

# What about Homeopathy?

A comparative investigation into the causes of current popularity of  
homeopathy in The USA, The UK, India and The Netherlands



*Dulcia non meruit qui non gustavit amara*

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MA Comparative History Thesis | J.T.H.J. Dekkers

## **What about Homeopathy?**

*A comparative investigation into the causes of current popularity of homeopathy in The USA,  
The UK, India and The Netherlands*

This Master of Arts Comparative History Thesis Is Written Under the Authority of the  
University of Utrecht



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## Preface and Acknowledgements

*Why is homeopathy, at present, popular in some countries and less popular in other countries?*

This question, fundamental to this research, grasped me from the beginning and it never let me go. Was it the culture, the history, the traditions in a country that caused homeopathy to be either popular or not, or were other factors playing a decisive role? When the opportunity arose to choose a research topic for my MA thesis, this interest, this question, was eventually what I wished to pursue.

I soon found out that not much research has been done regarding the history of homeopathy, certainly not on the causes of popularity and unpopularity. On the one hand it seemed very challenging for a student to be one of the few explorers in this area; on the other hand it was also very motivating. What could be more satisfying to make a scientific contribution to a subject that, due to its enormous growth over the last decades, is very interesting and yet almost untouched? Despite homeopathy's global overall growth in popularity, the question on a national level nevertheless remains: which factors have caused homeopathy to be either very popular or unpopular in various countries. It is the present, existential situation which demands an explanation. As much as I am proud to be the first to formulate a profound and legitimate answer, I realize that with this pioneering task, accompanied by a rather unique methodological approach, a lot of questions, gaps and criticism may appear as well. And for that I am only happy. If this thesis produces an academic, or at least some form of debate between either historians, sociologists or people inside the homeopathy or regular medical community then this thesis has reached, by far, beyond its goal.

This thesis is the product of many people, not just the author. Of course, the idea was mine, the setup was also mine but without the inspiration and help of a lot of people, I would have had a much more difficult time finding the right sources and accessing the data I needed. First of all, methodologically, Professor Maarten Prak has been a great inspiration to me. He is the creator of the MA Comparative History program. Without this initiative, many students (including myself) would not have found out about this fruitful and interesting method of research, named Comparative History. Besides the individual talks I had with him over the last couple of months, Professor Prak also organized regular meetings between all the MA students: insightful debates and correlations followed between the attendants which was very enlightening and rewarding. Right from the start, Professor Prak was very enthusiastic about my research topic and later on about my progress. Second of all, I would like to thank my direct supervisor Fia Dieteren, and my co-supervisor Joost Vijselaar. They have helped me reflect on my thoughts from the beginning of my research, advised me on literature search and checked my progress while still allowing me to pursue my research interest and ideas about how to plan and conceptualize my master thesis. Fia receives additional praise for carefully reading and correcting several versions of my thesis. Her comments proved vital for the progress of my thoughts and the development of the thesis. A wonderful cooperation emerged between the two of us, on which I reflect with pleasure.

There are many other persons whose name I would like to mention. In April I visited the Robert Bosch Stiftung in Stuttgart, a research institute famous for its available sources on homeopathy. Many thanks especially go to Professor Martin Dinges, adjunct director of the Institute for the History of Medicine of the Robert Bosch Stiftung and a renowned researcher on the history of homeopathy and general medicine. From the moment I contacted him to assist me with my research he was positive and welcomed me with open arms. He assisted me during my visit and we talked for hours about my research during these days. The Stiftung is a wonderful and charming institute with enormously helpful and resourceful people and I must admit I made most of my progress during my visit there. Later on, Professor Dinges even found the time to look at my thesis in his spare time. As he is the most renowned expert on the history of homeopathy I was very excited to receive both his comments and praise. In the Netherlands, Anne Hilde van Baal from the Huizinga Institute and Marijke Gijswijt-Hofstra (former professor at the University of Amsterdam) were very kind to meet

with me. These meetings contributed to my thesis in various ways, least of all they opened new doors for me which would have stayed closed otherwise.

I also would like to thank many medical and homeopathy institutions and organizations which have helped me access important data. Through email conversations I received lots of information – although not as much as I would have liked – answers and help from many researchers and associations from The USA, The UK, The Netherlands and India. Special thanks go to the ECCH and the personnel working at the various homeopathic Employee Organizations.

Another acknowledgement goes to Jurriaan Ritzer, a student who has corrected errors in language use and who has translated this thesis into Dutch as well. Of course, special thanks go to my parents as well. They have always been there for me and without their support I would never have made it so far. My final praise goes to my best friend Peter van Bokhoven and my girlfriend Nicole Westerterp. They have made sure that I spent some quality life time besides spending time behind my computer writing this thesis.

Joris Dekkers | Nuenen, July 17<sup>th</sup> 2009

# Introduction

This introduction is, compared to most other studies, somewhat large. This is necessary for a number of reasons. First of all, it is vital to introduce the reader to homeopathy, its origins and its concepts. Homeopathy is after all a very unique therapy system. Second of all, it is also important to introduce the reader to what I exactly wish to research. This aim is laid down in the research question of this thesis – *Why is homeopathy, at present, popular in some countries and less popular in other countries?* – which is a unique interest. Third of all, some introduction is needed to familiarize the reader with a rather unknown method of research (the Comparative Method) which is a fairly unique way of doing research.

## **General introduction to homeopathy and its history**

Homeopathy is a method of treatment invented in 1795 by the German Dr. Samuel Hahnemann (1755-1843). Hahnemann was a physician (he received a doctorate from the University of Erlangen) and a translator and medical practitioner by profession. During a translation of *A Treatise of the Materia Medica* written by the Scottish professor William Cullen (1710-1790), Hahnemann encountered a paradoxical statement about the effects of Peruvian cinchona (a derivate of the China bark). Cullen suggested that China bark, when ingested by human beings, could cure fever based on its contracting and gastric quality. Hahnemann did not find this statement satisfying and decided to test the effects of the China bark on himself. From his own experiences Hahnemann knew that China bark could cure changing fevers and accompanying symptoms. Remarkably, Hahnemann produced exactly this changing fever and the connecting symptoms after he consumed small portions of Cinchona. In a footnote he wrote:

“Chincona, which is used as a cure for changing fevers, is effective due to its ability to cause similar symptoms in healthy persons.”

This note would eventually lead, after doing multiple other tests with other medicines, to the formulation of the most important foundation of homeopathy: *the law of similia* (or law of similars): like cures like. During his tests, Hahnemann and his test subjects developed severe, sometimes even dangerous symptoms. To minimize the risk, Hahnemann chose to dilute the tinctures. To his own surprise, this not only caused a reduction in suffering, but, when used as a medicine on the sick, it also increased the healing power of the medicine. Hahnemann decided to continue diluting medicines, far beyond the level where one reaches the number of Avogadro<sup>1</sup>. Hahnemann prescribed highly diluted medicines to ill human beings, according to the law of similia and experienced that his patients recovered from both physical and mental illnesses. This led him to formulate the second principle of homeopathy: *the law of infinitesimal potentiation*: highly diluted (and shaken) homeopathic medicines are able to revitalize the ‘vital force’ of human beings.

Hahnemann concluded that large doses are destructive, medium and small doses are toxic and infinitesimal doses are curative. The smallest doses are not quantitative, but qualitative and directly influence the vital force which in turn heals the mind, emotions and physical symptoms respectively. The concept of the *vital force* (*Lebenskraft*, *Dynamis*), which, according to Hahnemann, directs every human being, may be seen as the third principle of homeopathy.<sup>2</sup>

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<sup>1</sup> The number of Avogadro (6,023 × 10<sup>23</sup>) is a number that marks the boundary between materialistic evidence and pure energy. When a substance (tincture) is diluted in water or alcohol, the evidential doses of the tincture decreases. Once the tincture is diluted beyond the number of Avogadro, it means there is no molecule left of the original tincture in the dilution. Homeopathic medicines are – except for the low potencies – diluted far beyond this number and this is what causes the discussion between opponents and advocates of homeopathy: energetic material (substances diluted beyond the number of Avogadro) is not measurable anymore and thus does not exist according to the medical community. The number of Avogadro was not known in the time of Hahnemann.

<sup>2</sup> The Vital Force is a concept that originated in the Antiquity and was ‘reinvented’ in 18<sup>th</sup> century (Romantic) medicine literature, a concept which Hahnemann utilized to structure the theory behind the effects of homeopathy.

Samuel Hahnemann recorded all the principles and rules by which homeopathy works in his *Organon der rationellen Heilkunde* (1810). Until today, this work remains the guidebook for homeopaths worldwide. It is also a testament to the schism that existed between Hahnemann and his followers and German physicians, called allopaths by Hahnemann. Hahnemann frequently speaks about the, in his eyes, crucial errors made by 'quacks' and physicians during the treatment of patients. This way, Hahnemann stirred up a great turmoil in the medical world and this certainly had some beneficial effects for homeopathy itself.



Samuel Hahnemann (1755-1843)

Initially, he attracted large numbers of physicians who wanted to see what the arguments were about. Many seem to have been impressed by the results when they tested homeopathic medicines on their own patients. Especially younger doctors were flocked to Hahnemann to be tutored personally in the new therapy. They came from all over Europe, and when they went back to their native countries, they took home the rudiments of homeopathy. After Hahnemann had died, the spread of homeopathy took place relatively rapidly, thanks to Hahnemann's followers. They elaborately set up practices, dispensaries and clinics, as well as teaching homeopathy to colleagues in their own countries.<sup>3</sup> These national pioneers had to cope with much criticism and fury aimed against homeopathy coming from the medical establishment. Nevertheless, in the 19<sup>th</sup> century homeopathy had achieved its position in the medical spectrum in many parts of the world.

### ***Current status and principles of homeopathy***

The schism between homeopathy and regular medicine that originated in the 19<sup>th</sup> century continues to exist in the modern era. Although homeopathy has now spread its wings globally, with currently over 150.000 homeopaths and 450 million patients, its method (of dilution) remains subject to heavy criticism and is not accepted by the dominant western scientific and medical community.<sup>4</sup> Nevertheless, of all the so called CAM (complementary or alternative to regular medicine) therapies homeopathy is together with acupuncture the most used treatment today.<sup>5</sup>

Now we know something about the historical foundations and current status of homeopathy it seems logical to proceed with summarizing the most important and unique concepts and notions on which homeopathy is founded and what makes it different compared to conventional medicine.

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<sup>3</sup> Peter Morrell , *A History of Homeopathy in Britain*, Staffordshire University, (THE UK 2004), p.24

<sup>4</sup> Christian Boiron, *Waarom ik vertrouwen heb in homeopathie*, 1<sup>st</sup> ed. Standaard Uitgeverij Antwerpen, (Antwerpen 2007) , backcover. For definitions and explanations about homeopathy and other related definitions and concepts read Chapter 1. In another article, it is suggested there are around 500 million patients, see: <http://www.crystalinks.com/homeopathy.html>

<sup>5</sup> All therapies that do not directly belong to or fit in the orthodox, regular medical establishment and provide a different, alternative, complementary therapy. The alternative, complementary, different aspects are provided both in the theory of these approaches (holistic/systematic vs mechanical/organic, natural vs synthetic etc.) and in practice (diagnostic methods, type of consult etc.).

## **What characterizes homeopathy and what makes it different compared to regular medicine?**

Apart from the three principle foundations of homeopathy: the law of similars, the process of potentiation and the concept of the vital force, there are various additional typifications that can be made to distinguish homeopathy from regular medicine.

### *Medicine Descent*

Homeopathic medicines are not synthetic, fabricated medicines such as orthodox medicines. Homeopathic medicines are constructed from tinctures and samples from minerals, plants, animals and diseases. In a way this is because homeopathy believes that everything in this world can heal and make sick. All that existed before human beings appeared on the earth is responsible for the very dawn of human beings and thus always has and always will influence disease, healing, life and death of humans.

### *The Anamnesis*

Homeopaths wish to know everything there is to know about a patient: his character, his living environment, his medical history, his symptoms (physical, emotional and spiritual), his way of living, his family and friends etc. In order to learn this, the homeopath listens to the patient for at least an hour the first time and at least a half an hour during subsequent meetings. This contrasts the patient-doctor relationship in the regular circuit. Here the patient often meets his doctor for around 10-20 minutes. The physician is less interested in the character and mental and emotional background of the patient and focuses instead on the physical symptoms.

### *Diagnosis*

In homeopathy, only the symptoms which are revealed by the patient during the anamnesis matter. Homeopaths generally do not run (many) diagnostic tests. Homeopaths believe that only the patient truly knows what he experiences and only he can communicate these experiences. The homeopath does observe the patient (how he communicates, looks, smells etc.) but the story of the patient is fundamental whereas a doctor is taught that examination is fundamental.

### *Holism*

Holism is a theory which postulates that everything in this world, in this cosmos, forms a whole. Nothing in this world is individual or independent. Everything is correlated and connected. This theory is widely accepted amongst homeopaths. The holism theory is reflected in the vision that the body is a whole being as well and must be treated as a whole. Whereas physicians treat patients per symptom (organically) and predominantly physically, the homeopath treats the whole human being, choosing a homeopathic remedy which cures not only physical ailments, but also emotional and mental symptoms.

### *Immaterial Paradigm*

The paradigm of western medicine is materialistic: this paradigm postulates that something can only exist when it can be structurally categorized (the structure of atoms and molecules). Everything that cannot be seen, smelled, touched or heard, even with the help of microscopes, does not exist because it cannot be measured: there is no 'scientific proof'. The paradigm of homeopathy – and of many other alternative therapies – is immaterial (energetic): this paradigm postulates that some forces in this cosmos cannot be grasped by humans, cannot be sensed, but are really there and do exist. Some forces have no physical form and go far beyond molecules and atoms. The proof of their existence, their being, is their effect on organisms, on nature. Homeopathy is therefore more pragmatic and hardly values the kind of rationality used in the scientific medical community (paradigm).<sup>6</sup>

These different principles, perspectives and methods of healing, disease, life and death form the extraction point of the ongoing 'battle' between homeopathy and regular medicine and the struggle for acceptance in the case of homeopathy.

Although it is very interesting to investigate the global popularity flow of homeopathy or the concepts that distinguish homeopathy from regular medicine, this thesis is aimed at investigating the differences in current popularity of homeopathy in various countries, and to find the causes for these differences. It is after all, a comparative, historical research.

### ***Research Question and Case (Country) selection***

The research question, as mentioned before, is: *Why is homeopathy, at present, popular in some countries and less popular in other countries?* Before we move on to why this research question is so interesting, it is perhaps suitable to first address the question why The USA, The UK, India and The

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<sup>6</sup> This contrast between the views of science and homeopathy is somewhat overstated but in principle such a contrast does exist.



Netherlands were eventually selected for this research and not – for instance – Germany, Belgium, Brazil or Ivory Coast.

The selection procedure took quite some time as the current situation of homeopathy in many countries either has hardly been investigated or was at least very unclear. Nevertheless, a few insights led me to initiate some sort of pre-selection despite the fact that the present status of homeopathy in many countries was unclear to me at the time I had to commence with the procedure. Methodologically, doing research on *four* countries is the most rewarding (more on that later) so four spots had to be filled. However, establishing quantity is easy; determining the quality of each country was more complex, especially because practical problems had to be taken into account as well. Comparatively, it was ideal to choose at least one country with a high level of popularity, and at least one country with a low level of popularity. The other two countries had to be at least on a slightly different position on the popularity scale.

Perhaps even more important were the practical considerations. For each country, it was imperative that sufficient data (both offline and online) and secondary literature could be accessed. Because of the great popularity homeopathy enjoyed in India, comparatively ‘much’ has been written about it. In the cases of The USA, The UK and The Netherlands, less literature has been published on this subject. All countries lack statistical data. This was the major disadvantage of this study; comparisons become easier and more valid when statistics are at hand and in this thesis this was not always the case. During the couple of months that were available to me I extracted as much data and information as possible and selected the most prominent countries with at least some connection to homeopathy. Time constraints and data issues could not always be overcome which is why choosing these countries was the best possible solution, in terms of directly available information and accessible language.

The four countries that this thesis deals with have thus been selected after careful consideration. In the first two months of my research two extra countries were deliberately added to the research: Germany and Belgium. The idea behind this was that if for some reason, there was not enough literature available for a particular country, or the situation in for instance two countries appeared too similar, Belgium or Germany could serve as a replacement. This safe approach was necessary as the present situation (popularity level) of homeopathy in many countries has not been established yet. Aside from the fact that the four initially chosen countries seemed to fit sufficiently, Germany and Belgium were in due course left out due to a number of intrinsic reasons as well. In Germany, homeopathy originated from the inventions of Samuel Hahnemann. Since the tradition of homeopathy was so strong, I felt less compelled to a posteriori investigate the other factors. Belgium appeared to look very much the same compared to The Netherlands and thus seemed irrelevant. From the beginning the four chosen countries seemed right for this thesis and would prove to be accordingly.

### ***Estimating the level of popularity of homeopathy in The USA, The UK, India and The Netherlands***

To estimate whether homeopathy is popular in a country or not is a difficult process. In the end, it is all a matter of definitions; it is a subjective thought process. What is ‘popularity’? How does one define ‘the people’? These are questions that are almost impossible to answer. I have nevertheless tried to do so by focusing on their relation.<sup>7</sup>

If one would like to investigate whether homeopathy is popular among the people; what are the basic occurrences one should look into? Knowing that, globally, homeopathy is still far behind orthodox medicine, there were three things in my mind *the common man*, representing the general people, and thus also the level of popularity, might however still do. Regardless the question whether homeopathy is very known or unknown in a country, all countries do have a number of

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<sup>7</sup> Let us look at the term ‘popularity’ and its meaning: “The quality or state of being popular; especially, the state of being esteemed by, or of being in favor with, the people at large; good will or favor proceeding from the people” (Oxford Dictionary). Both the present definition as well as the Latin etymology of the verb refer to the people. Without going into a debate about what is meant by ‘the people’, or rather, ‘who’ are meant by the people, it is sufficient to address the relation between popularity and the people purely in the etymologic context. The people, the ordinary man, are centralized. Their decisions represent the present popularity level!

homeopaths, patients visiting a homeopath and homeopathic medicines. It is the *level of presence* which, in this thesis, ultimately separates popularity and unpopularity. The following three indicators thus were selected in order to estimate the level of popularity:

1. *The number of homeopaths (in relation to the total population of a country):* if there are a lot of homeopaths in a country it means that the penetration of homeopathy is high. One does not easily become a homeopath and has to
  - a. have some knowledge about homeopathy
  - b. have a reasonable chance to make a living as a homeopath
  - c. perhaps have some form of recognition either by family, patients, government etc.
2. *The number of visits to a homeopath (in relation to the total population of a country):* This gives us an idea how many people actually seek homeopathic advice, which is of course a clear indicator to determine the popularity.
3. *The use of homeopathic medicine:* When homeopathy is not popular, people will not buy its medicines. This is a clear indicator to help estimate the popularity of homeopathy, as people who buy homeopathic medicines are convinced of the positive effects (excluding trial purchases), plus medicines need to be available. Data is, however, not always shared by pharmaceutical companies.

These three indicators with which the present popularity of homeopathy in country X is being determined, are all equally important. Nevertheless, it was not always possible to retrieve all the relevant data that could perfectly represent the actual conditions. When one of the indicators could not be established, the degree of popularity has been based on what *is* available. The outcome of each country refers to the current status (which means the data comes from 1990 or thereafter). The causes are historical. It is crucial to separate the outcomes from the causes. Besides the present/past separation, a separation between the indicators and the causal factors is necessary. Therefore, the causal process does not include any of the statistics which represent the outcome. The causal process does include everything that influenced these statistics (i.e. they sketch the developments leading to the outcome). Before we move on to the causes, first, the outcome of the four countries will be established based on the three indicators.

There are only two outcomes possible for each of the four countries in this comparative study as this is how the method works:

-Either a country has a high degree of popularity of homeopathy (1)

-Or a country has a low degree of popularity (0)

If a country has a medium popularity, a choice will nevertheless be made.<sup>8</sup>

In order to base the outcome on the statistics, levels for each indicator were determined allowing me to define what represents high and what represents low popularity levels.

#### ***Establishing high and low popularity of country X.***

##### **Categorization of Condition 1 – The number of homeopaths in relation to the population of a country<sup>9</sup>**

1 homeopath available per less than 10.000 people: ***high popularity of homeopathy***

<sup>8</sup> I realize that this prevents further specialization and individualization per country, which is why the terms 'low' and 'high' must not be taken strictly. One must realize that it is a difficult matter to determine outcomes. An outcome in this case is not an outcome on which all scientists agree. In this research I do not have the luxury to deal with a set outcome such as the percentage of alcoholics in a country. Nonetheless, a division has to be made, this is how the comparative method works.

<sup>9</sup> The number of homeopathic practitioners includes lay homeopaths (classical or not), regular physicians prescribing homeopathy and homeopathic doctors. Most physicians and homeopathic doctors prescribe low potency medicines and do not always follow the principles of Samuel Hahnemann, which is the reason why classical homeopaths criticize these forms of complex and clinical homeopathy, which according to them, is actually no form of homeopathy at all. I have chosen to incorporate non-classical homeopaths as well because there still is no definitive outcome to this debate. As long as there are advocates and opponents of this theory, proposed by the classical Homeopaths, a researcher must stay objective. On a further note, if I would follow the opinion of classical homeopath and exclude physicians who practice complex/clinical homeopathy it would be impossible to separate the physicians who do classically practice homeopathy and those who do not, which makes my argument all the more valid. A stronger relation would have been number of homeopaths compared to the number of physicians, but the number of latter could not be established for every country.

1 homeopath available per more than 10.000 people: **low popularity of homeopathy**

*Explanation: The line is subjective but if 1 homeopath is available per less than 10.000 people it generally means that there is 1 homeopath in each town, which is a good penetration and thus an indicator for high popularity.*

#### **Categorization of Condition 2 – The number of patients in relation to the population of a country**

More than 5% of the total population: **high popularity of homeopathy**

Less than 5% of the total population: **low popularity of homeopathy**

*Explanation: To visit a homeopath is quite a big step, generally, as in most countries a physician is the primary provider of health care. Coverage is usually available for visiting physicians, but not always for visiting homeopaths. This is why the borderline percentage demand is lower than one would expect to see in a study on physician consultation.*

#### **Categorization of Condition 3 – The percentage of people using homeopathic medicine<sup>10</sup>**

More than 20% of the total population: **high popularity of homeopathy**

Less than 20% of the total population: **low popularity of homeopathy**

*Explanation: It takes less 'courage' or money or initiative to buy medicines than to visit a homeopath. This is why the percentage border line has been set at 20%.*

Find the results of the research process on outcomes below. Note that the numbers 1,2 and 3 correspond with the respective indicators.

### **Current status of popularity of Homeopathy amongst the people of the UK, India, the USA and the Netherlands**

#### *USA*

1. The number of homeopathic practitioners in the USA lies around 4000 in the new millennium.<sup>11</sup> Around 3000 allopathic doctors prescribe homeopathic medicines.<sup>12</sup> There are thus around 7000 qualified doctors/homeopaths practicing homeopathy fully or partly. Currently, 303.824.646 (2008 count) people live in the USA which means that there is 1 homeopath available per 43.404 people. (low)

2. Each year in the USA 5 million people make visits to homeopathic practitioners.<sup>13</sup> This is 1.65% of the population.<sup>14</sup> (low)

3. A study (Fisher and Ward, 1994) on the use of homeopathic medicines revealed that 3% of the population in the USA admitted using homeopathic medicines.<sup>15</sup> (low)

**Degree of popularity among the people of the USA: low (0)**

#### *UK*

1. In the UK, there are at present approximately 1500 registered professional homeopaths in the UK and members of the Faculty of Homeopathy and around 1600 (lay) non-professional homeopaths registered at the Society of Homeopaths. Furthermore, there are around 1000 medical doctors who practice some form of homeopathy. This adds up to around 4000 homeopathic practitioners in the whole of the UK.<sup>16</sup> Practicing homeopathy without registration is very uncommon in the UK, but numbers are not available.<sup>17</sup> Approximately 4100 homeopaths to a population of 61.6 million (2008 count) amounts to 1 homeopath per approx. 15.000 people. (low)

2. 10% of the population consults a homeopath, according to Boiron research.<sup>18</sup> A 2007 *Lancet* report concluded that

<sup>10</sup> This estimates both the purchasing of homeopathic and phytotherapeutic medicine. Phytotherapeutic medicine are not based on the similia principle and are not as deeply potentiated as homeopathic medicine (i.e. fabricated by homeopathic principle of potentiation). Nevertheless, those medicines that are in essence phytotherapeutic but wear the title homeopathy are included in the numbers.

<sup>11</sup> *Microsoft Encarta Encyclopedia 2009*, 200., Martin Schmitz (ed.), *Strömungen der Homöopathie*, KVC Verlag Essen, (Essen 2002), 168.

<sup>12</sup> Eswara Das, *History and Status of Homoeopathy Around the World*, (New Dehli 2005) B. Jain Publishers (P) Ltd., 266

<sup>13</sup> *Microsoft Encarta Encyclopedia 2009*. Keyword: homeopathy. In this Wikipedia article, which sums up researches, the use is suggested to be even lower: <http://wiki4cam.org/wiki/Homeopathy>. Michael Castleman, 'The Strange Case of Homeopathy: Miracle cure, placebo or nothing at all?' in: *Natural Health*, Vol. 12 (11-2002), 17, even states that of the total of 600 million visits to alternative practitioners, 0.5% consults a homeopath, which amounts to 3 million (even 2 million lower than the number suggested by the Encarta Encyclopedia). This confirms the low popularity level of homeopathy. Furthermore, Carol Holz confirms the low popularity and acceptance level of homeopathy in the USA by stating that homeopathy is practiced mostly by practitioners who have obtained a degree in another CAM therapy or by physicians. Thus, there are few independent homeopaths which testifies to the low degree of interest and acceptance of homeopathy. See: Carol Holz, *Global Health Care: Issues and Policies*, Jones and Bartlett Publishers (New York 2007), 207

<sup>14</sup> A telephone study in 1992 confirms this number as only 1 percent of the interviewees admitted to have used some form of homeopathy while 99 percent had not used homeopathy in the past 12 months. See Lynn Payer, *Medicine and Culture*, Henry Holt and Company LLC (New York 1996), xiii

<sup>15</sup> Kayne, *Homeopathic Pharmacy*, 25

<sup>16</sup> Confirmed by a wikipedia article [http://en.wikipedia.org/wiki/Regulation\\_and\\_prevalence\\_of\\_homeopathy](http://en.wikipedia.org/wiki/Regulation_and_prevalence_of_homeopathy)

<sup>17</sup> Morrell, *A History of Homeopathy in Britain*, 4

<sup>18</sup> Boiron Website, [http://www.boiron.com/en/htm/01\\_homeo\\_aujourd'hui/homeo\\_monde.htm#fixe](http://www.boiron.com/en/htm/01_homeo_aujourd'hui/homeo_monde.htm#fixe)

14.5% of the population trusted homeopathy.<sup>19</sup> It is believed that homeopathy is the third most popular CAM therapy in the UK, after chiropractic and osteopathy.<sup>20</sup> (high)

3. A study (Fisher and Ward, 1994) on the use of homeopathic medicine revealed that 16% of the population in the UK admitted using homeopathic medicines.<sup>21</sup> Figures shown by Kayne are lower: 500.000 people buy homeopathic medicines which amounts to approximately 8.1% of the people. (low)

**Degree of popularity among the people of the UK: low (0)**

#### India

1. It has been estimated that there are approximately 140,000 homeopathic doctors (17% of all physicians), and another 375.000 healers who practice homeopathy in India. This amounts to a total number of 515.000.<sup>22</sup> India today (2008 count) counts 1.147.995.898 inhabitants, which means there is 1 homeopathic practitioner available per approx. 2229 people. (high)

2. According to the Indian government, more than 100 million (around 9%) of the Indians depend solely on homeopathy for their healthcare. This number does not include the patients who consult a homeopath besides consulting another practitioner.<sup>23</sup> (high)

3. India was not included in the research done by Fisher and Ward (1994). (?)

**Degree of popularity among the people of the India: high (1)**

#### Netherlands

1. In the Netherlands there are 306 registered homeopathic physicians and 670 registered classic homeopaths. It is estimated there are over a 1000 unregistered homeopaths, which amounts to approximately 2000 homeopaths.<sup>24</sup> With a population of 16.424.360 (2008 count) people, this means every 8218 people have 1 homeopath or practitioner using homeopathy at their disposal. (high)

2. Around 1-1.5 million people visit a homeopath every year, which is around 8-10%.<sup>25 26</sup> (high)

3. A study (Fisher and Ward, 1994) on the use of homeopathic medicine revealed that 31% of the population in the Netherlands admitted using homeopathic medicines.<sup>27</sup> According to figures of the CBS, the Central Bureau of Statistics, homeopathy is currently the most popular alternative therapy with 4 million people having used or use homeopathic remedies.<sup>28</sup> (high)

**Degree of popularity among the people of the Netherlands: high (1)**

Always note that the 'degree of popularity' refers to a degree relative to the other three countries. This degree does not correspond with all other countries in the world and is therefore very relative. For comprehensive graphic overviews, see the Enclosure, p.60.

### **Status Questionis and contribution**

As previously stated, this investigation is a pioneer study as no previous systematic, comparative inquiry into the causes of popularity of homeopathy, other than basic historical research without a deeper meaning, has been executed before.<sup>29</sup> That being said, it does seem appropriate to give the reader a framework in which he can place this study. Historians call this the status questionis: what has been said, so far, about the question this thesis addresses? As it is the first of its kind, a genuine status questionis cannot be sketched, but it is however possible to look to other, closely related

<sup>19</sup> 'Homeopathy', Patient UK Website, <http://www.patient.co.uk/showdoc/40025316/>

<sup>20</sup> <http://www.cmf.org.uk/literature/content.asp?context=article&id=1147>

<sup>21</sup> *Homeopathic Pharmacy*, 25

<sup>22</sup> Dana Ullman, *Discovering Homeopathy: medicine for the 21<sup>st</sup> century*, North Atlantic Books, Berkeley 1991. Martin Dinges, 'Homöopathie in Indien: Ein Absteiger im indischen Gesundheitssystem?' in *ZKH* 2008; 52 (2) 60, added up all homeopathic practitioners as well and came to a number close to 450.000

<sup>23</sup> Raekha Praesad, 'Homeopathy booming in India', in: *The Lancet*, Vol. 370 (17-11 2007), 1679

<sup>24</sup> The NVKH and KVHN numbers are verified via email conversation. For unregistered numbers or practitioners using homeopathy as a specialization see C.W. Kramers, *Klinische Toetsing van de Homeopathie – Een leidraad voor onderzoekers*, Nearchus C.V. Hemrik (Zeist 1998), 25

<sup>25</sup> Schmitz (ed.), *Strömungen der Homöopathie*, 151

<sup>26</sup> 1990 and 1994 used statistics of CBS. See Kramers, *Klinische Toetsing van de Homeopathie – Een leidraad voor onderzoekers*, 25

<sup>27</sup> *Homeopathic Pharmacy*, 25. Additional research confirms these numbers. In a 1995 customer poll, initiated by NIPO, held by 1800 people, 33% admitted being interested in homeopathy. Around 40% used homeopathic medicines or had used it in the previous months.

<sup>28</sup> *Klinische Toetsing van de Homeopathie*, 18

<sup>29</sup> The fact that this research is a pioneer study has put some pressure and responsibility on my shoulders in terms of being resourceful. I had to search for, ask for and 'order' most of the data and information that was imperative for this research on my own account. This had to be done in a relative small timeframe. More than half of the time available was entirely spent on locating, accessing and collecting data.<sup>29</sup>

research areas or to consider the comments by historians or influential homeopaths about this topic.<sup>30</sup> Hopefully, this way the position and the contribution of this research become clearer.<sup>31</sup>

Although homeopathy keeps gaining ground around the world, it is still far less accepted and popular than orthodox medicine. Most researchers who are trying to explain the current worldwide hegemony of orthodox medicine and the inferior position of homeopathy, point to the dominant position of regular medicine when explaining the – in their view – overall lack of acceptance and popularity of homeopathy.<sup>32</sup> They subsequently point to the attacks – throughout the history – made by regular medicine on alternative therapies such as homeopathy. In this context, the word ‘alternative’ already says it all according to the advocates of this opinion. To global researchers, thus, the ‘*Battle viewpoint*’ is very common. A proponent of this view for instance and one of the greatest homeopaths of this time, the Greek George Vithoulkas, explains the battle for hegemony between orthodox medicine and homeopathy as one that cannot be won by homeopaths in this modern, ultra-violent world.<sup>33</sup> He envisions homeopathy as a mild therapy which would never be able to survive in a violent world since the violent surroundings make human beings so profoundly and deeply sick that, even when healed by homeopathic medicine, they will get sick again after returning to their socially violent worlds.<sup>34</sup> Those who hang onto this *battle viewpoint* solely relate the popularity/unpopularity to the effects of attacks (through the government, media etc.) caused by the opponent.

More literature and research can be found about the position of alternative/complementary medicine therapies (CAM therapies) and the causes of its (un)popularity. When researchers speak about CAM therapies they cluster all alternative therapies, including homeopathy, together.<sup>35</sup> Not surprisingly, these researchers tend to look at the bigger picture and generalize more than researchers who mainly look at homeopathy and its history. Generally, their viewpoint is that a renaissance or revival of natural (CAM) therapies has emerged and is still proceeding. Some researchers go so far as to conclude that the rebirth of the CAM therapies must be seen against the background of a world that has become more spiritually aware (‘The Coming of the Spiritual Age’). And the growth of homeopathy must be placed, according to this theory, against the background of this ascendance of CAM inside the ever more ‘spiritually aware’ world. I group these researchers under what I call ‘*CAM renaissance viewpoint*’.

The Dutch medical sociologist Aakster – who played a prominent role in the debate explaining the ascendance of CAM from 1970-80’s and onwards – has put forward five areas in which alternative therapies needed to provide credibility if they wanted to survive: a cultural-philosophical fundament; scientific proof; social acceptance; degree of organization and professionalism.<sup>36</sup> I call this the ‘*Structuralist viewpoint*’ for it is, according to Aakster, the societal influence (both historical and present) that is decisive in causing the therapies to be popular or not.

The American sociologist Wardwell investigated the acceptance of alternative therapies: he concluded that there were several factors: the attitude of regular medicine, the presence of influential leaders, the success of influencing the social attitude and the ability to create both

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<sup>30</sup> This research is prominently unique in its categorical, causal approach, specifically and solely orientated on homeopathy. Historic research to history has been done by for instance Dinges (Dinges, Martin (ed.), *Weltgeschichte der Homöopathie – Länder, Schulden, Heilkunde*, Verlag C.H. Beck (München 1996). The difference is not only how the information is presented (categorical versus non-categorical) but also the difference between making intrinsic and explicit comparisons. The latter is employed in this thesis.

<sup>31</sup> Not only is this research the first of its kind in the field of sociology of homeopathy (this field does not even exist, formally, to be honest), but it is also true that within closely related research areas, not much has been published as well. This makes this research not only a pioneer research but also a research which is fairly isolated. A number of works have been published that may be put in the category of sociology of alternative medicine, but these works are outdated or very small.

<sup>32</sup> See for instance: Keith A. Scott and Linda A. McCourt., *Homeopathie – Geschiedenis, Methode en Geneesmiddelen*, 1<sup>st</sup> ed., Uitgeverij het Spectrum B.V. (Utrecht/Antwerpen 1986), 106

<sup>33</sup> Although Vithoulkas is in essence a homeopath he also makes many contributions in scientific journals, homeopathy magazines etc. as an author and researcher. Note that he is however not a genuine historian.

<sup>34</sup> George Vithoulkas, ‘Can Homeopathy, a Non-Violent System of Medicine, Survive in our Contemporary Violent World?’ In *The Homeopathic Heritage International* (2009) pp. 34-35

<sup>35</sup> See for instance James Le Fanu, *The Rise and Fall of Modern Medicine*, Little Brown Book Group (New York 2000); Walt Larimore and Donal A Mathuna, *Alternative Medicine*, Revisited Ed. (Boston 2007)

<sup>36</sup> Cor Aakster, *Alternatieve Geneeswijzen – Maatschappelijke aanvaarding en verwerping*, Van Loghum Slaterus (Deventer 1982) pp. 16-17

organizational and financial foundations.<sup>37</sup> I call this the '*Organizational approach*'. According to this approach the popularity level is based on the amount of organizational success and initiatives undertaken primarily by the community of homeopathy itself.

Martin Dinges and his research team can be distinguished as proponents of a genuine *Historical approach*. In his *Weltgeschichte der Homöopathie* (1996) Dinges reviews the history of homeopathy in the most prominent countries. Both the 19<sup>th</sup> and 20<sup>th</sup> century are given attention although the focus is on the nineteenth century. Comparisons are only made implicitly and no real conclusions are drawn to explain the current status of homeopathy in the various countries as the aim of this work is to give the reader a general (analytical) overview.

Then there is a completely different approach one can take to explain (and measure!) homeopathy's popularity: reviewing the motives of individual patients to seek homeopathic assistance. This method is used in the works of Hilde-van Baal and Gijswijt-Hofstra<sup>38</sup>. Also, again we can include Dinges here (as one can see, he is not a proponent of one view) with his work: *Patients in the History of Homeopathy*. The popularity, in these studies, is explained as a result of (patient) consumer demand and motives. In their view, neither the society, nor the homeopaths who primarily determine the popularity; rather the patients do. I call this the *intentionality view*. In the Appendix this view will receive some more attention.

When considering this thesis and its method and approach it is safe to state that this thesis stands relatively close to *historical viewpoint* of Dinges and the *sociological viewpoint* of Aakster. The overall battle between regular and alternative therapies can potentially influence the degree of popularity but it certainly is not a primary factor. And although there certainly is a general revival of CAM, which also, without a doubt, influences the popularity of homeopathy, one must also look to individual factors that solely influence the popularity of homeopathy. I do not think the popularity or unpopularity of homeopathy can be solely explained from the view of the patient either. The motives of a patient are of course an imperative factor. But popularity of homeopathy in a country asks for a broader explanation. Furthermore, it would take many polls and additional research to find out about personal motives of patients in each country.<sup>39</sup>

This brings me to what I hope *this* research will contribute, what makes it unique and different from the status questionis:

\* First of all, this study focuses, more so than other studies, on causation. It closely relates the past and present as it explicitly demands an explanation for the present situation by seeking answers in the past.

\* Second, this study distances itself from those studies which solely place homeopathy along a revival-current of CAM therapies. By partially isolating homeopathy, this research is able to focus on those causes that only influence the popularity of homeopathy. Broader patterns are nevertheless of course taken into account. But with this partial 'isolation' this research hopes to gain more profound and specific insights that only apply to the popularity of homeopathy instead of placing homeopathy against the background of a broader stream with the result that only general explanations come out of the box.

\* Third, without making any specific accusations to previous studies within the (social) medicine field, this study hopes to be at least unprejudiced and unbiased.<sup>40</sup> Academic interest is all what has driven me, and if any objectivity exists at all then this can be the way to achieve it.

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<sup>37</sup> W.I. Wardwell, *Toward a conceptualization of the process of emergence and disappearance of health-related professions* (Sociological Congress Uppsala; 1978)

<sup>38</sup> Anne Hilde van Baal, *In search of a cure – The patients of the Ghent Homoeopathic Physician Gustave A. van den Berghe (1837-1902) Promotion – doctorate* (Amsterdam 2004); Marijke Gijswijt-Hofstra, 'The Haverhoeks and their Patients: the Popularity of Unqualified Homoeopaths in the Netherlands in the Early Twentieth Century', in: Martin Dinges, (ed.) *Patients in the History of Homeopathy*, EAHMHP (Sheffield 2002) pp.217-236

<sup>39</sup> However, this strategy does fill a gap in the approach I take. I will return to this in the appendix.

<sup>40</sup> The question is to what extent one can remain unprejudiced in a research area full of prejudiced and biased researchers (of course not all researchers are). Because homeopathy is rarely academically researched, most of the sources and literature comes from either the medical establishment or the homeopathy society. This is why most of the data and literature could not be accepted and integrated immediately. One finds literature and data in a world that is full of inside attacks, prejudice and bias. Most literature is used to strengthen the position of

\* Fourth, the comparative method and its way of structuring and presenting information contributes to the uniqueness of this thesis as it has never been applied to a historical study of homeopathy. This is visible in the focus on causation (as previously stated), the slight emphasis on the recent (post-1970) history, the categorical approach (variables, see next paragraph) and the fact that historic events are being judged.

This fourth distinctive, additional element is of the utmost importance in order to comprehend the essence of this thesis, for this essence is yielded by the very means of the comparative method.

### ***Methodology: The Comparative Method***

This study employs the Comparative Method. The Comparative Method is a research method which has been successfully applied in quantitative economical and sociological studies. The transfer of this method to the scientific history community was set up in The USA.<sup>41</sup> The application of the Comparative Method in qualitative, historical research proved to be valid as well, and this research hopes to be yet another example of that successful transition.

Within the Comparative Methodology there are various sub-methods. The method I utilize is named 'the Boolean Algebra Method'. It has acquired increasing interest in the scientific community of historians and sociologists over the past few years as a way to make relatively valid and valuable algebraic comparisons between societies, regardless of the focus of the particular study. It is known for bringing complex material such as written history, back to noncomplex 0's and 1's. As we have seen, this Boolean method has already been applied to estimate the popularity level of homeopathy of the four countries involved in this research. Unlike orthodox historians, who research the history and then formulate an outcome in the conclusion, comparative historians preset the outcome, and use the outcome as a focal point, subsequently analyzing the potential factors causing the outcome. In the conclusion, it is not the outcome that gets attention, but the causes of the outcome.

It is thus safe to say that researchers who utilize the Comparative Method, including the Boolean Methodology, are not so much interested in the outcome; they care about the causal processes leading to the outcome. It was exhilarating to establish the current popularity level of homeopathy in India, the UK, the USA and the Netherlands, but I have to agree with the comparative methodologists, it is even more interesting to find out which possible factors have been the most influential in the process leading to those popularity levels.<sup>42</sup>

Now that the popularity degrees of homeopathy in the four countries already have been estimated, it is time to take the Boolean Approach to the next step: establishing the causes, or in methodological terms the variables.

### ***Variables: The selected potential factors***

There are countless factors which influence the popularity of homeopathy. In order to make valid comparisons between the countries, only the most important factors had to be selected, and grouped together. This process of categorizing the factors was both exhaustive and complex, but after many alterations and adjustments, **five** potential variables have been identified. Variables are thus sets of factors, categorized by their communality. Differently put: variables are categorized potential causes for it remains to be proven to what extent they are responsible for the outcome.

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one of the two worlds and attacking the other. Data is employed to show growth or strength and influence instead of decline and vulnerability. One can imagine that writing an academic thesis inside this volatile and tensed world is a complex task.

<sup>41</sup> For further information, see: Charles C. Ragin, *The Comparative Method – Moving beyond qualitative and quantitative strategies*, University of California Press (Berkeley and Los Angeles 1987) and James Mahoney and Dietrich Rueschemeyer (Ed.), *Comparative Historical Analysis in the Social Sciences*, Cambridge University Press (New York 2003)

<sup>42</sup> Nevertheless, trained as an orthodox historian, I found myself caught between the textual historical approach and the methodological criteria. I wanted to make sure valid comparisons between the countries could be made, but at the same time I wished that my study would not become too analytical in its writing. Although the embracing of the Comparative Method therefore takes time and requires patience, conceptual processing and dedication, it nonetheless proved to be a rewarding exercise.

The first variable focuses entirely on the early history of homeopathy in each country (19<sup>th</sup> century and early 20<sup>th</sup> century): it focuses on the introduction of homeopathy, the founders and its diaspora. The other four variables focus primarily on the more recent history (late 20<sup>th</sup> century) and its present situation and developments. They may however still include older historical developments as well.

As previously noted, homeopathy became more significant after 1970, as part of a global revival of CAM therapies. Little has been initiated to expand homeopathy during 1920-1970, a period which can be named as the '*silent era of homeopathy*'. It is safe to say that more developments can be found after 1970. Moreover, generally it can be said that events that took place in recent history also receive more importance as they are more closely connected to the present than events in the 19<sup>th</sup> century.<sup>43</sup>

In the chapters that follow, the variables of each country will be analyzed. That way, we can estimate how the current popularity of homeopathy in that particular country was established. In the conclusion, the countries (and each variable) will be compared and will be given the value *present* or *absent*. Generally speaking, absence means non-existing and/or a negative influence on the popularity of homeopathy, presence means existing and/or positive influence on the popularity of homeopathy.<sup>44</sup> Just as has been done with the outcomes, the 0's and 1's will be applied onto each variable. If the variable was present, a '1' will be attached, if absent, a '0'. Eventually it will become clear which (combination) of these variables actually determined the outcome. This research is aimed at a result with which everyone can see what was of decisive importance in the history of homeopathy in India, the USA, the Netherlands and the UK: the causal process in each country that has led to the present national statuses of homeopathy.<sup>45</sup>

Let us now turn to the variables in full detail.

### The variables<sup>46</sup>

All five variables are (excluding the titles) 'positively' denoted – as if the point of departure were that a variable is *present*. Therefore, all possible elements that do not hinder but more generally positively influence the popularity of homeopathy have been ranked under each variable. This means that when later on in the conclusion, when the values are awarded, it is decided that in a country where similar positive factors can be found and no or not much other events causing harm to the popularity of homeopathy have taken place, the variable will be valued as present (1) for this specific country. If the country has not shown any or only little concordance with these potential positive influential factors or has shown other influential developments that harm the popularity of homeopathy, the variable is valued as absent (0). Again, the values are presented in the conclusion, this table serves only one purpose: to disclose the variables.

#### A. Early History of Homeopathy: founders, foundations and diaspora

*Includes:*

- Introduction and swift spread of homeopathy.
- Existence of founding fathers (leaders) of homeopaths: those who brought homeopathy into their country and were influential) and the foundations they established.
- Positive or tolerant reception of homeopathy by the people, elite and medical establishment.

*Why is this of potential influence on the popularity of homeopathy?*

Historic roots and influential homeopaths help setup a tradition, which is very important as without a foundation, often there is no building. But did the foundations prove to be as strong today as they were in the 19<sup>th</sup> century?

#### B. Culture of Medicine

<sup>43</sup> This does not entirely mean that relevant historical developments before 1970 will not be mentioned at all, as long as the influence on the current situation is existential.

<sup>44</sup> Note that 'non existing' is an exaggeration: there is always some basic influence, but if the influence is very small and therefore a 0 will be awarded. This is how the method works, it rounds off doubtful situations.

<sup>45</sup> I do fully realize, how slippery such a goal is, for it is when we give meaning to history, we find ourselves on the most subjective path that is existent.

<sup>46</sup> Variables indicate a categorical approach. Such a categorical approach is always problematic as many factors within the various variables (to some or to a large extend) influence each other. For instance the law influences the attitude of people (Variable B influences C and perhaps even vice versa on the long term). This is however how the method works and I feel it as my duty to express some marginal notes. No method is perfect.



*Includes:*

- Variety of medical traditions.
- Open climate and tolerance of the people and persons active in the medical branch of a country regarding the concepts of energy/matter, life/death, health/disease doctor/patient relationship, etc.
- Position of physician/orthodox medicine is not extremely untouchable/monopolized

*Why is this of potential influence on the popularity of homeopathy?*

It is vital to know which general concepts and notions people have in a specific country as their views regarding the concepts named above influence the acceptance or rejection of homeopathy. Only general statements will be made and these statements will not always include all the concepts.

### **C. Government Policy, Laws and Regulations regarding Homeopathy in a country**

*Includes:*

- Either a strict regulation (clear law) regarding homeopathy which positively influences homeopathy or no regulation and thus much freedom of movement for homeopathy.
- Tolerant government (Ministry of Health) policy: positive or at least tolerant attitude of the government, politicians and possibly the royals (or other people with status) regarding homeopathy.
- All relevant, other historical developments in this section.

*Why is this of potential influence on the popularity of homeopathy?*

The success of homeopathy depends on the tolerance and acceptance of the government, its institutions, the law and influential persons (scientists, politicians, celebrities, etc.).

### **D. Level of Organization and Institutional Integration of Homeopathy in a country**

*Includes:*

- Existence of employee organizations (professional unions), associations, societies etc.
- Existence and presence of leaders - leadership (Influential homeopaths).
- Integration in universities, other educational possibilities to study homeopathy.
- Integration and use of homeopathy in medical institutions such as hospitals, clinics, medical practice etc.
- All relevant, other historical developments in this section.

*Why is this of potential influence on the popularity of homeopathy?*

In order to become a Homeopath, one needs available education, one needs a trade organization that recognizes the profession and helps the homeopath with his practice. Furthermore, is there some kind of work available in hospitals and clinics for homeopaths? From a patient's point of view: integration of homeopathy in hospitals contributes to its familiarization and possibly to its recognition and popularity.

### **E. Accessibility, Market and Cost-Effectiveness of Homeopathy in a country**

*Includes:*

- Market potential for pharmacies and small business to sell homeopathic medicines.
- Accessibility of homeopathy for patients (magazines, bookstores, etc.). Low costs of homeopathic consults and homeopathic medicines. Reimbursement possibilities (either through public health or private health insurance).
- Tolerant/positive media coverage
- All relevant, other historical developments in this section.

*Why is this of potential influence on the popularity of homeopathy?*

Is consulting a homeopath expensive or not, can you get reimbursement (health insurance)? Are homeopathic medicines expensive? Is it interesting for pharmacies and grocery shops to offer homeopathic medicines and products? How exactly is homeopathy penetrated into the society in book stores, information centers etc.? Is homeopathy accessible or hidden? Ultimately, popularity depends on primarily on awareness and cognition.

### **Note on the categorization**

Ideally, all possible factors that can potentially influence/determine a specific outcome should be individually dealt with, but since this method requires handling a few variables, factors had to be grouped together. Unavoidably one therefore has to make some awkward choices. Perhaps one may have already asked oneself whether the factors, grouped together in the variables, actually all influence the popularity. Sometimes, they only influence the way people think or the acceptance in the higher levels and power structures of society without making homeopathy altogether popular or unpopular. For instance, the size of the homeopathic medicine market may say something about the potential awareness of these medicines but it does not ultimately mean that people perceive them as 'good, powerful medicines'. This is one of the issues this thesis has to deal with. Sometimes, acceptance, popularity and awareness are *interchanged*. I have tried as much as possible to select potential evidence on whether it influences the popularity but one cannot prevent a mix-up from happening in this research.

### **Note on the availability of resources and data**

If some information is, for whatever reason, not accessible or available this will be communicated in the corresponding chapter and paragraphs. Generally, it is an understatement that overall it is very hard to find historical data (even recent historical data) in this research field as not much academic interest has been expressed yet. Take for example the market

share of homeopathic products within the pharmaceutical industry, growth of educational institutes etc. Real historical comparisons and graphics about this subject are, in most of the cases, unavailable, which sometimes mystifies the research. Data can either not be found, accessed or is not shared openly by companies due to privacy policies, terms and regulations. At the same time, this research focuses less on data compared to other comparative researches as major trends and developments can also be made clear by textual information. Still, more data is needed; especially data which is able to portray and sum up historical developments and it is my sincere hope that eventually more data will be available. The most ideal scenario, to have data per year or at least per decade, is a scenario that is at present far away and this has limited, in one way or another, this study.

### ***A note on the format***

This thesis is divided into four chapters, a conclusion and an appendix. Chapters 1-4 focus on the four countries. Each chapter analyzes the variables for each country, thereby providing a basis on which assumptions can be made about the connection between past and present. A few concluding remarks will be given at the end of each chapter, to make the situation in a country clearer. In the conclusion we will then consider all the outcomes and variables of all four countries together. Subsequently, values will be attached to each variable and actual comparisons will be made. Finally, using the Boolean method formulas, we gain an insight in the combination of variables causing the level of popularity in a country. In the appendix we will deal with a different perspective on how to overview and approach this subject and we will turn to what more research can be done.

### ***A note on definitions used***

For those who are not acquainted with some definitions used in homeopathy, a definition list will now be provided. Most of these definitions will return in the text.

**Allopathy:** a term given to the regular medical community by Hahnemann (the founder of homeopathy).<sup>47</sup> As it is a subjective term, with a slightly negative connotation, it will only be used when the context asks for it. Today the definitions orthodox, regular or conventional medicine are being used.

**Dilution (high and low):** this is when a substance is dissolved in a solvent (water). For instance, in the homeopathic medicine *Apis* (bee poison) the substance *Apis*, is dissolved (diluted) in water an x number of times. Lowly diluted medicines still have some molecules of the original substance left in the solution, highly diluted medicines do not (they become 'energetic', according to homeopaths). The highly diluted medicines are the basis of skepticism and criticism originating from the regular medical community which does not believe a solution can have any medicinal power when no molecules are left.<sup>48</sup>

**Potentiation:** This is the homeopathic process of diluting and shaking the medical substance in order to give it its therapeutic power.

**Similia:** The similia or similum is that remedy that can heal a diseased person based on symptoms that are similar to the symptoms produced when the remedy is taken in overdoses by a healthy person. The law of similars was already invented (in some way or another) by Hippocrates and later mentioned by Paracelsus. However, Hahnemann has reinvented it and made it his core principle, the core foundation on which he built homeopathy. The law of similars is a belief that in nature, a substance has the power to both heal and make sick. It is the person on whom it is applied and the size of the doses that define the line between healing and making sick.

**Complex, Clinical and Classical Homeopathy:**<sup>49</sup> After Hahnemann died, not all his followers adhered to the principles laid out by Hahnemann. Therefore, a few currents emerged which practice homeopathy differently. Three types of homeopathy can be distinguished:

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<sup>47</sup> Strictly speaking, Hahnemann gave this label to all those therapies prescribing drugs that have opposite effects on the symptoms. See: Kayne, *Homeopathic Pharmacy*, 13

<sup>48</sup> See for instance the summary of criticism of regular medicine on the use of high potencies in Gudrun Bornhöft, and others, 'Effectiveness, Safety and Cost-effectiveness of Homeopathy in General Practice – Summarized Health Technology Assessment', in: *Forsch Komplementärmed* (2006: 13, Suppl. 2) , 19

<sup>49</sup> References of these definitions, see *Homeopathic Pharmacy*, 20

**-Classical Homeopathy:** Generally, homeopaths who belong to this group follow the principles of Hahnemann strictly. They prescribe mostly highly diluted homeopathic medicines; they prescribe only one medicine at a time and follow the similia principle with utmost precision.

**-Complex Homeopathy:** Some homeopaths primarily prescribe complex remedies. This means that a number of homeopathic medicines are dissolved in water together, making a combination medicine. The complex remedies are given when the homeopath is not certain about the fact if one medicine would 'do the job'. Most of these homeopaths work more symptomatically (per symptom).

**-Clinical Homeopathy:** This form of homeopathy is mostly applied by physicians who sometimes prescribe homeopathic medicines (or in some cases have studied a post-academic homeopathy course) or homeopaths who do not believe in the power of highly diluted remedies and the principle of one cure for the whole being. Clinical homeopathy means that a homeopath or physician treats diseases organically (treating only that part where the symptoms are visible): they prescribe homeopathic medicines for each individual complaint (symptom). These homeopaths mostly prescribe lowly diluted homeopathic medicines. Clinical and complex homeopathy are often practiced by the same practitioners.

*NB: When the popularity levels were estimated, all currents were included in count. The same counts for any other discussion about homeopathy in this thesis. This distinction is made once-only.*

**Regular Medicine:** This is the dominant medical system, most often the system which is practiced by Western schooled physicians and is funded on rational, scientific, medical proof. The terms orthodox medicine or conventional medicine are substitutes and are also used throughout the text.<sup>50</sup>

**CAM Therapies:** CAM is an abbreviation for Complementary and Alternative Medicine. This involves all non-orthodox therapies, including homeopathy.

**Mechanical and Materialistic Worldview:** Since the industrial revolution, the mechanical and materialistic paradigm and view has entered the minds of many people in the Western societies, led by the conceptions of their modern scientists.<sup>51</sup> The materialistic and mechanical worldview consists of perceiving the world as a machine, as a whole consisted of small parts, all formed of matter. These perceptions are projected not only on the world, but also on humans and their bodies. This view is taken over by the regular medical community: the human body is perceived in terms of its chemical composition.<sup>52</sup>

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<sup>50</sup> Both terms and definitions are debatable but I hope it is clear what I mean with the definitions. Also, all these forms of homeopathy will not return in the text that follows (other than when it is deemed necessary). In all measurements, all types of homeopathy are counted together, not one is excluded (for example dismissed as not belonging to homeopathy). It is not the aim of this thesis to decide what is homeopathy and what is not.

<sup>51</sup> Piet Vroon, *Wolfsklem – De Evolutie van het Menselijk Gedrag*, Uitgeverij AMBO (Baarn 1992), 23

<sup>52</sup> Angelike Wolf and Viola Hörbst, *Medizin und Globalisierung – Universelle Ansprüche, lokale Antworten*, LIT Verlag (Berlin-Hamburg-Münster, 2006), 19

# Chapter 1 | The USA

Present Degree of Popularity of Homeopathy: Low

Question: Why is the popularity of Homeopathy in The USA, at present, low?

## **1.1. Early History of Homeopathy: Founders, Foundations and Diaspora (Variable A)**

When homeopathy was introduced in The USA (1820s), the American medical situation was very pluralistic and incoherent.<sup>53</sup> This scene was very similar to the scenes in Europe where medical practices were increasingly (publicly) criticized and where old medical traditions received competition from newly arrived therapies such as homeopathy. Out of this mixture, it was homeopathy which would gain a powerful position within the 19<sup>th</sup> century medical culture in The USA.

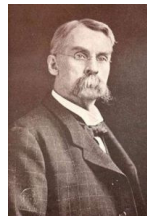
Homeopathy began growing in the New World shortly after Hans Gram, a Danish homeopath, migrated to The USA in 1825. Many German homeopaths introduced homeopathy into the different states in America where they began setting up their own clinics. One of those German homeopaths became, as many call him, the 'Father of Homeopathy in America': Constantine Hering (1800-1880). Hering, who moved to Philadelphia in 1831, successfully managed to treat a cholera epidemic with homeopathy in 1833. During that same year, in the same city, the Homeopathic Society was erected with the help of Hering. And in 1835 that same Hering established, together with a number of homeopathic colleagues, the North American Homeopathic Health Society, which would nevertheless be closed again soon. Not much later the American Institute of Homeopathy was established in 1844, which is the oldest national medical professional organization in the USA.

In 1846 a rival medical group named the American Medical Association (AMA) was formed, partially in response to the growth of homeopathy, aimed at slowing down the development of homeopathy.<sup>54</sup> Members of the AMA had a long-standing animosity towards homeopathy, which ultimately led them to purge all the local medical societies of homeopaths. All homeopathic physicians lost their membership as a result. Other restrictive decisions followed, all aimed at repressing homeopathy. This thwart AMA policy did reap some success in the beginning but it could never structurally shatter homeopathy altogether in the 19<sup>th</sup> century. In fact, homeopathy survived and grew larger every decade.

During the 1860s Constantine Hering continued to spread homeopathy. He co-founded the Homoeopathic Medical College and a number of hospitals and clinics. Homeopathic hospitals in the USA produced remarkable results during these years, especially in the case of treating epidemic diseases such as cholera and yellow fever. Far less people starved in homeopathic hospitals than in regular hospitals. At this time, the first Homeopathic Schools began to emerge as well. Journalists were surprised by the educational level of these homeopathic colleges, the impressive scholarship of its students and the gigantic libraries in which they could study.<sup>55</sup>



Constantine Hering (1800-1880)



James Tyler Kent (1849-1916)

<sup>53</sup> Harris L Coulter, *Divided Legacy (3<sup>rd</sup> volume) - Science and Ethics in American Medicine 1800-1914*, North Atlantic Books (Berkeley 1982), 5, 101

<sup>54</sup> Ullman, *Discovering Homeopathy*, 37

<sup>55</sup> *Ibidem*, 43

Soon after the death of Hering, another important figure arose: James Tyler Kent (1849-1916). Although Kent initiated less institutional progress than Hering, Kent would soon become the greatest homeopath after Hahnemann, treating over 30.000 patients in his private clinic between 1880 and 1910. Kent's influence was primarily established through his books and his lectures and teachings, which were visited by people from all over the world. Mainly as a result of Hering's and Kent's work, homeopathy thrived in The USA, with a widening acceptance from the American people and increasing tolerance from orthodox physicians and the clergy.<sup>56</sup> Besides Kent, most homeopaths in The USA were members of the New Jerusalem Church, a Swedenborgian Church with a spiritual philosophy supporting homeopathy.

The USA, around the end of the 19<sup>th</sup> century, had become the centre of homeopathy in the world. Furthermore, the positive effect of the treatment of epidemic diseases in the late 19<sup>th</sup> century was a great source of growing popularity of homeopathy among the American. In 1898, The USA had 140 homeopathy hospitals (!), 20 homeopathy colleges and 31 homeopathy journals.<sup>57</sup> Between 1825 and 1900 the number of American homeopaths had risen to 15.000.<sup>58</sup> On the brink of a new century, approximately 25% of all doctors in The USA practiced, more or less, homeopathy.<sup>59</sup> The twentieth century would nevertheless prove to be a turn of the tide for homeopathy, as the AMA was reloading its weapons for yet another attack. And this time it proved to be far more effective.

### **1.2 Culture of Medicine (Variable B)**

According to the medical anthropologists Helman and Payer, physicians in The USA have, throughout the 20<sup>th</sup> century, always performed more diagnostic tests and surgeries than those in The UK and other European countries.<sup>60</sup> Also, the doses of some drugs used in The USA are generally up to ten times higher than those used elsewhere. Moreover, in The USA more aggressive forms of therapy are often employed.<sup>61</sup> The reasons for these approaches are various. For instance, American doctors get paid for their services. Most importantly, treatment in The USA has to be done fast. Doctors welcome substantially more patients in their practice every day than Dutch and English physicians do. Helman puts it as follows: 'American physicians always want to 'do' something. Even if they are not sure which treatment path to pursue, they will prescribe anyway; they see disease as an aggressor that needs to be 'attacked'.'<sup>62</sup> The mechanical, materialistic worldview that is present in Western orthodox medicine is added by an almost 'militaristic' tendency in America.<sup>63</sup> Payer explains that The USA frontier mind of moving forward, being progressive, acting quickly is reflected in its medical culture.<sup>64</sup> On top of that, doctors are under pressure from all sorts of organizations and fear to be sued if they do not act. The medical sociologist Pfifferling furthermore sums up the following premises and values of American patients, i.e. what they find important:<sup>65</sup>

-The Doctor is the expert, not the patient.

-Specialists are considered the best medical experts.

-Single case centered: patients want a cure for every part of their body where they feel pain or show symptoms.

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<sup>56</sup> Das, History and Status of Homoeopathy Around the World, 260

<sup>57</sup> Schmitz (ed.), Strömungen der Homöopathie, 165

<sup>58</sup> Wikipedia Article Homeopathy <http://en.wikipedia.org/wiki/Homeopathy>

<sup>59</sup> A sixth of the total orthodox medical graduates converted to homeopathy. See Coulter, Divided Legacy (3<sup>rd</sup> volume) - Science and Ethics in American Medicine 1800-1914, 103

<sup>60</sup> Cecile G. Helman, Culture, Health and Illness, Butterworth Heinemann, 3<sup>rd</sup> ed. (Oxford 1994), 80

<sup>61</sup> This aggressiveness conflicts the peaceful, gentle approach of homeopathy, as explained by Vithoulkas. See George Vithoulkas, 'Can Homeopathy, a Non-Violent System of Medicine, Survive in our Contemporary Violent World?' In The Homeopathic Heritage International (2009) pp. 34-35

<sup>62</sup> Ibidem, 80, Payer confirms this view: Lynn Payer, *Medicine and Culture*, Henry Holt and Company LLC (New York 1996), 124

<sup>63</sup> Ibidem, 65

<sup>64</sup> Lynn Payer cited in Ibidem, 80

<sup>65</sup> J.H. Pfifferling, 'A cultural prescription for medicocentrism in': Eisenberg and Kelinman (ed.), *Relevance of Social Science for Medicine*, Reidel (Dordrecht 1980) pp. 197-222. Note that everything between the '()' are comments from Joris Dekkers

Patients in The USA have always been used to the fact that a doctor will get rid of their complaint immediately. As Payer notes, “American doctors have always valued doing things to patients, preferably as much as possible. From a patient’s viewpoint, their expectations for aggressive treatment, their preferences for more and more intense treatment remain strong, particularly when compared to that of British patients.”<sup>66</sup>

The holistic, gentle approach of homeopathy, where patience is asked from a patient, does not fit in this picture. The ‘one remedy to cure a whole person’ is met with even more incomprehension. It contrasts the aggressive medical culture in The USA and its culturally conditioned patients.<sup>67</sup> In addition, Payer notes, there has been a deep-rooted mistrust in the powers of nature in The USA over the past few decades.<sup>68</sup> This might very well be another clue of why homeopathy is unpopular in The USA. The start of the ascension of alternative therapies occurred around 1970.<sup>69</sup> Before this, alternative therapies, except for homeopathy, were almost non-existent in The USA.<sup>70</sup> While homeopathy forms a part of this renaissance of alternative therapies in The USA, the dominance of regular medicine, originating in the 1920’s, is still strong; its reputation gigantic.

The majority of the 20<sup>th</sup> century American doctors would say that if homeopathy ‘works’, it can only be explained through the placebo effect; the most liberal doctors of them confirm this view and add to this that the therapy at least cannot harm the patient.<sup>71</sup> Approximately no more than 3000 physicians and other health care practitioners currently use homeopathy.<sup>72</sup>

### **1.3 Government Policy, Law and Regulations regarding Homeopathy (Variable C)**

Throughout the 20<sup>th</sup> century the developments around homeopathy, certainly between 1900 and 1970, were often interfered with by the government, which repressed and regulated homeopathy institutions, education, and practice.<sup>73</sup> On the brink of the twentieth century the AMA became increasingly effective in suppressing homeopathy.<sup>74</sup> In 1910 the Carnegie Foundation issued the Flexner Report, an evaluation of American medical schools chaired by Abraham Flexner in cooperation with leading members of the AMA. The report established guidelines to sanction orthodox medical schools and condemn homeopathic ones. According to the American historian Kirschmann many homeopathic colleges were faulted for various, very subjective reasons.<sup>75</sup> As a result of this report, homeopathic colleges were not allowed to issue examinations any longer. Of the twenty-two homeopathic colleges in 1900, only two remained by 1923. In an effort to regain their position, the schools changed their education policies so that they neared the objectives set by the AMA, which ultimately meant that students could no longer study classical homeopathy.

The opposition of homeopaths lost steam and the discovery of antibiotics and other modern drugs further strengthened the position of conventional medicine at the expense of homeopathy.<sup>76</sup> By the early 1920s the heyday of homeopathy as a professional medical alternative in The USA had ended.<sup>77</sup> The physicians of that time had become less holistically and more symptomatically minded,

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<sup>66</sup> Payer, *Medicine and Culture*, xv. Payer wrote her book in 1996. She is thus mainly speaking about after the 1970s

<sup>67</sup> *Ibidem*, xxv

<sup>68</sup> *Ibidem*, 129

<sup>69</sup> It must be said that while this is true, Payer correctly notes that alternative medicine is still much less common than in Western Europe. *Ibidem*, xiii

<sup>70</sup> Deborah Lupton, *Medicine as Culture - Illness, disease and the body in Western Societies*, SAGE Publications (London and New Delhi 1994), 125

<sup>71</sup> Payer, *Medicine and Culture*, 98

<sup>72</sup> Legal Status of Traditional Medicine and Complementary/Alternative Medicine A Worldwide Review, 65

<sup>73</sup> *Ibidem*

<sup>74</sup> Today, the AMA is formally an independent organization, the main and largest association of physicians and medical students. Officially it is known that it has strong ties with the government. Throughout its history, the AMA has been actively involved in a variety of medical policy issues. The AMA can thus be seen as an arm of the government and is, in this thesis, perceived as such. See Wikipedia article [http://en.wikipedia.org/wiki/American\\_Medical\\_Association](http://en.wikipedia.org/wiki/American_Medical_Association)

<sup>75</sup> Anne Taylor Kirschmann, ‘Struggle for Survival: the American Foundation for Homeopathy and the Preservation of Homeopathy in the USA, 1920-30’, in: Dinges, Marting (ed.) *Patients in the History of Homeopathy*, EAHMHP (Sheffield 2002), 373

<sup>76</sup> Michael Castleman, ‘The Strange Case of Homeopathy: Miracle cure, placebo or nothing at all?’ in: *Natural Health*, Vol. 12 (11-2002), 15

<sup>77</sup> Kirschmann, ‘Struggle for Survival: the American Foundation for Homeopathy and the Preservation of Homeopathy in the USA, 1920-30’, 373

which made them less interested in homeopathy altogether.<sup>78</sup> Overall, the society of homeopathy could not overcome the giant wave of attacks created by the AMA and between 1925 and 1960 it would disappear below the surface. Of all the foundations laid in the 19<sup>th</sup> century, almost nothing remained existent.

Successive American governments have done very little to keep homeopathy alive in any way. This statement can be perfectly illustrated with the government attitude with regards to the pharmacy policy on homeopathy. The FDA (Food and Drug Administration) has recognized the Homeopathic Pharmacopœia of The USA (HPUS) and homeopathic remedies as official drugs since 1938. As an official reference on the subject, it enables homeopathic stocks to be registered. So far, no comments can be made. With a closer look however, it becomes clear that homeopathic medicines have hardly been taken seriously by the American governments. Not before 1998 homeopathic medicine had to meet the conditions established by the FDA in order to be introduced on the market.<sup>79</sup> This means that for over a period of sixty years barely any initiative has been made by the government or by its institutions and research foundations to investigate the efficacy of homeopathy.<sup>80</sup> According to the American medical history expert Coulter, this lack of interest played a major role in the disengagement of homeopathy from the medical establishment.<sup>81</sup>

Within the American government it has remained very silent around homeopathy for almost a century. Only by 1991, the American Congress established the National Center of Complementary and Alternative Medicine (NCCAM) within the National Institutes of Health to encourage scientific research into the field, including homeopathy. The National Institute Health Revitalization Act of June 1993 was a landmark. It expanded the Office of Alternative Medicine within the National Institutes of Health from a staff of six to a staff of twelve. The Office's objectives include the facilitation and evaluation of alternative medical treatment modalities, including homeopathic medicine, and physical manipulative therapies.<sup>82</sup> The National Institutes of Health nowadays funds its division of CAM with a small annual budget of \$2 million.<sup>83</sup> This recent, small change of government policy on CAM therapies, including homeopathy, can perhaps be seen as the first step in recognizing the potential of these therapies. However, it is unknown how much of this figure is spent specifically on homeopathy.<sup>84</sup>

Apart from (or perhaps because of) low government acceptance, a major issue confronting the homeopaths in The USA throughout the 20<sup>th</sup> century is the lack of regulation of homeopathic practice.<sup>85</sup> Legislation concerning homeopathy has always been contradictory.<sup>86</sup> In The USA, regulation and legislation regarding homeopathic practice differs per state. Regulatory controls surrounding CAM, including homeopathy, involve six related areas of law: licensing, scope of practice, malpractice, professional discipline, third-party reimbursement, and access to treatments. State laws dominate the first five areas. Federal laws, particularly food and drug laws, largely control the sixth.<sup>87</sup> The law in most of the states permits regular physicians to prescribe homeopathic

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<sup>78</sup> Guenter B. Risse in: Jütte, Robert, Guenter B. Risse and John Woodward (ed.), *Culture, Knowledge and Healing – Historical Perspectives of Homeopathic Medicine in Europe and North America*, EAHMHP (Sheffield 1998), 2

<sup>79</sup> Homeopathy Today (Boiron Group Site), <http://www.boiron.com/en/htm/homeopathy-today/homeopathy-regulation.htm> Also see: [http://findarticles.com/p/articles/mi\\_m3374/is\\_n13\\_v19/ai\\_19700605/](http://findarticles.com/p/articles/mi_m3374/is_n13_v19/ai_19700605/)

<sup>80</sup> Coulter, *Divided Legacy*, 466

<sup>81</sup> Ibidem, 466. Contrary to this statement is the conclusion of a recent report on homeopathic medicine control. In this research, initiated by Borneman and Field (2004) it was concluded that "homeopathic drugs in the USA are subject to well-defined regulatory processes that more closely resemble those that apply to allopathic medications than to dietary supplements." This conclusion indicates that the Government to some extent takes the presence of homeopathic medicine seriously and does not ignore its influence on a growing number of American people. John. P Borneman and Robert I. Field, 'Regulation of homeopathic drug products', published on Hylands Newsletter Website (2004), <http://www.hylands.com/news/regulation.php>

<sup>82</sup> *Legal Status of Traditional Medicine and Complementary/Alternative Medicine - A Worldwide Review*, World Health Organization 2001, 65

<sup>83</sup> Kayne, *Homeopathic Pharmacy*, 76

<sup>84</sup> One can expect that the share for homeopathy is small since other alternative therapies such as acupuncture have gained much more ground over the last decades in the USA.

<sup>85</sup> Dr. Dean Crothers, NVP, in LIGA Letter (October 99), <http://www.lmhint.net/LigaLetter/October99/>

<sup>86</sup> See for instance the need expressed in this report: Karen Allen,, and others, 'Towards an Inclusive Legislative Model for the Homeopathic Profession' in: <http://www.amcofh.org/documents/AppendixD4.pdf>

<sup>87</sup> *Legal Status of Traditional Medicine and Complementary/Alternative Medicine - A Worldwide Review*, 66

medicines. However, after careful review of malpractice rules, it becomes clear that practitioners are liable when their professional practices deviate from standards of care applicable to their locale and specialty. Such legal statements are of course problematic since CAM care by definition deviates from orthodox standards of care. Obviously, professional disciplinary cases are frequently brought against orthodox providers integrating CAM therapies, often in tandem with civil malpractice lawsuits.<sup>88</sup> In 1997, some progress was made when a federal bill was introduced in the House of Representatives which would guarantee that individuals may choose to be treated by any health-care practitioner with any method of treatment the individual desires. Significant strides have been made towards establishing a certificate of competence in primary care homeopathy but with no success.<sup>89</sup>

#### **1.4 Level of Organization and Institutional Integration of Homeopathy (Variable D)**

In 1929 a negative event occurred for the development of homeopathy on so-called 'Black Friday'. On this day, the last of the homeopathic clinics were closed. Since then, homeopathy is no longer offered in clinics or hospitals in The USA. In 1923, all but two medical schools had eliminated their homeopathic designations or closed their doors.<sup>90</sup> Between 1930 and 1970, most of the homeopaths who kept homeopathy alive had graduated from the American Foundation for Homeopathy. One of the more prominent schools, the Hahnemann Medical College of Philadelphia (founded by Hering) was the other school that remained open and continued to educate homeopaths throughout the early 1940s, but would eventually be under heavy influence by regular medicine and its protocols. In 1948, homeopathy was dropped as a mandatory course in most colleges and universities.<sup>91</sup> And in 1963, the last academic chair for teaching homeopathy was removed as well. Subsequently, there were only some hundred homeopaths left in The USA.

Since the enormous downfall of homeopathy in the 1920s, homeopathy never returned to its 19<sup>th</sup> century status.<sup>92</sup> Apart from the significant influence of the AMA on the decline of homeopathy, the historian John H. Warner gives another explanation. According to him, a key factor was the fading of the homeopathic distinctiveness (partly caused by the AMA rapport, in order to survive) which had been one of its biggest assets and causes of popularity in the 19<sup>th</sup> century.<sup>93</sup> The historian Anne Taylor Kirschmann confirms this view: 'whereas in the 19<sup>th</sup> century homeopaths had presented themselves as a separate school of medicine, by the 1930s distinctions between homeopaths and regulars were largely conflated in the minds of the public'.<sup>94</sup>

The period between 1970 and today looks very different. The number of homeopathic practitioners increased from fewer than 100 in the 1970s to approximately 3,000 in 1996. Homeopaths began returning to their old principles, setting themselves apart again from orthodox medicine. By 1970 new developments were slowly introduced. A few homeopathic schools were founded, and a new leader was presented. The Greek homeopath George Vithoukias, renowned around the world, was primarily responsible for giving a new impulse to homeopathy in The USA. In 1978 Vithoukias had organized a Conference on Homeopaths which convened at the California Academy of Sciences. After this, the International Foundation of Homoeopathy (IFH) was established, mainly to raise standards of homoeopathic practice and promote homoeopathy throughout The USA. New homeopathy colleges emerged, and old ones reopened their doors in the 1980s. In 1993 the Institute of Classical Homeopathy was founded in California, which would later play a major role in the registration, integration, and organization of homeopathy and homeopaths. Around 10 homeopathy schools were founded in the 1990s.

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<sup>88</sup> Ibidem, 67

<sup>89</sup> Dr. Dean Crothers, NVP, in LIGA Letter (October 97), <http://www.lmhint.net/LigaLetter/October97/>

<sup>90</sup> Anne Taylor Kirschmann, *A Vital Force, Women in the History of Homeopathy*, Rutgers University Press (New Jersey 2003), 123

<sup>91</sup> See Homeopathy Timeline History, Website WholeHealthNow

[http://www.wholehealthnow.com/homeopathy\\_pro/homeopathy\\_1925\\_1949.html](http://www.wholehealthnow.com/homeopathy_pro/homeopathy_1925_1949.html)

<sup>92</sup> Boiron, *Waarom ik vertrouwen heb in homeopathie*, 73

<sup>93</sup> John Warner Harley, 'Orthodoxy and Otherness: Homeopathy and Regular Medicine in Nineteenth century America', in: Jütte, Robert, Guenter B. Risse and John Woodward (ed.), *Culture, Knowledge and Healing – Historical Perspectives of Homeopathic Medicine in Europe and North America*, EAHMHP (Sheffield 1998), pp. 5-30

<sup>94</sup> Kirschmann, *A Vital Force*, 145



Today, the majority of the medical schools in The USA offer courses on CAM therapies, including homeopathy. Since 1997, primary care physicians have been able to take courses designed to introduce them to homeopathy and to encourage them to incorporate homeopathy in their practices.<sup>95</sup> Two post-graduate courses are offered at the Universities of New York and Virginia. An introductory course in Homeopathy is offered at the University of California and at the San Francisco School of Medicine. Homeopathy is also included in classes on complementary medicine at 17 universities, but this education is very basic.<sup>96</sup> Around 32 homeopathic colleges (offering both online and offline education) currently exist in The USA and there are seven Boards of Homeopathic education offering certificates and checking, evaluating and maintaining the education level.<sup>97</sup> Nevertheless, most of these colleges are focused on distance learning, and the level of education is lower compared to that of the American Universities.<sup>98</sup> There are now a total of 17 organizations and societies of homeopathy spread across the 50 states, focusing on educational programs, accreditation, counseling, executing research, and distributing pharmaceutical information.<sup>99</sup> It is unknown how many professional (employers) organizations exactly exist in The USA. Two of the best known are the North American Society of Homeopaths (NASH) and the National Center of Homeopathy (NCH).<sup>100</sup> It seems that in the last 10-15 years homeopathy is slowly resurfacing again with regards to education and organization.

### **1.5 Accessibility, Market and Cost-Effectiveness of Homeopathy (Variable E)**

There are around 10 pharmaceutical companies that focus on the homeopathy market in The USA.<sup>101</sup> Homeopathic remedies are recognized and regulated by the Food and Drug Administration (since 1938) and are manufactured by pharmaceutical companies under strict guidelines.<sup>102</sup> The FDA allows homeopathic products to be sold as long as specific health claims are not made on product labels. Unlike conventional drugs, homeopathic remedies do not have to identify their active ingredients on the grounds that they have few or no active ingredients.<sup>103</sup> In The USA, only homeopathic medicines that claim to treat self-limiting conditions may be sold over the counter; homeopathic medicines that claim to treat a serious disease can be sold only by prescription.<sup>104</sup>

Dr. Jennifer Jacobs, a Clinical Assistant Professor, investigated the use of homeopathic medicine over the last 10 years.<sup>105</sup> She concluded that the use of homeopathic medicines has increased five-fold between 1990 and 2000.<sup>106</sup> Homeopathic complex-remedies are very popular in the USA. Around 90% of the outlet stores sell them.<sup>107</sup> Homeopathic medicine supply is broad but also thin. 50% of the independent pharmacies, 95% of the chain pharmacies and most of the mass retailers and chain groceries offer homeopathic remedies to customers, but not on a large scale.<sup>108</sup> In 1995, retail sales of homeopathic medicines were estimated at \$201 million, and growing at 20% per year, according to the American Homeopathic Pharmaceutical Association.<sup>109</sup> The 2002 estimate of the American Homeopathic Pharmaceutical Association showed sales in the USA to be approximately \$400 million.<sup>110</sup> The market potential of homeopathy is certainly not small and it is growing. Nonetheless, recently, a number of adverse regulatory actions have been initiated by the FDA against homeopathic products. In an article in *Quakwatch*, it is suggested that 'It is foreseeable that the FDA

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<sup>95</sup> *Legal Status of Traditional Medicine and Complementary/Alternative Medicine A Worldwide Review*, World Health Organization 2001, 70

<sup>96</sup> Dr. Dean Crothers, NVP, in LIGA Letter (October 97), <http://www.lmhint.net/LigaLetter/October97/>

<sup>97</sup> See for lists Das, *History and Status of Homoeopathy Around the World*, 267-273

<sup>98</sup> *Ibidem*, 188

<sup>99</sup> WholeHealthNow Website, *Homeopathy in the USA*, [http://www.wholehealthnow.com/homeopathy\\_pro/uslinks.html](http://www.wholehealthnow.com/homeopathy_pro/uslinks.html)

<sup>100</sup> ABC Homeopathy Website, *Homeopathy Associations and Societies*, <http://abchomeopathy.com/l.php/11>

<sup>101</sup> *Ibidem*

<sup>102</sup> *Legal Status of Traditional Medicine and Complementary/Alternative Medicine - A Worldwide Review*, 67

<sup>103</sup> 'Legal Status of Homeopathy in the USA of America', American Institute of Homeopathy, [www.homeopathyusa.org](http://www.homeopathyusa.org)

<sup>104</sup> 'Homeopathy' on Crystallinks, <http://www.crystalinks.com/homeopathy.html>

<sup>105</sup> See for full biography and list of publications and researches: [http://depts.washington.edu/epidem/fac/facBio.shtml?Jacobs\\_Jennifer](http://depts.washington.edu/epidem/fac/facBio.shtml?Jacobs_Jennifer)

<sup>106</sup> Dr. Richard Hiltner, NVP, in LIGA Letter (Summer 2001), <http://www.lmhint.net/LigaLetter/Summer01/>

<sup>107</sup> Kayne, *Homeopathic Pharmacy*, 11

<sup>108</sup> *Ibidem*, 30

<sup>109</sup> 'Homeopathy' on Crystallinks, <http://www.crystalinks.com/homeopathy.html>

<sup>110</sup> *Homeopathic Pharmacy*, 26

may attempt to classify all homeopathic substances as ‘new drugs’ requiring premarket clearance’. This would form a virtually insurmountable obstacle for homeopathic manufacturers and distributors.”<sup>111</sup>

The high cost of homeopathic treatment may well be another explanation for why homeopathy is not the most popular alternative therapy in The USA. Recently, University of Maryland researchers surveyed coverage for alternative therapies by six major managed care plans – none covered homeopathy.<sup>112</sup> CAM therapies are infrequently included in benefit packages, although the number of insurers and managed care organizations offering coverage is increasing. When CAM therapies are covered, they tend to have high deductibles and co-payments that are subject to stringent limits on the number of visits or total dollar coverage.<sup>113</sup> Health insurance covers visits to most homeopathic practitioners by virtue of their health care licenses.<sup>114</sup> It is unknown how much homeopathic consults cost on average. It is suggested however, that costs are much higher than in Europe or India. A study done by *Vital Force Consulting* showed that average consult costs are between \$1000 and \$2000 per year.<sup>115</sup> Even when a patient would require 5 consults a year (which is a lot in the world of homeopathy), the average cost per consult would be around \$300 (€200), which is twice as much as the cost of an average European consult.<sup>116</sup>

American homeopaths have found patients in the last 30 years through natural food markets, holistic health medicines and alternative book stores. In the past two years homeopathy has received more media coverage, both negative and positive, than it has in the past 50 years, which testifies both to the recent growth but also to the immensely low interest in homeopathy before.<sup>117</sup> There are around six homeopathic journals and a number of magazines informing consumers about news and information on homeopathy.<sup>118</sup>

### **1.6 Conclusive Remarks**

Homeopathy was rapidly introduced in The USA. Due to the pluralistic medical climate it was not necessary for homeopathy to fight against a certain medical establishment in the beginning, although this would change in due course. Following the work of Gram, Hering, and later Kent, and certainly after the successful treatment of epidemics, homeopathy found much support, even amongst the clergy and media of that time. Many foundations were built and at the end of the 19<sup>th</sup> century, The USA had become the centre of the world of homeopathy.

Nevertheless, in the twentieth century, all that was gained and built would fall apart. As a result of repressive actions initiated by the AMA and due to modern medical inventions homeopathy was brought to the brink of collapse and could never regain its 19<sup>th</sup> century position. Only by the 1970s a slow revival took place and today homeopathy is gaining more ground again. Nevertheless, the current aggressive and dominant medical culture, to which most of the American people are accustomed, certainly has slowed down the resurgence of homeopathy.

The law, government, and its institutions are on the side of the orthodox medical establishment. Little research is initiated and little funding is granted to promote the development of homeopathy.

Homeopathy is not integrated in hospitals and only in a few universities. Most of the homeopathy schools and education programs have been founded after 1980 and 1990; before that period almost no education possibilities existed.

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<sup>111</sup> ‘Status of Homeopathy in the USA: Important Ominous Developments’ on Quackwatch,

<http://www.quackwatch.org/01QuackeryRelatedTopics/homeopetition/pinco.html>

<sup>112</sup> Michael Castleman, ‘The Strange Case of Homeopathy: Miracle cure, placebo or nothing at all?’ in: *Natural Health*, Vol. 12 (11-2002), 17

<sup>113</sup> *Legal Status of Traditional Medicine and Complementary/Alternative Medicine - A Worldwide Review*, 71

<sup>114</sup> Dr. Dean Crothers, NVP, in LIGA Letter (October 97), <http://www.lmhint.net/LigaLetter/October97/>

<sup>115</sup> Vital Force Consulting Website <http://www.vitalforceconsulting.com/faq.html>

<sup>116</sup> According to Martin Dinges, costs of healthcare are higher overall in the USA than in India and Europe. Homeopathy does not provide us with an alternative case here, but just confirms this ‘rule’.

<sup>117</sup> Dana Ullman, ‘The Present Status of Homeopathy Internationally, in: Homeopathic Educational Services,

<http://www.homeopathic.com/articles/view,22>

<sup>118</sup> WholeHealthNow, Homeopathy in the USA, [http://www.wholehealthnow.com/homeopathy\\_pro/uslinks.html](http://www.wholehealthnow.com/homeopathy_pro/uslinks.html). Also see Vital Force Consulting Website <http://www.vitalforceconsulting.com/faq.html>

The regulation of homeopathic medicine is currently at risk. There are hardly any or no reimbursement possibilities, while consult costs are high. Nevertheless, the market share (potential) of homeopathy for pharmacies and shops is not at all small, and homeopathy is becoming a topic of discussion again in the press.

It is however very clear why homeopathy is not popular in The USA. Almost dead for over seven decades, it has encountered too many repressive factors in the twentieth century which have caused and explain its current unpopular status.

## Chapter 2 | The United Kingdom

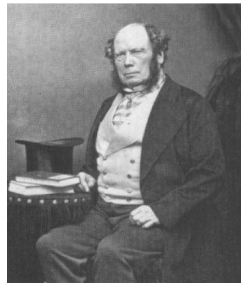
Present Degree of Popularity of Homeopathy: Low

Question: Why is the popularity of Homeopathy in The UK, at present, low?

### **2.1 Early History of Homeopathy: Founders, Foundations and Diaspora (Variable A)**

When in 1820 Queen Adelaide – the wife of King William IV – was cured by the German Homeopath dr. Stapf, homeopathy had officially arrived in The UK. Homeopathy was soon further introduced by Dr F.H.F. Quin (1799-1878) in the 1830s. After meeting Hahnemann, he introduced homeopathy to the very highest levels of English society. Quin concentrated exclusively on introducing homeopathy to medically qualified doctors and their predominantly upper-class clientele. This level of high society support for homeopathy, generated by Quin's efforts, worked enormously to its advantage, smoothed its passage and greatly assisted its easy acceptance into the British medical marketplace. Furthermore, according to the English historian Bernard Leary, homeopathy was received very well in The UK because of a clear patient demand.<sup>119</sup>

In 1835, the first homeopathic clinic emerged. Nine years later the British Homeopathic Society was established. The Faculty of Homeopathy, founded in 1843, is one of the oldest homeopathic organizations in Europe, and has been recognized by law since 1950. Also in 1843, the first British Homeopathic Journal was published. In 1850, the London Homoeopathic Hospital was founded; in 1870 almost 8000 patients were treated here. Furthermore, during the 1850s when a cholera epidemic broke out, the hospital immediately began treating patients, with much success. In 1854 the General Board of Health published statistics about homeopathic treatment of cholera compared to orthodox medicine treatment. The results: 16.9% deaths following homeopathic treatment and 59.2% deaths following orthodox treatment.<sup>120</sup>



Dr. F.H.F. Quin (1799-1878)

Quin was, mainly due to the positive cholera report, able to obtain an amendment to the 1858 Medical Act, withholding a recommendation about the type of medicine approved in Britain. As a result of this skilful maneuver, homeopathy was indirectly tolerated without challenge and thus never censured by Parliament as an unacceptable or deviant mode of medical practice. A society was formed by 1867 for the protection of Homeopathic students and practitioners. In 1870, several congresses were established and annual meetings held. In 1901 there were over 300 homeopathic physicians in The UK.

Between 1870 and 1900, a gradual shift in conceptual thinking about the classical ideas of Hahnemann emerged. Under influence of contemporary scientific views, many homeopaths increasingly leaned towards orthodox medicine and no longer wished to adhere to the principle of prescribing highly diluted medicines. Overall, these developments pushed many homeopaths more towards conventional medicine and physicians away from homeopathy. Most probably, the minor

<sup>119</sup> Bernard Leary, 'The Influence of Patients in the Provision of Homoeopathy in Great Britain: Nineteenth and Twentieth Centuries', in: Dinges, Martin (ed.) *Patients in the History of Homeopathy*, EAHMHP (Sheffield 2002), pp. 350

<sup>120</sup> Kayne, *Homeopathic Pharmacy*, 60

decline of homeopathy was also at least partly rooted in the overidentification of British homeopathy with certain social groups.

As a result of its continued domination by the medically qualified and by upper class patronage, British homeopathy could never really shake off its aristocratic gloss, and thus, throughout the 19<sup>th</sup> century it never fully established itself at a popular level amongst the lower classes.<sup>121</sup> In the 19<sup>th</sup> century and early 20<sup>th</sup> century Homeopathy was always regarded, therefore, as the 'rich man's therapy', and the exclusive preserve of the wealthy, privileged and titled. The historian Peter A. Nicholls suggests that (...) 'For those of wealth and rank, it (homeopathy, ed.) was a mark of social honor and exclusiveness, for the sick poor it was a badge of charity'.<sup>122</sup>

Around 1890 the American homeopath James Tyler Kent was mainly responsible for the re-emergence of the classical homeopathic principles (set by Hahnemann) in The UK. With the help of the famous British homeopath Margaret Tyler (1857-1943) who had introduced him into The UK, and who funded scholarships for English homeopaths keen to hear his lectures in The USA, Kent greatly popularized homeopathy in The UK.

## **2.2. Culture of Medicine (Variable B)**

The medical historian Deborah Lupton notes that in The UK, between 1660 and 1850, both doctors and lay people regarded good health as an outcome of the proper workings of the individual constitution.<sup>123</sup> Such views may explain the easy adaptation and positive reception of homeopathy, which recognizes and centralizes this concept of the constitution. Helman confirms this view of Lupton by stating that in The UK there has always been a traditional 'folk sector', a medical sector outside the medical establishment in which alternative therapies found the space to attract the English people. Since 1900 this space has been primarily filled up by the lay homeopathic movement where in the past traditional faith healers, gypsy fortune tellers, and clairvoyants crowded this arena.<sup>124</sup>

The UK has a quite unique medical culture that shows many differences from the American medical culture. According to Payer, the English know little about the anatomy and physiology of the human body compared to other Europeans.<sup>125</sup> English patients visit their physicians for only 6 minutes on average. Doctors hardly examine the patient and prescribe much less than their American counterparts. On the whole, British recommendations are more prudent than generous.<sup>126</sup> Partly this is caused by the lack of National Health Service (NHS) funding. Also, the medical economy in The UK is a lot smaller and medicines are more expensive than for instance in The USA.<sup>127</sup> Doctors get, in part, paid per patient. Consequently, a doctor can only grow his salary by getting as much patients as possible on his list and by treating them quickly. Consequently, underdoctoring is a greater danger than overdoctoring in The UK. Nevertheless, the position of orthodox medicine is untouchable in The UK and remains very dominant.

The scientific medical establishment has always been somewhat negative towards homeopathy despite the fact that homeopathy is fairly well integrated into hospital and clinical care.<sup>128</sup> There are no major indications that this attitude towards homeopathy is changing.<sup>129</sup> Nevertheless, this does not seem to have influenced the opinion and practices of British physicians, who are surprisingly supportive of homeopathy. The *British Medical Journal* recently published a

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<sup>121</sup> Alexander Kotok, *The history of homeopathy in the Russian Empire until World War I, as compared with other European countries and the USA: similarities and discrepancies*, Thesis Hebrew University of Jerusalem (1999), <http://homeoint.org/books4/kotok/index.htm>

<sup>122</sup> Philip A. Nicholls, 'Class, Status and Gender: Toward a Sociology of the Homoeopathic Patient in Nineteenth-Century Britain' in: Dinges, Marting (ed.) *Patients in the History of Homeopathy*, EAHMHP (Sheffield 2002), 350

<sup>123</sup> Lupton, *Medicine as Culture*, 81. This remark of Lupton seems to be true for many countries in Europe at that time.

<sup>124</sup> Cecile G. Helman, *Culture, Health and Illness*, Butterworth Heinemann, 3<sup>rd</sup> ed. (Oxford 1994), 88-89

<sup>125</sup> Payer, *Medicine and Culture*, 112

<sup>126</sup> *Ibidem*, 102-3

<sup>127</sup> Health Care budget of the USA is 11% of the GNP, in THE UK it's 6%.

<sup>128</sup> By this 'scientific medical establishment' those with authority and high positions within the establishment are addressed. The establishment here does not include general practitioners (physicians).

<sup>129</sup> See for instance the article 'Hostility breeds against Homeopathy in England', *Bio Medicine Website*, <http://www.bio-medicine.org/medicine-news/Hostility-breeds-against-Homeopathy-in-England-following-new-regulations-15389-1/>

survey of the attitudes of British physicians towards practitioners of complementary medicine.<sup>130</sup> The survey discovered that 42% of the physicians indicated referring patients to homeopaths. A different study published in *The Times* confirmed this number: it showed a referral percentage of 48%.<sup>131</sup>

### **2.3 Government Policy, Law and Regulations regarding Homeopathy (Variable C)**

In The UK, it is legal to operate as a homeopath without having obtained a medical degree. The practice of homeopathy is thus formally unregulated in The UK.<sup>132</sup> As a result, there are more unregistered homeopaths (lay homeopaths) than registered, professionally trained homeopaths. Homeopathy is however officially recognized by the government, as a result of an Act of Parliament (1950). The costs of homeopathic treatment are compensated by the National Health Service. The law permits physicians to prescribe homeopathic medicine. Self medication and prescription by lay homeopaths is tolerated and homeopathic practice is not bound by any rules. Basically any person in the UK can say he or she is a homeopath and can start practicing homeopathy as long as he or she does not harm the patient. Successive governments have ensured that as long as patients require CAM treatment, access to it will be guaranteed.<sup>133</sup>

Although CAM practitioners (including homeopaths) without a medical degree are tolerated by the law, only medical providers holding a university degree in medicine are formally recognized: to practice medicine as a physician, a person must hold a degree or qualification from the faculty of medicine of a university and complete one year of general clinical training. During the clinical training period, a physician candidate has a provisional registration. After satisfactory completion of the training, the candidate may obtain full registration.<sup>134</sup>

Under the terms of the Venereal Disease Act of 1917 and Section 4 of the Cancer Act of 1939, there are some limitations to the rights of non-orthodox practitioners. Non-orthodox practitioners may not perform certain medical practices, practice specific professions, or use certain titles. If acts result in malpractice, non-orthodox practitioners may be prosecuted under the penal law and the tort-based common law of negligence. And if a patient dies, the practitioner may be prosecuted for involuntary homicide. Registered physicians cannot be prosecuted this way.

With regards to medicines and products, The UK governments have no policy of their own. Instead, they base their policy on the European Directive for homeopathic products which as such regulates the making and marketing of homeopathic medicines in The UK. The licensing of other medicines is regulated by the Medicines Act of 1968.<sup>135</sup> In response to the increased use of CAM therapies by the public and the Government's concern over its effectiveness, the British Research Council on Complementary Medicines was formed in 1982. Among other things, it noticed the major role of CAM in reducing the costs of the healthcare system. In general, in order to become a member of a professional organization, non-orthodox practitioners must be covered by insurance and are required to adhere to the Code of Professional Ethics.<sup>136</sup>

Support sometimes comes from unexpected directions. The Royal Family has always been a keen proponent of homeopathy. In particular, Prince Charles' patronage of homeopathy is well documented and it is thought that this has encouraged many people to try the remedies.<sup>137</sup> His grandmother, the late Queen Mother, was patron of the British Homeopathic Association for many years. The current Queen Elizabeth II even has her own homeopathic court physician. The popularity of the Royal Family in The UK is unmatched and therefore homeopathy receives a structural boost

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<sup>130</sup> Ullman, *A Condensed History of Homeopathy*, 123

<sup>131</sup> *Ibidem*, 123

<sup>132</sup> Peter Fischer, 'Homeopathy and Mainstream Medicine: a dialogue of the deaf?' in: *Wiener Medizinische Wochenschrift*, (2005-155 21/22) pp. 476

<sup>133</sup> *Legal Status of Traditional Medicine and Complementary/Alternative Medicine - A Worldwide Review*, 124

<sup>134</sup> *Ibidem*, 125. Although registration, for which specific training is required, provides certain privileges to homeopaths as well, the right to practice medicine without formal recognition is established in British Common Law. As a result, given some restrictions and provided they do not breach the Medical Act of 1983, homeopaths can practice medicine regardless of their training.

<sup>135</sup> Applications for drug registration must be accompanied by details of relevant research and clinical trials. Requirements are less stringent if the medicines do not contain a new chemical substance or if they are herbal preparations. *Ibidem*, 127

<sup>136</sup> *Legal Status of Traditional Medicine and Complementary/Alternative Medicine - A Worldwide Review*, 124-5

<sup>137</sup> Kayne, *Homeopathic Pharmacy*, 23

from the fact that members of the British Royal Family are outspoken proponents. Many famous people such as David Beckham also publicly have admitted using or favoring homeopathy.<sup>138</sup>

Overall, it is safe to say that since 1980 there appears to be a strong growth of homeopathy in The UK.<sup>139</sup> The growing popular demand of homeopathy over the last 20 years originates from the growing number of instances of regular medicine failing to satisfy expectations, its causing of iatrogenic disease, and its side-effects.<sup>140</sup> Also, research is progressing in such a way that in the future it will be more difficult to dismiss homeopathy as baseless, as has been done by a majority of the scientific community.<sup>141</sup>

#### **2.4 Level of Organization and Institutional Integration of Homeopathy (Variable D)**

The descent of the aristocracy resulted in a minor decline of homeopathy in the first decades of the 20<sup>th</sup> century and caused some homeopathic doctors to despair for its future in Britain. As a result of these fears, a small minority of homeopathic doctors began to teach a number of laypersons the rudiments of homeopathy. As a result, a new, internationally quite unique tradition of *lay homeopathy* was established in Great Britain. The overwhelming historical trend between 1930 and 1990 has been for doctors to abandon homeopathy, and for the homeopathic movement to be gradually taken over and controlled by the lay movement which has always practiced alongside the professional homeopaths. It nevertheless enjoyed great popularity, extending well into the 1970s and 1980s. Today, the lay movement is a semi-legitimized profession with its own ways of registration, unified teaching syllabuses, training procedures and self-regulation.

There are thus two strands in the current movement: the medically qualified, and the lay practitioners. The growing professionalization of the lay homeopaths is a fact. It is therefore not surprising that the lay movement is on the brink of full legal recognition. However, the assumption that this would lead to much more cooperation between physicians and homeopaths today is a wrong one, although the dialogue between the two groups is becoming more apparent.<sup>142</sup> Organizationally, this divide has caused both movements to form their own societies.

The Lay Homeopaths established the Homeopathy Expert Advisory League (HEAL) organization in 1953, which is, until today, responsible for offering lay educational possibilities. Nevertheless, the Society of Homeopaths has been the most important organization registering lay homeopaths and initiating research and support for the lay movement in The UK. Founded in 1978, its aim is to forward homeopathy and to aid its professional development.

The main organization of the professional movement is the Faculty of Homeopathy. Established in 1939 with 219 students it advanced into a major organization with more than 1600 registered students in the year 2000.<sup>143</sup> Already in 1950 the Faculty of Homeopathy Act was passed. The Act empowers the Faculty of Homeopathy to train, examine, and award diplomas in homeopathy to physicians and other statutorily recognized health professionals.<sup>144</sup> The Faculty still is predominantly responsible for providing professional homeopathic education in The UK.<sup>145</sup> It is the only officially state-recognized education in Europe. Traditionally it was medically orientated, with

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<sup>138</sup> *Who uses homeopathy, how popular is it?* Article on website Allswell Homeopathy Website <http://www.allswellhomeo.com/services.html>

<sup>139</sup> Das, *History and Status of Homoeopathy Around the World*, 248

<sup>140</sup> Bernard Leary, 'The Influence of Patients in the Provision of Homoeopathy in Great Britain: Nineteenth and Twentieth Centuries', in: Marting Dinges (ed.) *Patients in the History of Homeopathy*, 350

<sup>141</sup> The Case for Homoeopathy in Faculty of Homoeopathy Resource Pack, <http://www.trusthomeopathy.org> (2000)

<sup>142</sup> Martin Dinges (ed.), *Weltgeschichte der Homöopathie*, 209. This view is confirmed by a survey conducted by The *New York Times* which discovered that in 2002 42% of the physicians referred patients to homeopathic physicians. Another study published in the *British Medical Journal* which noted that in a survey of 100 recently graduated British physicians, 80% expressed an interest in being trained in homeopathy, acupuncture or hypnosis. Dana Ullman, *Discovering Homeopathy: Medicine of the Twentieth Century*, North Atlantic Books (California 2003), 273

<sup>143</sup> Morrell, *A History of Homeopathy in Britain*, 211

<sup>144</sup> *Legal Status of Traditional Medicine and Complementary/Alternative Medicine - A Worldwide Review*, 127-8

<sup>145</sup> There also is an organization called HEAL (established 1953), which offers education to lay homeopaths, but throughout the 20<sup>th</sup> century its influence remained minimal, other than to add some educational possibilities, leaving the leadership role for the Faculty of Homeopathy.

only physicians and veterinary surgeons being eligible for membership. In recent years, other professions have secured equal status.<sup>146</sup>

Today, there are 44 classical homeopathy colleges all providing 3-4 year in-depth education in The UK.<sup>147</sup> There are 54 professional associations representing complementary/alternative practitioners and offering comprehensive full-time courses in homeopathy. Additionally, two universities have been offering education and degrees (Dip Hom's and BHom's) in homeopathy since 2000: the University of Westminster and University of Exeter. Four accredited Bachelor degree courses and one Master degree course in homeopathy are currently offered in these universities.<sup>148</sup> Training for doctors [medically qualified] takes place at the Royal London Homeopathic hospital (which also has close ties with the University of London) and is followed by study groups throughout the country where lectures and seminars are arranged to add to their training. This all leads to examination for the postgraduate diploma Member of the Faculty of Homeopathy [MFHom]. MFHoms can then apply for posts within The UK homeopathic hospitals or work in private practice, clinics, etc.

For those who wish to join the lay movement, there are two other options. One is still the self-taught path or through sharing knowledge with others and learning by doing, study and reflection. Secondly there are two other Registers with approximately 200 lay practitioners each. One is from the UKHMA [United Kingdom Homeopathic Medicine Association] based in Kent and with offices in The USA, Canada, India, etc. Then there is also the ICM [Institute of Complementary Medicine] Register of Homeopaths. The UKHMA has its own colleges, its own vigorous and expanding teaching programs, and its own registration procedures. The ICM just has a Register. Both are also keen to accept graduates of the lay colleges onto their registers.

With regards to homeopathy research, the Homeopathic Trust was the main organization which was actively engaged in research for many years. A registered charity, it supported the training in homeopathy of officially registered health professionals, and funded research and educational activities. It played a key role in advancing homeopathy and securing its general availability. In 2000 the Trust was merged with the British Homeopathic Association (BHA, established 1902) and no longer exists as a separate entity. The same fate awaited the Homeopathic Society (founded as Hahnemann Society in 1958). This society focused on multiple progressive tasks to further spread homeopathy, but all its activities have been absorbed by the BHA as well. Ironically, the BHA itself is today merged with the Faculty of Homeopathy. Also, the existence of the Blackie Foundation Trust should also be mentioned here which was established by Dr. Margery Blackie (1898-1991) to promote education and research into the science of homeopathy. In the 1980s and 1990s it was very active, but today it remains largely quiescent.<sup>149</sup>

The UK is the only country in the European Union with public-sector hospitals offering (exclusively) homeopathic treatments. Indeed, there are National Health Service Homeopathic hospitals in London, Liverpool, Bristol, Glasgow, and Tunbridge Wells.<sup>150</sup> There are around 383 beds available in British homeopathic hospitals and 51037 attendances at homeopathic medical outpatient clinics. The hospitals are staffed by doctors qualified in orthodox medicine, who undertake postgraduate training homeopathy.<sup>151</sup> The largest hospital is the Royal London Homeopathic Hospital (RLHH) is pursuing clinical integration and scientific collaboration. It is part of the National Health Service (i.e. a public hospital), and since 2002 has been part of University College London Hospitals (UCLH). UCLH is a large academic medical centre with a medical school and close links to a university and several major specialist medical institutes.

The National Health Society (NHS) spends approximately £6 million on referrals to and contracts with the four homeopathic hospitals that have been part of the NHS since it began in 1948.

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<sup>146</sup> Kayne, *Homeopathic Pharmacy*, 62

<sup>147</sup> Das, *History and Status of Homoeopathy Around the World*, 250-2

<sup>148</sup> European Council for Classical Homeopathy (6<sup>th</sup> ed. June 2007), 'The Recognition and Regulation of Homeopathy in Europe'

<sup>149</sup> 'Blue Plaque for Homeopathic Pioneer Dr. Margery Blacky', *English Heritage Website*, <http://www.english-heritage.org.uk/server/show/ConWebDoc.4573>

<sup>150</sup> *Legal Status of Traditional Medicine and Complementary/Alternative Medicine - A Worldwide Review*, 124

<sup>151</sup> Helman, *Culture, Health and Illness*, 90



The four NHS homeopathic hospitals currently treat 55,000 patients per year.<sup>152</sup> Nevertheless, the situation for homeopathy is not as positive as it seems.<sup>153</sup> Only 0.1% of the total Government budget for hospitals goes to homeopathic hospitals. Three of the four hospitals are awaiting an unsure future, as they are on the brink of closure.<sup>154</sup> The hospitals in Bristol and Liverpool still function, albeit significantly decreased in size to a point where they should rather be considered outpatient clinics.

### **2.5 Accessibility, Market and Cost-Effectiveness of Homeopathy (Variable E)**

Homeopathic and other natural remedies are sold by many independent pharmacies. Complementary/alternative medications, homeopathic products, and other natural remedies are widely available in health food stores, grocery shops and pharmacies.<sup>155</sup> Homeopathic remedies are considered to be medicines under UK law.<sup>156</sup> The gross turnover of homeopathic and herbal medicine by the pharmaceutical industry is an annual £29 million, coming from purchases made by approximately 500,000 people.<sup>157</sup> The total pharmaceutical market was 1.77 billion pounds (2002). The homeopathic market share thus is 1.67%, which is far smaller than in most other EU countries.<sup>158</sup> It is unknown why in less medicines are sold in Great Britain. The retail market for homeopathic remedies is nonetheless believed to have shown a slow growth of 6-7% per year throughout the 1990s, but regardless, the market potential for homeopathy in The UK is fairly small due to low demand.

The net ingredient cost of homeopathic medicines, on average, is substantially less than the cost of newer orthodox medicines for a similar course of treatment. An additional advantage is that all homeopathic medicines in The UK cost £2.20, which is under the prescription tax. Moreover, in The UK, most homeopathic remedies retail at about half the cost of an average OTC<sup>159</sup> sale for a similar course of treatment, making them an attractive bargain for customers.<sup>160</sup> Homeopathic remedies are prescribed less often than orthodox medicines. A study performed by Jeremy Swayne (1992) showed that homeopaths not only prescribed less often, but also did not ask the same amount of money for treatment compared to orthodox physicians.<sup>161</sup> The cost of a homeopathic consult in the UK is on average £60, and is less for subsequent (follow-up) consults.<sup>162</sup> Expenses for homeopathic treatment are refunded through both the National Health Service (NHS) and through private health insurance, although in daily practice the majority (90%!) of the people who purchase homeopathic treatment, do so outside the NHS.<sup>163</sup> Some private insurance programs reimburse the five most popular forms of complementary/alternative therapy, including homeopathy.<sup>164</sup> Limited public funding for homeopathic treatment is available through local Primary Care Trusts.

The debate about homeopathy is ever more alive than ever. The British magazine *The Lancet* is one of the most dominant and widely read journals and has published many studies, clinical tests,

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<sup>152</sup> 'NHS Referrals to Homeopathy' British Homeopathic Association Website,

[http://www.truhomeopathy.org/media\\_centre/facts\\_about\\_homeopathy/nhs\\_referrals.html](http://www.truhomeopathy.org/media_centre/facts_about_homeopathy/nhs_referrals.html)

<sup>153</sup> Carol Boyce, 'Homeopathy in the UK' Hpathy Website, <http://www.hpathy.com/papersnew/boyce-homeopathy-uk.asp>

<sup>154</sup> Ibidem. Also see Wikipedia article: [http://en.wikipedia.org/wiki/Regulation\\_and\\_prevalence\\_of\\_homeopathy](http://en.wikipedia.org/wiki/Regulation_and_prevalence_of_homeopathy) which suggests the closure of the the Turnbridge Wells hospital is nearby.

<sup>155</sup> *Legal Status of Traditional Medicine and Complementary/Alternative Medicine - A Worldwide Review*, 124, 127. Also see Schmitz (ed.), *Strömungen der Homöopathie*, 153

<sup>156</sup> Kayne, *Homeopathic Pharmacy*, 17

<sup>157</sup> Homeopathic and Anthroposophic Medicine in Europe – Facts and Figures, ECHAMP E.E.I.G., Brussel 2<sup>nd</sup> ed. 2007, 85, 90. This number is confirmed by a report by Mintel (2003), who estimated the annual market value around 29 million pounds. Cited in Kayne, *Homeopathic Pharmacy*, 26. Another source postulates a market share of £38 million: Medical News Today, <http://www.medicalnewstoday.com/articles/88959.php>

<sup>158</sup> *Homeopathic Pharmacy*, 26. It is estimated the market share on 1% (OTC Number) which thus reasonably confirms the 1.67% estimation.

<sup>159</sup> OTC is an abbreviation for 'Over the Counter', meaning that they can be purchased without prescription.

<sup>160</sup> Ibidem, 22

<sup>161</sup> Ibidem, 21

<sup>162</sup> 'Homeopathy', Cancer Research UK Website, <http://www.cancerhelp.org.uk/help/default.asp?page=251>

<sup>163</sup> 'Homeopathy', Patient UK Website, <http://www.patient.co.uk/showdoc/40025316/>

<sup>164</sup> *Legal Status of Traditional Medicine and Complementary/Alternative Medicine - A Worldwide Review*, 128. Also see *Homeopathic and Anthroposophic Medicine in Europe – Facts and Figures*, ECHAMP E.E.I.G., Brussel 2<sup>nd</sup> ed. 2007, 86

and trials on the effects of homeopathy. The conclusions of these trials were mostly negative. Since 2005, there has been a trend to attack homeopathy, which was initiated by *The Lancet* and followed by larger national newspapers such as *The Guardian* and *The Sun*.<sup>165</sup> There have been multiple BBC broadcasts about 'Homeopathy: the Test', in which the efficacy of homeopathy is related to the placebo-effect.<sup>166</sup> In a reaction to the negative press about homeopathy; a charity, including an internet campaign, was founded to defend homeopathy.<sup>167</sup>

## **2.6 Conclusive Remarks**

The introduction of homeopathy in The UKs in many ways was analogical to the introduction of homeopathy in The USA: early, smooth and without much resistance. Whereas Hering played a central role in The USA, in The UK it was Quin who was responsible for its spread and also for creating support, mostly from the aristocratic class. This nevertheless has had an adverse effect as well, for homeopathy, in the 19<sup>th</sup> century, as a result of this focus on the higher levels of society, never found much popularity amongst the ordinary people.

In the UK, there has always been a traditional folk sector in which natural therapies have found the room to develop and to penetrate different levels of society. The twentieth century culture of medicine has proved in many ways not to be detrimental to the development of homeopathy, albeit that the orthodox medical establishment is not very supportive of homeopathy. Nevertheless, it is interesting to see that this has not influenced half of the British physicians, who are generally accepting of homeopathy. Whereas doctors are positive, the press and the scientific establishment together have been attacking homeopathy via television and newspapers over the last years.

From the side of the government and the law, homeopathy was never threatened or suppressed in any way. This does not in any way mean the government is on the side of homeopathy but it does recognize and accept it as one of the legitimate CAM therapies.

It is quite unique, globally seen, that in The UK homeopathy is integrated in the National Health Service, universities, and in hospitals (outpatient clinics), although regarding the latter, some negative developments currently are the case. There are many other educational possibilities to study homeopathy. The registration and organization of homeopaths is done by two professional societies. There are some research foundations as well.

Nevertheless, despite the low costs of homeopathic medicines, the demand (and thus the market share) is small. Homeopathic consults are not tremendously expensive. Reimbursement is available (through the NHS), although most of the people pay directly for consults and medicines.

Apart from negative press influence, it is legitimate to conclude that it is very hard to explain why homeopathy is not more popular in the UK. It seems that from almost all sides, there is support for homeopathy and that the reason for the relatively low popularity is caused not by the supply side, but by the general demand for homeopathy. This makes the UK an interesting case, to which we will specifically return in the conclusion.

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<sup>165</sup> Carol Boyce, 'Homeopathy in the UK' Hpathy Website, <http://www.hpathy.com/papersnew/boyce-homeopathy-uk.asp>. Also see for instance: *The Guardian* results on homeopathy <http://browse.guardian.co.uk/search?search=homeopathy&publication=BMJ+Group>, *The Sun* results on homeopathy:

<http://www.thesun.co.uk/search/searchAction.do?view=internal&searchType=internal&searchmode=adsandresults&pageNum=1&resultsPerPage=10&similarlink=false&pubName=sol&query=homeopathy>. The Lancet's pressure on homeopathy is confirmed in this article:

'While Homeopathy Faces Enemies in the UK, it Booms in India', Medical News Today,

<http://www.medicalnewstoday.com/articles/88959.php>

<sup>166</sup> BBC Website, <http://www.bbc.co.uk/science/horizon/2002/homeopathy.shtml>

<sup>167</sup> 'Homeopathy, Medicine for the 21<sup>st</sup> century', HMC Website, <http://www.hmc21.org/>

# Chapter 3 | India

Present Degree of Popularity of Homeopathy: High

Question: Why is the popularity of Homeopathy in India, at present, high?

## **3.1. Early History of Homeopathy: Founders, Foundations and Diaspora (Variable A)**

The history of homeopathy in India is somewhat clouded and hidden.<sup>168</sup> According to the historian Eswara Das, it is however clear that homeopathy received spontaneous acceptance amongst the natives and many practitioners.<sup>169</sup> This did not always apply to the Indian rulers, for they did not accept innovations brought by the Europeans. On the other hand, homeopathy had some appeal to the rulers as well, since it was something modern, invented by the Germans (the enemy of Great Britain).

European doctors and missionaries were responsible for bringing homeopathy to India. One might perhaps expect the British colonists to have brought homeopathy to India, but the opposite is true. In the 19<sup>th</sup> century, to the English colonists, regular medicine was the dominant and only medical system they knew and accepted.<sup>170</sup> British doctors essentially ignored or ridiculed the indigenous practitioners.<sup>171</sup> It would ultimately be missionaries from Germany and Switzerland who set up homeopathic chemist shops and brought books written by Hahnemann. Already in 1834, the first patients in the south of India were treated. A few years later, military doctors spread homeopathy to the north. However, after the introduction, the role of the Europeans was soon finished. Bengal physicians further brought and introduced homeopathy to India and the Indian people themselves built homeopathy from the ground up.<sup>172</sup>

Two Indians helped establish homeopathy in India, dedicating their lives to the learnings of Hahnemann: Babu Rajendra Lal Dutt (1818-1890) and Mahandrae Lal Sircar (1833-1904). The latter initiated a homeopathic journal, the first to appear in India, in 1868, and with it homeopathy gained broad acceptance amongst Indian doctors.<sup>173</sup> Between 1847 and 1848 a cholera epidemic spread through India and was successfully treated with homeopathy, which greatly contributed to its acceptance. In 1862 a similar event occurred: this time malaria was treated successfully, which brought even more fame to the homeopathic system.

Calcutta was the main point from where homeopathy developed in India.<sup>174</sup> In 1875 the first homeopathic college was built here. Homeopathy did not receive criticism or rejection from the medical establishment in India as was the case in most European countries.<sup>175</sup> The contrasting, Western scientific medicine system was not completely adopted in India yet, and the indigenous

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<sup>168</sup> Dinges (ed.), *Weltgeschichte der Homöopathie*, 355. At the time this study was written, an important doctorate study could not be included in the research yet: Samuel Vijaya, *Geschichte der Homöopathie in Indien von ihrer Einführung bis zur ersten offiziellen Anerkennung 1937*, Inaugural Dissertation (Ludwig Maximilians Universität München)

<sup>169</sup> Das, *History and Status of Homeopathy Around the World*, 103. Many of the explanations Das points out are found in the paragraph 'culture of medicine'. Also see: Rudolf Höhn, *Indien und die Homöopathie*, Medical Dissertation University of Freiburg (1983), 31. For further discussion about this, see Culture of Medicine paragraph (4.2)

<sup>170</sup> Charles Leslie, *Pluralism and Integration in the Indian and Chinese Medical Systems*, Bossman Publishers (Washington 1994), 236. Unknown is why the British elite did not know about the developments of homeopathy in the motherland, but most probably these developments were not present and important enough to be spread among the British Aristocrats in the colonies.

<sup>171</sup> *Ibidem*, 237. Also consider Bala Poonam, who notes that the British were heavily influenced by the rationality and inventions of scientific medicine, Bala Poonam, *Medicine and medical policies in India: Social and Historical Perspectives*, Lexington Books (Plymouth 2007), 110. Friedrich confirmed the viewpoint of Leslie: "Zu keinem Zeitpunkt wurde die Homöopathie in Indien mit der britischen Kolonialmacht in Verbindung gebracht." Boris Friedrich, *Homöopathie und Ayurveda in Indien und Deutschland*, GRIN Verlag (Leipzig 2003), 88

<sup>172</sup> Bhardwaj (1980:214) cited in Anja Hümmer, *Homöopathie – eine indische Tradition?*, GRIN Verlag (Leipzig 2007), 37, 42. Also see Robert Frank, *Globalisierung und Kontextualisierung heterodoxer Medizin: Homöopathie und Ayurveda in Deutschland und Indien*, Bielefeld Verlag (Bielefeld 2002)

<sup>173</sup> Anja Hümmer, *Homöopathie – eine indische Tradition?*, GRIN Verlag (Leipzig 2007), 12. Sircar is noted as one of the 'wegbereiters der homöopathie in Indien'.

<sup>174</sup> Boris Friedrich, *Homöopathie und Ayurveda in Indien und Deutschland*, GRIN Verlag (Leipzig 2003), 89

<sup>175</sup> Ute Schumann, 'Vom "lärmenden Herzen" und anderen volksmedizinischen Ansichten in der indischen Homöopathie' in: *Homöopatisch Gespräch*, Vol. 12; 5 (May 2002) 68

medical traditions were in their essence and principles very similar to homeopathy. Around the beginning of the twentieth century, when homeopathy experienced a severe downfall in most other parts of the world, India proved to be an exception, gradually developing itself as one of the global leaders of homeopathy. It was clear however, that in order to gain official State recognition and make genuine institutional progress it was imperative for the Indians to strive for an independent government since the English colonists had not officially recognized homeopathy.<sup>176</sup>

### **3.2 Culture of Medicine (Variable B)**

According to the cultural philosopher Friedrich, the Indian medical culture has much in common with the classical Hahnemannian homeopathy. The concept of *vital force*, for instance, finds much acknowledgement and recognition in India, moreso than in Europe, where – in the eyes of the scientific establishment – such concepts are mere beliefs of pseudo-scientists.<sup>177</sup> In contrast to that, in India the concept of and belief in the vital force, in the effects of immaterial powers, in energetic healing, is rooted in the minds and culture of the Indian people; this has irrefutably benefited the acceptance of homeopathy.<sup>178</sup> The medical anthropologist Cecile Helman confirms this view: ‘The cultural and philosophical fundamentals of the Indian society have been and still are imperative for the acceptance of homeopathy.’<sup>179</sup>

Generally speaking, the Indian views of health, disease, life, death, spirituality, and medicine differ enormously from the Western perceptions. Indian people have throughout history been more spiritually orientated, more inclined towards energetic health methods and practices. Chinese therapies, the popular indigenous ayurveda therapy and homeopathy fit in this picture because their method of healing is energetically and based on balancing one’s life instead of focusing on specific symptoms and using more aggressive forms of disease-treatment. For centuries, ayurveda, siddha, and unani systems of medicine have coexisted with yoga, naturopathy, and homeopathy.<sup>180</sup> The German physician Martin Schmitz already correlated the popularity of homeopathy in India with its philosophical similarities with Hinduism.<sup>181</sup> It is known that Bengali physicians in the 19<sup>th</sup> century made serious efforts to harmonize the fundamental principles of homeopathy with those of Hinduism.<sup>182</sup>

Especially among the poorer majority of the Indians, the traditional and energetic healing methods have found much more common ground than the modern, Western healing methods. Western medicine has been integrated in India, but its views are not unanimously adopted by the traditional Indian community. On the contrary, as Helman continues, ‘(...) In countries like India, strong indigenous systems of healing enjoy almost the same legitimacy and popularity as Western medicine.’<sup>183</sup> Western medicine is based on rationality and measurability, while homeopathy is a therapy in which the only proof that matters comes directly from the experience of patients. Indians tend to hang on to scientific views to a lesser extent. They specifically look for healing methods that rebalance their life-force and make the body more balanced such as the ayurveda therapy and homeopathy set out to do. The German medical historian Borghardt notes that not only can we find many similarities between the principles and philosophy of ayurveda and homeopathy, but ayurveda must also be seen as a “wesentliche Vorbedingung für die Integration der Homöopathie in Indien”.<sup>184</sup> Ute Schumann, a German medical historian, adds to these views that homeopathy in India gained and maintains its position in the medical arena due to its intercultural dimension. Invented and grounded in Europe, but with principles and views comprehended and embraced by the Indian

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<sup>176</sup> Dinges (ed.), *Weltgeschichte der Homöopathie*, 361

<sup>177</sup> Boris Friedrich, *Homöopathie und Ayurveda in Indien und Deutschland*, (Leipzig 2003), 89

<sup>178</sup> T. Borghardt, *Homöopathie in Indien. Feldstudie zur Theorie, Praxis und Verbreitung homöopathischer Gesundheitsversorgung in Indien*, (Dissertation University Freiburg, 1990), 23

<sup>179</sup> Helman, *Culture, Health and Illness*, pp.23-24

<sup>180</sup> *Legal Status of Traditional Medicine and Complementary/Alternative Medicine - A Worldwide Review*, 131

<sup>181</sup> Schmitz (ed.), *Strömungen der Homöopathie*, 173

<sup>182</sup> Bhardwaj (1980: 214) cited in: Anja Hümmer, *Homöopathie – eine indische Tradition?*, GRIN Verlag (Leipzig 2007), 33

<sup>183</sup> *Ibidem*, p.74

<sup>184</sup> Borghardt cited in Anja Hümmer, *Homöopathie – eine indische Tradition?*, GRIN Verlag (Leipzig 2007), 32

people and fitting the indigenous medicines such as ayurveda.<sup>185</sup> Poonam, an Indian historian, concludes that homeopathy therefore fitted 'into the upcoming scientific rationality within a rich cultural heritage framework'.<sup>186</sup>

In India western orthodox medicine has of course fewer roots than in the West. It did gain ground in the 20<sup>th</sup> century but never reached a dominant position such as in the West. Especially outside the cities, where more traditional therapies and homeopathy always have been more popular, Western medicine could never firmly establish itself.

### **3.3 Government Policy, Law, and Regulations regarding Homeopathy (Variable C)**

Homeopathy received equal rights (compared to physicians) and was integrated into the state hospitals in 1937. This was the recognition Indian homeopaths had not dared dream about knowing that they were still under colonial rule. In 1941, as a result of the influx of quackery into homeopathy, a number of trained homeopaths made efforts for the official recognition of homeopathic training and practice. They succeeded with the establishment of the General Council and State Faculty of Homeopathic Medicine in June 1941. In 1948, a government inquiry into the status of homeopathy led to a count of homeopaths, which was established at 3000.

A Homoeopathic Advisory Committee was appointed in 1952 by the government of India and the recommendations of these committees led to the passing of a series of recommendations and acts for the recognition of homeopathy. The first step in granting this recognition was the creation of the Central Council of Indian Medicine Act of 1970. Homeopathy was anchored in the State Health system of India in 1973 as a result of the Homeopathic Council Act.<sup>187</sup> Following this act, recognition of homeopathy was from then on officially the same as other medical systems such as biomedicine, ayurveda, etc. Governmental support and subsidy for homeopathy in order to integrate and progress the therapy and research to its effect subsequently followed. India is unique in this context, for it is the only nation in which homeopathy is not only recognized but also promoted and officially employed by its government.<sup>188</sup> The Indian government created the Department of Indian Systems of Medicine & Homeopathy in March 1995.<sup>189</sup> There is a separate Director for Homeopathy in the Ministry of Health.<sup>190</sup> The primary areas of work for the Department are education, standardization of medicines, enhancement of availability of raw materials, research and development, information dissemination, communication, and the involvement of traditional medicine and homeopathy in national healthcare. More than 4000 people work in these fields.<sup>191</sup>

An article in the *World Health Forum* acknowledged that, 'In the Indian subcontinent the legal position of the practitioners of homeopathy has been elevated to a professional level similar to that of a medical practitioner'.<sup>192</sup> It is legal to operate as a homeopath without being qualified in India. India has by far the largest (legal) freedom of thought and practice regarding health. The professional organisation of regular physicians in India has opposed governmental recognition and support of indigenous medical institutions, but this policy has never been fully successful, nor was it fully supported by all members of its organisation.<sup>193</sup> The National Health Policy, as passed by the Indian parliament, assigns to the Indian Systems of Medicine and Homeopathy an important role in the delivery of primary healthcare and envisions its integration in the overall healthcare delivery system, especially in the preventive and promotional aspects of healthcare in the context of the national target of achieving 'Health for all by 2000'.<sup>194</sup>

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<sup>185</sup> Ute Schumann, 'Vom "lärmenden Herzen" und anderen volksmedizinischen Ansichten in der indischen Homöopathie' in: *Homöopathisch Gespräch*, Vol. 12; 5 (May 2002) 84

<sup>186</sup> Bala Poonam, *Medicine and medical policies in India: Social and Historical Perspectives*, Lexington Books (Plymouth 2007), 109

<sup>187</sup> Anja Hümmer, *Homöopathie – eine indische Tradition?*, GRIN Verlag (Leipzig 2007), 11

<sup>188</sup> G. Ruthven Mitchell, *Homeopathy – The first authoritative study of its place in medicine today*, W.H. Allen (London 1975), 86

<sup>189</sup> Das, *History and Status of Homeopathy Around the World*, 108

<sup>190</sup> Dr. Diwan Vijay Chand, NVP, in the LIGA Letter (October 2001) <http://www.lmhint.net/LigaLetter/October01/>

<sup>191</sup> *Legal Status of Traditional Medicine and Complementary/Alternative Medicine - A Worldwide Review*, 132

<sup>192</sup> Ullman, *Discovering Homeopathy*, 120

<sup>193</sup> Charles Leslie, *Pluralism and Integration in the Indian and Chinese Medical Systems*, Bossman Publishers (Washington 1994), 237

<sup>194</sup> 'Homeopathy: Development and Status', on EmaxHealth Website, <http://www.emaxhealth.com/60/632.html>

India is arguably unique in the extent to which it has recognized homeopathy as a legitimate system of medicine. The Indian government has bestowed homeopathy, despite its European origins, with the status of a national recognized medical system. India is also unusual in that it has seven national medical systems of which modern medicine is but one.<sup>195</sup>

### **3.4 Level of Organization and Institutional Integration of Homeopathy (Variable D)**

In the 1930s the first employers' organizations of homeopathy were established in India.<sup>196</sup> In 1936 Mahatma Gandhi had expressed his utmost gratitude towards homeopathy, further helping its cause and boosting the acceptance rate amongst the people.<sup>197</sup> Even Mother Teresa, who for many decades has served India's poorest citizens with medical care, has added homeopathic care to the services offered at her missions. Mother Teresa has always had a special interest in homeopathic medicine because of its effectiveness and low cost. At present, four charitable homeopathic dispensaries are run under the guidance of the Mother's Missionaries of Charity. One of these dispensaries primarily provides homeopathic medicines to poor and sick children in Calcutta, while the other three provide homeopathic medicines to anyone who needs them.<sup>198</sup> Of course, the support of these influential leaders gave a profound impulse to organizing homeopathy on a broader and more structural scale.

In 1967 the first International Homeopathic Conference was held in India, which underlined its rising status in the homeopathy world. Homeopathy achieved increasing respect throughout the 1970s and 1980s, mainly due to government recognition. In 1987 the government established homeopathic drug detox clinics in six different police stations in New Delhi. A recent conference in India which described impressive results in the homeopathic treatment of drug addiction received accolades from India's Minister of Health and Family Welfare, the Finance Minister, and the Chief Justice.<sup>12</sup> In addition to the support of homeopathic drug detox clinics, the Indian government also supported various research projects and homeopathic hospitals and clinics.<sup>199</sup>

The Indian government possessed over 11 000 homeopathic hospital beds in 1990 and three-quarters of all registered practitioners have now been trained by the state. Medical students, regardless of whether they intend to be homeopaths or modern doctors, do the same first three years of training. The result is that India's creaking public health system faces competition from not only a well resourced private sector in conventional medicine, but also a cheaper, widely available homeopathic service.<sup>200</sup> There are now a total of 2860 hospitals, with a total of 45 720 beds, providing traditional Indian systems of medicine and homeopathy in India: 307 hospitals are fully and exclusively homeopathic.<sup>201</sup> Today, more than 2500 homeopathic outpatient clinics exist, treating patients for free. There are between 1400 and 1500 homeopathic dispensaries in India.<sup>202</sup> Around 7% of all the ambulances are staffed by homeopathic personnel.<sup>203</sup>

Through the Central Council of Indian Medicine and the Central Council of Homeopathy, the Indian government is working to standardize the training of traditional medicine practitioners and homeopaths. In support of this, seven national institutes are under the control of the Department of Indian Systems of Medicine & Homeopathy. For instance, the National Institute of Homeopathy: established in 1975 and located in Calcutta, offers Bachelor's and MD degrees in homeopathy.<sup>204</sup> In

<sup>195</sup> Raekha Praesad, 'Homeopathy booming in India', in: *The Lancet*, Vol. 370 (17-11 2007), 1679

<sup>196</sup> Anja Hümmer, *Homöopathie – eine indische Tradition?*, GRIN Verlag (Leipzig 2007), 12

<sup>197</sup> "Homeopathy is the most modern and finest people's medicine in the world which heals non-violent. Our government should do everything to spread homeopathy (...)" Ghandi cited in Martin Schmitz (ed.), *Strömungen der Homöopathie*, KVC Verlag Essen, Essen 2002, 171 (translated by Joris Dekkers)

<sup>198</sup> Dana Ullman, 'The Present Status of Homeopathy Internationally', in: *Homeopathic Educational Services*, <http://www.homeopathic.com/articles/view,22>

<sup>199</sup> Ibidem

<sup>200</sup> Raekha Praesad, 'Homeopathy booming in India', in: *The Lancet*, Vol. 370 (17-11 2007), 1679

<sup>201</sup> *Legal Status of Traditional Medicine and Complementary/Alternative Medicine A Worldwide Review*, 132, Also see: An article in the *World Health Forum* acknowledged that, "In the Indian subcontinent the legal position of the practitioners of homeopathy has been elevated to a professional level similar to that of a medical practitioner.

<sup>202</sup> Helman, *Culture, Health and Illness*, 74

<sup>203</sup> Martin Dingess, 'Homöopathie in Indien: Ein Absteiger im indischen Gesundheitssystem?' in *ZKH* 2008; 52 (2) 60

<sup>204</sup> *Legal Status of Traditional Medicine and Complementary/Alternative Medicine - A Worldwide Review*, 133

the following decades, hundreds of Homeopathic colleges emerged. In 1978 the Central Council of Research was established in New Delhi. Following these important events, homeopathy grew enormously and rapidly in India, increasing the total number of homeopaths to over 85.000 (1984), an increase of more than 80.000 in 37 years.

The 1980s were important in terms of setting up rules for homeopathic education. In 1984 standardized rules were created for Homeopathic graduate education and in 1989 for Homeopathic post-graduate education. Uniform Education in Homeopathy at diploma and graduate level was enforced in the country in the year 1983. In 1978 a separate Central Council for Research in Homeopathy was established. At present there are nearly 186 homeopathic medical colleges in India. Approximately 35 are government colleges, most of which are affiliated with universities. The other institutes are managed by private bodies.<sup>205</sup> There are another 70 colleges offering specialized homeopathic courses.<sup>206</sup> In addition to these national institutes there are a number of facilities for medical education under the Department of Indian Systems of Medicine & Homeopathy, currently involving 118 undergraduate Homeopathy educations and trainings and 10 postgraduate homeopathy educations and trainings.<sup>207</sup> Currently, 24 State Boards for the registration of qualified practitioners of Homeopathy exist in India.<sup>208</sup> It is unknown how many employee organizations India has. This globally unparalleled level of integration and organization has brought homeopathy in India many worldwide renowned leaders such as Rajan Sankaran (1960-..), which further confirms the central and powerful position of India in the world of homeopathy.

### **3.5 Accessibility, Market and Cost-Effectiveness of Homeopathy (Variable E)**

India has had a relatively large domestic homeopathic industry for decades, which has given rise to several corporate homeopathic services. The Homeopathic Pharmacopoeia Laboratory, Ghaziabad (HPL) was set up in September 1975. There are 700 homeopathic pharmacies in India.<sup>209</sup> Estimated to be worth 26 billion rupees (€391 million) this year, the homeopathy market is growing at 25% a year.<sup>210</sup> “An elite group of upper-middle and rich classes in India consider homeopathy to be fashionable. This has led to corporatization”, said Ravi Duggal, an independent health consultant in Mumbai.<sup>211</sup> Additionally, a budget of €260 million of the AYUSH Department is available for homeopathy and much of it is spend on homeopathic research, education and health care.<sup>212</sup> According to an investigation by *Assocham*<sup>213</sup> among 5000 homeopathic patients the overall distribution of homeopathic medicines is very poor, especially compared to conventional medicine. Homeopathic medicines are not readily available in India.<sup>214</sup> Few people besides state employees have medical insurance, although this insurance does cover traditional medicine.<sup>215</sup>

Nevertheless, homeopathy in India is very cost-effective. A New Delhi study (among more than 1 million homeopathic patients) has shown that almost 50% chose homeopathic treatment due to its low cost.<sup>216</sup> Homeopathic doctors have a very low salary (mostly between 1000 and 2000 Rupies). Many treat patients for free in state polyclinics, which are visited mostly by the poor.<sup>217</sup> A

<sup>205</sup> Dr. Manish Bhatia, ‘Homeopathy in India’, <http://www.hpthy.com/Status/homeopathy-India.asp>

<sup>206</sup> Martin Dinges, ‘Homöopathie in Indien: Ein Absteiger im indischen Gesundheitssystem?’ in *ZKH* 2008; 52 (2) 60

<sup>207</sup> *Legal Status of Traditional Medicine and Complementary/Alternative Medicine A Worldwide Review*, 133 (The statistics are from the year 2002)

<sup>208</sup> Raj Kumar Manchanda and Mthe UKul Kulashreshtha, ‘Cost Effectiveness and Efficacy of Homeopathy in Primary Health Care Units of Government of Dehli, 60<sup>th</sup> International Homeopathic Congress LIGA Congress (Berlin ; May 2005) 2

<sup>209</sup> No title, <http://home.concepts.nl/~lexrtn/nieuws/nwsfeit/azie.htm>

<sup>210</sup> Wallstreet Journal – Livemint (Dec. 2007) by Assocham, <http://www.livemint.com/2007/12/09124324/Homeopathy-braces-to-be-Rs26bn.html>

<sup>211</sup> Raekha Praesad, ‘Homeopathy booming in India’, in: *The Lancet*, Vol. 370 (17-11 2007), 1680

<sup>212</sup> *Ibidem*, 1680

<sup>213</sup> Assocham: The Associated Chambers of Commerce and Industry of India. See <http://en.wikipedia.org/wiki/ASSOCHAM>

<sup>214</sup> Wallstreet Journal – Livemint (Dec. 2007) by Assocham, <http://www.livemint.com/2007/12/09124324/Homeopathy-braces-to-be-Rs26bn.html>

<sup>215</sup> *Legal Status of Traditional Medicine and Complementary/Alternative Medicine A Worldwide Review*, 134

<sup>216</sup> Raj Kumar Manchanda and Mthe UKul Kulashreshtha, ‘Cost Effectiveness and Efficacy of Homeopathy in Primary Health Care Units of Government of Dehli, 60<sup>th</sup> International Homeopathic Congress LIGA Congress (Berlin ; May 2005) 12.

<sup>217</sup> Dinges (ed.), *Weltgeschichte der Homöopathie*, 361

visit to a homeopathic doctor costs less than half the price charged by a medical doctor in India.<sup>218</sup> Compared to most European countries, Indian homeopaths ask far less, and many even offer homeopathic advice without charge. Homeopathy is practiced this way in many slum areas.

This study did not find any representative evidence to form an image of the press activity regarding homeopathy. It is however known that the Indians are the most active publishers of homeopathic articles and books worldwide. Most homeopathy websites on the worldwide web come from India as well. There exist also many homeopathy magazines and journals. Apart from providing evidence for homeopathy and writing on the status of homeopathy in India, most of the authors also keep an eye on worldwide developments. This suggests the Indians are aware of their central, leading role in an ever more globalizing world of homeopathy.

### **3.6 Conclusive Remarks**

India lacked an influential 19<sup>th</sup> century individual who could lead the homeopaths and push homeopathy through to all levels of society. But the question is whether this was even necessary, as homeopathy received much approval and support spontaneously. The principles and philosophy of homeopathy have found fundamental parallels with the Indian culture of medicine and existing indigenous therapies, such as Ayurveda. Within time, the Indian government could no longer ignore the enormous popularity homeopathy enjoyed among the people. Since the 1960s the government has always been a strong supporter of homeopathy. For almost 50 years now, homeopathy is fully recognized, financed, politically embraced, and to a large extent equated with the other medical systems, which makes the position of homeopathy in India unique in the medical world. This support is reflected in the great integration of homeopathy in state institutions (healthcare, hospitals, education, etc.). Add to this the low consult and medicine cost of homeopathy, the large market potential and the worldwide influence (through the internet and its renowned leaders). There can only be one conclusion based on what can be extracted from the variables, and that is that the high popularity of homeopathy in India can in no way be doubted and speaks for itself.

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<sup>218</sup> Praesad, 'Homeopathy booming in India', 1679



## Chapter 4 | Netherlands

Present Degree of Popularity of Homeopathy: *High*

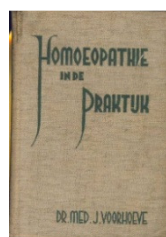
Question: *Why is the popularity of Homeopathy in the Netherlands, at present, high?*

### **4.1. Early History of Homeopathy: Founders, Foundations and Diaspora (Variable A)**

In the Netherlands homeopathy spread its wings slowly. Homeopathy attracted few converts in the beginning and did not generate much attention or support. This contradicts the development of homeopathy in for instance the USA.<sup>219</sup> Unlike the UK (Quinn) and the USA (Hering, Kent) though, the Netherlands did not have an influential person paving the way for homeopathy. For instance, the famous homeopath Boenninghausen was born in the Netherlands, but he soon moved to Germany and so did others.

The first known homeopaths in the Netherlands were the Germans Schonfeld and Schmid in 1834. Schonfeld tried to be the leader of homeopathy in the Netherlands but failed. The causes of low acceptance and awareness of homeopathy in the 19<sup>th</sup> century in the Netherlands cannot be found in the law: the Medical Act of 1818 formed no barrier, as it did not forbid the practice of homeopathy. Besides the lack of leadership, the intellectual climate at the universities – which was less favorable to homeopathy – does seem to be an additional valid explanation for the bad reception. Another reason is that, although homeopathy was more known and accepted in the upper classes, they contributed little research and did not finance many projects. One had to be particularly wealthy to become a homeopath in the first place, as there was hardly any money to make in that profession.<sup>220</sup>

After the 1850s, homeopathy became slightly more noticed, but developments remained behind to those in other countries. Periodicals around that time revealed statistics that show a small increase in patients and homeopaths.<sup>221</sup> In 1865, the Medical Act was revised and now also supported the free distribution of medicines. This would prove very beneficial for, but also dangerous, for homeopathy. Ultimately, one man did succeed to promote homeopathy in various ways: J. Voorhoeve. Voorhoeve wrote the widely read Dutch book '*Homeopathie in de Praktijk*,' and also helped to establish the 'Vereniging tot bevordering van de Homeopathie' in 1886. Later on, Voorhoeve co-founded the first homeopathic medicine factory as well.



Voorhoeve's *Homeopathie in de Praktijk*

The debate about homeopathy intensified in the 1890s, mainly as a result of critical pamphlets from scientists and allopaths<sup>222</sup>. This criticism triggered a profound reaction in the homeopathic community. In 1890 the *Homoeopathisch Maandblad* was launched. Near the end of 1898, the Dutch Association of Homeopathic Doctors was founded. Nevertheless, in 1898 there were still no more

<sup>219</sup> Marijke Gijswijt-Hofstra, 'Compromise, not conflict: the introduction of homoeopathy into the Netherlands in the nineteenth century' in: *Tractrix*, 5-1993, 122

<sup>220</sup> *Ibidem*, 123-4

<sup>221</sup> *Ibidem*, 127

<sup>222</sup> Marijke Gijswijt-Hofstra, 'The Haverhoeks and their Patients: the Popularity of Unqualified Homoeopaths in the Netherlands in the Early Twentieth Century', in: Dinges, Martin (ed.) *Patients in the History of Homeopathy*, EAHMHP (Sheffield 2002) pp.217-236, Also note for instance the 'Maandblad tegen de Kwakzalverij' (Journal against Quackery) which stated that homeopathy was nonsense.

than around 10 homeopathic doctors. Considering the patient demand, more homeopaths were needed, but to become a homeopath was very difficult given its low familiarity, recognition, and poor financial rewards. As far as we can draw conclusions from the 19<sup>th</sup> century, it is probably safe to state that opposition to homeopathy in the Netherlands was weak (which proves that homeopathy was not an issue for the medical establishment at that time), poorly organized and not very popular.

#### **4.2 Culture of Medicine (Variable B)**

The medicine culture of the Netherlands can be positioned between the American and English culture. The Dutch medical culture is materialistic and mechanical, just as in most of the other Western societies, but it is less 'aggressive' than the American. However, compared to English physicians, Dutch doctors prescribe more medicines.<sup>223</sup> Just as in The UK, in the Netherlands, alternative and natural therapies have deeper roots than in The USA.

In The Netherlands, the doctor has always been regarded as almost 'sacred'. Throughout the twentieth century, certainly before the Second World War, the teacher, priest and doctor represented the three core authorities in which Dutch families have placed their trust for decades.<sup>224</sup> This is why until the 1970s alternative therapies such as homeopathy could hardly penetrate this orthodox medical establishment. Only when in the 1970s and 1980s the criticism against the orthodox medicine arose, could alternative therapies such as acupuncture and homeopathy slowly enter the medical arena.<sup>225</sup> The self-use of natural medicines and herbal remedies has always been high in the Netherlands, even at times when the faith in doctors was at its highest. Especially the books and medicines from the Swiss phytotherapist A. Vogel (1902-1996) gained much popularity in the Netherlands after the Second World War.<sup>226</sup>

Nevertheless, the reputation of doctors and hospitals (in which homeopathy is not integrated) remains almost untouched. Doctors are still the first stop when injuries and traumas occur. When such treatment will not give enough success or satisfaction, only then would most of the people consider visiting a CAM therapist, such as a homeopath.<sup>227</sup> However, more and more visits to homeopaths are taking place. And along with high patient satisfaction, a survey showed that patients remain loyal to their homeopath and no longer visit their doctor, although for serious injury the doctor is still the first place to go.<sup>228</sup>

The news of medical failures and particularly the attention and criticism regarding the side-effects of antibiotics, anti-conception, and inoculation that started in the 1980s, continue to appear in the media. This has had repercussions for the hegemonic position of the orthodox medicine and at the same time increased the appeal of homeopathy, making it the most popular CAM therapy today.<sup>229</sup> Nevertheless, most people who do visit a homeopath do so silently. It is still not common practice or fully socially accepted to admit that one favors homeopathy. Although homeopathy is known as a medical option, most people have no knowledge of its principles or practice.<sup>230</sup>

In The Netherlands the debate between the scientific medical community and the homeopaths remains very much alive. Especially between 1970 and 1990 the relationship between homeopaths and physicians was tense.<sup>231</sup> Nowadays, a gradual shift is taking place: more and more physicians are beginning to prescribe homeopathic medicines and refer patients to homeopaths. According to a 1992 survey, almost half of Dutch general practitioners have provided (or referred

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<sup>223</sup> Vroon, *Wolfsklem*, 23

<sup>224</sup> Cor Aakster, *Alternatieve Geneeswijzen*, 7

<sup>225</sup> *Ibidem*, 8

<sup>226</sup> H.P.J.A. Maas, 'Wat is de positie van de Homöopathie in de hedendaagse geneeskunde?', in: *Homöopatisch Maandblad* (19 jan. 1970), 5

<sup>227</sup> Only 14% of patients seek complementary/alternative care without having first consulted a physician. In the Netherlands, orthodox medicine is traditionally the first place for treatment. Everyone has his own physician and he is the first to consult when in need of treatment. Subsequently the opinion of physicians with regard to homeopathy matters and influences its potential popularity. See Paul van Dijk, *Geneeswijzen in Nederland*, 8<sup>th</sup> ed. Uitgeverij Ankh-Hermes (Deventer 1993), 11-12

<sup>228</sup> Jan Hoes, *Homeopathie- totaalvisie op ziekte en gezondheid*, Uitgeverij Ankh-Hermens (Deventer 2002), 12

<sup>229</sup> *Legal Status of Traditional Medicine and Complementary/Alternative Medicine - A Worldwide Review*, 109

<sup>230</sup> Paul van Dijk, *Geneeswijzen in Nederland*, 8<sup>th</sup> ed. Uitgeverij Ankh-Hermes (Deventer 1993)

<sup>231</sup> Dinges (ed.), *Weltgeschichte der Homöopathie*, 175

patients to) CAM treatment at least once, 40% have specifically prescribed homeopathy to patients or referred patients to homeopaths.<sup>232</sup>

#### **4.3 Government Policy, Law and Regulations regarding Homeopathy (Variable C)**

Since 1993, when the Medical Practice Act of 1865 was replaced by the Individual Health Care Professionals Act, CAM therapists were allowed to practice in the Netherlands. A new act was passed on 1 December 1997, bringing the legal status of CAM therapists in line with that of paramedics: they may practice medicine provided they do not perform specific medical acts reserved for physicians, except under the orders of a physician.<sup>233</sup> In terms of legal recognition, The Netherlands seems to have been late.

It is legal to operate as a homeopath without being qualified in The Netherlands: since 1993 one is no longer obliged to have obtained a medical degree before practicing homeopathy.<sup>234</sup> There is, on the other hand, no independent law that recognizes homeopathy. In June 2003 the Nederlandse Vereniging van Klassiek Homeopaten (NVKH) submitted an application to the Government for Dutch homeopaths to be statutorily recognized. This application was rejected by the Minister of Justice, Piet Hein-Donner. Donner commented that although there are no arguments to reject the similia theory, there are enough arguments to reject the theory and effect of infinitesimal dilutions.<sup>235</sup> The law permits allopathic doctors prescribing homeopathic medicine. Although there is no law that recognizes homeopathy, there is also no law that prohibits the practice of homeopathy. The law permits lay homeopaths to prescribe homeopathic medicine and tolerates self-medication as long as medicines meet the required health and research standards, setup by pharmaceutical companies and research institutes. Homeopathic practice is not bound by any rules. Basically any person in the Netherlands can say he is a homeopath and begin practicing as long as he does not harm his patient. Malpractice can, nevertheless, result in a lawsuit. There are legal registers in which qualified medical practitioners of homeopathy are entitled to be registered once they satisfy specific legal requirements. This registration gives them the right to practice under a protected title, with the aim of insuring they are qualified in a specific field of healthcare.<sup>236</sup>

The Dutch Ministry of Health, Welfare and Sport and its councils are certainly not a proponent of homeopathy. The main argument of the Dutch Health Council (*Gezondheidsraad*) against homeopathy is that its therapeutic merits are based on the placebo effect. In 1993 however, the *Gezondheidsraad* admitted that placebo also played a big role in the merits of regular medicine. This conclusion, according to rapport of the *Gezondheidsraad*, paved the way for a growing interface between regular medicine and alternative therapies.<sup>237</sup> Nevertheless, homeopathy is linked more to the effects of placebo than regular medicine.

A coherent research policy on homeopathy is lacking in the Netherlands. In the 1990s, the question of which methodology to use for research was more prominent than actual research.<sup>238</sup> Homeopaths are against clinical – such as double blind – trials because homeopathy cannot be falsified in such way.

For the manufacture of homeopathic medicines, the Dutch pharmacies use the German *Farmacopee* HAB.<sup>239</sup> The Dutch government requires pharmacies to follow the norms and standards set by the European Good Manufacturing Practice. Furthermore, a decision was made by the Ministry of Health in 1995 to add a law section committed to the registration and control of homeopathic medicine, called the 'Besluit Registratie Homeopatische Geneesmiddelen'.<sup>240</sup> It is conspicuous that the Dutch pharmacies and international pharmacies wanting to penetrate the

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<sup>232</sup> *Legal Status of Traditional Medicine and Complementary/Alternative Medicine - A Worldwide Review*, 108

<sup>233</sup> *Ibidem*, 108-109

<sup>234</sup> European Council for Classical Homeopathy (6<sup>th</sup> ed. June 2007), 'The Recognition and Regulation of Homeopathy in Europe'

<sup>235</sup> *De Volkskrant*, 'Homeopathie blijft vechten voor acceptatie' (14-11-2004)

<sup>236</sup> *Ibidem*, 109

<sup>237</sup> *Gezondheidsraad*, Rapport (1993), 105

<sup>238</sup> Kramers, *Klinische Toetsing van de Homeopathie*, 48. The Dutch words translated: Decision to register homeopathic medicine

<sup>239</sup> HAB is an abbreviation for Homeopatisch Arzneibuch

<sup>240</sup> Kramers, *Klinische Toetsing van de*, 20

Dutch market, are required to state on the supplied instruction leaflet that (...) 'this homeopathic medicine is not judged by scientific criteria by the *College ter Beoordeling van Geneesmiddelen*'.<sup>241</sup> This means that the Dutch government does allow the distribution, but does not control/judge the effects of homeopathic medicine. This is in contrast with regular medicines, as these are scientifically researched and require official approval before they are allowed on the market.<sup>242</sup> Basically, the argument of the Dutch government seems to be that in the case of homeopathic medicines, there is no danger in the use of homeopathic medicine, which is the main criterion for scientific research before approval. This further suggests an overall lack of belief in any effect of homeopathic medicine at all, although this cannot be proven.

#### **4.4 Level of Organization and Institutional Integration of Homeopathy (Variable D)**

From 1948 and onwards, the ongoing discussion about an academic chair for homeopathy has been given new attention. A Benelux periodical, in which the creation of such a chair was being investigated, sold 15.000 copies and contributed to a lively debate. Two years later, the popular book of Voorhoeve (*Homoeopathie in de Praktijk*) was republished, which had a positive influence on the spread and popularity of homeopathy in The Netherlands, especially among the public. In 1951 the first homeopathic course was offered to regular physicians. In 1960, at the *Vrije Universiteit of Amsterdam*, a chair was established to advance the research of pharmaceutical homeopathy; it was occupied by H.G. Bodde until 1993 when he was replaced by Martien Brands. This academic chair is supported and funded by the Koninklijke Vereniging Homeopathie Nederland (KVHN).<sup>243</sup> The medical faculty of the *Vrije Universiteit of Amsterdam* has been criticizing the chair for decades and debates about it still continue today.<sup>244</sup>

Introductory courses on complementary/alternative medicine are included in the curriculum of several Dutch universities. Physicians who wish to be trained in homeopathy can attend part-time post-graduate courses for one to four years. Physicians completing the three-year basic course in homeopathy earn the designation 'Homeopathic Physician'. These courses are offered by the SHO (Stichting Homeopatische Opleidingen, established 1982). Registration must be renewed every five years, based on proof of participation in compulsory continuing-education courses. A disciplinary committee monitors and penalizes homeopathic malpractice.<sup>245</sup> Interestingly, homeopathy was dominated by male practitioners before 1970, but after 1970 women played an ever more prominent role in its growth.<sup>246</sup>

Since the 1990s, the Dutch classical homeopath Jan Scholten, the Indian classical homeopath Rajan Sankaran and especially The Greek classical homeopath George Vithoulkas have had widespread influence and are revered by the Dutch homeopaths.<sup>247</sup> Currently, in The Netherlands, one may distinguish between two types of homeopathy – and subsequently two groups of homeopaths. The first group preaches the classical form of homeopathy, predominantly practiced by the 'lay homeopaths' (those who mostly have not obtained a university medical degree) and the second group consists of physicians who have obtained a post-academic degree in homeopathy,

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<sup>241</sup> Translated Dutch text: Council that is responsible for the approval of medicine

<sup>242</sup> Ibidem, p. 22

<sup>243</sup> Translated: Dutch Royal Society of Homeopathy. One may compare the British and Dutch situation here: both have a professional group of homeopaths. The word professional then (perhaps preconceived) points to the fact that homeopaths from this group have first completed a medical study at the university before studying homeopathy. The lay homeopaths, who are perhaps also professional, have not done this. The majority of those tend to practice more classical homeopathy than their physician counterparts.

<sup>244</sup> See for instance the article on the website of the Dutch society against quackery (Vereniging tegen Kwakzalverij): 'Privaatdocent homeopathie geeft het op' [http://www.kwakzalverij.nl/7/Privaatdocent\\_homeopathie\\_geeft\\_het\\_op](http://www.kwakzalverij.nl/7/Privaatdocent_homeopathie_geeft_het_op) by C.P. van der Smagt (28-05-2001). Martien Brands has provided us with an interesting analysis why universities did and still do not allow alternative therapies to be researched and taught. He based his view on the research provided by the Dutch Health Council (1993). The common opinion here is that alternative therapies and university institutions lack common ground. The absence of a common language and a common taxonomy were identified as two major obstacles to overcoming the existing prejudice. See Martien Brands, *Disease language and experience – a cognitive comparison of allopathy, homeopathy and Chinese medicine*, Academic doctorate (Amsterdam 1998), 1-1

<sup>245</sup> *Legal Status of Traditional Medicine and Complementary/Alternative Medicine - A Worldwide Review*, 109

<sup>246</sup> Marijke Gijswijt-Hofstra en Rineke van Daalen red., *Gezond en wel – Vrouwen en de zorg voor gezondheid in de twintigste eeuw*, Amsterdam University Press (Amsterdam 1998), p. 157. The fact that more women are involved in homeopathy can be attributed to time issues and the holistic approach which seems to appeal more to women than men.

<sup>247</sup> Schmitz (ed.), *Strömungen der Homöopathie*, 150

called 'professional homeopaths'. The majority of the Dutch homeopathic physicians only prescribes low potentiated homeopathic medicine alongside regular therapy and work more organically. This is actually not really classical homeopathy, but is more similar to fytotherapy and was named homeotherapy already by Voorhoeve.<sup>248</sup> In The Netherlands it is however marketed as homeopathy and categorized as such because it does adhere to the principle of 'like cures like'. The pharmacies are flooded with lowly diluted medicines. The followers of Hahnemann (classical homeopaths) only prescribe highly potentiated medicines. The classical type of homeopathy is what continuously feeds the debate in The Netherlands, as in many other countries because of the highly diluted medicines that are prescribed to patients.<sup>249</sup>

Because of these two 'currents' of homeopathy, there are also two employers' organizations in the Netherlands: The VHAN (Association of Homeopathic Doctors) and the NVKH (Association of Classical Homeopaths). They both had their share in the expansion of homeopathy in The Netherlands. These associations both published a magazine for their members (the 'SSC' for the VHAN and 'Homeopathie' for the NVKH). A third organization, the KVHN, aims to generally promote homeopathy in The Netherlands. The NVKH is responsible for registering the classical homeopaths in The Netherlands; the VHAN is responsible for registering homeopathic physicians. These organizations are also active in various areas such as research, providing educational possibilities, providing support for its members, promoting homeopathy, etc. The SHO is the main wing of the VHAN, it organizes courses, symposia, and training and education for physicians who want to specialize in homeopathy.<sup>250</sup> Accordingly, the NVKH has many classical homeopathy educational facilities throughout the country. The NVKH is a full member of the European Council for Classical Homeopathy. NVKH's educational requirements for membership are in line with the European Guidelines for Homeopathic Education, which have been published by ECCH.<sup>251</sup> These education programs, which consist of 5-6 years of part-time training, are not recognized or subsidized by the Dutch government. The schools and their graduates receive their recognition from the guilds. Nevertheless, there are around 10 schools for Classical Homeopathy in The Netherlands; most of them were established during the 1970s and 1980s.<sup>252</sup>

Homeopathy has never been integrated into hospitals or clinics in the Netherlands, at least not during the second part of the twentieth century. The last homeopathic hospital, built in 1913 in Oudenrijn, closed its doors during the Second World War. In Utrecht and Amsterdam homeopathic clinics were established and integrated inside regular medical hospitals but they were closed in the 1940s as well. Since then, no clinics or hospitals practice homeopathy.

#### **4.5 Accessibility, Market and Cost-Effectiveness of Homeopathy (Variable E)**

From the late 19<sup>th</sup> century on, there was no longer any restriction to the selling of medicines. In the pharmaceutical area, it was Voorhoeve who was the Dutch herald, although the German firm of Wilmar Schwabe also had a large share in the homeopathic medicine market of The Netherlands. Both of these names are now united in the modern homeopathic pharmacy VSM (Voorhoeve Schwabe Merk).

There are around 20 importers/businesses actively participating in the homeopathic market, trying to penetrate the market and gain a market share. The two biggest companies are VSM and *Biohorma*. They produce homeopathic medicines in The Netherlands and do research. The other 18 companies do not produce or research medicines but only help distribute them. When reviewing the wholesale businesses we can see that most of the pharmacies and drugstores also offer the medicines directly to the public. They are united in the Band of Wholesale Business, *BG Pharma*. The overall penetration of homeopathic medicines in the medical market is very high.<sup>253</sup>

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<sup>248</sup> Hauschka and Reckeweg also seem to have invented the term 'homeotherapy'

<sup>249</sup> van Dijk, *Geneeswijzen in Nederland*, 165

<sup>250</sup> Stichting Homeopatisch Artsen Nederland (Organization of Homeopathic Physicians Netherlands)

<sup>251</sup> European Council for Classical Homeopathy (6<sup>th</sup> ed. June 2007), 'The Recognition and Regulation of Homeopathy in Europe'

<sup>252</sup> See <http://www.homeopathienetwerk.nl/opleidingen-en-cursussen/>

<sup>253</sup> Kramers, *Klinische Toetsing van de Homeopathie*, 24

In The Netherlands, just as in The USA, homeopathic remedies – unlike conventional drugs – do not have to identify their active ingredients on the grounds that they have few or no active ingredients. Only homeopathic medicines that claim to treat self-limiting conditions may be sold over the counter; homeopathic medicines that claim to treat a serious disease can be purchased only with a prescription.<sup>254</sup>

A public survey by *Inter/view* asked patients whether they preferred homeopathic or regular medicine: 40% preferred using homeopathic medicines, 35% preferred using regular medicine.<sup>255</sup> The conclusion that there is a large potential market for homeopathic remedies is therefore justified. In total, 3690 homeopathic medicines had been registered by the end of 2006.<sup>256</sup> Annually, the Dutch pharmaceutical industry generates a turnover of €56 million homeopathic and phytotherapeutic medicines.<sup>257</sup> Around 3% of the whole medicine market belongs to homeopathy, but when viewing the self medication market, we see a 17% market share: drugstores are mostly responsible for this figure.<sup>258</sup> Since 1994 homeopathic medicines are no longer reimbursed.

In 1988, most of the large private insurance companies began covering homeopathy, acupuncture, and manipulative therapy as part of their standard or supplementary packages. In addition to the legally defined standard package, which is the same for all 45 health insurance providers, the health insurance providers also offer a supplementary package. Under the supplementary coverage, 26 of the 45 health insurance providers reimburse certain kinds of complementary/alternative medicine if provided by a physician or a physiotherapist, usually homeopathy.<sup>259</sup> In the 1990s homeopathic therapies were still covered in the basic insurance and homeopathic medicines were covered when prescribed by a doctor. Between 1993-4, homeopathic medicines were removed from the AWBZ by the Dutch Government and thus no longer reimbursed. Also, stricter guidelines for homeopathic medicines were implemented in that same year.<sup>260</sup> Reimbursement for homeopathic consults is now only available for those patients having additional insurance coverage.<sup>261</sup> Expenses for homeopathic treatments are refunded through private insurance companies in The Netherlands. No national healthcare service exists since 2007, when the whole healthcare system was restructured and mandatory basic insurance at a fixed rate was set for all citizens, with optional extended coverage.<sup>262</sup> In order for expenses for homeopathic treatment to be refunded, the homeopath must either hold a medical degree or be a member of the VHAN or NVKH. Expenses for both consultations and medicines may be covered inside additional insurance packages. The amount covered and the fee paid for the insurance varies from one insurance company to the next. Up to €1500 may be claimed for homeopathy consultations per year.<sup>263</sup> The average cost of a consult in The Netherlands is estimated between €60 and €75 and follow-up costs are mostly €20 cheaper than that.

Media coverage in the Netherlands about homeopathy is small. On rare occasions when articles are published in national newspapers, they are mostly written by physicians or scientists critical of homeopathy. Some articles represent a lively debate between the orthodox medical community and the homeopathic community. The debate about the effects of homeopathy goes largely unnoticed by or does not affect the majority of the public.<sup>264</sup> Despite regular attacks on homeopathy or CAM-related bad news stories (such as the Millecam affair in 2004<sup>265</sup>), mostly

<sup>254</sup> 'Homeopathy' on *Crystallinks*, <http://www.crystallinks.com/homeopathy.html>

<sup>255</sup> <http://home.concepts.nl/~lexrtn/nieuws/aller.htm>

<sup>256</sup> *Homeopathic and Anthroposophic Medicine in Europe – Facts and Figures*, ECHAMP E.E.I.G., Brussel 2<sup>nd</sup> ed. 2007, 65 (Also see CBG-MEB website [www.cbg-meb.nl](http://www.cbg-meb.nl))

<sup>257</sup> *Ibidem*, 90

<sup>258</sup> C.W. Kramers, *Klinische Toetsing van de Homeopathie*, 23

<sup>259</sup> *Legal Status of Traditional Medicine and Complementary/Alternative Medicine - A Worldwide Review*, 110

<sup>260</sup> Kramers, *Klinische Toetsing van de Homeopathie*, chapters B and C from Part 1

<sup>261</sup> For example see: <http://www.homeopathie-emmen.nl/subpage/zorgverzekering.php>

<sup>262</sup> European Council for Classical Homeopathy (6<sup>th</sup> ed. June 2007), 'The Recognition and Regulation of Homeopathy in Europe'

<sup>263</sup> *Ibidem*

<sup>264</sup> Leeuwarder Courant, 'Groeidend bewijs, maar toch kan het niet werken'

(December 2008) [http://www.kvhn.nl/page.asp?type=news&news\\_id=393](http://www.kvhn.nl/page.asp?type=news&news_id=393)

<sup>265</sup> Frits van Dam, Vereniging van Kwakzalverij, 'Wij wassen onze handen in onschuld: homeopathie en kwaadaardige kwakzalverij', [http://www.kwakzalverij.nl/350/Wij\\_wassen\\_onze\\_handen\\_in\\_onschuld\\_homeopathie\\_en\\_kwaadaardige\\_kwakzalverij](http://www.kwakzalverij.nl/350/Wij_wassen_onze_handen_in_onschuld_homeopathie_en_kwaadaardige_kwakzalverij)

initiated by the Dutch Society Against Quackery (*Vereniging Tegen Kwakzalverij*), homeopathy continues to grow and remains popular in The Netherlands.

#### **4.6 Conclusive Remarks**

The Dutch were not particularly fond of homeopathy in the 19<sup>th</sup> century. Perhaps as a result of a lack of leadership – homeopathy could not stir up the debate or generate controversy which would have at least made it more known. Without financial support and acceptance of the medical and scientific establishment, homeopathy could only play a tiny role in the background.

In the twentieth century the Dutch became more interested in natural remedies and with the spread of books and medicine by Voorhoeve and later A. Vogel (who erroneously has always been connected to homeopathy), homeopathy received its long-awaited impulse which had effect first among the people and from the 1970s and onwards among physicians.

The government however, has never accepted homeopathy, although most administrations have, at the same time not repressed homeopathy either. The law is not against homeopathy, but certainly not in favor of it either. The Dutch government does not subsidize homeopathic education. Homeopathic education is not integrated in the universities (except for one small course at the VU). Homeopathy has also never been integrated in the health circuit (hospitals, clinics, except for a short time in Utrecht in the 19<sup>th</sup> century), nor is it accepted by the Dutch Medical Council, but this does not prevent a rather large number of physicians to prescribe homeopathy or refer patients to homeopaths.

Homeopathy is organized remarkably well. The various societies of homeopaths have, over the last decades, continued to defend homeopathy, which probably has likely benefited the homeopaths.

The market share of homeopathy is comparatively large, despite the decline of medicine coverage since 1994. Overall, homeopathic consults are only covered by additional private insurance. Homeopathy is not integrated in the compulsory minimal insurance package. The press is often on the side of the orthodox medical establishment and homeopathy is under the attack by various institutions such as the Dutch Society against Quackery. Notwithstanding the low support for homeopathy by public institutions, the Dutch people are generally very homeopathy-minded.

Compared to Great Britain the Netherlands thus presents us with the exact opposite situation and an opportunity to pose yet another question.

# Conclusion

This conclusion is somewhat different from what is expected from historical research. First of all, the outcomes of the study (the levels of popularity) were already predetermined and thus known before the actual research had taken place. Nevertheless the 'real' outcome has yet to be determined. Although the popularity level (high/low) of homeopathy represents the outcome for each country, the outcome of this thesis is to actually establish which variable or combination of present and absent variables will determine how the outcomes (low popularity and high popularity of homeopathy) are actually caused. As said in the introduction, causation is what matters for comparative scientists. Second of all, this conclusion presents us with new information since existing knowledge is combined and connections are made so that new knowledge follows. This is why intervariable comparisons and a small overview of the countries will precede the overall overview table. This table, in which all the outcomes are presented, will give the reader an opportunity to comprehend the entire conclusion with regards to the countries and variables involved in this study. After that, the reader should be prepared for the formulas which are extracted from the outcomes: these formulas, two in total, will present us with the 'key to the secrets' of what causes homeopathy to be popular and unpopular. Later on the consequences of these formulas will be discussed. Finally, I will attend to some particular topics of discussion and finish with a closely connected discussion in a separate *Appendix*.

## ***Intervariable Comparisons***

The variables are now given the outcome 'present' or 'absent' for each country. The result 'present'/'absent' will be based on those elements set out in the introduction and subsequently filled in the according chapters.<sup>266</sup> Each variable will be judged for each country so the decision process behind the values is as clear as possible. After that, the overall situation will briefly be reviewed for each country and all positive and negative influential factors on the popularity of homeopathy will be combined to form a single picture. This overall picture will show all the definitive outcomes: the 0's and 1's.

## Variable A: The Early History of Homeopathy

### ***USA:***

- No significant dominant medical therapy present before the coming of homeopathy.
- Renowned leaders (Hering, Kent) who helped to establish foundations for homeopathy (hospitals, schools, organizations, etc.).
- Gradual acceptance by the people, press and clergy.
- World leading role at the end of the 19<sup>th</sup> century. Homeopathy was booming at that time in the USA.

### ***UK:***

- Renowned leaders (Quin and others).
- Quick acceptance by the Aristocracy, less acceptance/awareness by the ordinary people.
- Many foundations (hospitals, organizations etc.).
- No opposition by parliament or law.

### ***India:***

- Spontaneous acceptance by the indigenous people, no government support but no opposition either.
- Introduction by Europeans.
- Two Indian leaders further contributing to the spread of homeopathy.
- Not so many foundations yet, nevertheless Calcutta had become a center of homeopathy.

### ***The Netherlands:***

- Early introduction, but no continued expansion.
- Lack of a leader until the end of the 19<sup>th</sup> century.
- No real support (financial, government, institution, etc.), low overall awareness.
- Hardly any foundations.

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<sup>266</sup> See Table 'Variables' on p. 16



**Sub conclusion:** The histories of homeopathy in The UK, The USA and India have much in common. All have had some influential leaders, foundations, support and spread swiftly without much opposition from the medical establishment (if at all existent). In The Netherlands however, homeopathy clearly could not find its way and remained below the surface.

<b>Variable A</b>	<b>USA   1</b>	<b>UK   1</b>	<b>India   1</b>	<b>The Netherlands   0</b>
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Variable B: Culture of Medicine

*USA:*

- Conventional medicine has a dominant position in American society.
- Physicians and medical personnel are almost regarded as 'holy' by the American people.
- Aggressive (rapid action) medical culture, homeopathy does fit in this picture at all.
- The majority of physicians do not believe in the effects of homeopathy.

*UK:*

- Pluralist medical climate since the 16<sup>th</sup> century (with a traditional folk medical sector in which 20<sup>th</sup> century alternative therapies such as homeopathy could find a place)
- 20<sup>th</sup> century dominated by western scientific medicine
- The scientific and medical authorities are not fond of homeopathy. Nevertheless, 50% of the physicians refer patients to homeopaths

*India:*

- Pluralist medical tradition with many therapies that are fundamentally similar to homeopathy (i.e. ayurveda).
- Homeopathy fits with the Indian Hindu culture.
- Western orthodox medicine is not dominant (perhaps only in the cities)
- It is unknown how the scientific community thinks about homeopathy or how many patients are referred by physicians to homeopaths

*The Netherlands:*

- Dominant position of conventional medicine
- Physician is revered and has a central role in Dutch society (everyone has his own physician)
- Natural therapies have some roots and have always been fairly popular, especially in as a form of self-treatment
- Scientific and medical authorities are not fond of homeopathy, physicians are more diverse in their opinions.

**Sub conclusion:** The medical culture of India has always been very ideal for homeopathy. The USA has presented the least ideal climate. The UK and The Netherlands seem to be between these two extremes. The Netherlands is somewhat more physician-oriented than The UK, but apart from this difference the medical climates have always been very similar. Both climates were and are dominated by Western scientific medicine. This is also true for The USA, but certainly not for India.

<b>Variable B</b>	<b>USA   0</b>	<b>UK   0/1</b>	<b>India   1</b>	<b>The Netherlands   0</b>
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Variable C: Government Policy, Law and Regulations regarding Homeopathy

*USA:*

- Successive government policies since the beginning of the 20<sup>th</sup> century, under the influence of the AMA, were aimed at repressing homeopathy and to progress conventional medicine. Not before 1993 was a small budget made available to homeopathy and other CAM therapies.
- The Law in The USA differs per state and is therefore very indistinct, which does not benefit homeopathy.
- Medical authorities are not fond of homeopathy and define its medicinal effect on mere placebo.

*UK:*

- Homeopathy is not officially recognized by The UK governments and law, although it is not prohibited either.
- Homeopaths in The UK enjoy much freedom by law. They can however be prosecuted more easily than orthodox practitioners.
- Royal support has always helped popularize homeopathy.

*India:*

- The successive governments of India have, since the 1960s, officially recognized homeopathy as one of the seven accepted medical therapies.

- The law officially recognizes homeopathy and it has similar status to, for instance, conventional medicine and the traditionally popular indigenous ayurveda therapy.
- A special division for homeopathy with a lot of staff, a director and a significant budget was established in the department of health.

*The Netherlands:*

- Homeopathy has not been recognized by multiple Dutch governments. The Dutch Ministry of Health has always repressed homeopathy and based its opinion about the therapy on the views of the medical authorities (The Dutch Health Council – Gezondheidsraad)
- Homeopathy is not recognized by law, although homeopathy is not prohibited either. Homeopaths thus enjoy the same freedom as in The UK.
- Conventional medical organizations and authorities attribute the effects of homeopathy to placebo.

**Sub conclusion:** The governments of The USA and The Netherlands seem to have been the most repressive ones regarding homeopathy. The law is most ambiguous in The USA, although no country altogether prohibits homeopathy. Belief in homeopathy by government organizations seems to be very small in The USA and the Netherlands. In India, homeopathy is the most accepted by all levels of society and government.

<b>Variable C</b>	<b>USA   0</b>	<b>UK   1</b>	<b>India   1</b>	<b>The Netherlands   0</b>
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Variable D: Level of Institutional Integration and Organization of Homeopathy

*USA:*

- Homeopathy is not integrated in hospitals and not in any structural way in the universities or academies of the USA.
- Employers’ organizations and other organizations do exist but were established post-1970 (mostly in the 1980s and 1990s), which was perhaps too late to have a clear (secondary) influence on the popularity.
- There are 32 colleges for homeopathy (private), but education is mostly basic. This also means that only half of the states have their own college.

*UK:*

- Homeopathy has always been integrated in the state hospitals. Only in the last 10 years has the government seemed keen to suppress homeopathy. Homeopathy is offered as a university course and/or as full education by three universities.
- There have always been many homeopathy organizations, but most were merged into the Faculty of Homeopathy. There are also a number of charity organizations that support homeopathy financially.
- In total, there are 44 colleges offering homeopathy education and degrees.

*India:*

- Homeopathy is integrated in universities, hospitals, and various other medical organizations and facilities.
- There are various organizations, boards and foundations of homeopathy. Also, there are many government bodies for homeopathy.
- There are around 186 homeopathy colleges in India.

*The Netherlands:*

- Homeopathy is not integrated in hospitals or any medical facilities. Homeopathy is offered as an additional course and as a post-doctorate degree, but there is no genuine homeopathy education/degree offered at the universities.
- There are three large organizations and a number of smaller organizations which function very well.
- There are around 10 homeopathy colleges.

**Sub conclusion:** All countries have many homeopathy organizations and foundations, established primarily after the 1970s (in The UK already in the 19<sup>th</sup> century). The UK seems to be the leading country together with India with regards to integration of homeopathy in hospitals and universities. The USA and the Netherlands lack such forms of integration. The UK, The Netherlands, and India all have many education possibilities. The Netherlands seems to have the most coherent organizational structure together with India. The problem with The USA is that organizations are scattered and were not established until very late (1980s and 1990s). This makes The USA a difficult case. Everywhere, some form of integration is visible and all countries do provide education possibilities and many organizations.

<b>Variable D</b>	<b>USA   0</b>	<b>UK   1</b>	<b>India   1</b>	<b>The Netherlands   1</b>
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## Variable E: Accessibility, Market and Cost-Effectiveness of Homeopathy

### *USA:*

- The market of homeopathy products is relatively large (\$400 Million) and has steadily grown over the last 15 years. Before that the market was much smaller.
- The cost of homeopathy consults are high (around \$300 - €200 - per consult) and they are rarely covered by insurance.
- The spread of information goes largely through natural therapy businesses and journals. The media have only recently started giving attention to homeopathy.

### *UK:*

- The homeopathic pharmacy market is £29 million (€32 million), which is very small. Medicines do have a low standard price (£2.20).
- Reimbursement is available through the NHS, but the majority of the people does not have that coverage and therefore pay the full price for consults. Average consult cost: £60 (€70)
- The media are very negative about homeopathy.

### *India:*

- €391 million market for homeopathy. Medicine distribution is poor however; not everyone has access
- Indian homeopaths make very little money; they mostly treat patients for free which does make homeopathy very accessible to patients.
- The attitude of the media is unknown. It is however a fact that the Indians are the most active publishers, on the subject of homeopathy worldwide, both offline and online.

### *The Netherlands:*

- The Dutch pharmacy market for homeopathy products is estimated at an annual €56 million. Medicines have always been very accessible for the Dutch due to good distribution.
- Homeopathy consults cost around €60-75 (follow up consults cost €20 less than that). Insurance coverage is relatively good, but the many policy changes have complicated things a little for the Dutch.
- The press is slightly negative towards homeopathy, although the subject does not get much attention and thus hardly influences the people.

**Sub conclusion:** In relation to the total population of a country, The Netherlands has by far the largest homeopathy sector. The markets of the other three countries are substantially smaller by comparison. The USA has the worst reimbursement policy and the highest consult costs which has a very negative influence on the popularity of homeopathy. India seems to be the top country here as consult costs are very low or even nothing; the Dutch insurance providers generally have a very good reimbursement system for homeopathic services. The press is by far the most negative in The UK, whilst India is the number one publisher of (positive) homeopathy articles. India and The Netherlands therefore seem to be very open to homeopathy services and products overall, while The UK and The USA 'fail' on many occasions in this respect.

<b>Variable E</b>	<b>USA   0</b>	<b>UK   0</b>	<b>India   1</b>	<b>The Netherlands   1</b>
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### ***Drawing case-specific conclusion: USA, UK, India and the Netherlands***

The conclusive remarks of each chapter provided us with a summary of the developments of homeopathy in The USA, The UK, India, and The Netherlands. As we have reached the point where values have been assigned to the variables, it is now safe to suggest more advanced conclusions for each country.<sup>267</sup> Yet at the same time, such 'advanced' conclusions bring forth new questions which can only be answered after the comparative method has reached its final stage. Ultimately, the questions which can be derived from these case-specific conclusions prove the additional value of the comparative method.

#### *The USA*

The case of The USA seems unimpeachable. Overall, the 19<sup>th</sup> century developments were very advantageous for homeopathy, but in the 20<sup>th</sup> century everything fell apart. Looking at the whole story, the most decisive one out of the four variables (B-E) in the process of causing low popularity must be variable C. Throughout the twentieth century the government has irrefutably repressed homeopathy in The USA on an unprecedented scale. The question looking ahead to the outcome of the comparative method is, was it really Variable C that played the principal role in the causal process?

**The USA      A: 1                  B: 0                  C: 0                  D: 0                  E: 0**

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#### *The UK*

The UK delivers a staggering picture with regards to the popularity of homeopathy and its causes. It may very well have a decisive impact on the formula-outcomes presented later on this conclusion. The current popularity of homeopathy was determined to be low through the methods of this study. Nevertheless, four out of the four variables are present and only one variable is absent. This means that in The UK, almost all conditions for 'success' were present, yet something (variable E) in the process went wrong. Is variable E really the decisive factor in the causal process?

**The UK      A: 1                  B: 1                  C: 1                  D: 1                  E: 0**

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#### *India*

On a global scale, homeopathy is by far the most popular in India. And it is clear why. All variables in India are present. There can be no mistake about the fact that it was almost predetermined that in India homeopathy would become very popular. Still, even India leaves a question unanswered; it remains unknown which of the causal categories or combination of categories have proven the most decisive.

**India      A: 1                  B: 1                  C: 1                  D: 1                  E: 1**

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#### *The Netherlands*

The Netherlands is a very interesting case as well. Homeopathy is nowadays popular but looking at the variables it can be concluded that three out of five variables are not present. This presents us with a contradiction when this case is compared with The UK. How is it possible that in The UK homeopathy is less popular than in The Netherlands?

**The Netherlands    A: 0                  B: 0                  C: 0                  D: 1                  E: 1**

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<sup>267</sup> It is interesting to acknowledge that such conclusions are drawn by genuine historians but not by comparative historians. The difference is that these conclusions are individual (case-specific) and the comparative conclusions are general (non-specific). It is the reader's choice which conclusions he deems the most valuable and logical.

**Overview of the Variables and Outcomes (Table 1)**

The aim of this table is to recapitalize all the important elements and outcomes (events and assigned values). It provides us with a general overview of all that has been written so far. This will prepare us for the last stage of the comparative method.

	USA	UK	India	Nether-lands
<b>Variable A</b> A. Swift, early introduction B. A number of influential leaders and strong foundations C. Positive reception	A. Present B. Present C. Present and Absent	A. Present B. Present C. Present	A. Present B. Absent C. Present	A. Absent B. Absent C. Absent
<i>Outcome Variable A</i>	<b>Present (1)</b>	<b>Present (1)</b>	<b>Present (1)</b>	<b>Absent (0)</b>
<b>Variable B</b> A. Variety of medical historical traditions B. No or only slight dominance of the orthodox medicine in the 20 <sup>th</sup> century C. 20 <sup>th</sup> century open/tolerant climate and views of medical concepts	A. Absent B. Absent C. Absent	A. Present B. Absent C. Present / Absent	A. Present B. Present C. Present	A. Present B. Absent C. Absent
<i>Outcome Variable B</i>	<b>Absent (0)</b>	<b>Present (1)</b>	<b>Present (1)</b>	<b>Absent (0)</b>
<b>Variable C</b> A. Law and regulation: recognition of homeopathy or at least freedom of movement B. Ministry of Health/total government open/positive attitude and policy on homeopathy	A. Absent / Present B. Absent	A. Present / Present B. Present	A. Present / Present B. Present	A. Absent / Present B. Absent
<i>Outcome Variable C</i>	<b>Absent (0)</b>	<b>Present (1)</b>	<b>Present (1)</b>	<b>Absent (0)</b>
<b>Variable D</b> A. Existence of good and sufficient homeopathy organizations B. Existence and presence of recent leaders C. Integration of homeopathy in institutions D. Existence of educational possibilities	A. Present B. Absent C. Absent D. Present	A. Present B. Absent C. Present D. Present	A. Present B. Present C. Present D. Present	A. Present B. Present C. Absent D. Present
<i>Outcome Variable D</i>	<b>Absent (0)</b>	<b>Present (1)</b>	<b>Present (1)</b>	<b>Present (1)</b>
<b>Variable E</b> A. Market share and potential B. Accessibility (incl. sufficient reimbursement, low cost of consult etc.) C. Overall positive media coverage	A. Present B. Absent C. Unknown	A. Absent B. Absent C. Absent	A. Present B. Present C. Unknown	A. Present B. Present C. Absent
<i>Outcome Variable E</i>	<b>Absent (0)</b>	<b>Absent (0)</b>	<b>Present (1)</b>	<b>Present (1)</b>
<b>Preset Outcomes</b>	<b>0 (Low Popularity)</b>	<b>0 (Low Popularity)</b>	<b>1 (High Popularity)</b>	<b>1 (High Popularity)</b>

### ***The Final Stage of the Comparative Method: Presenting the Formulas***

The values have been assigned, and with it, new questions have arisen. It is time to answer these questions, and this can only be done by finalizing the comparative (Boolean) method. The final stage of the Boolean method consists of the creation of two formulas. These formulas are based on a certain combination of variables.

As explained earlier, this study selected two countries with a high popularity of homeopathy and two countries with a low popularity of homeopathy. Based on the investigation into the causes of high and low popularity (chapter 2 to 5) and the outcome of these findings (which can be seen in Table 1), we can make certain generalizations by the causation.<sup>268</sup>

The formulas are based on the present/absent balance of the variables of two similar countries. The similarity of those countries is based on their equal outcome. This means that India and The Netherlands form a combination and The UK and The USA form a combination. In the first formula, the causal process leading to low popularity of homeopathy is analyzed; the second formula analyzes the high popularity outcome. Within the formula, variables are either capitalized or not. Each capital letter represents the presence of a variable; a lower-case letter represents the absence of a variable. Those variables that match (which in both countries are present or absent) go into the outcome formula, the others are left out. The similarities in the causal processes of two countries form the outcome formulas. Thus, both comparisons will lead to a general formula which shows the causal process leading to either low or high popularity of homeopathy – theoretically – applicable to every country.

#### **Formula for *low* popularity of homeopathy**

Abcde

Ae=0 (Variable A is present + Variable E is absent = low popularity of homeopathy in country x)

ABCDE

##### *Textual explanation:*

If homeopathy is introduced and accepted quickly and on many levels in the society in the 19<sup>th</sup> century by a number of influential leaders who established a number of important foundations *BUT* when homeopathy at the same time lacks a positive media coverage, does not have a relatively large market share, is not cost-effective and when reimbursement is (mostly) not available in the 20<sup>th</sup> century, then the future outcome level of popularity of homeopathy in a country is always low. This means that variable B, C, and D play no role in the causal process.

#### **Formula for *high* popularity of homeopathy**

ABCDE

DE=0 (Variable D is present + Variable E is present = high popularity of homeopathy in country x)

abcDE

##### *Textual explanation:*

If homeopathy is organized well and integrated into the institutions in a society *AND* if homeopathy has a relatively large market share and overall low cost, good accessibility, and positive media coverage; then the level of popularity of homeopathy in a country is always high. This means that variable A, B, and C play no role in this causal process.

<sup>268</sup> Generalizing causation based on two countries, via a formula, and projecting this general picture on other countries is scientifically not completely correct. More countries should have been implemented in the research, and preferably other types of countries, perhaps based on geography and affluence (to this we will return later on in the conclusion). Nevertheless, the formula still might be a truthful 'predictor' for similar types of countries such as the four above.

### ***Final Concluding Remarks***

For some, the formulas might speak for themselves, but it is still helpful to analyze their meaning. Looking at the first formula, which predicts the outcome *low popularity of homeopathy in country x*, we can conclude that the early spread and positive reception of homeopathy in the 19<sup>th</sup> century are actually 'meaningless' when homeopathy in the 20<sup>th</sup> century lacks an economic and availability edge over orthodox medicine. If patients have a hard time finding a homeopath or learning something about homeopathy, or if they cannot pay homeopathic consults easily, either because of high consult costs or lack of reimbursement possibilities or when medicines are not available or too expensive and when the market for homeopathy is small for businesses and pharmacies to sell homeopathic medicine, *then* homeopathy will never become popular, no matter how strong it was in the 19<sup>th</sup> century. This is the only valid conclusion that can be extracted from this formula. Homeopathy may be organized very well, may be recognized by the government and law, and may be tolerated by the dominant medical culture but if Variable E is not present, homeopathy will never be popular in a country. At least, this is the conclusion based on the analysis of The USA and The UK. The UK proves a remarkable example for this formula.

The importance of Variable E, the presence of a positive economic climate and market potential, and good access to homeopathy, both in terms of homeopathy services and the costs, is confirmed by the second formula, predicting the outcome *high popularity of homeopathy in country x*. Within this formula, the presence of Variable E must be joined by the presence of Variable D to establish the outcome, which means that a well organized homeopathy society, with all the necessary educational possibilities, institutional integration, employee organizations, and good leadership is also imperative. Whereas The UK proves to be the remarkable example of the previous formula, here The Netherlands seems to be the defining case. Both countries are eye-catching for yet another reason as well. In both formulas, Variable E plays a decisive role.

### ***The interesting cases of the United Kingdom and the Netherlands***

Why is homeopathy popular and accepted amongst the Dutch, even though it is not recognized in any way by the Dutch Government and its medical institutions? Looking at the four countries involved in this study, this seems to be the case only in The Netherlands. Why is homeopathy not popular in The UK, even though homeopathy does enjoy government support and is organized well? Looking again at the four countries involved in this study, this seems to be the case only in The UK. In both cases, it is the presence/absence of Variable E that is *decisive*. The people in The Netherlands locate and visit homeopaths and find homeopathic medicines more easily, despite the negative attitude of the government, media, and many traditional institutions such as hospitals and universities. Based on the conclusions of this research, for the same reasons (but then the other way around) people in The UK do not buy homeopathic medicines or consult homeopaths regularly, despite government support and institutional integration. Accessibility of homeopathy involves a lot of factors. It involves finance, economy, and market, but it also involves the simple paths between the people and homeopaths and homeopathic medicines. These paths are mainly local and tend to become known by word-of-mouth. Such local and closely connected processes cannot be revealed in a birds-eye, nationwide study as this one. Therefore, and this was known even before the start of this research, the investigation to the causes of popularity of homeopathy remains unfinished. It requires further research, preferably focusing on different scales and levels.

### ***Homeopathy's own mistake?***

When the status questionis was outlined in the introduction, some proponents of the 'battle viewpoint' believed that homeopathy could never outgrow conventional medicine because of two reasons; One was that homeopathy could not cope with the attacks made by spokespersons of conventional medicine (in the press, on the internet, in books and journals, etc.). The other was that homeopathy, as a mild therapy, could not survive in a violent world.

The end result of this research points to a different explanation. If we take yet another look to the high popularity formula, it seems that homeopathy can only blame itself if it is not popular in a

country. In other words, the route to 'success' is not determined by the outside world, but by homeopathy itself. For within Variables D and E, most of the elements can be influenced by homeopathy. If homeopathy wants to grow more popular it must ask itself:

- \* Are we well-organized?
- \* Do we provide enough educational opportunities?
- \* Do we take sufficient initiatives to integrate our therapy in hospitals and universities?
- \* Are our consult costs low enough so that most people are able to afford them?
- \* Which actions are taken to bring homeopathy under the attention (in the media, through books, on the internet, in shops and stores, in magazines, etc.)?
- \* Which actions are taken to communicate reimbursement possibilities or promote policy changes by insurance providers?

Of course, a number of elements within these variables are not for homeopathy to decide. Homeopathy is still dependent on what pharmacies decide to do with medicines (supply, distribution, cost, accessibility, marketing, etc.). The same goes for reimbursement, which most of the time is simply an issue of money and is influenced by the government. And hospitals and universities largely construct their own policy. However, homeopathy is itself responsible for the majority of the possible outcomes in these variables and it therefore should stop 'blaming' the outside world. The future of homeopathy lies, for the most part, in its own hands.

### ***Suggestions for further research***

It has been repeated a few times in the introduction, but it is clear that the absence of a genuine research field for the history of homeopathy has played a tremendous role in the development of this thesis. Data is generally not available or very hard to come by. This is problematic as time is of the essence to researchers. The progress of this thesis was hampered by the lack of data and the same problem will be faced by future research on this topic.

Therefore, it seems imperative to me that more research into the history of homeopathy should be done. More data needs to become available and institutions withholding crucial data should be more open and flexible in sharing their resources. Simple statistics such as numbers of homeopaths, patients, medicine use, market, total sales, import and export of medicine, average costs of consults, etc. etc. will need to become available in order for this research area to develop.

We must all understand that this lack of data is the logical consequence when one does a study on homeopathy, for it is a medical therapy which has not always been visible on the surface throughout its existence. This is why, now that homeopathy is growing worldwide and becoming ever more present, it is time for researchers and homeopaths to connect and initiate a full scale study into its history and present status. Research should become less prejudiced and more scientifically minded. This is the only way to position oneself within the scientific community, and it is the only path that leads to the becoming an independent research field.

More research on the history and status of conventional medicine is welcome, in part to extend the knowledge of the history and status of homeopathy as well. For if one learns about the width and size of 'the big brother', and then one can also learn more about oneself. On another note, it would be pleasant if more research would be done in Eastern-European, Latin-American and African countries. Homeopathy is fairly popular in some countries in these regions and a clear insight in the situation there would add to the overall comprehension of what influences the popularity of homeopathy. This research lacked the inclusion of such a 'third' or 'second' world country. Finally, the most needed additional research on my personal wish list, thereby returning to the previous paragraph, will be the topic of the Appendix, which now follows.



# Appendix | The World of Societies and the World of One Man

## *Structuralism versus Intentionality*

This appendix serves three purposes. The first is additional: it gives additional information with regards to the discussion started in the conclusion about the extra research that must be done. The second is creative: it provides the reader with a possible solution to the structural weakness (missing link) of this thesis and its method. The third is explanatory: in this appendix a possible answer is provided to explain the questions that were put forward in the cases of The UK and The Netherlands.

In this study the causes (variables) which have led to popularity and unpopularity of homeopathy in various countries were investigated. These variables had a wide span of space and time. The history of societies and the role of homeopathy in this history were paramount. This macro-level, *structuralism approach* may have seemed the most natural choice.<sup>269</sup> And partially it is a legitimate choice. The histories of a society, the culture of the people who lived in it and its institutions have a widespread influence on the current status of homeopathy. The countries are parts of a global society; the causes are linked to broad societal, structural processes and foundations and even include the complete recent history and culture of medicine. Despite the fact that all these major forces definitely influence (structure) our daily actions, they mostly do so indirectly.

The three conditions on which we have based the level of popularity in this research (the number of homeopaths, the number of patients/visits, the number of people buying medicines) all essentially consist of personal choices. Becoming a homeopath is a fundamentally individual choice, and so is visiting a homeopath and buying homeopathic medicines. Ultimately these choices depend on personal motivation. This argument can be named as an exponent of the *intentionality view* as it is the patient motivation (intention) that structures the outcome.<sup>270</sup> Not entirely coincidentally, the problem can also be seen from the other perspective, and this is where we reach back to the institutions. An individual can have the *intention* to become a homeopath, visit a homeopath, or buy medicine, but the institutional framework and services may not to be available. For example, to buy medicines one needs a shop that sells these medicines, and the shop needs a pharmacy or company who makes and delivers these medicines, etc. This is where the strength (argument) of the structuralist vision is exposed.

Plainly, this structuralism-intentionality 'problem' can also be called the supply and demand problem. On the one hand, actions are defined by those structures which already exist, by that which is structured (intentionally) in the past. This is where the focus of this research has been. But structuralized or not, those individuals in the present and past still have and had to decide for themselves; they do not just demand something, simply because it is there, but because they want to. Here a deeply interesting philosophical (existential) paradox comes to light: can a person who intends to do something, who is motivated to do something, not only do it when it is an option, when

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<sup>269</sup> The French anthropologist Claude Lévi-Strauss, one of the founding fathers of the structuralism theory, tried to gain an emic understanding of culture by looking for consistent patterns in people's myths, rituals, and habits. He proposed that powerful systems of logic underlie these cultural patterns, even though the people of a society are not consciously aware of the logic. He also felt that the logic underlying cultural patterns was somehow rooted in the structure of the human mind. In a way, the structures that lie underneath our lives have a wide influence on our daily actions and lives. Bodley, John H. "Culture." Microsoft® Student 2009 [DVD]. Redmond, WA: Microsoft Corporation, 2008. This theory is (although somewhat broadened) employed within this thesis although not all parts of the theory correspond with the original theory.

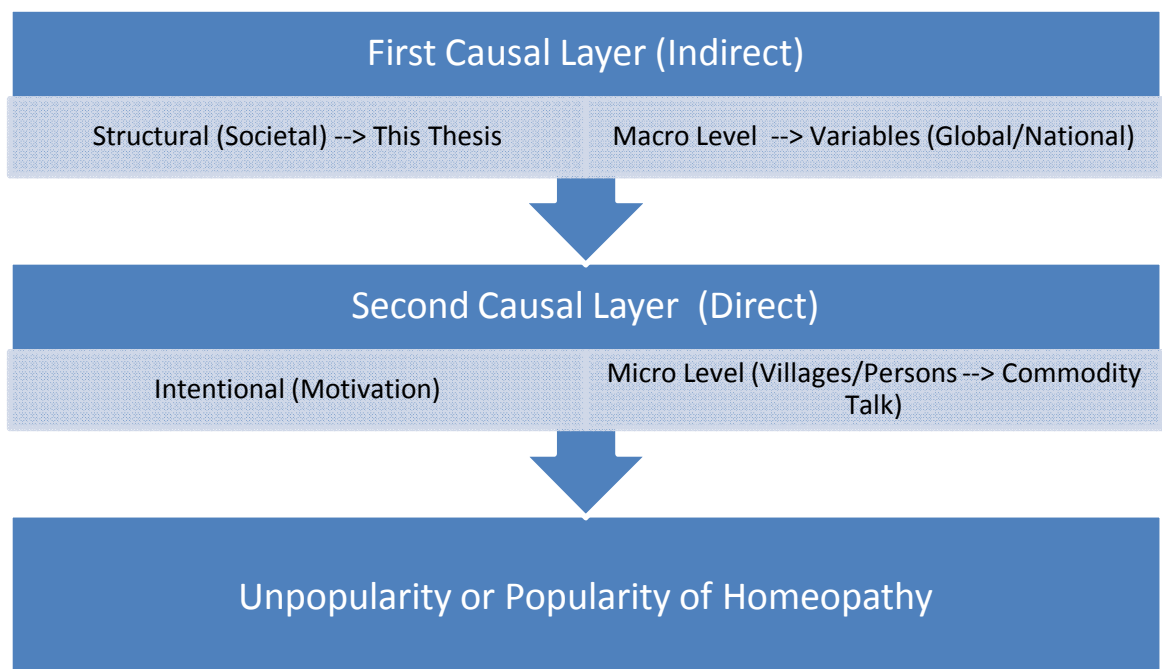
<sup>270</sup> Just as with the structuralism theory, the intentionality theory is broader than the meaning for which it is utilized in this appendix. Intentionality is a broad philosophical theory. Intentionality here is utilized as a title for that which belongs to intentions. An agent's intention in performing an action is his or her specific purpose in doing so, the end or goal that is aimed at, or intended to accomplish. Whether an action is successful or unsuccessful depends at least on whether the intended result was brought about. Other consequences of someone's acting are called unintentional.

it is already an existing choice? Again, this might very well be the main argument to indeed approach this topic via the structuralist strategy.

Nevertheless, the strength of the intentionality approach is that when the necessary structures are there, the popularity of homeopathy might still depend on personal motivation more than we think. As we have read in the conclusion and throughout the chapters, not all structures (variables) were present in each country. For instance, a culture of medicine which would at least tolerate or even support homeopathy was absent in the case of the United States but present in India. In principal, this makes the people in India more structuralized when it comes to visiting a homeopath, become a homeopath and/or buy homeopathic medicines than in the USA. This ultimately means that when homeopathy is traditionally more known, accepted and common, newborns in such a culture will have a 'head start' to becoming a homeopath, visiting a homeopath and buying homeopathic medicines. Simply because they know it is an option, contrary to those newborns in a culture in which homeopathy is less familiar and accepted. This is where the strength of the structuralist view is exposed, and it is my conviction that for this sake, this research proves to be the most beneficial and valuable.

Now however, we return to the strength of the intentionality view. The point, at which the strength of the structuralism view is exposed, is at the same time the point where the limits of this view are visible as well. At the time when the separation between the most homeopathy-structuralized countries (for instance India) and the less homeopathy-structuralized countries is made and only the most structuralized remain it is ultimately the intentionality view theoretically that can provide us the second layer of causality: the direct causes of the popularity of homeopathy (as opposed to the indirect, structuralized causes). It is exactly that causality layer that could not be covered by this thesis, which is why we have to turn to other studies (adhering to the intentionality view) to learn more about this approach and in a way 'complete the causal research'.

## Complete Causal Process of Popularity of Homeopathy



The intentionality strategy is employed by several studies. As stated in the introduction, the most renowned study comes from the hand of Professor Martin Dinges (*Patients in the history of*

*Homeopathy*), who edited the work that surveyed the motives of patients to visit a homeopath.<sup>271</sup> There are also a number of Dutch studies that dive into this subject, such as the studies by Anne Hilde van Baal and Gijswijt-Hofstra.<sup>272</sup> The Dutch historian Gijswijt-Hofstra studied patients and their motives to visit unqualified homeopaths in the early 20<sup>th</sup> century.<sup>273</sup> She basically concludes that most patients 'were ordinarily medical market shoppers'. They based their decision to visit a homeopath not so much on their qualification but moreover on their reputation. It seems that they were even less interested in homeopathy or homeopathic medicine.<sup>274</sup> Anne Hilde van Baal, another Dutch historian, made an inquiry into the motives of the patients visiting the 19<sup>th</sup> century Belgian homeopath Gustave A. van den Berghe. All these studies showed that individual patients base their actions on motives such as:

- The question (motive) where the nearest doctor lives (homeopath or not)
- The question (motive) which doctor (homeopath or not) has a good reputation in the local area
- The question (motive) which doctor has treated me well in the past or has treated my family and patients well in the past

All three authors conclude that individuals often know little about homeopathy but either heard good things about the treatment (through stories told by neighbors) or they just make a trial-visit without expecting much. The decisions of these individuals are less related to the time they live in than we might think. Commodity talk (people in a town or city sharing experiences) is a very important factor that influences the popularity of homeopathy. It would be academically rewarding and also fitting as follow-up research on this study, to actually further investigate the motives of patients from many different nations on different continents for visiting a homeopath, becoming a homeopath, and buying homeopathic medicines. After that, a comparative analysis of those findings should be initiated. And perhaps such a study should be preceded by a meta-analysis of the previous studies in this research area – for instance beginning with the ones named above. These are just suggestions, but they may very well provide a way to further analyzing the popularity of homeopathy and its causes.

This appendix may provide the solution for the weakness of the sole dependency on structuralism (the strategy that is utilized in this study) which, in combination with the comparative analysis, clearly shows those weaknesses as proven by the cases of The Netherlands and The UK, in which the presence/absence balance of variables does not show much convergence with the outcome. The overall formulas do not accommodate for other causal factors such as provided by researches following the intentionality view. Certainly, the comparative analysis is very strong in its decision process (which variable(s) have played the most important role throughout the history), but it only gives a partial, birds-eye explanation. An explanation that is perhaps not always similar to that of the average member of the public.

A follow-up study based on the intentionality approach may complete the picture of the causes that determine the popularity of homeopathy in a country. The combinatory outcome of this research and such a subsequent investigation might very well present the 'utopian formula of popularity of homeopathy', something of which I can only dream of.

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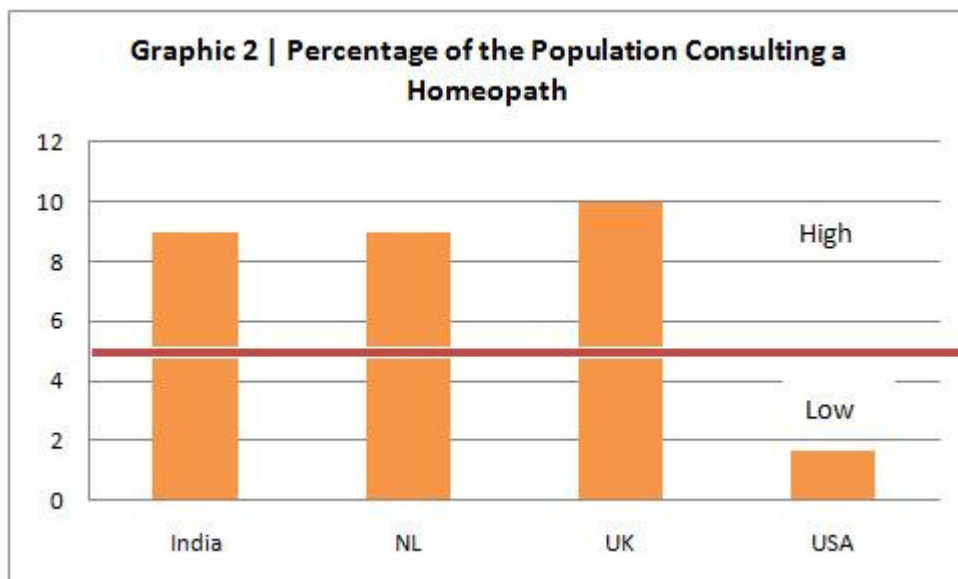
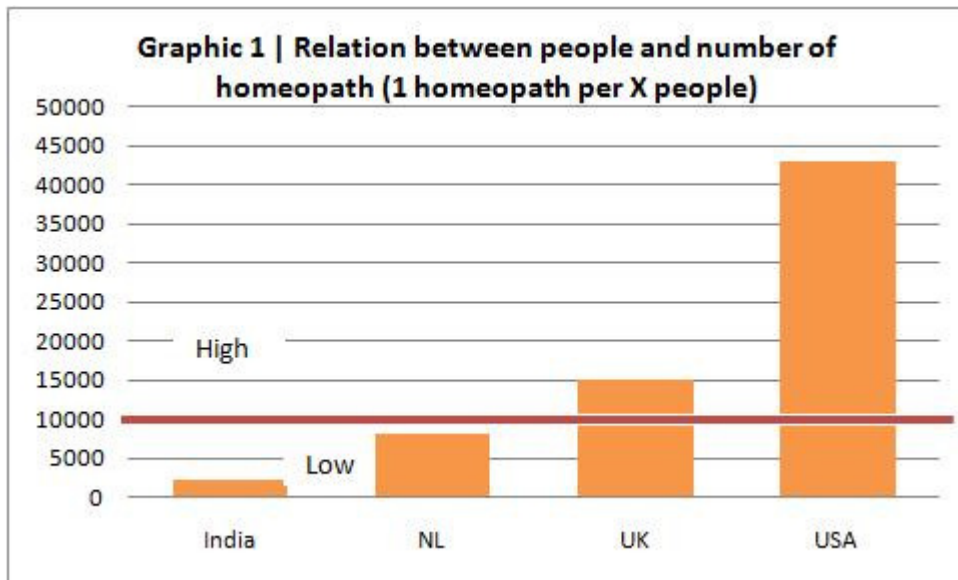
<sup>271</sup> Martin Dinges (ed.), *Patients in the History of Homoeopathy*, EAHMHP (Sheffield 2002)

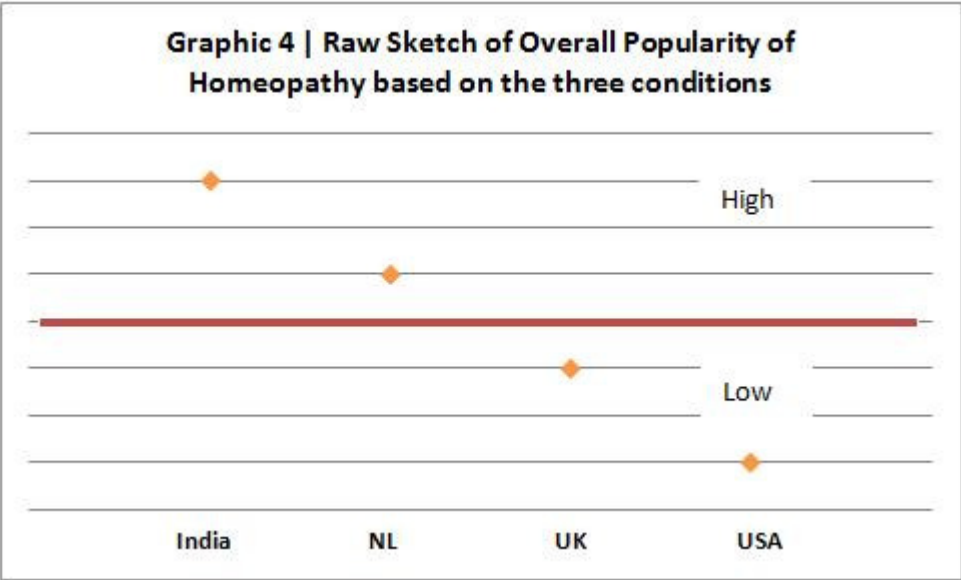
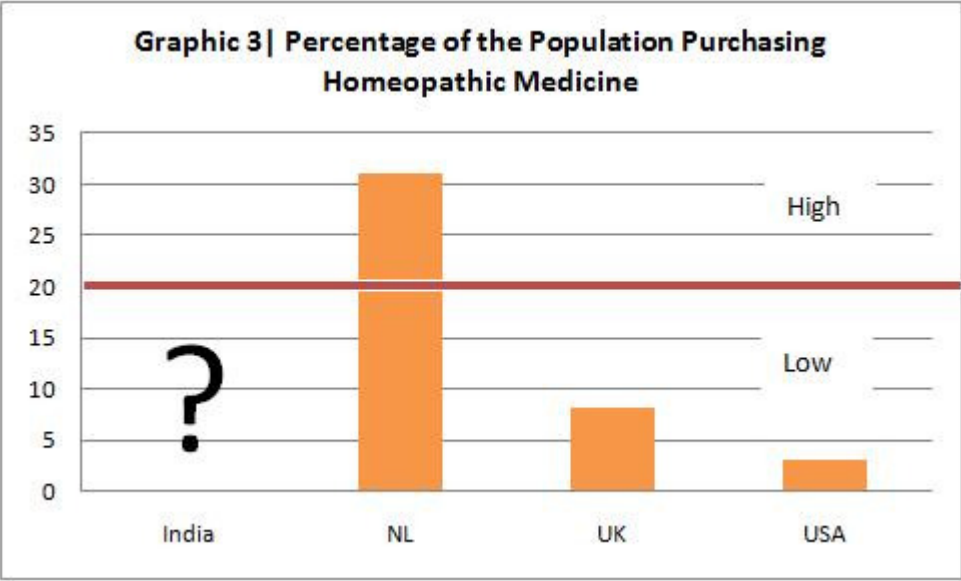
<sup>272</sup> Marijke Gijswijt-Hofstra, 'The Haverhoeks and their Patients: the Popularity of Unqualified Homoeopaths in the Netherlands in the Early Twentieth Century' in: Martin Dinges (ed.) *Patients in the History of Homeopathy*, EAHMHP (Sheffield 2002), Anne Hilde van Baal, *In Search of a Cure: The Patients of the Ghent Homoeopathi Physician Gustave A. Van den Berghe (1837-1902)*

<sup>273</sup> *Ibidem* (1st), 236.

## Enclosure | Graphics and Tables

*These Graphics serve to elucidate the outcomes of the current popularity status research, which is published in the introduction.*





# List of Abbreviations

AFH: American Foundation for Homeopathy

AMA: American Medical Association

BHA: British Homeopathic Association

CAM: Complementary and Alternative Medicine

ECCH: European Central Council of Homeopaths

FDA: Food and Drug Administration (USA)

HEAL: Homeopathy Expert Advisory League (UK)

HPUS: Homeopathic Pharmacopœia of the USA

ICM: Institute of Complementary Medicine (UK)

IFH: International Foundation of Homoeopathy (USA)

KVHN: Koninklijke Vereniging Homeopathie Nederland (Dutch Royal Society of Homeopathy)

MD: Doctor of Medicine

NASH: North American Society of Homeopaths

NHS: National Health Service (UK)

NCH: National Center of Homeopathy (USA)

NVKH: Nederlandse Vereniging Klassiek Homeopaten (Dutch Society Classical Homeopaths)

SHO: Stichting Homeopatische Opleidingen (The Netherlands, Foundation of Homeopathic Education)

UKHMA: United Kingdom Homeopathic Medicine Association

VHAN: Vereniging Homeoopathisch Artsen Nederland (The Netherlands, Dutch Society of Homeopathic Physicians)

# Bibliography

The style and format of citations and annotation is based as principally as possible, on MLA, the internationally accepted documentation style and document format.<sup>275</sup> Note that not all works and websites are included in this bibliography; only the most important ones were incorporated.

## General

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### **About the Thesis**

In *What about Homeopathy?* Joris T.H.J. Dekkers examines the causes of different levels of popularity of Homeopathy. The research implicates The USA, The UK, India and The Netherlands and is comparative in nature. The title of the research refers to the relatively low interest shown by the academic community in homeopathy other than the medical interest in the effectiveness of homeopathy. This thesis explores a rather different field. The historical approach combined with a kind of sociological method delivers an intriguing insight into the question what makes homeopathy popular or not on a national level.

### **About the Author**

Joris T.H.J. Dekkers (1985) is a history teacher by profession and has studied at the University of Utrecht for 3 years. This thesis marks his ending of the MA program Comparative History. He is the author of a series of Student Textbooks involving tutoring and competence education. Dekkers also studies classical homeopathy part-time and is the director of [www.homeopathienetwerk.nl](http://www.homeopathienetwerk.nl), a Dutch website providing information about homeopathy. Apart from these initiatives, Dekkers' main aim for this thesis has always been to work as unbiased as possible. For almost half a year he worked full time on this research.

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*"A useful and methodologically well executed research"*

**Professor Martin Dinges** (IGM Robert Bosch Stiftung, Stuttgart)

*"A very interesting piece of work based on impressive literature search. Coherently presented and written."*

**Fia Dieteren** (University of Utrecht)

Elected for the *Hans Walz Prize* for studies on the history of homeopathy