take towards patient care than because of any explicit belief in the theoretical foundation and orientation of homeopathy. This is supported by the fact that many patients report choosing homeopathy for the mildness of its remedies, "holistic" approach to patient care, or its relative inexpensiveness rather than because they believe in the clinical efficacy of the "infinitesimal dose".

Summary

The understanding of health and sickness and expectations for treatment of sickness are different for patients who use homeopathy for at least some of their health care needs than for patients who use utilize allopathic medicine exclusively. These individuals appear to choose homeopathy over allopathic medicine more for the approach which homeopathic practitioners take to patient care than because of any explicit belief in the theoretical foundations and orientation of homeopathic therapeutics. Further, homeopathy may be more appealing than other alternative forms of health care to some individuals because many of its practitioners have allopathic training and are thus perceived to be legitimate practitioners. These individuals may also prefer homeopathic therapeutics over allopathic medicine for reasons which are related to autonomy and control in health care issues and decision making.

CHAPTER VI

SUMMARY AND DISCUSSION

Homeopathy was introduced in the 19th century in reaction to perceived inadequacies in the existing medical system. Homeopathy offered an acceptable alternative to the heroic practices of the time and developed a strong following in all segments of society soon after its introduction to this country. It was also able to successfully compete with other alternatives to heroic medicine by appealing to a wider audience of health care consumers. Eventually homeopathy developed a following strong and influential enough to challenge the allopathic establishment. It was largely as a result of the battle fought between the homeopathic and allopathic establishments that changes in medical education and licensure were made. Additionally, the competition spurred the growth of an organized medical profession in this country. Although homeopathy was highly successful for almost a century, advancing medical technology made homeopathy seem outdated to many Americans after the turn of the century and 'scientific' medicine became favored. Homeopathy nearly disappeared from the American medical scene by the 1930's.

The American public has long invested their faith in technology, the hallmark of allopathic medicine. Health care consumers appear to be increasingly voicing their

concern over drug iatrogenesis, dangers involved with invasive medical procedures and the ever increasing expense of medical care. There is also a growing recognition among the American public and the medical profession of the importance of considering the psychosocial aspects of sickness. In recent years, there has been a resurgence of interest in homeopathy in the United States. In the 19th century, homeopathy gained favor with the American public due, in part, to the gentleness and safety of its remedies. Today, homeopathy also satisfies the health care consumer looking for a gentler, safer alternative to allopathic medicine. Homeopathy also shifts focus from the tangible causes of sickness and its physical manifestations to examination of the psychosocial components of illness and the influence that these have on the outcome of the sickness episode.

More importantly, however, homeopathy advocates a restructuring of the traditional doctor-patient relationship from one in which the physician takes responsibility for the patient's health care and related decision-making and shifts it to one in which these responsibilities belong to the patient. Restructuring this relationship empowers patients to take responsibility for health and decisions related to health care. For some individuals this increased autonomy may lead to a more satisfying therapeutic relationship. This, in turn, may positively influence the outcome of the sickness episode. A good patient-practitioner relationship is integral in health care. Patients and practitioners must negotiate health care decisions in ways which are mutually satisfying. This, however, is made more difficult as such negotiation often occurs in the context of dissimilar understandings of sickness and expectations for treatment.

The findings of this research suggest that there is a need to change the ways in which both physicians and patients approach the health care encounter. Some patients who are dissatisfied with their health care find it preferable and/or easier to change practitioners rather than to directly challenge a physician and renegotiate a therapeutic relationship and course of treatment. This suggests that health care consumers could benefit from learning strategies which would aid them in negotiating health care interactions. Similarly, physicians could benefit from education aimed at improving patient-practitioner relationships through the shifting of attention to the social context of sickness and restructuring the patient-practitioner relationship to one which is more egalitarian.

We can expect to see continued growth in the popularity and acceptance of homeopathy as the American public realizes that homeopathic practitioners are legitimate licensed practitioners who can effectively utilize science and technology yet maintain a patient-focused system of therapeutics. The growing recognition among the allopathic profession of the importance of the psychosocial dimensions of sickness may also lead to increased acceptance of homeopathy by health care consumers and incorporation of some aspects of homeopathic practice into mainstream medicine. More people may turn to homeopathy as health care costs continue to rise with increasing specialization in the allopathic profession. Specialization and technological advances are not always able to deal effectively and satisfactorily with some health care needs and thus, some health care consumers will be forced to seek out other options.

Major health concerns in the 21st century are likely to be very different from those in this century just as the major health care concerns of the 19th century have been eradicated or have become only minor concerns in this century. Immune dysfunctions and viral conditions are becoming more common. Bacterial infections are becoming increasingly resistant to treatment with antibiotics. Allergies to food and common household substances are on the rise (Ullman 1988:xiv-xv; Weil 1983:83). In 1986, 52% of all deaths in the U.S. were related to one of nine chronic diseases (stroke, heart disease, diabetes, obstructive pulmonary disease, lung cancer, female breast cancer, cervical cancer, colorectal cancer and cirrhosis) (Centers for Disease Control 1990:17). The number of deaths related to chronic conditions is expected to continue to rise in proportion to other causes of death. Many of these conditions cannot currently be treated satisfactorily with conventional medical technology. Chronic conditions are affecting younger and larger segments of the American population. Finally, our population is growing proportionately older thus creating new health care concerns. Technology can keep elders alive but it is presently unable to effectively cope with illnesses created by prolonging life.

Homeopathy offers a unique and possibly a very useful approach to health care both in terms of the treatments which it administers and the approach to health care which it advocates. Homeopathic therapeutics are appealing to and meeting the health care needs of a growing segment of the American population. This suggests that further investigation of homeopathy is warranted. Homeopathy, like all health care systems, has certain limitations. It is important to focus more broadly on examination

of a variety of 'alternative' health care systems in an attempt to understand what it is about these systems that appeals to health care consumers, how they address the needs of patients and what makes them successful in dealing with sickness. We should also do the same with allopathic medicine. In doing this, we can attempt to integrate and implement a variety of the most successful approaches to understanding sickness and in this way develop a health care system which is successful in dealing with sickness both from a physical and a psychosocial perspective.

The presentation of this research is not intended to illustrate universals about homeopathy or allopathy or more generally about health care in the United States. Rather, I have used the observations and research included here to examine patient-practitioner relationships and how homeopathy fits into the scheme of American health care in the past and present and its possibilities for the future.

GLOSSARY

case-taking: The interview process used in homeopathy to determine an appropriate homeopathic remedy.

materia medica: The homeopathic practitioner's reference. It includes indices of symptom pictures and remedy pictures.

potentization: The process of preparing a homeopathic remedy by repeatedly diluting the crude substance in water with succussion.

proving: Administration of a substance to healthy subjects in an effort to determine the remedy picture of that substance.

remedy picture: The characteristics of a homeopathic remedy's action as determined through provings.

similimum: The homeopathic remedy whose remedy picture most closely resembles the symptom complex of the patient.

succussion: This is part of the process of potentization during which the dilute substance is shaking by striking the container against a firm surface.

symptom portrait/picture/complex: The totality of physical and psychosocial symptoms experienced and expressed by an individual.

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