



Regular Medicine: can't live without,
won't heal within.

The Case of the Dutch Homeopathic Physician

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Figure 1 Alexander Beideman (1826-1869), *Homeopathy Looks at the Horrors of Allopathy*, 1857. Image available via Wikimedia Commons, Public Domain;

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INTRODUCTION

In 2004, Belgian sceptics voluntarily overdosed on arsenic, snake poison, belladonna, petrol, cockroach and dog milk. “Belgian Sceptics Commit Mass Suicide”, an event report read. Eventually, no sceptic actually died, and their point was made: this action was part of a protest against the health insurance coverage of homeopathic remedies. The potentially harmful substances which they actually overdosed on were homeopathic dilutions.¹ Other subsequent attempts of this sort followed, and an actual campaign was organized called “10:23 homeopathy, there is nothing in it”, “10:23” referred to the time at which, on the 30th of January 2010 all across the UK people would intentionally overdose on homeopathy. A year later, this action was repeated, yet this time it had turned into a world-wide event with sceptics from Israel to Ethiopia and even Antarctica. Apparently, neither these actions caused any victims.

Not only the absurdity of homeopathic efficacy has been implied over and over again, but also its dangers to the health of the general public. When a researcher of UK Newsnight visited the Nelsons Pharmacy off Oxford Street in London, a main distributor and manufacturer of homeopathic remedies, it was found out that, when asked about the best way to prevent malaria, a homeopathic remedy was suggested. Explaining its efficacy, a Nelsons employee said: "They make it so your energy doesn't have a malaria-shaped hole in it so the malarial mosquitos won't come along and fill that in."²

In general, homeopathy knows, and has known, many critics. Its perceived absurdity lies with the high dilutions it deploys which, according to current scientific standards, simply cannot be effective. Many, therefore, refer to homeopaths as quacks and to homeopathy as pseudo-science. How much the term “homeopathy” has come to symbolize the ineffective, can be illustrated by language use. Within the Dutch language, for example, arguing that something is a “homeopathic dilution” means that nothing substantially is actually going on. As early as 1903, such expression can be found, as in this Dutch newspaper: “Zoo zeide de heer Drucker, om te kennen te geven, dat naar zijn inzien de regeering veel beloofde en weinig gaf, dat de verdunning van het Christelijk beginsel bijna *eene homeopathische is*.”³ More recently, the right wing nationalist politician Thierry Baudet used the term in similar fashion, warning for the increasing ‘homeopathic dilution’ of the Dutch population.⁴

In 2017, the European Academies Science Advisory Council released a statement concerning the regulation of homeopathic products: they argued that these products should undergo the same rigorous testing as regular medication before they were allowed to be used and sold as a medical product. Furthermore, because of the lack of proof for the efficacy, homeopathy should not be funded by public health

¹ Luc Bonneux, ‘Belgium Sceptics Commit Mass Suicide’, *Skeptical Inquirer*, 1 May 2004.

² Meirion Jones, ‘Malaria Advice “Risks Lives”’, *Newsnight*, 13 July 2006.

³ Anonymous, ‘Kameroverzicht. Tweede Kamer: Staatsbegroting’, *De Maasbode*, 3 December 1903. Emphasis added.

⁴ Stevo Akkerman, ‘Thierry Wilders’, *Trouw*, 22 March 2017. The original medium in which Baudet expressed himself in such terms I am unable to trace back. It most probably has been in a TV interview.

insurances. In making these claims, the EASAC also had to explicate the scientific status of homeopathy, which they did as follows:

The scientific claims made for homeopathy are implausible and inconsistent with established concepts from chemistry and physics. In particular, the memory effects of water are too short-range and transient (occurring within the nanometre and nanosecond range) to account for any claimed efficacy.⁵

Any claimed efficacy of homeopathic products in clinical use can be explained by the placebo effect or attributed to poor study design, random variation, regression towards the mean, or publication bias. Among these, the placebo effect can be of value to the patient but there are no known diseases for which there is robust, reproducible evidence that homeopathy is effective beyond the placebo effect.⁶

To summarize: homeopathy is not backed by science and its possible efficacy can be explained by appealing to the placebo effect. This statement is shared by many scientists, medical professionals or anyone that is scientifically schooled.

There are, however, a number of medically schooled professionals whom have actually specialized in homeopathy as well. Such people exist, not only within the Netherlands but throughout the world, and throughout time. This gives rise to a pressing question: how is it possible that two such opposite approaches can co-exist within a single person? In theory, homeopathy should expel anyone with a medical background, while, on the other hand, might not be prone to accept regular medicine. How, then, can we explain the existence of a homeopathic physician, and, more importantly: how do they combine biomedicine and homeopathy in practice? In order to find out, I set out to ask these homeopathic physicians myself. During the writing of this thesis, which took place during the course of a year, I visited and interviewed 14 Dutch physicians who also indicated that they were homeopathically schooled. It turned out that, for them, this combination was hardly as illogical as you might expect. In fact, for them it felt like a natural course of action: they were dissatisfied with the current state of affairs in regular medicine and hence looked for alternatives. They eventually found the solution in homeopathy. This thesis, then, is an exploratory research of their practice.

To briefly introduce homeopathy and its history, chapter 1 explains some key-concepts of homeopathic medicine: the fundamental *similia* principle, the use of high dilutions, and the self-healing property of the body. Furthermore, homeopathy's changing relationship with respect to science will be addressed. Even homeopathy could not ignore the developments in science while on the other hand that same science has come to reject homeopathy as well: not only did science prescribe a method which was opposed to homeopathic principles, it furthermore excludes the

⁵ European Academies Science Advisory Council (EASAC), 'Homeopathic Products and Practices: Assessing the Evidence and Ensuring Consistency in Regulating Medical Claims in the EU', Statement, September 2017: 9.

⁶ EASAC: 9.

possibility of a working mechanism behind the use homeopathy's infinitesimal doses.

Chapter 2 deals with the theoretical background of the interviews. Current research is discussed about the present-day state of affairs concerning the relation of heterodox medical practices in general - and homeopathy in particular - to the generally accepted medical practices. The chapter closes with the theoretical and practical considerations about the interviews.

In chapter 3, the 14 Dutch homeopathic physicians speak up: their stance towards regular medicine and homeopathy is discussed together with a description of what such a stance means for their daily practice. All respondents express their appreciation of regular medicine yet also their concerns about its shortcomings. It is explained how homeopathy has served as valuable addition to their medical repertoire.

Chapter 4 returns to the main question of how homeopathic physicians combine regular medicine and homeopathy in practice. It turns out that homeopathic physicians find both homeopathy and regular medicine worth taking seriously, yet also recognizing the possible and impossible in each. More importantly, what they actually can hardly be described solely in terms of "homeopathy" or "regular medicine", instead a hybrid set of practices emerges. The last part of this chapter then seeks to find out how the homeopathic physicians deal with the fact that, nevertheless, homeopathy lacks scientific evidence.

CHAPTER 1: ALTERNATIVE in ORIGINS

On a Tuesday morning, February the 28th, 1792, the much beloved Holy Roman Emperor Leopold II suddenly fell victim to a terrible fever and excruciating chest-pains. As Physician-in-Ordinary of the Kaiser, Dr. Lagusius immediately knew what to do: this situation clearly called for a thorough letting of blood. Dr. Lagusius records: “we immediately sought to check the evil by venesection and other necessary means.” Alas, the next day the fever increased and the decision was made to open “the veins of the august patient three more times, after which there was some relief.” To no avail. “[T]he following night was an extremely restless one, and reduced the strength of the monarch very much”. At half past 4 on that same day, Kaiser Leopold II “passed away while vomiting, in the presence of the Empress.”⁷

The death of the Kaiser was not anticipated at all, leading to all sorts of rumors about the cause of death: it was commonly held that the Kaiser had been poisoned – as, at that time, many other famous figures were thought to have met their maker in similar fashion.⁸ Concerning the death of the Kaiser, physician, chemist and translator Christian Friedrich Samuel Hahnemann (1755-1843), however, pointed fingers at another culprit: the bloodletting itself. Hahnemann’s expressed his fury at the amount of blood that was extracted from the patient in a sharp letter in “Der Anzeiger” of Gotha, No. 78 (March 31st, 1792), which was edited by a friend of his. In this letter he writes:

“We ask, from a scientific point of view, according to what principle has anyone the right to order a second venesection when the first has failed to bring relief? As for a third, Heaven help us! ; but to draw blood a fourth time when the three previous attempts failed to alleviate! To abstract the fluid of life four times in twenty-four hours from a man, who has lost flesh from mental overwork combined with a long continued diarrhoea, without procuring any relief for him! Science pales before this!”⁹

Notwithstanding, bloodletting was a commonly applied technique amongst the plethora of 18th century medical practices. Most medical theories were, at that time, derived from the Galenic theory of ‘humors’, which posited that the body in a healthy state contained the four bodily fluids in a balanced amount. and disease as a disbalance between these four ‘humors’. Therapeutic blood-letting and the

⁷ Richard Haehl, John Henry Clarke, F. J. N. Wheeler, Marie L. Wheeler and W. H. R. Grundy, *Samuel Hahnemann: His Life and Work*, London: Homoeopathic Pub. Co., 1900: 35-36.

⁸ Lucien Karhausen, *The Bleeding of Mozart*, Xlibris Corporation, 2011: 357.

⁹ Haehl: 35.

administering of purgatives and laxatives in order to purge the body from its excessive fluids, therefore, were common practice.¹⁰

During his lifetime, Hahnemann became increasingly weary and disappointed with these medical practices. In 1790, he notes in one of his translations of important medical works:

“Blood-letting, fever remedies, tepid baths, lowering drinks, weakening diet, blood cleansing and everlasting aperients and clysters, form the circle in which the ordinary German physician turns round unceasingly.”¹¹

Against this backdrop Hahnemann founded homeopathy at the beginning of the 19th century.¹² Because of the tendency of medicine to try to cure the disease by using medicine that counters the disease, Hahnemann and homeopaths after him, referred to it as *allopathy*, *allo* meaning ‘different’ in old Greek and *pathos* meaning ‘suffering’.¹³ ‘Homeopathy’, on the other hand, stemmed from the Greek *homoios* (similar) and *pathos* (sickness or feeling) because it tried to cure diseases by the administering of that same disease.¹⁴

Throughout the last 200 years, homeopathy did transform, while some principles remained unaltered. For the purpose of this research, we will take a look at such principles, also known as the *similia* principle, and at the use of high dilutions and the self-healing capacity of the body. Even though there is much more to be said about homeopathy and its practice, for the purpose of this thesis familiarity with these concepts will be sufficient.

The similia principle: the diagnosis is the cure

One could argue that this principle is the most fundamental of homeopathy. It came before the idea that medication needs to be highly diluted and one can already recognize this idea in the early works of Hahnemann, well before he systematized his approach.¹⁵ Even though there are historians who doubt the extent to which this principle was solely deduced from empirical findings, Hahnemann explicitly called homeopathy “the medicine of experience”.¹⁶ Through administering a certain

¹⁰ W.F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century*, Cambridge University Press: Cambridge etc. (1994): 11, 13-15.

¹¹ Haehl: 35.

¹² For more details on Hahnemann’s growing discontent with the medical practices of his time, see Haehl: 18-40.

¹³ Robert Jütte, *Samuel Hahnemann. The Founder of Homeopathy*, translated by Margot Saar, dtv VerlagsgesellschaftL Munich (2005): 41.

¹⁴ Alice Kuzniar, ‘Chapter 6: Similia Similibus Curetur: Homeopathy and Its Magic Wand of Analogy,’ In: *Literary Studies and the Pursuits of Reading*, edited by Eric Downing, Jonathan M. Hess and Richard V. Benson. Camden House: Rochester, New York (2012): 133.

¹⁵ Michael Emmans Dean, ‘Homeopathy and “The Progress of Science”’, *History of Science* 39, no. 3 (2001): 271.

¹⁶ V. Mosini, ‘On the Interplay between Evidence and Theory: Dr. Hahnemann’s Homeopathic Medicine.’ *Physis; Rivista Internazionale Di Storia Della Scienza* 42, no. 2 (2005): 527. For further discussions on the empirical roots of homeopathy see Patrice Pinet, ‘L’homéopathie ou le mythe de l’expérience pure’, *Revue d’Histoire de la Pharmacie* 86, no. 317 (1998): 67-80, and on Romanticist

substance to a healthy person, Hahnemann wrote, this person would display certain symptoms. If you then find an ill person that displays the same symptoms, you should treat that person with the aforementioned substance in order to cure him. With other words: you have to cure like with like, or *similia similibus curentur*. Hahnemann contrasted this approach with that of allopathy, in which substances are prescribed which actually give rise to the opposite of the disease, and which only help as long as the patient takes the substance. Once the patient stops taking these allopathic medicines, the disease will reappear. For example, when a patient suffers from sleeplessness and restlessness, an allopath will treat him with hypnotics because these will make the patient sleepy and tranquil. However, when the patient stops taking this medication, the complaints will return. Instead, Hahnemann would have said, the patient needs a preparation of coffee, which in a healthy person gives rise to sleeplessness and restlessness.

If one looks up the origin of this principle, it is often told that Hahnemann discovered it during his work on one of his translations of important medical texts: the *Materia Medica* of Scottish physician William Cullen (1710-1790). Cullen prescribed Cinchona bark (*Cinchona Officinalisi* or Peruvian bark) as a cure for malaria. During the 18th century, Cinchona bark was a well-known cure of malaria, and Cullen argued that it got its efficacy from its “tonic effect on the stomach”. The story goes that, upon reading this, Hahnemann disagreed. In a footnote to his translation of Cullen’s work, he describes how he himself took a dose of Cinchona bark and subsequently noticed that he got the same symptoms as a person with malaria (or “intermittent fever”, as it was called at that time). This led Hahnemann to formulate the *similia* principle in his “Essay on a new principle of ascertaining the curative power of drugs” (1796).¹⁷

“We should imitate nature, which sometimes cures a chronic disease by superadding another, and employ in the (especially chronic) disease we wish to cure, that medicine which is able to produce another very similar artificial disease, and the former will be cured; *similia similibus*.”¹⁸

The story that Hahnemann suddenly decided to take Cinchona bark out of nowhere is rather unlikely. And indeed, on further investigation it seems that the idea of similar diseases curing the original disease already appeared earlier in Hahnemann’s work than in his translation of Cullen’s *Materia Medica*.¹⁹

influences on the theory of Homeopathy, see Alice Kuzniar, *The Birth of Homeopathy out of the Spirit of Romanticism*, University of Toronto Press, 2017, or page 259-260 of Dean, ‘Homeopathy and “The Progress of Science”’. Hahnemann has often been said to be a strict empiricist, but at the same time he is also found to criticize empiricism itself, because of its “ill-defined ‘diseases’”.

¹⁷ Samuel Hahnemann, ‘Essay on a new principle of ascertaining the curative power of drugs’, in: *The Lesser Writings of Samuel Hahnemann*, collected and translated by R.E. Dudgeon, William Radde: New York (1852).

¹⁸ Hahnemann: 265.

¹⁹ See, for example, Haehl: 62.

Even though this principle sounds rather elegant and simplistic, actually finding the right cure is rather intricate. One, namely, needs to find the exact match between remedy and disease. Amongst the plethora of substances, all with its own specific effects on a specific person, and the overabundance of symptoms in a diseased person a link must be found. In order to find the true cure, the homeopath needs to distinguish the most outstanding symptoms, those which he finds the most characteristic for the specific patient and match it with a medicine that exactly fits these characteristics. And, as Alice Kuzniar notes, such an assessment is not strictly systematic but instead is down to “the ingenuity of the individual reader”²⁰:

“(…) the difference between [Hahnemann’s] semiotic (how he observed, recorded, collected, and compared signs syllogistically) and his conjecture in selecting a remedy (how he isolates a particular sign to solve the case). The former is based on a pure process of cataloguing and cross-referencing: it is based on how signs refer to other signs. The latter is based on how he singles out a noteworthy symptom to lend peculiar weight to it and how this symptom clinches his decision about which remedy to select.”²¹

Understandably, then, because ingenuity can differ between time and place, the base on which to choose a remedy the topic of debate and development throughout homeopathy’s history, as we will see later on in this chapter. One can also understand that, when every feature or trait of a person can be relevant in finding the right cure, it makes homeopathy into an inherently individualized approach. Within this process of looking for the cure, diagnosis and remedy become one, because the characteristics of a substance form the leading guidelines for comparison with the diseases person. Subsequently, when the characteristics of a substance match the characteristics of the diseased person, both diagnosis and remedy are found.

High Dilutions

The use of highly diluted medicine can be said to most widely shared association that people in general have with homeopathy. As we have seen, however, it is less fundamental to homeopathy than the *similia* principle. Within homeopathy many different substances are used, not all of them are harmless, like snake poison or lead. The high dilutions in homeopathy have grown out of Hahnemann’s use of increasingly smaller quantities of effective substances that, besides the curing property, also had a toxic effect on the patient. Through his experiments, he came to believe that using only minute doses he could avoid the toxic side effects and while preserving the healing effect. By adding the substance to water, and then shaking vigorously, a process referred to as ‘*succusion*’, the homeopathic remedy was prepared. He also argued that the healing capacity increased when the dose was diluted even more. Sometimes homeopathic medicine is so highly diluted that no

²⁰ Kuzniar, *The Birth of Homeopathy*, 49.

²¹ Kuzniar, *The Birth of Homeopathy*, 36.

molecule of the effective substance is present anymore. Within homeopathy, it is argued that such high dilutions are not effective all by themselves. Instead, what makes them able to cure, so the argument goes, is the fact that they stimulate the self-healing capacity of the body which performs the actual 'curing'.

Self-healing capacity

Even though it might seem from the previous two principles described that homeopathy is strictly empirical, during its developments by Hahnemann, it also included explanatory theory. In order to explain the mechanism behind the homeopathic remedy, homeopaths referred to the self-healing capacity of the body. In the time of Hahnemann this was often referred to as the romanticist *vital life-force* or *Lebenskraft*, a force that dwelled within every living being in nature.²² Homeopathic physicians nowadays refer to it as the self-healing capacity of the body. Under normal circumstances, they say, the self-healing capacity of the body works very well: this makes that, most of the time, we are not sick. Through all sorts of influences, however, both from the outside world and within the person, the self-healing capacity can be disturbed leading to all sorts of symptoms within the person, at this point the homeopath will speak of "disease". The homeopathic remedy, if chosen correctly, should target the exact "spot" or the disturbance and enable the self-healing capacity to work again, curing the patient itself.

SCIENCE: IMPOSSIBILITY and INCORPORATION

From the start, homeopathy has been presented as an alternative to the medical practices of that time. In the painting of 1857 by Russian artist Alexander Beideman (1826 - 1869), which is represented on the front cover of this thesis, this contrast is very dramatically and sharply depicted: at the one hand there are the allopaths with their drastic measures, sawing and "leeching" away at a poor patient, drenching him in large quantities of medication, that, given the presence of death himself at the doorstep, probably will not last long anymore. At the right side, Hahnemann himself is depicted standing amongst the company of several Greek gods and goddesses who look down in horror, anger and silent disbelief at the gloomy scene on the left. One might even suspect that in the upper right-hand corner, Clio, the goddess of history, is diverting her gaze in shock. In the lower right-hand corner, a young, winged boy - probably enlightened, as the flame on his head leads us to suspect - is depicted holding between his two fingers the solution to the terrifying scene on the left: a very small vial of homeopathic remedy. Even though nowadays the painting is referred to as "Homeopathy Looks at the Horrors of Allopathy", in the 19th century it was also known as "Triumph of Homeopathy". This painting neatly illustrates how homeopaths related to the medicine of that time: from the start on, it has distanced itself from it. One can imagine that such a method could be rather appealing to physicians and the public, as you can see from *the horrors of allopathy*. Homeopathy, then, also has been very popular as much as it has been criticized throughout its existence as, for example, the Samuel Hahnemann Monument in Washington and the homeopathic hospital which existed between 1914 until 1977 in Utrecht show.

Throughout the 19th and 20th century, the practice of medicine got linked with scientific developments, yet this "marriage" to science did not necessarily lead to all

²² Kuzniar, 'Chapter 6: Similia Similibus Curentur', 143-144.

of the successes on the name of this new medicine.²³ Instead, this link gave the newly established medical professionals a better reputation and advanced their diagnostic skills: "The impact of science was more striking on the public face of medicine, and the diagnostic skills of doctors, than it was on their therapeutic capacities."²⁴ It is also important to note that Hahnemann, as much as he was opposed to allopathic practices of his time, did not have the same attitude towards science. All the more so, he actually sought to make homeopathy as successful as sciences at his time, argues Dean.²⁵ While keeping in mind, of course, that 19th century science and its methods cannot be said to completely resemble its later 20th and 21th century characteristics, it is nevertheless important to note that science and homeopathy have not always necessarily excluded each other.

Medicine's most notable achievements were situated in the second half of the 20th century when medicine developed into an enterprise that was able to successfully cure or even prevent previously lethal diseases, could successfully repair the body which was broken down, and could even start experimenting with the creation of life itself. LeFanu expresses this incredible success of medicine in the first paragraph of his *The Rise and Fall of Modern Medicine* as follows:

The history of medicine in the fifty years since the end of the Second World War ranks as one of the most impressive epochs of human achievement. So dramatically successful has been the assault on disease that it is now almost impossible to imagine what life must have been like back in 1945, when death in childhood from polio, diphtheria and whooping cough were commonplace; when there were no drugs for tuberculosis, or schizophrenia, or rheumatoid arthritis, or indeed for virtually every disease the doctor encountered; a time before open-heart surgery, transplantation and test-tube babies. These, and a multitude of other developments, have been of immeasurable benefit, freeing people from the fear of illness and untimely death, and significantly ameliorating the chronic disabilities of ageing.

One can imagine that, because of these medical successes, the relation between homeopathy and this "new" medicine cannot really resemble the one that is depicted in *the horrors of allopathy*.

On the one hand, regular medicine (scientific medicine or biomedicine) and homeopathy have been and still are at odds with each other. The prescription of infinitesimal doses must be one of the most-heard argument against homeopathy: it is agreed that its efficacy cannot be more than the placebo effect can bring about. sociologists Sarah Cant and Ursula Sharma identify yet another characteristic of homeopathy that makes the scientifically trained not accept it: the fact that one

²³ For an extensive description of this process, see Bynum.

²⁴ Bynum: xii.

²⁵ Michael Emmans Dean, *The Trials of Homeopathy: Origins, Structure and Development*, Second edition, KVC Verlag, 2006: 9.

cannot teach the “art of prescribing” homeopathic remedies “by formula or rote”. Instead, it is something that the homeopath needs to learn through practice.²⁶ What is more, the methods of regular medicine and homeopathy are also diametrically opposed. Homeopathy, namely, is an inherently individualistic medicine to the point that “each disease, properly examined, has never been seen before”.²⁷ While regular medicine, on the other hand, has come to focus more and more on the objective and generalizable. Ever since medicine has become scientific, Dean argues, it has sought to generalize diseases by discovering the causal mechanisms and it then aimed to find corresponding cures that would be universally effective. In doing so, the experiences of the individual patient were considered to be unimportant:

(...) the classification and diagnosis of any disease should indicate essential organic and biomedical characteristics common to all patients who present with it, and that any symptomatic or causal treatment ought ideally to be valid at all times, in all places, for everybody. The search for the single apomictic answer to each species of disease came to the fore in the milieu that proclaimed their devotion to empirical fact most loudly; but was linked, not just with the now-familiar disappearance of the patient narrative, but, moreover, with an explicit and institutionalized disbelief in that the patient or experimental ‘subject’ might have to report. Since that time, many trained in what became the dominant medical model.²⁸

This tendency to generalize, in regular medicine, has grown out to be “evidence-based medicine”. This term has gained massive importance within regular medicine since roughly the 1950’s and stood for an approach which excluded subjectivity from medicine in order to replace it by generalizable, objective outcomes. In the words of medical historian Timo Bolt: “what was called ‘intuition’, ‘experience’ and ‘pathophysiological rationale’ (...) is indeed ranked low (...), under ‘background information/expert opinion’ (...) and ‘ideas, editorials and opinions’.” What became important instead was “the use of control groups, randomisation and (double) blinding minimising the impact of various forms of bias of the researchers and subjects involved on the result obtained.”²⁹

Interestingly, though, this is contradiction did not lead to a strict separation of homeopathy and biomedicine. On the contrary: inspired by biomedical developments, several ‘critical’ homeopaths elaborated on the tendencies already present in Hahnemann’s theories and expanded on them. Some of these critical homeopaths, for example, took over the pathology and nosology of biomedicine and

²⁶ One familiar with the modern medical, however, would argue that this is no different for modern medical education, in which the student only really learns the trade during his medical internship.

²⁷ Dean, *The Trials of Homeopathy*, 265.

²⁸ Dean, ‘Homeopathy and “The Progress of Science”’: 272-273.

²⁹ T.C. Bolt, ‘A Doctor’s Order: The Dutch Case of Evidence-Based Medicine (1970-2015)’, Dissertation, 22 September 2015: 19.

sought to standardize homeopathic practice on the base of these categorizations.³⁰ Such standardization, even though seemingly opposed to homeopathy's individualistic character, was already proposed by Hahnemann but now elaborated on by his successors. This standardization of homeopathic remedies came to be called "clinical homeopathy". And nowadays, many homeopathic trials are conducted that do try to adhere to the evidence-based method, even though one can wonder whether this is merely a political move.³¹

The incorporation of regular medicine specifically and scientific discoveries in general within homeopathy is most visible on the level of homeopathic repertories.³² The most important topic of debate within the development of homeopathy, namely, was about how to organize the reference books, or repertories as they are known in homeopathy. This meant that, throughout time, the way in which the effects of substances and the symptoms of patients were organized was subject to change. Interestingly, these organizational structures have increasingly been inspired by different scientific ideas and categories.³³ Furthermore, throughout homeopathy's development the number of substances which is used for its remedies also keeps increasing which calls for different organizational structures of the repertories. Nowadays, for example, an important work for many homeopaths is that of the physician Jan Scholten who categorized substances according to the periodic table and, for plants, according to the botanical system of classes, orders and families.³⁴

So even though homeopathy started off as an alternative to the medical establishment, it has not remained untouched by it throughout time. In order to investigate the present state of this relation, it is now necessary to look at how to think and speak about such relations between current different approaches to healing.

³⁰ Dean, *The Trials of Homeopathy*, 67-68. Interestingly enough, Hahnemann also had some "clinical" tendency, in that he also applied standard cures for epidemics, that is to say: everybody suffering from the same disease due to such an epidemic would receive the same homeopathic treatment (see *Ibid.*)

³¹ For an extensive overview of homeopathic trials, see for example the website "homeopathie.nl", often referred to by homeopathic physicians. Or see the page "Evidence" on www.qjure.com. For the homeopathic trials during the last century, see: Dean, *The Trials of Homeopathy*.

³² For a book on the influence of homeopathy on regular medicine, see: Jonathan Davidson, *A Century of Homeopaths: Their Influence on Medicine and Health*, New York: Springer, 2014.

³³ For different theories that guided such classifications, see the chapter 'Homeopathy after Hahnemann' in Dean, *The Trials of Homeopathy*.

³⁴ Jan Scholten, *Homeopathie En de Elementen*, Nederland: Alonnisos, 2004.; Jan Scholten, *Homeopathie En Mineralen*, Nederland: Alonnisos, 1992.; Jan Scholten, *Wonderful Plants*, Netherlands: Alonnisos, 2013. These have also been translated into several languages.

CHAPTER 2: CURRENT DEBATES

TERMINOLOGY

A lot has been written about the terminology to use while speaking about different approaches to health and disease. How does one categorize homeopathy? One term which sounds familiar is that of “alternative medicine”, which is often used to capture all approaches that fall outside “the medical system”. Yet ‘alternative’ literally means that it excludes that to which it is alternative. While, in case of homeopathy, for example, this relation seems to have changed throughout time: homeopathy started off as explicitly alternative but increasingly incorporated ‘regular medical’ knowledge. For such a relation, then, the term “complementary medicine” could be fitting. However, not all homeopaths might agree that homeopathy merely complements regular medicine.

From the perspective of the public, using terms like “alternative medicine” might also be misleading, the Dutch government argues. The public might get confused about the scientific status - and therefore the efficacy - of the alternative, complementary or integrative treatments, because a certain epistemic equality between the different systems is presupposed. In order to prevent such confusion, the term “*niet-reguliere behandelwijzen*” (“non-regular methods of treatment”) is used instead. This term expresses the lack of shared belief in the methods by the majority of the medical world, something which is also captured in the term “heterodox medicine”, which has been used within historical research.³⁵ In this thesis, I will refer to “heterodox medicine” when referring to homeopathy. For this term seems to be well suited to describe at least homeopathic practice, as Frank concludes in “Integrating Homeopathy and Biomedicine”. He states that “[the term heterodox medicine] appears as a useful umbrella term for all medical strategies outside the biomedical realm while still leaving room for the multitude of ideas, techniques, institutions, as well as different forms of utilization by patients and practitioners.”³⁶ Concerning scientific medicine, or biomedicine, I will use the term “regular medicine”. I could have used orthodox medicine as the counterpart to heterodox medicine. Instead, “regular medicine” appeared to be the actors’ category during the interviews, and it overlaps with the meaning of “heterodox” medicine. Therefore, this term is used throughout this thesis.

CURRENT RESEARCH

As we have seen, homeopathy and regular medicine have not stayed the same since the establishment of homeopathy. How, then, do homeopathy and regular medicine nowadays relate? What would a contemporary painting by Beideman look like? Of course, this would depend on the point of view of the commissioner: would this be a homeopath? Or perhaps a medical specialist? As we have seen in the introduction, the latter would not be overly fond of homeopathy, while the former might, even though he might dislike regular medicine, he might still want to somehow be part of

³⁵ See, for example: Roberta Bivins, *Alternative Medicine?: A History*, Oxford University Press: Oxford, 2010.

³⁶ Robert Frank, ‘Integrating Homeopathy and Biomedicine: Medical Practice and Knowledge Production among German Homeopathic Physicians’, *Sociology of Health & Illness* 24, no. 6 (2002): 817.

it. In recent mostly sociological research, it appears that there are indeed many different ways in which homeopathy specifically, and heterodox medicine generally, exist alongside each other. As things stand, it seems that regular medicine cannot ignore heterodox medicine anymore, arguably because of the increasing popularity of heterodox medicine amongst patients.³⁷

Most research that has been done into the relation between heterodox medicine and regular medicine, has been focused on the integration of the former into the latter.³⁸ In such scenario's, heterodox medicine is used in a complementary way, that is to say: it does not replace regular medical practices. Sociologists Wiese et al. refer to this as "selective incorporation", in which elements of complementary medicine are integrated "into comprehensive treatment plans alongside solidly orthodox methods of diagnosis and treatment." In such cases, regular medical practitioners are trained in heterodox medicine, or heterodox medicine practitioners are hired to work under supervision of regular medical practitioners.³⁹ This practice can also be identified in the Netherlands, as described by Martine Busch et.al. in the research *Complementaire zorg in ziekenhuizen, verpleeghuizen en GGZ-instellingen*. When one looks at hospital practice, for example, it was found that heterodox medicine made its way into these practices, but that they were mainly practiced by medical practitioners. What was striking here, however, was that not all heterodox medicine was found in these settings: homeopathy and anthroposophy did not enter into the equation. Other, more "generally accepted" aspects of heterodox medicine, like massages and yoga, were included.⁴⁰ One explanation for this is that these are very substantial and complicated systems which takes a lot of time to become good at (this was also mentioned by the homeopathic physicians that I interviewed). Such an approach could also be called "integrative", in that heterodox medicine is integrated within regular medicine on a practical level.

Another research, published on the website of *Medisch Contact*, one of the leading journals for the medical practitioners, concludes that physicians in the Netherlands that sometimes prescribe homeopathic medication only do so because of

³⁷ Wiese, Marlene, Candice Oster, and Jan Pincombe, 'Understanding the Emerging Relationship between Complementary Medicine and Mainstream Health Care: A Review of the Literature'. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine* 14, no. 3 (May 2010): 326-7.

³⁸ Merrijoy Kelner, Beverly Wellman, Sandy Welsh, and Heather Boon, 'How Far Can Complementary and Alternative Medicine Go? The Case of Chiropractic and Homeopathy', *Social Science & Medicine* (1982) 63, no. 10 (November 2006): 2617-27; Judith T. Shuval and Nissim Mizrahi, 'Changing Boundaries: Modes of Coexistence of Alternative and Biomedicine', *Qualitative Health Research* 14, no. 5 (May 2004): 675-90; Wiese, et al.; Ingrid Heijnsbroek, Jacqueline van der Geest, and Harry F. A Jansen. *Alternatieve geneeswijzen en de huisarts: verslag van een keuzepraktikum over de positie van alternatieve geneeswijzen in de huisartsenpraktijk*. Leiden: Instituut voor Sociale Geneeskunde, 1984; Ian Coulter, 'Integration and Paradigm Clash: The Practical Difficulties of Integrative Medicine', in *Mainstreaming Complementary and Alternative Medicine*, 2017; Jeremy Swayne, 'Truth, Proof and Evidence: Homeopathy and the Medical Paradigm', *Homeopathy: The Journal of the Faculty of Homeopathy* 97, no. 2 (April 2008): 89-95; Carl May and Deepak Sirur, 'Art, Science and Placebo: Incorporating Homeopathy in General Practice', *Sociology of Health & Illness* 20, no. 2 (March 1998): 168-90; Daniel Hollenberg and Linda Muzzin, 'Epistemological Challenges to Integrative Medicine: An Anti-Colonial Perspective on the Combination of Complementary/Alternative Medicine with Biomedicine', *Health Sociology Review* 19, no. 1 (1 April 2010): 34-56.

³⁹ Wiese, et al.: 328.

⁴⁰ Martine Busch, Miek Jong and Erik Baars. *Complementaire zorg in ziekenhuizen, verpleeghuizen en GGZ-instellingen*. Van Praag Instituut/ Louis Bolk Instituut, 2015.

its placebo effect. That is to say, they also use it as a “selective incorporation” or practical “integration” strategy, without any doubts about regular approaches and without adopting homeopathic theory.⁴¹ In these situations, then, regular medicine retains its dominant position. Other research, in turn, approaches things from the perspective of heterodox medical practitioners. In these articles, the focus is usually on the professionalization strategies that these practitioners apply, or the ways in which they relate to regular medicine.⁴²

In the settings described above, there are usually multiple individuals that stand for different approaches, like the medical practitioner and the heterodox medicine practitioner. There is, however, also a number of studies in which both regular medicine and heterodox medicine are somehow combined within one person. Nadine Raaphorst and Dick Houtman, for example, have interviewed medically trained practitioners that combine this with heterodox medicine. Raaphorst and Houtman recognize that most sociological research approaches the question for combining heterodox medicine and regular medicine from the point that heterodox medicine is integrated into the latter settings. That is to say: in such settings heterodox medicine is only a pragmatic addition and poses no challenge to regular medicine in any way. In case of acupuncture, for example, it is mostly used in pain therapy because this effect can be explained within regular medicine and is therefore considered to be a legitimate solution.⁴³ They refer to this mode of integration as “the domestication thesis”, in which heterodox medicine is domesticated into medical settings where regular medicine is the dominant form.

“According to the domestication thesis (...) medical doctors who practice CAM [complementary and alternative medicine] alongside biomedicine hold on to the biomedical model, have a preference for cures and treatments based on the latter, and understand and use CAM as a mere pragmatic and instrumental add-on.”⁴⁴

Instead, Raaphorst and Houtman wanted to study the opposite of such settings, namely that in which regular medicine “does not constitute the dominant and taken-for-granted model of health and healing.”⁴⁵ They conclude that, in such settings, the

⁴¹ Gert Jan van 't Land and Luc Quadackers, ‘Verdunde animo voor homeopathie’, *Medisch Contact* 43 (October 2009).

⁴² T. J. Kaptchuk and D. M. Eisenberg, ‘The Persuasive Appeal of Alternative Medicine’, *Annals of Internal Medicine* 129, no. 12 (15 December 1998): 1061–65; Nina Degele, ‘On the Margins of Everything: Doing, Performing, and Staging Science in Homeopathy’, *Science, Technology, & Human Values* 30, no. 1 (1 January 2005): 111–36; S. Cant and U. Sharma, ‘Demarcation and Transformation within Homoeopathic Knowledge. A Strategy of Professionalization’, *Social Science & Medicine* 42, no. 4 (February 1996): 579–88; John I. Macartney and Ayo Wahlberg, ‘The Problem of Complementary and Alternative Medicine Use Today: Eyes Half Closed?’, *Qualitative Health Research* 24, no. 1 (January 2014): 114–23; John Chatwin, ‘Pre-Emptying “Trouble” in the Homoeopathic Consultation’, *Journal of Pragmatics* 40, no. 2 (1 February 2008): 244–56.

⁴³ Nadine Raaphorst and Dick Houtman, ‘“A Necessary Evil That Does Not ‘Really’ Cure Disease”: The Domestication of Biomedicine by Dutch Holistic General Practitioners’, *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine* 20, no. 3 (May 2016): 245.

⁴⁴ Raaphorst and Houtman, 245.

⁴⁵ Raaphorst and Houtman, 245.

domestication thesis is actually reversed: instead of regular medicine, heterodox medicine is the preferred treatment and is considered to be better suited to cure and prevent disease.⁴⁶ Conventional treatments, on the other hand, are only used when they have no other options left and are believed to not 'really' cure the patient.⁴⁷ Robert Frank did a similar research amongst 20 homeopathic physicians, wanting to find out how the "integration of non-biomedical modes or treatment in the health care system (...) unfolds on the micro-level of medical practice."⁴⁸ Amongst his respondents, he distinguishes three practice styles that describe the way in which homeopathy and regular medicine are combined: : the homeopathic physicians in his article fall within three categories based on their preference for one or the other system. Homeopathic physicians of type I (5 out of 20) segregate patients on the basis of whether the patient is 'homeopathic' or 'regular medical'.⁴⁹ These physicians argue that they adopt this strategy because of the history of their clinic; their predecessor was only regular practitioner and they therefore had a lot of regular medical patients.⁵⁰ In such a clinic, choices by patients are leading. These physicians additionally segregate patients according to diagnoses: some are clearly homeopathic and others regular medical. Characteristically, they use homeopathy and regular medicine in a "parallel way", none of them dominating the other. They are all part of the system of public health insurance.⁵¹ For type II physicians (11 of 20), homeopathy forms the base of their decision making and patients that only want to be treated regular medically are not admitted. These physicians apply 85 to 95 per cent homeopathic remedies. All of these physicians value regular medicine because it allows them to pick out dangerous situations. The regular medical knowledge also allows them to treat with regular medicine if homeopathic treatment does not work in time.⁵² Even though regular medicine is much appreciated, the foremost remedies are homeopathic.⁵³ Six of these physicians operate in public health insurance, while six in privately run clinics.⁵⁴ Type III physicians reject biomedical strategies and are most removed from it, except for the identification of dangerous conditions.⁵⁵ "These type of physicians value biomedical diagnostics much less than types I and II."⁵⁶ Most critique is directed towards regular medical drugs, to the extent that it is deemed "inappropriate in most areas of medical practice" except for emergencies and surgery.⁵⁷ Homeopathy is alternative to regular medicine, for type III even in cases like multiple sclerosis and cancer, which is typically regular medical for type I and II. 95-100% of the remedies of type III physicians are homeopathic remedies. These physicians really distance themselves from regular medicine and are not looking to for ways in which to integrate the two approaches.⁵⁸

⁴⁶ Raaphorst and Houtman, 247-248.

⁴⁷ Raaphorst and Houtman, 249.

⁴⁸ Frank: 799.

⁴⁹ Frank, 800.

⁵⁰ Frank, 800.

⁵¹ Frank, 803.

⁵² Frank, 803-804.

⁵³ Frank, 804.

⁵⁴ Frank, 806.

⁵⁵ Frank, 806.

⁵⁶ Frank, 806.

⁵⁷ Frank, 807.

⁵⁸ Frank, 806, 809.

Carl May and Deepak Sirur, studied 10 medically qualified general practitioners in the United Kingdom who used both regular medicine and homeopathy. Respondents mentioned that homeopathy, for them, was a way to “recapture a model of practice that is perceived to be threatened by the ever increasing structural demands of a doctor’s work”⁵⁹ and that regular medicine does not really have adequate responses to “deeper problems”, like the loss of the individual within the “scientific reductionism and objectification of orthodox medical practice” which is found back in homeopathy, where the patient is central. But they did not exclude regular medicine, even though they did not like its side-effects.⁶⁰

Ana Maria Borlescu interviewed 8 medically schooled practitioners in Romania that also apply homeopathy. In Romania, interestingly, you need a biomedical degree in order to practice heterodox medicine.⁶¹ The main focus of this article was on the “community practice” within the homeopathic community and not necessarily on their choice for regular medicine or homeopathy, because they inherently needed to have studied both. There was, however, some attention to their combinations in practice. For these homeopathic physicians, homeopathy is an extension to regular medicine and regular medical diagnostics are often used in their practice and none of these physicians reject regular medicine. They do, however, recognize biomedicine’s limits, in that it has a “lack of depth”.⁶² What is difficult with this research, is that there are many quotes: the reader needs to do too much work to figure out what the conclusions of this research can be. Consequently, it is not as explicit in its explanations as the articles by Frank and May et.al.

The INTERVIEWS

The reason for choosing homeopathy over another alternative medicine in my thesis, is that, in the Netherlands, one of the 3 most common types of ‘alternative’ physicians are homeopathic physicians (amongst physicians that practice acupuncture and naturopathy⁶³). At the moment, there are 209 active homeopathic physicians in the Netherlands. Conceptually, homeopathy proves an interesting focus as well because it is claimed that homeopathy is the most common type of heterodox medicine, and additionally, the most controversial.⁶⁴ Specifically, homeopathy differs in such fundamental aspects from regular medicine that it is rather miraculous that these approaches can be combined within one person at all. This only makes it more pressing to find out how this is done, as also Frank argues.⁶⁵ What is more, within the sociological studies of heterodox medicine, there is usually no distinction being made between the individual medicines that fall within this category, as also Wiese et al. recognize, which might lead to very general statements about the relation between heterodox medicine and regular medicine, but which

⁵⁹ May and Sirur: 173.

⁶⁰ May and Sirur: 173-175.

⁶¹ Ana Borlescu, ‘Being a Homeopath. Learning and Practice in a Homeopathic Community’, *Journal of Comparative Research in Anthropology and Sociology* 2, no. 2 (2011): 26.

⁶² Borlescu, 25-26.

⁶³ A search on the website of the AGB-register showed this result. Physicians need to be registered in the AGB-register in order to invoice their treatments with health care insurance.

⁶⁴ Degele, “On the Margins of Everything”,

⁶⁵ Frank, “Integrating homeopathy and biomedicine”, 798-799

lacks meaningful micro-level knowledge. Therefore, these interviews of physicians that also practice one specific heterodox approach should contribute to such knowledge.

For my interviews, I selected solely practitioners whom were both schooled in regular medicine and in homeopathy. In the Netherlands, you can also become a homeopath without medical background, these are usually referred to as “classical homeopaths” or “homeopathic therapists”. Therefore, practitioners were specifically selected whose title or website explicitly stated that they had a background in both regular medicine and homeopathy. During the interviews, it became clear that through these prerequisites, no physicians were interviewed whom did not call themselves homeopaths, but nevertheless could have sometimes prescribed homeopathic remedies. As it turns out, there are such physicians in the Netherlands. They are usually sceptics about homeopathy but use its remedies as placebo’s or when a patient specifically asks for it.⁶⁶ In other words, for these physicians, homeopathy never challenges their regular medical thinking, while such challenges are actually what this thesis is about. For the purpose of this thesis, therefore, it suffices to recognize that such a group of practitioners exist.

In order to find out about the number of medically and homeopathically schooled practitioners, the AGB-register was consulted. Medical professionals and institutions need to be registered here for the purpose of smooth collaboration between them and the health insurance companies. In order to register, an active BIG-registration is required and therefore, all homeopathic physicians whom are registered here also possess such an active BIG-register. The reason for consulting the AGB-register instead of the BIG-register, was that the former could produce a list, while the latter did not. On the AGB-register, 403 homeopathic physicians came up, yet only 209 of them possessed an active registration. Actual contact details of homeopathic physicians were collected from the website of the “AVIG”. This website belongs to the society for physicians who are also practicing heterodox medicine. On this website, 163 homeopathic physicians were identified, including their contact details.

According to the AVIG website, homeopathic physicians are spread throughout the Netherlands, with a slight increase in the big cities like Amsterdam, Den Haag, Rotterdam and Utrecht. For practical reasons concerning transport, I first contacted homeopathic physicians whose doctor’s office were located within a limited radius from Utrecht. For the resulting interviews, I specifically selected based on geographical location and practice styles in order to create a more heterogeneous research group. During the interviews, namely, I noticed that I had only interviewed homeopathic physicians whom did not run a general practitioner’s office, but only an office only for homeopathy. I therefore specifically searched for homeopathic physicians with a GP’s office. Furthermore, the geographical locations of the first few interviews were rather limited, only including the predominantly Protestant part of the Netherlands. In order to also include a Catholic area, the research area was expanded.

Thereafter, 26 homeopathic physicians were contacted. The contact was predominantly managed by email, sometimes followed by a phone call when they wanted some clarification about my intentions. A couple of respondents had had

⁶⁶ van ’t Land.

unpleasant experiences with previous publicity when they had not been portrayed in ways that they were comfortable with. Therefore, they had become careful with whom they spoke to. Gladly, they nevertheless agreed to be interviewed after my intentions were explained. Not all emails were replied to. In the end, 14 homeopathic physicians were interviewed, within a time frame of four months (December 2018, January, February, March 2019). Within this interview group, the male/female ratio is 7/7. For privacy reasons, however, I will address all of them using the male pronoun. Of the participants, 8 run their own office, while 6 work in a shared office. Furthermore, 3 participants are *homeopatisch huisarts* ("Homeopathic GP"), and 11 are practicing as *arts voor de homeopathie* ("Physician for Homeopathy"). Most of the latter category also have not specialized to become a GP and have the title of *basisarts*. The difference between the *homeopatisch huisarts* and the *arts voor homeopathy*, is that the former runs a GP office in which he sees all members of the public, while the *arts voor homeopathie* has a specialist office in which only patients visit with a preference for homeopathic treatment. This means that the *arts voor homeopathie*, in theory, does not have to choose between a homeopathic treatment or a regular medical one, while the *homeopatisch huisarts* does have to make this choice on a regular basis.

The data was anonymized to make sure that none can be traced back to specific homeopathic physicians. Every physician was then assigned to a certain number, of which only I possess the translation key. These proceedings were also documented in a privacy statement for the physicians to read and sign prior the interviews. They all signed this statement. After the first interview, with arts 3, got lost after a technical failure, it was decided to record on two devices in order to make sure that no future data could similarly disappear. Fortunately, the interview was immediately typed out according to my recent memory and sent back to arts 3 in order to check with him whether the interview was recounted in an adequate manner. Therefore, it was still possible to use the data collected from interview 3.

The phone calls and email exchange from worried homeopathic physicians made me realize that this is a group of people who feel generally misunderstood by society and are often the focus of severe criticism, or even hostility. Therefore, I felt like I had to prevent inclusion of unwanted biases which I could have unconsciously adopted about this research population. In her book "*De Mensen and de Woorden*", historian Selma Leydesdorff, specialized in oral history, writes that indeed the interviewer must be aware of his position as he can possibly, and unwantedly, represents a social or moral judgement, which influences the story of the respondent:

Even though the interviewer is holding back, he or she is not neutral. The interviewer represents a social or moral judgement and the respondent at all costs tries to prevent from being judged, and to offer as positive and appealing as possible.⁶⁷

I felt that the expression of my limited understanding of homeopathy during the interviews helped establish trust between me and the respondents, demonstrating that my interest was genuine, and I did not have of bad intentions. I also explained that my research question was meant to show an unbiased view of what homeopathic physicians do. The downside of this approach was that not just a few of

⁶⁷ Selma Leydesdorff, *De mensen en de woorden: geschiedenis op basis van verhalen*, Meulenhoff Boekerij B.V., 2011, 89.

the respondents made the interview into a homeopathic lecture instead of an interview about their day-to-day practices. Having experienced this a few times, I learned to ask a question which would again refocus the interview on to the topic. I would start of every interview with the question of how the respondent actually had become a homeopathic physician. The answer to this question was leading for the direction of the interview. As opposed to an in-depth sociological research, in which the “research agenda of the researcher dominates”.⁶⁸

Even though a list of questions was prepared, only my first question was the same in every interview. The rest of the interview was performed in an unstructured manner in order not to impose any presupposed categories on the story of the homeopathic physicians. This is important, as homeopathy and regular medicine are mutually exclusive in theory. In order to explore the ways in which they nevertheless converge within one person, one should be careful with prescribing any preconceived theoretical boundaries. What should replace such boundaries is rather the outcome of this research than it is prior knowledge. Additionally, the unstructured interviews befit the nature of this research, which is predominantly exploratory as previous attempts to study this specific respondent group have not been made in the Netherlands before. Even though this unstructured approach was used, certain themes began to emerge without much direction by a set of questions prepared beforehand. The results are described in chapter 2. Future research could benefit from a more structured approach building on these themes.

The interviews were transcribed and analyzed following the steps as identified by Patricia Leavy in *Oral History: Understanding Qualitative Research*. Firstly: the interviews were performed and their subsequently transcribed. After that, I immersed myself into the data, wrote down themes and recurring words as I continued to immerse myself in the data (called “memo-writing cycles” by Leavy). I first made a selection of the reoccurring topics and for these I selected all the relevant quotes. After that, in a second round, I evaluated the different themes within these topics themselves, which made it possible to see the commonalities and the differences. Eventually, this led to the writing of theory.⁶⁹ The transcription and analysis were done using the program “NVivo 12” – a program designed for analyzing qualitative research. The quotes of the respondents which ended up in this thesis were translated by myself. An appendix is added in which the quotes in their original form can be found.

⁶⁸ Selma Leydesdorff, *De mensen en de woorden: geschiedenis op basis van verhalen*, Meulenhoff Boekerij B.V., 2011: 91.

⁶⁹ Patricia Leavy, *Oral History*, Oxford ; Oxford University Press, 2011: 60.

CHAPTER 3: HOMEOPATHIC PHYSICIANS in ACTION

When thinking about homeopaths, a stereotype image of an alternative practitioner might spring to mind, perhaps accompanied by images of healing crystals, essential oils, cell-salts, biodynamic diets, herbal remedies, hypnosis and other spiritual practices.⁷⁰ A homeopathic physician, or so it could be thought, must be a medical practitioner who lost his wits along the way: how could you practice something which is scientifically impossible, or even absurd? One can imagine a homeopathic physician to be somebody slightly out of touch with the everyday world, who refutes regular medicine and gladly uses all sorts of unscientific heterodox remedies. Doubting whether homeopathic physicians fit this description, in this chapter I will explore how they relate to regular medicine and homeopathy in their everyday practice. Throughout the interviews, two categories emerged: the larger part of the respondents were sceptic about regular medicine to a certain degree, while a smaller proportion was deeply skeptical about it. One of them, for example, distrusts the regular medical world, stating that regular medicine came to power within Nazi-Germany, is funded on a large scale by the oil-industry, and willfully suppresses highly effective heterodox approaches. Two of the fourteen respondents fall within the latter category. As we will see, however, even they find regular medicine very useful in certain situations. To start with, however, I will briefly describe how one actually becomes a homeopathic physician to start with.

In the Netherlands, the profession of physician is a “*beschermde beroep*” (“protected profession which implies that the physician in the Dutch health care system has to be educated by an acknowledged institute as stipulated in the “wet BIG” (*wet op de beroepen in de individuele gezondheidszorg*, or the individual care professions regulation). After having finished the prerequisite education, a bachelor and master’s degree in medicine, the student is then registered as a “*basisarts*” (“elementary or primary physician”) in the BIG-register. A *basisarts* cannot yet work on all medical positions: instead a specialization is required. For obtaining a trainings position in a specific specialization there are long waiting lists. Furthermore, these positions are becoming increasingly scarce making it less self-evident to specialize for *basisartsen*.⁷¹ In the past, graduate students could immediately start working as a GP. Since 1978, however, the GP vocation professionalized and currently also requires specialization. Therefore, there are now waiting lists for becoming a GP as well.⁷² For some homeopathic physicians I interviewed this meant that they did not want or could become a GP and that they simply remained “*basisarts*”. Others, however, did finish such a specialization. The use of the term “homeopathic physician” in this thesis, therefore, refers to both homeopathic *basisartsen* and to homeopathic GP’s.

⁷⁰ For a visual aid, it is worth watching the following scetch on the internet: “That Mitchell and Webb Look, Homeopathic A&E”.

⁷¹ Majanka Keijer, ‘De (on)mogelijkheden van een basisarts’. *KNMG Studentenplatform, Medisch Contact* blog, 22 November 2006.

⁷² R. van Daalen and P.M. Verbeek-Heida, ‘Het bestaansrecht van de huisarts’, *Huisarts & Wetenschap*, December 2001.

In order to become homeopathic physicians, the respondents also had to receive an education in homeopathy. Seven of the respondents received their homeopathic education at the *Homeopathie Stichting*. This Dutch institute is meant especially for medical professionals who are at least a *basisarts*. Besides this school, there are several other homeopathic schools. These, in contrast, are open for everybody who wants to study homeopathy. To be admitted there, you do not need a background in regular medicine. Some respondents have studied homeopathy in this way, usually this is referred to as an education in 'classical homeopathy'. Other respondents have studied homeopathy abroad or – before the *Homeopathie Stichting* was erected – studied homeopathy with one specific homeopathic physician.

This chapter is dedicated to the practice of the homeopathic physician. First, it will become clear that, even though homeopathy might seem completely opposite to regular medicine, the homeopathic physician values regular medical knowledge and therapeutics immensely. Nevertheless, he is equally dissatisfied with it. Therefore, after having discussed regular medical possibilities, we will turn to the homeopathic physician's discontents with regular medicine and what homeopathy has to offer as a compensation of these shortcomings. This description is then followed by an examination of some cases in which the separation between homeopathy and regular medicine seems to fade. From the description in the first part of this chapter, you would expect to find a clear-cut choice between homeopathic or regular medical in practice. You would expect to find a homeopathic physician whom, based on their judgements about whether someone is in need of regular medication or homeopathy, prescribes either the former or the latter remedy. It appears, however, that this is not the case. Instead, a rather hybrid practice comes to light in which, for example, the homeopathic method mingles with the prescription of regular medicine, and in which homeopathic remedies are prescribed in a familiarly regular medical fashion.

HOMEOPATHY in ACTION

In practice, homeopathy might sound very strange to unfamiliar ears. For example: in order to find the suitable cure - the "similar" - the homeopath needs identify essential characteristics of the patient. One physician, for example, illustrated how he would attempt to find the right cure for me by determining my 'position' within the periodic table:

I am looking at you, for example, and then I think: well, you are very interested, so that would mean you do not only have the iron-series, but probably also something of the lanthanides, otherwise you would not be interested in this topic. What, then, does your gaze tell me? You are seeking, you are not very unsure, but also not completely sure, so you are probably somewhere in the middle. [10]

For an unfamiliar ear, this procedure sounds very unusual. Another homeopathic physician explains how he looks at the similarities between the patient and certain types of animals in order to find the right cure:

"Well, I found she was an animal of the earth, because those are very responsible: they care for their children and work hard and like to earn

money so that they can build their house and start a family (...) Very earth-like. (...) Then I thought: you [the patient] also have something very childlike, so I have to have something with “early childhood”, which made me end up with “domesticated cats and dogs”. I think: “*verdorie!* Then you should have cats milk!” Because you are continually scolding your husband, and the essentials of cats is that they let themselves be domesticated, but only on their own terms. If they do not want something, they do not do it. For example, she is cross with her husband, so her husband just does not receive sex from her anymore.” [4]

Often times, the homeopathic physicians will categorize their patients as “being an animal, mineral or plant”, referring to the patients’ characteristics which match that of a specific remedy extracted from a certain animal-, plant- or mineral. Thinking in terms of such comparable ‘images’ is very common amongst the respondents. For such ‘matchmaking’, they use the homeopathic repertories mentioned in chapter 1.

Another physician explains that he recognizes the characteristics of a specific remedy in an ill patient when the patient displays certain specific symptoms. These symptoms inevitably link the remedy to the patient:

“(.) then you know, for example, somebody with the flu, annoying, pain everywhere, then I always say one thing: “press your head, does it get better? Yes? Bryonium!” Child with ear-pain, screams very loud? Is he angry?” (...) I say: “Oh! Chamomilla!” [11]

The search for the similar is the key feature of the homeopathic process and therefore takes center stage in the practices of the homeopathic physician. Within these proceedings, no trace of regular medical thinking can be detected. One can sympathize with homeopathy’s opponents when they argue that homeopathy prevents the patient from receiving adequate medical care, which can be detrimental to the patients’ health. Nevertheless, this is not at all the case for the homeopathic physician, because all of them, including the two homeopathic physicians mentioned that are deeply sceptic of regular medicine, agree that regular medicine is a very valuable asset which is absolutely necessary in their day to day practice.

REGULAR MEDICINE: DIAGNOSTICS, THERAPEUTICS and STATUS

The title of the homeopathic physician, be it *homeopatisch huisarts* or *arts voor homeopathy*, denotes their appraisal for regular medicine. All respondents, namely, find their medical knowledge indispensable. Arts 2 states that his medical education allows him to recognize the value of regular medicine, and his own medical limitations, arts 23 agrees because, he says, “you really do need regular medicine.” Equally, arts 22 mentions that regular medicine still forms “an important part of my understanding”. To be more specific, arts 8 explains that medical schooling teaches you “how to deal with people and diseases, and how to treat patients, what kind of treatments there are and what the side effects are.” Furthermore, without a doctor’s title you might miss important alarming symptoms – a skill which is often referred to as *‘het pluis-niet-pluis gevoel’* – which might lead to serious misdiagnoses. Arts 4 also warns for the dangers of not taking regular medicine into account, because of the chances of not noticing important observations. Arts 9 agrees with this. Arts 11

recalls a specific situation in which her medical background allowed him to immediately identify seriously threatening symptoms, he immediately sent the patient to the cardiologist and it turned out that the patient needed three bypasses:

I once got a visit from a woman who said: "if I am riding my bicycle, I suffer from a pressure on my chest". I said: "you should immediately see a cardiologist, you should immediately get a cardiogram." Three bypasses! She could have died. While a lay homeopath might have said: "hmm, we are going to give you this or this remedy.... [11]

Medical knowledge, therefore, is indispensable in emergency cases. This type of knowledge allows homeopathic physicians to recognize where homeopathy alone does not suffice and when regular medical interventions are absolutely imperative. Their unique position allows them to know the possibilities of homeopathy, but also its boundaries. As homeopathic physician, arts 21 says, "you know about the regular possibilities, in what situations a patient is better off with regular medicine, or homeopathy in other situations, or perhaps a combination."

Additionally, navigating these boundaries is not something which a lay homeopath without medical background can do because, some homeopathic physicians mention, part of the medical knowledge can only be taught through actual experience, something which a lay homeopath lacks.

Because you have worked in the regular medical world for a long time, you develop a 'taste' for "hey, this could be wrong, or this could be right." (...) If you have not actually worked there, you do not develop this. [9]

Images, that is what is in your head and what you have become familiar with. For someone without [the medical] schooling, this is completely different. [22]

Furthermore, their regular medical schooling allows the homeopathic physicians to have immediate access and to understand medical literature. It is also a prerequisite for them to keep up to date with the developments in regular medicine through *bijtscholingen* (additional medical training). Therefore, they are able to remain in touch with the ever-developing medical field.

You have to know about regular medical things. (...) I have primary access to everything; to the literature - I understand it - so I can join in the conversation and advise people from within this primary knowledge." [22]

With the regular background, you have to keep up with everything, and I look at: what kind of new treatments could be beneficial? You know, I will look into this and expand my medical knowledge. [9]

For the homeopathic physician, there is a number of specific symptoms or diagnoses which clearly require a regular medical approach. These included infectious diseases like Lyme disease, rheumatoid arthritis, pneumonia, appendicitis, urinary tract infection, cerebral infarction, cancer and clear suggestions that there is something wrong with the heart, like a pressure or pain on the chest, genetic defects and or a heart arrhythmia. Other vague but pressing symptoms also fall within this category, like very high blood pressure.

Arts 21 explains that the choice between homeopathy and regular medicine boils down to estimating the risks. Namely, in case of rheumatoid arthritis, for example, the chance of permanent bone damage is just too considerable when not treated adequately. In such a case, he argues, there are homeopathic options, but the regular possibilities outweigh the homeopathic ones because the former are better equipped to deal with such a perilous disease.

When somebody comes to me with a fierce rheumatoid arthritis (...) in whom the inflammation has already started to erode the bones, and whom risks becoming disabled, yes, then I can say as a homeopath *recht in de leer* [strictly classical]: well, I can manage this homeopathically" and this could be the case, or perhaps not. But I think that you should not withhold the possibilities of regular medicine from somebody, and you should say: "go to a rheumatologist because there are currently a lot of possibilities to slow down inflammation and to suppress that immune system as much as necessary. Because you are now in a phase in which much damage is done to the joints which we should really try to prevent."
[21]

This way of arguing can be found in all homeopathic physicians: if they suspect that there is a chance of complications which might lead to the loss of bodily function, irreversible damage or death of the patient, they agree that regular medicine is very valuable: "homeopathy can work swiftly but it can also take a long time, and [sometimes] you do not have that time. Or you cannot put the patient at risk", says arts 22. Arts 16 illustrates this by stating that

The simplest example is that when a patient comes with complaints, pain during urination, then you check the urine: it is a urinary tract infection. In that case, it is customary to prescribe antibiotics. If you do not do so, there is a chance that the patient develops an inflammation of the kidney's - which won't happen that fast, but it does pose a danger. So, then you would not tell this person - at least at first: "you have a urinary tract infection, but we are going to treat you homeopathically."

Most certainly, in the case of acute and uncertain situations, homeopathy is just too unreliable. As was discussed in chapter 1, namely, finding the right cure is not something for which there is a consistent roadmap. In case of an infection, arts 12 says, "I cannot guarantee that homeopathy will work that fast" and therefore you should see a regular physician. Or in case when somebody's throat is severely

swollen, “in that case homeopathy works too slow, then you should take regular medication, absolutely.” Homeopathic physicians acknowledge that homeopathy can work slow, also because of the skills of the homeopathic practitioner. In some cases, namely, the homeopathic treatment is not so readily available to the homeopathic physician, says arts 3. Arts 21 and 25 expressed this as well:

With the third remedy you might need six, eight weeks to see if it works, so in the meantime two months may have passed. And then you might need another remedy, and it takes more time again. Then you have to explain to the somebody that he needs patience. Sometimes your remedy is immediately the right one – which is of course wonderful – and sometimes it really takes a lot of effort. Do not be too positive about it, because sometimes it is a struggle for me and the patient: “am I doing the right thing?”. And sometimes it does not succeed, and the patient opts out. [21]

The tricky thing with homeopathy is that when it works well, the effect is unbelievably substantial. (...) But the predictability is very low [25]

Regular medicine, therefore, figures as a successful back-up in pressing medical scenario's. To add to that, homeopathic physicians also find that regular treatments are very helpful when patients are dealing with effects that are, on the short term, very unpleasant: “look, when our complaints are getting very painful or severe or threatening, and you cannot find a good homeopathic remedy, then it is helpful that you have other options.”, says arts 10. Things like a severe itch, pain or depression, are examples of candidates for a regular medical approach because they help the patient to deal with them.

A patient of mine had metastasis of cancer and was suffering from severe pain, she took opiates. Then you are of course glad that that [medication] exists. [11]

Imagine that somebody visits [your office] with symptoms that resemble some sort of burn-out, a sort of emotionally exhausted condition, and depressed for a long time. Every morning he wakes up crying, all misery, doom and gloom. You can consider treating such a person with anti-depressant, as safely as possible, in consultation with him, because I always find it very important to recognize the sovereignty of somebody's problem [sic.], because, for me, the patient is always behind the wheel and I am next to him. [4]

Somebody is in pain, feels nervous or tense, does not sleep. Well, then I give a sleeping pill or something to counter the tension, or a bit of this, a bit of that, in order to satisfy somebody. [21]

In that sense I am always glad about regular medicine. If it is only because they give me time to think when somebody, for example, suffers from severe pain. Then I am glad about the existence of painkillers because they make the bearable to the patient. [2]

Arts 25 describes a situation in which a patient has been suffering from a urinary tract infection for quite some time, without the right homeopathic remedy being found. This is not right for the patient, he argues, because she suffered for a long time and whom “needs to visit the toilet every 10 minutes” and cannot actually go to work because of the pain. In such situations, you do the patient a real favor to opt for regular medicine.

Another case in which regular medicine is very successful, is once damage already has been done. In such cases, regular medicine is excellent in fixing or supporting the body where homeopathic remedies cannot actually fix the body once it has already been damaged. A much-heard example is the broken bone that needs to be set and put in a cast or body parts which need to be otherwise fixed mechanically, like a hip replacement.

They are very good at that currently, the mechanically mending of our body: a new knee or hip, a liver transplantation, a heart transplantation, these are amazing forms of regular medicine. [21]

I once helped an old lady who suffered from a lot of pain, I said to her: I think you should get a hip replacement (...) because if that is where the pain is coming from, I can give you as many [homeopathic] granules as I want, but that will never do the trick. [23]

Or in the case of dysfunctional organs like kidney's, says arts 23, one can either replace them by transplant organs, or by a machine (in case of dialysis). Furthermore, when there is a sign of clear deficiencies, you can only do so much with homeopathic treatment, he adds. In short, regular medicine is essential in situations where the body is not strong or capable enough to heal itself. As is mentioned by arts 2:

[Homeopathy] gives a remedy which barely does something [by itself]. Instead, it tries to trigger a process and then the body has to resolve the rest by itself. You can imagine that it can occur that the body is not capable of that anymore. Then you truly need regular medication, because the body is not able to sufficiently do the job. Then regular medicine is excellent because it supplements that which the body cannot do.” [2]

Apart from their medical knowledge, the homeopathic physicians also value the status which the medical title brings them. When in 2014, the wet-BIG was amended, all physicians were obligated to “re-register” in order to retain their medical title. This amendment was meant to ensure that medical practitioners demonstrated their

ongoing practice within regular medicine. In order to prove this, physicians had to show that they spent a certain amount of the time working within regular medicine. For a regular physician, this is almost self-evident. For an *arts voor homeopathy* or a *homeopathisch huisarts*, however, it might take some figuring out. They nevertheless did not want to lose their title and put in a lot of effort in distinguishing between time which was spent “doing homeopathy” and the time spent “doing regular medicine”. In case of the *arts voor homeopathie*, the latter category applied to the diagnosis and referral to regular medical specialists and the former to the homeopathic remedies prescribed. One can imagine that this takes a lot of effort. Nevertheless, it is an illustration of the value of the medical title for the homeopathic physician.

The medical title gives the homeopathic physician the status of a medically trained professional. Arts 11 says that “if you are not an *arts*, you can say “this or that” (...) but people do not believe you.” [11] Arts 1 and 9 argue that this title really sets them apart from homeopathic therapists, whom have not studied medicine:

After three years you can call yourself “arts voor homeopathy”. Which is meant to distinguish from what we call “hogeschool homeopaten” [homeopathic therapists]. [1]

People think: “well, you visit “the homeopath”. No, no, absolutely not, we can really do more, we can interpret much more so there is a substantial difference. [9]

Arts 23 mentions that he would not mind losing his title because he already has the necessary medical knowledge, yet he also admits that it is an important sign to the patient, suggesting that they would prefer an *arts voor homeopathie* rather than a homeopathic therapist because the latter is not familiar with “the regular thinking” so that they might not recognize crucial symptoms. Arts 22 mentions similar concerns:

You have many non-medical homeopaths – this is actually the majority. And well, I think that is fine, or actually, I am not sure about that. It feels a bit strange to me, because it must be the case that these people actually have a too one-sided approach, only homeopathic, this cannot always be right. [22]

Arts 4 adds that this title has also provided him with social and economic security and that he also wanted to be associated with regular medicine because of a “very fundamental fear to “miss the boat”.

Another reason for sticking with the medical profession, is that it might eventually lead to the acceptance of homeopathy within this profession. Arts 22 finds that his doctors title allows him to stay part of the medical circuit in order to, perhaps one day, incorporate homeopathy from which he does not want to distance himself. “I want to be part of it”, he says, “I find it important that [homeopathy] becomes

normal part of the 'total package', so I put a lot of effort in keeping up with the regular side: to understand it and to think along with it every now and then."

Nevertheless, in combination with homeopathy, the status of the medical title might also be different from that of a regular physician. Considering the relation between homeopathy and the medical establishment, arts 25 recognizes that, as a "doctor" you might actually have more "right of speech", but when you combine it with homeopathy, it might actually lead to more separation between the homeopathic physician and the medical establishment:

I am increasingly beginning to wonder what the use of the medical title actually is. It is the case that, because I am a doctor, I have "more" right of speech. But if I see how negatively the [medical] profession responds to homeopathy, you cannot help but think: I might have to pay attention to not end up in a corner [25]

But on the other hand, arts 25 mentions, if you do not have a medical background, you might be ignored all the same because you can be blamed of lacking scientific schooling and therefore lacking the right to speak about matters of health care. Even though the homeopathic physicians are very clear about their appreciation of their regular medical knowledge, their opinions about the title are less unanimous. The fact that they all put efforts in securing their title shows that they value it as well. About their reasons for retaining the title, however, they are less certain. Does it give them status? Do they lose credibility through their engagement with homeopathy despite their title? Most certainly, homeopathic physicians feel that regular medical knowledge is important and that their title is able to display this to the outside world. Nevertheless, homeopathic physicians do not only value regular medicine there are also parts that do not meet with their approval. What is striking, then, is that homeopathic physicians have a nuanced view of regular medicine. They do not abstain from making good use of it, contrary to what sceptics might claim.

REGULAR MEDICINE and its DISCONTENTS

An important question to the homeopathic physicians concerned their reasons for becoming a homeopathic physician. What has motivated them? The answers to these questions all contained one important motive: their discontent with regular medicine. What is interesting to note is that for many this discontent came before their choice for homeopathy: it was not homeopathy per se which made them choose a heterodox path, but rather their dissatisfaction which made them look for alternatives. Arts 16, for example, explained that during his medical study:

I wasn't 'all homeopathy' yet, but I did decide to follow homeopathic schooling because I was really focused on more than the kidney or the heart, the purely physical which you essentially learn if you study [medicine]. [16]

Other respondents already practiced heterodox medicine before choosing homeopathy specifically or were inspired by heterodox medicine. Less specifically, some felt an unspecified need for “more than regular medicine could offer”.⁷³ Arts 25 felt dissatisfied at the end of his medical studies. He had, by then, already found out that he preferred the GP’s profession above working in a hospital because of the lack of eye for the patient. But also, the GP’s profession turned out to be too narrow for him, regarding his therapeutic possibilities:

At the end of my study I started thinking: is this it? And also, through the study of GP I found out that I liked being a GP much more than working in a hospital, because in hospitals things are very reductionist, so you basically see a gastric ulcer in front of you instead of a patient. And in GP-medicine (...) it is not only about that ulcer but also what this means for the patient and how he got it. So, this gives you already a broader perspective. And then I found out: there isn’t that much, you cannot do very much. Especially when things get worse you get more possibilities, but not everybody with a stomach ache has an ulcer. So, what to do with these other people with pain in the upper abdomen? Because of that I went looking for different paths and cannot recall exactly how I ended up with homeopathy. Perhaps because it is the most controversial, most far removed.” [25]

Such initial doubts about their experiences with regular medicine made them prone to look for alternatives – while not completely leaving regular medicine behind. It was not always clear to what extent the discontent with regular medicine preceded the move to homeopathy, however. Sometimes the discontents seemed homeopathically motivated. It was mentioned by arts 9 that regular medicine “does not really solve problems” as opposed to homeopathy. I therefore asked arts 9 whether this insight came before or after his study of homeopathy:

Arts 9: “[I have] found that as a GP, it was more like ‘pray and delay’, you do not really resolve anything. When somebody suffers from acid reflux, for example, you give omeprazole or whatever, but that does not solve the problem. I noticed that with [homeopathy] I could actually solve problems. And I found that so essentially different, that when I deploy this, I can actually solve things.

Anne: “I can imagine. Is that something which you realized while dealing with homeopathy, that it was more ‘pray and delay’ in regular medicine, or did you find out along the way? Only when you actually see the alternative?

Arts 9: “I saw it once I was studying [homeopathy].”

⁷³ Arts 1, 3, 11 and 12 already practiced heterodox medicine before choosing homeopathy, arts 10 was inspired by heterodox medicine. Arts 2, 8, 16 and 25 wanted “more than regular medicine could offer”,

Therefore, it might be plausible to think that, for other homeopathic physicians as well, not all of the discontents with regular medicine came prior to the study of homeopathy. Instead, homeopathy could have furthered or strengthened these discontents. When, in case of arts 16 or 25, there is the feeling that regular medicine's focus is too narrow, the inherently individualistic homeopathic system could strengthen and even theoretically underpin these initially intuitive feelings. Leading to rationalizing the choice for homeopathy. This is important to note, because laying bare these intuitive and primary discontents with regular medicine could render the choice for homeopathy more understandable to the regular medical practitioner.

With the exception of arts 4 - whose plan it had always been to become a homeopathic physician - none of the homeopathic physicians initially wanted to study homeopathy specifically, as opposed to another heterodox approach. On the contrary, some of them even admit that they were rather sceptic about homeopathy:

In the meantime, I followed all sorts of alternative courses. And actually, homeopathy only at last, because I found it a bit vague, acupuncture was at least a bit concrete (...) it started actually with orthomolecular medicine: vitamins, minerals, that is also still concrete. I found homeopathy a bit of a vague thing, but I thought: I should at least know something about it. [10]

And I have to say, initially I was even sceptic about the use of homeopathic remedies because it is diluted, shaken, diluted and shaken and there is nothing in it so how can it be effective? [8]

But, arts 8, 9 and 10 mention, when they first saw the unlikely results of homeopathy in practice, they were convinced that it must be effective. Arts 9 describes that, during his study at SHO, he got some homeopathic medicine to try out at home, which miraculously turned out to work:

So, I got an ear infection and: "flop", I took a granule and it seemed like a miracle cloth was used. So, I thought: well, this is strange, very strange. I could not actually explain it, because I had been working only within the [regular] medical setting and this was really: well, wow! [9]

Arts 10 was equally surprised about the effects of homeopathy after he had witnessed them and even experienced these effects on himself. Arts 8 specifically recalls two situations that made him realize that homeopathic remedies were truly effective. Not only did the positive effects baffle him - a boy with constant nose bleeds was cured at once - but also strong negative symptoms convinced him of the efficacy of the remedy:

At first, I was sceptic about the use of the granules, but then I just started learning the homeopathic method and also applying it and noticed, already with the first patient, that those granules - against

all odds – that they really did something (...) my first patient was the boy next door of 10 years old with continuous nose bleeds, three times a day. I gave him a granule - he'd had these nose bleeds already for years but at once they disappeared! The second patient suffered from asthma – and had had eczema in the past – which is a common combination: you first get eczema, which is suppressed with hormone crème, and then later people develop asthma. And she came for the asthma, so I gave her a remedy and the asthma suddenly disappeared, but the eczema came back very dramatically, across her whole body. And I thought: oh my, these remedies do really do something, the asthma immediately disappeared but what should I do now? What have I done? This was so dramatic and complicated, I was only a junior homeopath. So these two patients were very important for me, firstly because they showed me that these granules really did have an effect and secondly, well, if you do not use them correctly they can also really give rise to side-effects or unwanted effects. So you should really know what you are doing. [8]

Additionally, most homeopathic physicians do not differentiate themselves in the same explicit manner from other heterodox medicine as they do from regular medicine, only when they are asked about it do they admit that they already practice different heterodox medicine⁷⁴ or that they would like to (when they would have more time)⁷⁵ or that they prefer homeopathy because it is very “systematic” [21] or has a “deeper effect” than other heterodox medicine [16], or is “more easy to explain to patients than anthroposophy” [12], or “really focusses on the story of the patient” [8, 21], or “it sees the physical and mental part as one, as opposed to other approaches that focus more on the one than the other” [2].

In general, homeopathic physicians are dissatisfied with regular medicine and in most cases, this dissatisfaction led them to look for different approaches to combine with medical study or practice.⁷⁶ It can safely said, then, that it was not homeopathy specifically which initially attracted the respondents, but rather their discontents with the regular approach. Accordingly, the following paragraphs will deal with these discontents in more detail.

Regular medicine: can't cure everything

In regular medicine, there are many diseases which are deemed chronic, for which you have to take medication for the rest of your life. For the interviewed homeopathic physicians, however, this is not acceptable. Because, they argue, simply giving someone medicine for the rest of his life does not actually cure the patient:⁷⁷

For everybody who is involved with health and disease it is clear that our regular medicine cannot solve all diseases. So, I want to able

⁷⁴ Which was the case or arts 3, 11, 22 and 25

⁷⁵ Mentioned by arts 1 and 23

⁷⁶ This is the case for arts 16, 1, 10, 11, 12, 2, 21, 22, 23, 25, 8, 9, 3.

⁷⁷ Arts 8, 9, 10⁷⁷, 16, 21⁷⁷, 22, 23 and 25 agree on this.

to offer more than I can do with regular medicine. A lot of diseases are chronic because they might be able to be treated but not cured. Think of eczema, asthma, irritable bowel syndrome, countless diseases: auto-immune diseases, the medical wards are filled with people with chronic diseases which cannot be cured but only treated. [8]

Other complaints for which there is no satisfactory solution, arts 8 adds, are: stomach ache, intestinal complaints, fertility problematics and pregnancy complaints. Additionally, fibromyalgia or arthritis can usually only be treated with pain medication, amongst many other diseases, the same goes for migraine and Pfeiffer about which the doctor will usually tell you that you should just sit through it.

In case of chronic diseases or vague symptoms, medical options are limited, they argue. Mostly, in regular medicine, such diseases or symptoms are just suppressed, only to reappear when a patient stops taking his medication, arts 21 says: "then it usually means that I have a patient with complaints and I give something to suppress these complaints." In this way, the suppressed symptoms will just re-appear once the patient stops taking the medication, arts 1 and 21 also mention. Arts 16 also says that you can do it this way, and agrees that if you just give something, like painkillers, to suppress the symptoms, you are actually not really curing people. In this way it is just a matter of putting out individual fires and once you have extinguished one, another will pop up, arts 23 says.

For cases in which there is no clear diagnosis, but when the patient does not feel well for whatever reason, a physician can usually only say: just keep an eye on it and come back in a couple of weeks, or perhaps give some alleviation of the complaints by, as mentioned before, suppressing them. For the homeopathic physician, however, the fact that there are complaints, even though there is no regular diagnosis, already gives him the possibility to find a homeopathic remedy. Arts 21, for example, explains that a patient might not feel well, but when clear physical causes cannot be found, he cannot be treated. And only when this cause is found, the regular physician might know what to do.

[Complaint are] still vague or there are no clear irregularities on the x-ray or in the blood, but somebody does not feel well or has certain complaints, while there is no diagnosis. A doctor would say: "well, come back within three weeks." But that's all he can do. When the disease, the deregulation, pushes through, it will finally manifest itself in the physical body, so you will now see the deregulations: on the x-ray scale accumulation will show in the shoulder, while previously you only slightly felt the shoulder but could not see anything. Now you suddenly see this accumulation. Or you see an increase of inflammatory markers in the blood, or a dysfunctional liver. At that point regular medicine says: now somebody is ill, and we can now treat the person. So, homeopathy actually treats the patient in a much earlier stadium than regular medicine. [21]

And oftentimes, when regular medicine can treat the patient, it will resort to suppressing it, instead of curing it.

A slightly different case is that of certain diseases that do have a generally accepted, and usually very effective cure, but that somehow keeps returning even though the medicine was taken. Arts 9 describes this in the case of an ear infection:

Children with otitis whom kept returning – I did my doctoral research on otitis – to the hospital, the ENT-doctor would have them take antibiotics for half a year, yet they stay and stay, so I think: what is happening here? [9]

And the same can be said about returning urinary tract infections, says arts 16.

Other affections, that might not even be considered diseases within regular medicine and that cannot be treated by it, are the more psychological affections, for example, an “unsafe feeling”:

Something does not really change on a deep level [after a visit to a psychologist] because the relation with the mother is often a thing, it has something really deep, very unconscious, very fundamental, some feeling of safety which should be there, or a feeling of love. And you cannot simply solve this if this is not present. But with a homeopathic remedy you can solve this. [8]

Homeopathy, on the other hand, is able to work with all of the diseases described above, be it chronic or vague, because within homeopathy this distinction between an acute disease and a chronic disease is not that important: instead, they are all disturbances within the ‘self-healing capacity’ of the body and can therefore be treated as such. Therefore, the homeopathic physicians can also try to cure a chronic disease, instead of just keeping it in check with regular medication, or to cure vague symptoms even though these have no regular medical diagnose. While some diseases in regular medicine are simply ‘chronic’, incurable by definition, the homeopathic physician does not accept this, and does not need to when he has homeopathy to use.

Regular Medicine: accepting side-effects

Additionally, the homeopathic physicians criticize the use of regular medication. They find side-effects of medicine are not to be taken for granted, as is happening in regular medicine. When somebody is treated for rheumatic symptoms, for example, and these symptoms largely disappear due to the medication but make the patient feel depressed instead, you should not argue that you have successfully treated a patient, says arts 2: “it means that we, [homeopathic physicians], have to say: it does not go well, this treatment is not adequate.” Arts 8 also observes that, when treated with regular medicine, it often results in patients whom: “regularly use medication, often for the rest of their lives, often suffering from side-effects, and often they do not feel better despite of the medication. For me that is simply not enough.” Arts 10, 4, 23, 25 say the same:

Then they get side-effects from medication use of years, they are tired or have no motivation, you name it. Or with elderly people: they get high blood pressure, receive pills for that, yet these pills make them dull, so they fall and break a hip. [10]

In the *métier*, it has been generally accepted that you should be able to prescribe pills regardless the side effects with the presumption that it won't be that bad and that chances are very slim that it will go wrong with this patient. Well, imagine what would happen when you accidentally have that one patient who is not so lucky, then you have a problem! [4]

I find it wrong that the side effects, the effects on the body of all medication administered are simply passed over. And sometimes the denying of side effects, especially with vaccines, I find very unsound. As if you just have to accept the side-effects. And of course, when you are suffering from something severe, and you really need this medication, then you temporarily accept it. But whether it always cures you, that remains to be seen. [23]

The big problem for regular medicine is that its medication, aside from an effect also has a side-effect. For short term medicine use this is not a problem, but for long term use you always get the question: aren't the side-effects as bad as the original ailment? Or at least: what to do with the side-effects? The substantial advantage of homeopathy is that, if it works, then medication is that homeopathic medication brings about long-lasting effects without side-effects, which is a huge advantage. [25]

Side-effects of regular medication might have to be accepted in severe cases, when there is no other safe option, but in many cases it is simply not the adequate solution, the respondents argue. For this case, homeopathy offers them an alternative way, one without side-effects when properly applied.

Regular diagnosis: ignoring important causes of disease

What also worries the homeopathic physician about regular medicine, are its theoretical constraints. During his medical study, arts 2 recalls seeing this happen at first hand when a patient suffered from unexplainable fevers. The doctors could find no physical cause for the fever, and yet there it was. Arts 2 then suggested that it could be because of some mental causes, something which was not an accepted cause at that time, arts 2 later explains.

During my traineeship, there was once a patient with inexplicable fever and I noticed that this person was very much stressed out and worried about what would happen to him. The internist said: "there must be something, there must be an infection because whatever the cause, somebody does not have fever without a reason. There must be some sort of inflammation going on, be it infectious or non-infectious, but that should be the case, otherwise there is no fever." I

then said: "this might sound strange, but I actually think that this person is feverish because he is extremely worried. I can imagine that this is actually a psychological case." Well, said the internist, that is not possible. But he was a nice guy, so he came back the next day and said: "you know, I studied the literature and it seems that it has been argued there that people can actually get a fever through emotional excitement." I liked that, but I thought: that is indeed not what you learn, you don't learn that the psyche has such an effect on our system. It is being described, luckily, but the starting point for a physician is: you must explain fever in material terms, there must be something wrong within the body. [2]

Such a focus on the physician was too narrow for arts 2. He did not want to ignore observations that, in his view, played an important role in curing a patient. Instead, he wanted to do something that did "more justice to the whole human being".

Arts 8 also recognized that there are certain aspects that regular medicine does not take into account when diagnosing a patient. Even though, at the start, he did not get attracted to homeopathy because of its medicine, he did find the method very useful, because it focused underlying reasons for people to fall ill, which could even extend beyond the strictly physical:

I found the [homeopathic] method very beneficial, so I thought: perhaps those granules do not do anything, but I nevertheless find it useful to take the time to figure out why somebody has fallen ill, you know, if you always get a headache when you visit your parents in law, what happens in the inside? Why do you get a headache? What is the underlying problem? Such a conversation in itself is already very useful. [8]

Arts 10 argues that, in regular medicine, such an approach of finding out what is behind a disease, is not something which is taken into account:

Well, is people come to you with a specific illness or complaint, we [homeopathic physicians] say: when did it start? Well, in about eighty percent of the cases there is a clear story which bothered them. In other cases, it is less clear, even though I still think that there is something similar going on there as well. And within regular medicine, this is not used or even considered to be nonsense. [10]

The same goes for arts 23 who says that homeopathic physicians might actually be considered better physicians, exactly because they focus on many more aspects of the patient:

I actually think that we, homeopathic physicians, are better physicians than regular physicians. That might sound very stupid and arrogant, but that is not what I meant. Because we focus much

more on the whole person. Not only: “oh, you have appendicitis, I will now perform surgery.” But: “why do you get appendicitis now? What happened?” [23]

For a regular physician, finding the physical cause is the goal, yet for the homeopathic physician this is too narrow as they think that there is more to an illness than its physical manifestation. Homeopathy has offered them such a view on the patient: both physical and mental states are important during the homeopathic consult: every detail about a person could mean the disclosure of the right remedy and therefore, every personal detail should be taken into account, be it physical or mental. In other words, the theoretical constraints of homeopathy are much less constricting than these of regular medicine.

Regular medicine: limiting organization

Flowing from the theoretical constraints of regular medicine comes its specific organizational structure: for all diagnoses, there are accompanying protocols to which as a regular physician you are expected to strictly adhere to in his procedures. As the homeopathic physician often finds that these regular medical diagnoses are not always satisfactory because they are too narrow, they find the same about the subsequent organizational structure of regular medicine. Arts 21, for example, finds that the focus on protocols has “stripped down” the medical profession, because “the medical procedures are very much all prescribed”, it is not possible anymore for the physician to adjust to fit to the situation, because all of these protocols. Arts 22 calls it a “constriction” within regular medicine due to the strict rules. This “protocol ruled medicine” also does not sit comfortably for arts 25, who mentions that it simplifies reality while reality, for a fact, cannot be simplified:

But as we speak, 10.000 articles are published, so if we are to make protocols now, then I know I am making something which will be outdated as I am writing it. [25]

Arts 4 similarly criticizes the short time of a regular medical consult, in which are expected get to know the most important details about a human person. As in homeopathy, in order to thoroughly get to know the patient with the complaints, you need at least one - and usually more - hours, arts 4 considers homeopathy to contain an inherent critique of the regular medical approach:

You know, homeopathy as ‘healing system’, perhaps inherently has in itself an accusation on the account of regular medicine, like: “how on earth can you come to a diagnose within 10 minutes?” Because ‘diagnose’ comes from the Greek “dia” and “gnosis”, so “through” and “to know”. After ten minutes I know you “through”. [4]

Arts 1 has a comparable accusation, arguing that he wants to pay attention to the complete human being: to take into account the person who has the disease instead of only focusing on a diagnosis, on the disease itself. However, the importance of

protocols in regular medicine, which are based on what is good for the large numbers, stand in the way of such a personal approach. And therefore, the homeopathic physician mentions, regular medicine is, once again falling short of being able to tackle the real problems.

Regular medicine: does it really cure?

The perspective of the homeopathic physician on regular medicine is rather ambiguous. Even though they value the regular medical knowledge and therapeutics, their criticism seems to suggest that even though regular medicine is considered to be able to prevent or mend the body, and might in cases even be lifesaving, it remains the option which, in hindsight, actually does not really cure. We have already seen that they were critical of the side effects of long-term medicine use, which might indeed keep the patient alive yet depending on this medication and suffering from the side effects. Additionally, homeopathic physicians argue that regular medicine often only “suppresses” the symptoms, meaning that the symptoms will come back once the patient stops taking the medication.

I do not see [regular medical effects] as real recovery. If it helps, then it is still only symptomatic and not the foundation of the ailment, the way I look at people. So yes, [regular medicine] does not really make me happy. [22]

For homeopathic physicians, such suppression does not count as “curing people”. But even for the cases in which they would opt for a regular medical approach, like acute situations or damaged, it was questioned whether it was the most appropriate course of action:

A heart transplant can make a person to go on for a long time again. Already, I find this a bit less elegant because you do not really cure, you just replace. While you can actually really cure, which is actually a much more beautiful method. [10]

Arts 11 furthermore mentions the downside of antibiotics, which not only kills the harmful bacteria but also our own, beneficial bacteria. It all seems to boil down to the difference between accepted causes within regular medicine and in homeopathy. For a regular physician, the cause of a disease very often lies within the physical, he therefore deploys techniques which are meant to tackle this physical cause. For the homeopathic physician, a physical cause is just the sign that there is another, more “deep” thing going on within the self-healing capacity of the body. As arts 23 and 25 expressed, there are reasons for falling ill at that exact time. If you really want to cure a person, you better find out what this reason is and how to treat it. Notwithstanding, there are clear cases for regular medical interventions and as for the rest, it seems as if homeopathy withstands. However, as we will see now, there is more to the homeopathic physician’s practice than just treating someone regular medically or, if the situation allows it, homeopathically. Instead,

HYBRID PRACTICES

In practice, respondents report to make use of all sorts of combinations between regular and homeopathic approach, up to the point that the lines between the seemingly distinguished approaches actually starts to blur. The distinction between homeopathy and regular medicine was useful in so far that it gave a framework from which to approach these different worlds within which these homeopathic physicians work. From the interviews, however, it also became clear that it is not a case of “either, or”, but instead a case of “a bit of this and that”.

Such approaches gradually surfaced during the course of the interviews. Only once I started interpreting what I had heard, did it stand out that in some cases, clear lines between what was homeopathic and what was regular could not be drawn. Because of the limited time frame, I could not interview the homeopathic physicians again in order to check my findings with them. For this reason, this part of the research is of an exploratory nature. Further research would be needed to figure out to what extent these themes are general accepted amongst the respondents. Up until this point, homeopathic physicians seemed to share many ideas about the relation between homeopathy and regular medicine. Yet, describing their actual practices as is done below, I more detailed research into these practices, future meaningful distinctions can be made between homeopathic physicians in the Netherlands.

Homeopathy as complementary medicine

Homeopathic physicians agree that certain diseases need to be treated in the regular fashion. This, however, does not necessarily mean that their influence stops here. Instead, some of the respondents argue that homeopathy is an excellently equipped to accompany regular medical treatments. In doing so, namely, it is said to promote recovery, reduce the side effects of medical treatments like surgeries and reduce chances of complications.⁷⁸ Arts 9 has specifically vivid examples of such accompanying. He describes that he used homeopathy to accompany the regular medical treatment when his daughter badly burnt her foot, and describes how a friend who is surgeon, asked arts 9 for a homeopathic remedy which would help with post-operational pains or his patients. In another case, a patient had to be treated for bowel cancer. Arts 9 gave homeopathic remedy for helping to deal with narcosis, lessening the pain and the swelling. The subsequent chemo-therapy was also accompanied by homeopathic remedies.

So he got the whole kit with twelve remedies and I had it all written out for him: “if you get red skin, take that remedy. Do you get burns? Take that remedy. Feeling nauseous? That.” And he followed this, and he got through the chemo fine, he was hardly affected by it. Well, it is bizarre. I thought like: wow, more people should know about what you can do with this, because it is possible, this combination. Somebody receives the regular, but also the other so that he gets through it much easier. And they also said in the hospital:

⁷⁸ Arts 2,3,4,9,12,21,22 and 25 mention that they opt for such application of homeopathy in this way in some cases.

“well, sir, you are the first here to have persisted for so long. I mean, 4 treatments in such a short amount of time.” [9]

Arts 12 mentions similar homeopathic accompanying of regular medical procedures:

Accompaniment of surgeries can be nicely done homeopathically. For example, after radiation therapy homeopathy can offer support to the omnipresent tiredness very well. The same goes for the contraction of the breast skin, homeopathy works beautifully for that. And if you could have accompanied those people already beforehand, before the nasty surgery, you could have supported the recovery of the connective tissue and muscle layers, this can save you a year! In that respect it is a shame that it is not combined more often. [12]

Arts 9 thinks that this kind of treatment is the treatment of the future: “many things are possible, I even think that when you treat somebody with a pulmonary infection, you could treat homeopathically simultaneously. I think that these are the treatments of the future.”

The hammer scenario: regular consult, homeopathic remedy

Even though long consults, of 1 hour or more, are characteristic of homeopathic medicine, sometimes a patient only needs a “regular” consult. Arts 4, 21 and 25 mention cases in which they opted for such a regular approach, and homeopathic approach was not needed. These usually concern acute cases of non-lethal afflictions: rib contusion, otitis, beginning urinary infections, for example. In such cases, a regular consult suffices to find the right remedy. Because, says arts 25, if someone hit his finger with a hammer it is:

absurd to say: I am going to perform a two-hour long anamnesis in order to find out everything there is to know about this person. No, for a bruise you eventually end up with the first remedy; arnica. (...) Things start to get interesting, however, when this patient hits his fingers every day, then you can say: why do you do that? There must be a deep dysfunction underneath it. [25]

For Arts 4, on the other hand, such situations actually call for a completely regular approach. When someone has an itchy toe, he says, there is no need for homeopathic consult nor treatment:

If somebody said: “I have an itch on my big toe”, well, then you took a look at it and if it was a rash or fungus I would give them a crème, and then they would be finished and content within three minutes. I did not feel like I had to ask in addition: “how are you feeling in general: are you content and fulfilled?”, you know “how are you doing?”. [4]

The use of homeopathic consult and remedies might differ per homeopathic physician. For an *arts voor homeopathie*, however, the approach of arts 4 might be less unlikely, because they only ever get patients that want to be treated homeopathically. They probably do not always use homeopathic consult, but they will probably not opt for regular medication.

Further distinctions can be made. As arts 25 also mentions, letting go of the homeopathic consult is not something that all homeopaths and homeopathic physicians will agree with: some will be in favor for the single remedy homeopathy, also referred to as “unitary” homeopathy. While others do not shy away from the use of homeopathy as just described, also referred to as “situational” homeopathy.

Hybrid medicine

Often, homeopathic physicians make use of or refer to treatments that are not strictly homeopathic, or, in other words, would not sound so strange to a regular medical practitioner. These include patient centered approaches, dietary changes and personalized medicine. In these cases, the distinctions between what is “regular” and “homeopathic” disappear. In their article on different ways of integration of heterodox medicine in regular medical situations, Wiese et. al. call this the “integration” of the two approaches, characterized by “expanding the biomedical care model to include ‘wholeness’ in patient care and the use of the mind/body/spirit therapies in the process of treatment and healing”.⁷⁹

Some homeopathic physicians mention that a large part of their job consists of analyzing somebody’s use of regular medication. Even though you could argue that this is something that could also just as well be done by any other regular physicians, in practice this usually does not happen due to time constraints in the regular organization. Analyzing a patient’s list of medication, focusing on that specific patient and its responses to particular medicine, is, as arts 8 says: “just what a good GP would do.” This does not mean that they ask the patient to stop taking certain medication, but they do try to find out whether some complaints might be due to the side-effects or one or more medicines on the list.

In general, homeopathic physicians feel a bit annoyed by the fact that many things that they have been saying for some time already, have just recently been rediscovered by regular medicine, but presented as very new developments. Attention for good food, Arts 2 says for example, was something that homeopathic physicians, and their other heterodox colleagues already argued for a long time ago. Additionally, more time is taken again for the individual patient: the term “personalized medicine” has become increasingly used, arts 22 mentions a bit annoyed, as if it is something completely new. He tells me about a cardiologist that has stressed the importance of the individual.

Then she would not be talking for two hours, but still a long time, and she would thoroughly question the person about their heart issues with their heart, but also about their social situation etcetera. Well, that is exactly what we are doing. “And it is an improvement

⁷⁹ Wiese et al.: 329.

of health-care, because” she said, “if you have that basis, then you can give these people much more specific guidance and make sure that they recover more quickly.” “Well, yes,” I think “that is an element which in the alternative – and I am not even speaking about homeopathy specifically – [has been present already]” If you are really interested, and you really want to know why these people are ill, whatever method you are applying – cardiological advice, a pill of some sorts – it has a lot of impact, if you approach it in that way. And a lot of people have become alternative because they could not find that in the regular. But nowadays, that is why it is so slippery, GP’s also want longer consults. It has started to dawn that this might just work. [22]

Arts 25 was specifically outspoken about the influence that homeopathy had on his medical practice. For example, he has come to focus and ask for much more details, even during his regular medical consults:

If you ask about what homeopathy has brought me in my regular practice, it is that I ask many more detailed questions. This is beneficial within homeopathy, but also the regular symptoms you investigate much more closely: what are you suffering from exactly when you say, “I have a stomach ache?”, what do you mean: before you eat or after you have eaten? If it is the case before dinner, then you have too much acid in your empty stomach that it hurts. If you have the ache after dinner, then the filling of the stomach seemingly causes a pressure which the stomach wall cannot handle. That is different infliction than that of the empty stomach. The fact that I make that kind of differentiations is down to homeopathy. [25]

What is more, he also transferred his homeopathic insights to the choice of suitable person when he refers a patient to another medical specialist, because not every person will “fit” every specialist. They are all different.

And that is of course something interesting as well, most of the GP’s have a tendency to say: “just to “the” physiotherapist. But there I also think: “you have to go to that particular one, and you to the other”. Because people are all different and I am just trying to find the right fit. So that is another way of looking at fitting things. [25]

The same goes for regular medication: he mentions that this can work very well as long as you take into account that every medication is different, and every person is different. He mentions an example of the different kinds of antidepressants which all work on different neurotransmitters. And according to the patient and its particular complaints, you choose one the most fitting antidepressant. “So homeopathically,

you always look for the “key-lock” combination, but you can also do this within regular medicine” arts 25 concludes. Clearly, to the homeopathic physician, the homeopathic method is not limited to prescribing homeopathic remedies. What, then, can we say about the way in which the homeopathic physician combines regular medicine and homeopathy? This will be discussed in the next chapter.

CHAPTER 4: BOUNDARIES and HYBRIDITY

If a present-day homeopathic physician was to commission a painting on the relation between homeopathy and regular medicine, what would it look like? Most likely, the looks of shock and horror would have vanished together with the stark contrast between homeopathy and regular medicine, while the homeopathic physician probably would have been positioned somewhere in the middle to symbolized weighing the suitability of both approaches. And if the artist would still have preferred Greek gods around, they would probably look considerably at both homeopathy and regular medicine. Because, as we have seen, homeopathic physicians in the Netherlands have clear ideas about the shortcomings and advantages of regular medicine and homeopathy: regular medical knowledge is valued because it allows the physician to estimate the danger of the situation, and regular medical therapeutics are valued because of their obvious their life-saving capacities. While on the other hand, it is argued, regular medicine does not have answers to everything: regular medical responses to chronic diseases and the side-effects of this medication can be said to be detrimental instead of advantageous for the patients' health. As an answer to these shortcomings, homeopathy is deployed: not only adding to the physicians' therapeutic arsenal, but also to his diagnostic abilities. This is in line with opinion of the respondents in the articles by Raaphorst and Houtman, and May and Sirur, in which has been shown that there are clear cases in which regular medicine is the preferred treatment and others in which heterodox medicine does best. In the end, regular medicine is very beneficial for the patient, but it can be questioned whether it can "really cure".

Interestingly, then, physicians with different heterodox specialisations all agree about the limits of regular medicine. Driven by the need to overcome these limits they then turned to one or the other heterodox approach. Similarly, the homeopathic physicians in this thesis shared such a view on regular medicine. Therefore, the choice for homeopathy was motivated by their discontents with the established medical approach. In the words of sociologist John Milton Yinger [1916-2011], such a motivation is characteristic of a "contraculture" (or 'counterculture', more famously). In order to understand such a culture, per definition, familiarity is requited with the culture which it is 'countering'. In Yates words:

(...) the norms [of a counterculture] should be a product of the interaction with the larger culture", and therefore one cannot understand this culture without understanding to what it is an opposition.⁸⁰

⁸⁰ Yinger, J. Milton. 'Contraculture and Subculture', *American Sociological Review* 25, no. 5 (1960): 629.

Even though, in theory, you could explain homeopathy without referring regular medicine, we are able to understand the homeopathic physician better when we know his countercultural motives. This motivation provides an important insight into the reason why homeopathic physicians do what they do: you have to understand their relation to regular medicine in order to understand what they were looking for in homeopathy. And in order to understand what they have found in homeopathy, you have to know what they lacked in regular medicine. An important part of the description of the homeopathic, is about what he is not, namely: somebody who takes side-effects for granted, accepts that chronic diseases simply cannot be cured, sticks to the protocols no matter the situation, and does not look beyond the familiar concepts. Seeing that his heterodox colleagues agree with such concerns, it makes sense to study medical practitioners with heterodox specializations under the umbrella-term of the counterculture, as has been done by many before.

However, it remains to be seen whether a common discontent also leads to common practices. In the book *Greater than the Parts: Holism in Biomedicine, 1920-1950* by medical historians Christopher Lawrence and George for example, 20th century medicine and its critics are explored. It turns out that the plethora of discontents were similar in many respects: they were all concerned with the increasing reductionist tendencies of regular medicine. Therefore, Lawrence and Weisz argue, the term 'holism' nicely encapsulates this trend:

It has, in the first instance, the connotation of focusing on the human body in a systematic fashion, privileging the general state of the organism rather than the condition of individual organs. The parts in turn are perceived to have many intense and multidirectional interconnections. In many formulations the whole is said to determine the action of the parts. From this perspective, sickness is regarded as a general disorder of the body even if disease can be classified in terms of, say, local lesions or external etiological agents."⁸¹

As current medical practitioners with heterodox specializations share such a discontent, we could perhaps also include them as being part of the 'holistic' movement. Nevertheless, *Greater than the parts* also aims to show that, when focusing on a specific time, and a specific practice, the term 'holism' loses its explanatory power. On close inspection, there is not one 'holism', but many. This thesis, then, provides such an exploration of how a specific group of medical professionals in the 21st century has responded to perceived shortcomings in 21st century regular medicine, without taking for granted that, even though homeopathic physicians share discontents with other heterodox practitioners, their practices are all similar.

What becomes clear, on close inspection, is that boundaries fade. And even though most articles mentioned above have also studied the practices of homeopathic physicians specifically, the boundaries in these articles are still very present: distinctions are made between homeopathic and regular medical treatment, leading to a neat division between these two separate worlds. In Frank's practice

⁸¹ Christopher Lawrence and George Weisz, *Greater than the Parts: Holism in Biomedicine, 1920-1950*, New York: Oxford University Press, 1998: 2.

styles of German homeopathic physicians, for example, this is the case. It is not clear, however, to what extent this means that German homeopathic physicians themselves adhere to these clear boundaries. Actually, it seems like the clear boundaries might also have been presupposed by Frank himself. He namely focusses on the amount of homeopathic remedies prescribed in defining the different practice styles. While we have seen that homeopathy is not only its remedy but also its method. And as we have seen, the homeopathic method can also be combined with regular medical. Therefore, in using “amount of homeopathic remedies” to categorize practice styles, Frank could have missed things which the homeopathic physician might not himself regard as completely homeopathic or regular medical. The interviews in chapter 3 show us that homeopathic physicians do things in their practice which do not fit either category but are rather a mixture of both. When we would describe the practice of the Dutch homeopathic physician solely in terms of “sometimes homeopathic and sometimes regular medical”, it would miss a large part of what they are actually doing in practice.

Arts 25, for a start, illustrates how only a small part of what he prescribes actually falls neatly within the two categories, while the other treatments are more or less ambiguous in that they are recognized by both homeopaths and regular medical practitioners as worthwhile interventions. These include advice about dietary and life style, the detailed mapping of the patient’s health or lack thereof, and the referral to colleagues:

“I notice that I only prescribe classical homeopathic therapy – so homeopathy solely – probably only in 15% of all cases. But I think that, for allopathy, this is the same: only 15% of the cases. The rest is a lot of diet, life style, mapping things, and referring to other ‘care workers’. [25]

So, there is small portion of the practices which can be strictly counted as “homeopathically” or “regular medical”, while all else falls into a different category. Nevertheless, even these distinctions cases fade when taken into account that a homeopathic physician can also “think homeopathically” about regular medication, or “regular medical” about a homeopathic remedy.

Thinking homeopathically can be characterized as a holistic view: taking into account the particularities of the patient and by doing so finding the treatment that best fits the specific situation. The whole ‘art’ of homeopathy is built around this ability to recognize these similarities and to find the right fit between the patient and the remedy. One can imagine that such an approach of finding the most suitable response to a situation is not necessarily limited to homeopaths alone and can in fact be said to be the goal of every medical practitioner.

As was mentioned, when a *homeopathisch huisarts* prescribes a regular antidepressant, he has thoroughly studied the effects of every antidepressant available in order to find the right one for the patient in front of him and therefore thinks homeopathically about regular medicine. Even *artsen voor homeopathie*, who might not prescribe actual regular medication, can nevertheless think homeopathically about regular medicine. For example, when they go through the list of a patients’ regular medication in order to find out what side-effect belongs to what medication or to advise about the possibilities of decreasing medication. Even referring patients to a suitable colleague can be done with such an attitude:

estimating whether a patient can get along with a specific therapist or medical practitioner is also a matter of finding the right combination. These are all examples of a physician taking a close look at a particular patient, paying close attention to the details in order to find a suitable solution, and therefore looking and thinking homeopathically.

The other way around, the homeopathic physician can also think 'regular medically' about a homeopathy. In such situations, the usual in-depth interview, characteristic of the homeopathic approach, is sidestepped. Instead, the homeopathic physician only needs the regular 10 minutes to distinguish the right treatment. The hammer scenario is such an example: the nature of the ailment is immediately clear, there is no need for gathering further details. Another practice which can also be considered to be 'regular medical' is the accompaniment of regular medical procedures by homeopathic remedies. As described in the previous chapter, a patient might be in need of surgical procedures, for example. In such situations, the patient receives a number of different remedies, each befitting of a potential symptom which might arise. The patient is instructed by the homeopathic physician what remedy to ingest according to the symptom which arises, and no additional homeopathic consult is needed. For the situations described, one can indeed draw up protocols, just like in regular medicine. In practice, then, the two systems of knowledge are unproblematically used alongside each other in such a way that they can even be seen to merge to some novel hybrid form. To investigate such merging a bit closer, we will look into more depth into the presumptions of the homeopathic physicians about cause and effect.

Le TERRAIN se TOUT

For regular medicine, it seems, there are only a number of relevant observations. For the regular physician there is a limited amount of time, a limited number of possible diagnoses, and a limited number of subsequent therapies. When a patient says his knee hurts, for example, the first thing the regular physician will do is take a closer look at said knee to see whether the pain can be localized there. If not, then perhaps somewhere else in a body part connected to it. If no physical abnormality is found here, there is not much else for the regular physician to do but to prescribe painkillers or refer to a physiotherapist. The pain in the knee will perhaps be considered to be 'psychosomatic', therefore having a mental component which is something the regular physician does and cannot cure and perhaps considers to be incurable. The homeopathic physician, on the other hand, starts of the same way as the regular physician in order to exclude physical damage or alarming symptoms, but will not stop his inquiries when the pain cannot be localized somewhere in the body. Instead, he will then continue the investigation. He will ask when the pain started and whether this, by any chance, coincided with some important event in the patient's life. He might also ask whether the pain gets worse during warm or cold conditions, during wet or dry weather.

"My knee hurts, and it radiates to my upper leg, and if I put a warm compress on it, the pain decreases and with frost it increases." These are a few of these criteria. These are always interesting, and you sometimes distil some particularities. But there are more things like:

“well, tell me something about your life, how long have you had these complaints?” “10 years” “Well, okay. What happened two years before the complaints started?” So, in my opinion, this places it in the perspective of somebody's whole life and during the conversation you end up discussing things of which the people say: “I mean, it is not a secret, but no doctor has ever asked me about that!” [1]

Interestingly, though, there seems to be no clear limit as to what information is or is not relevant. Just like arts 1 says, everything could turn out to be relevant. All respondents agree with this.

I often also look at what undermines your energy at that point, which is often on a psychological level, but it can also be caused by vitamin shortages, strange lifestyles, smoking, burying three people within one month, your family, to name a few. It can be everything. It can also be a nutritional deficiency and other things which you have to supplement first before you can work homeopathically. [12]

It could be everything. It could be your mother in law, it could be that somebody had a flu once, or a vaccine. Really everything. But also stress at work... you do not know that. That's the interesting part of such a conversation with a patient, you are looking for the sore point, the point which makes somebody ill. [23]

Additionally, arts 11 does express that there can be some structure amongst the symptoms. Some are considered more fundamental in finding out what the matter with a person is, while others, which are more physical for example, are considered to be less telling.

The symptoms are ordered hierarchically, so some symptoms are considered to be more important. Everything which is about that person, and about how you feel, dreams, ideas, beliefs, habits, and then gradually: does somebody stand the cold or heat, more physical, general things, and only then come the physical symptoms. [11]

For the homeopathic physician, then, the disease does not necessarily need to be physically present. The imbalance in the self-healing capacity of the body can show itself in many forms and can be caused by many things.

Interestingly, even when a physical cause of somebody's suffering can be discerned, this is not considered to be the 'true' cause. Hence the reluctance of the homeopathic physician to use regular medication too eagerly: it might suppress or take away the physical cause of illness, but it will leave in tack the actual cause behind it.

Why do you keep getting a urinary tract infection? You could argue: “yes, that's because of a bacterium”, well, that is just a babble because these bacteria are always present. “Flue is caused by a

virus”, you know what we call an epidemic? If 50 out of 10.000 people are ill. You know how many aren’t ill in that case? You can do the math. So that is what we call an epidemic. So, during a flu epidemic there are more not ill people than ill people, while the virus just walks about everywhere. So, saying that: “it is because of the virus”, makes you think: “yes, if an atomic bomb is dropped then I might say that is because of the atomic bomb.” But to imagine a flu epidemic as an atomic bomb, simply is not right. [25]

In explaining the different ideas about cause and effect in regular medicine and homeopathy, arts 4 refers to the 19th century debate between French biologist Louis Pasteur [1822-1895], famous because of the invention of the pasteurization method, and his contemporary and fellow-countrymen Pierre Jacques Antoine Béchamp [1816-1908]. The latter argued that it is not germs which explain everything, but the environment in which they move about. The story is not over once the germs are made visible, instead, the germs should be the start of the investigation:

Pasteur was also deluded by the germs. He thought to be able to solve everything on this level, yet his opponent Antoine Béchamp said: “*le microbe se rien le terrain se tout.*” In other words: “not only through pointing out the bacteria as being guilty do you understand the disease, instead only through looking at the whole *terrain* you understand that the bacterium saw the opportunity to act and to attempt a coup. So, it is always the whole story. [4]

Taking more observations into account, then, the homeopathic physician also has many more options to deal with. Theoretically, homeopathy does not recognize regular medical categories, like ‘asthma’ or ‘flu’. From a homeopathically perspective, these are simply vague and unspecific, and therefore unhelpful categories. Instead, these categories are just the start for them, but not the whole story.

If you compare their [regular medical] procedures with that of identifying plants, they call a plant yellowflower, while they point at a sunflower, dandelion, swallowwort, they all call them yellowflower because they all have yellow flowers. But if you could ask a botanist if he knows the plant yellowflower, then he will probably reply: “how do you mean?” [10]

Nevertheless, you might wonder whether the close and detailed examination of a patient might also, in theory, be what a regular physician is doing, as also arts 12 admits:

How somebody sits, how somebody stands up, how somebody reacts, how somebody watches the world around him. Then I will walk behind or next to the person and I let them walk in from of me so I can also observe their backsides: how is somebody actually moving? And “how does somebody sit here?”. Of course, you get better at this the longer you work. And GP’s also do that, but for

them it is rather unconscious. Homeopathic schooling increased my awareness of this. [12]

Yet we have seen that the extent to which the homeopathic physician takes observations into account exceeds that of the regular physician, who would, for example, probably not consider the dreams and beliefs of their patients to somehow effect the patients' health. Notwithstanding, the exact boundary between what counts as useful and useless information within regular medicine is not that clear. Accepting the idea that some symptoms might be psychosomatic, means accepting the idea that the psyche has more effect on the body than might have been thought. But where the regular physician stops his inquiries at the psychosomatic, the homeopathic physician wonders right in.

While the question about 'homeopathic' and 'regular medical' causes does not figure that sharply in the interviews, the homeopathic remedies set a very clear boundary between homeopathy and regular medicine. Remember the use of 'images' of certain plant-, animal-, or mineral remedies: these can be considered to be really opposed to regular medical thinking. Having confirmed, then, that the homeopathic physician can combine and mix the two different approaches together in practice, we will now, lastly, turn to the question how the homeopathic physicians deal with the contrast between homeopathic remedies and scientific proof.

SCIENCE and the PRESCRIPTION of HIGH DILUTIONS

Even though homeopathic physicians have found a way to combine two approaches which, from the start, seemed mutually exclusive they inevitably have to relate to an important characteristic of regular medicine: its scientific status and the lack of it for homeopathy. It might seem as though homeopathy, as an inherently individualistic, medicine, would perhaps not be fit to be tested by current scientific methods, like the RCT. This is, however, nevertheless possible, arts 3 and 10 mention. Even though not all of homeopathic remedies can be tested in such a way, hammer scenario's in which everybody who hits his finger gets the same remedy, are surely candidates. Despite this, however, homeopathy is not considered to be backed by science, because from a scientific perspective homeopathy simply cannot work because there is simply no active substance present in the remedies deployed.

Below, some strategies are described which proponents of homeopathy in general, and my respondents in particular, tend to employ in order to deal with this tension. To be clear, for the respondents there is no doubt about that regular medicine and homeopathy are both effective and are both, in some sense, true. Here, however, it is useful to make the distinction between evidence for efficacy, and evidence for mechanism. Most homeopathic physicians think that homeopathy's efficacy has been proven a long time ago while they do not think so for its mechanism. The latter still remains a topic of speculation. What is more, some homeopathic physicians do not really care that much about scientific evidence for homeopathy while others care very much about it and therefore deploy all sorts of arguments to argue in favor of it.

Regarding the mechanism behind homeopathy, homeopathic physicians admit that there is no conclusive proof yet. Nevertheless, they do not abstain from

the occasional explanation. Some find that there are many promising leads from the side of physics and chemistry and some respondents mention specific mechanisms which could be promising. It is said that homeopathic remedies “transfer information” [2,12,21] and work through some sort of “stimulus” [21], also “complexes of nano-particles” [2] are mentioned as responsible for homeopathic efficacy.⁸² Other explanations concern the organizational structure of water which is said to have changed through the process of potentization. Arts 25 opposes our “chemical structure”, on which the regular medicine works, to our “organized structure” and argues that homeopathy works within the latter, on an energetic level:

It looks simple: if I am something chemical and I throw in something chemical, then there changes something. Well, homeopathy is truly different because apart from being chemical, I am also organized. A disease is actually a disturbance in this organization, and a homeopathic remedy is an energetic remedy which fits that disturbance. And that is fundamentally different from all other therapies. [25]

Some homeopathic physicians express the hope that, once a mechanism is found by science, people will finally accept homeopathy. Here, the political charge of the (lack of) scientific status stands out once again.

Considering the efficacy of homeopathy, however, from the perspective of the homeopath and the homeopathic physician the debate is not over. All respondents, namely, maintain that homeopathy is effective. One of the arguments deployed, is to argue that there is, in fact, scientific evidence for homeopathy but that this evidence is ignored by the scientific and medical establishment for different reasons. In her documentary about homeopathy, “Just one drop” (2017), director and producer Laurel Chiten follows the proceedings of Homeopathic Research Institute. Its members explain that an Australian research group, which has been employed by the Australian government to assess the scientific status of homeopathy, up until this day deliberately withholds their original report. It is then suggested that they do this because the conclusion of the report could be in favor of homeopathy. Instead, the original head of the research group is fired, a new one hired, and a new report written which has a different, negative outcome for homeopathy.

Another argument is concerned with a more philosophical problem, that of proper scientific conduct. By using this argument, proponents of homeopathy are able to defend the outcome of homeopathic trials against sceptics by arguing that they are simply biased. To illustrate: when an experiment shows that homeopathy is effective, opponents can simply argue that the experiment and method itself must

⁸² Arts 2: *moleculair zit er niks meer in, maar als je gaat kijken naar hoe de structuur is van die oplossingen, dan blijkt daar - ik ben nog voorzichtig hoor want ik bedoel zijn die dingen die je dan hoort van allerlei onderzoekers waar je dan denk 'ja is het verifieerbaar, wordt het herhaalbaar - maar daar lijken goede aanwijzingen voor te bestaan dat er dus je zou kunnen zeggen die stof niet meer aanwezig is, maar wel dat en als het ware een soort van informatieoverdracht heeft plaatsgevonden waardoor je bepaalde complexen hebt van die nano-particles.* [2]

Arts 12: *mijn overtuiging is dat het homeopathie vooral informatie geeft, die precies op jouw level wordt gegeven. Dat is het uitzoeken om zo precies mogelijk geod middel [te vinden].* [12]

Arts 21: *een homeopathisch middel is een soort informatiebron, een soort prikkel, anders dan een hoeveelheid reguliere moleculen die in je lichaam gestopt worden.* [21]

have been faulty, because homeopathy simply cannot work according to modern science. And when a homeopathic trial yields no conclusive results, opponents will conclude that this is proof of homeopathy's ineffectiveness. While a homeopath, on the other hand, might say that there is proof in favor against homeopathy or in the latter scenario, simply more trials are needed. Arts 2 finds such an attitude towards homeopathy is rather unscientific, while, he says, you would actually expect a curious attitude of scientists:

The article was about somebody who said: "of course, homeopathy is nonsense because it cannot work." Yes, well, that is exactly which we have to find out then. If something might work, then we have to find out how can something work which should not work according to the regular, specific form of science? I found it strange, I thought: is that science? Instead, this is somebody who hides behind his preconceptions." [2]

Arts 22, calls such a dismissive attitude towards homeopathy "hardly scientific". While at the same time, he adds, scientists as opposed to medical practitioners are mostly interested in homeopathy. Arts 2 also found that it is actually the scientists themselves, as opposed to the regular medical practitioner, that shows any interest in what he is doing. He also mentions that, in fact, regular medical practitioners do not themselves adjust their practice according recent scientific research, while homeopathic physicians, on the other hand, try to do exactly that. Therefore, this could also be seen as a way to make homeopathy even more scientific, more credible, than regular medicine.

Furthermore, medical specialist James Ladd Bauer argues, trials for homeopathy are judged in a far stricter manner than some trials in regular medicine. Therefore, chances for homeopathic trials to be considered positive by regular medicine are much slimmer.⁸³ Bauer mentions that many accuse homeopaths of "biased" research, while this is also commonplace within regular medicine:

Studies in the realm of conventional medicine are riddled with conflict of interest and ulterior motives, resulting in flawed design and unintentionally (or intentionally) partial interpretation.⁸⁴

Yet in regular medicine, this is more or less accepted while for homeopathy it is not. For other homeopathic physicians, however, scientific evidence is not that important, instead their clinical experience with homeopathy has convinced them of its efficacy. In Frank's research, respondents even deny that RCT's could be useful at all for testing homeopathy because "in homeopathic treatment it is rather the entirety of a patient's symptoms that is crucial and not the diagnostic entity."⁸⁵ They know that

⁸³ James Ladd Bauer, 'Homeopathy: A View from the Outside', *The Journal of Alternative and Complementary Medicine* 11, no. 1 (1 February 2005): 2.

⁸⁴ Bauer: 2.

⁸⁵ Frank, 809.

homeopathy is effective through their direct experiences.⁸⁶ May and Sirur found similar results, describing that their respondents found the “*visible* recovery” of patients that had been treated homeopathically more important than scientific validity.⁸⁷ The same attitude is found with the respondents of these interviews. For some, their direct positive experiences with homeopathy even made them change their skeptical attitude towards it:⁸⁸

At first, I was sceptic about the use of these granules, but then I have learned the homeopathic method and started applying it and already with the first patient I noticed that these granules, very improbably, really worked. [8]

Some even mention that they know that from a scientific perspective, homeopathy should not be able to work, but this is not a reason for them to reject homeopathy. On the contrary, they are even more amazed that it works, even though science says it cannot:

If I were to believe the chemist, he says: “if you drop a sugar cube in the ocean, you are surely not finding that sugar back.” That is true. I see that. Yet still I know something about it, there is something in the water because I see that it works. [23]

Even though there are some ‘scientist physicians’, who are really just fascinated by homeopathy and want to find out how and whether it works, others are much more concerned with its pragmatic aspect. For them, direct experience is valued above systematical investigations. However, when asked about it most respondents agree that there is abundant scientific proof for the efficacy of homeopathy, while they also must admit that they do not know the details. This attitude might point towards the political meaning which scientific evidence has for them: they know that in order to be accepted by the public and policy makers, scientific evidence matters. They are not really concerned about the scientific details but about the scientific status.

Nevertheless, we have also read that there is more to homeopathy than its scientifically questionable remedies. Homeopathy also represents a way of looking at health and disease which is not that remote from regular medicine and can, in some instances, even be extended to the administering of regular medicine. The homeopathic physician, then, symbolizes a hybrid approach to healing. He is not solely the representative of homeopathy within the regular medical world nor a regular medical representative in the homeopathic world. Instead, the homeopathic physician is exactly what his title suggests: the ‘best’ of both worlds, in which the best refers to the careful weighing of risk and suitability. In this regard, the response of arts 8 when I entered his office at the start of our interview was very telling. In the email sent out previous to the interview, I explained that I wanted to study how such an impossible combination between regular medicine on the one hand and homeopathy on the other can exist, how do homeopathic physicians manage? Before

⁸⁶ Frank, 810.

⁸⁷ May and Sirur, 176-177.

⁸⁸ This was also the case for arts 9, 10 and 23.

I even had the chance to turn on my recording devices, arts 8 said: “yeah, about that question, I found it a rather strange one because for me that combination kind of speaks for itself.”

FINAL THOUGHTS

At the announcement of the BIG-‘re-registration’, two representatives of the heterodox physicians went to the Den Haag court to plea for their cause. Because the represented physicians feared for the loss of their medical title after the implementation of the new BIG-rules, the two representatives argued that therefore, all of their practices should count for their regular medical practice hours.⁸⁹ Sceptic organizations strongly opposed this proposition, arguing that, amongst other things, this would render proper quality control on health care impossible.⁹⁰ Nevertheless, the representatives eventually brought forward that the outcome of the dispute had been an agreement between VWS and heterodox physicians. Instead of the whole practice, a large part of their medical practices could be considered to be regular medical, and therefore count for their BIG-re-registration. Because, as they argued, just like their regular medical colleagues, their practice also included an anamnesis, medical examination and a diagnose. Nevertheless, it brings us to the question whether this is a justified separation, whether it is just a play of words? Would calling something “a diagnose” would render it regular medical?

Interestingly, trying to figure out what homeopathic physicians do, and whether this is regular medical or homeopathic, does not only show a grey area with mixed, it does also show that this grey area is actually caused by the unclear regular medical boundaries: what, exactly, figures as useful information for the regular medical practitioner in the medical process? When can we simply say that we have left the regular medical world and wondered over into something else?

On the one hand, regular medicine is increasingly paying attention to what we could call ‘homeopathic themes’. The recent attention for ‘*leefstijlgeneeskunde*’ (life style medicine) for example, shows the increased awareness of the importance of taking into account not only a part of the patient’s body, but treating the patient as a whole person, with a certain way of eating, sleeping and moving. In the recent manifesto for *leefstijlgeneeskunde*, a group of medical professionals argued that much more attention should be given to somebody’s life style in order to prevent disease and even cure diseases. They mention, just like our homeopathic physicians, that the regular approach is the preferred approach for curing infectious and acute diseases, and perilous diseases like cancer. But for chronic diseases, from which many patients suffer, regular medicine does not offer satisfactory approaches:

The current primary pharmaceutical system worked fine when the paramount diseases were of an infectious nature: TBC, whooping cough, STI’s. And that system has remained superior in acute medicine and oncology. In our modern time more than 50% of the adults suffer from chronic disorders which are primary or partially caused by a lack of physical exercise, chronic obesity, poor food, alcohol/drugs, sleep deprivation and chronic stress. The potential of life style medicine is much higher for such life style diseases than

⁸⁹ Simone Paauw, ‘Tel ook de complementaire zorg mee voor herregistratie’, *Medisch Contact*, blog, 6 September 2017.

⁹⁰ Broer Scholtens, ‘VtdK: “Minister, hou rug recht bij herregistratie alternatieve artsen”’, *Vereniging tegen de Kwakzalverij*, blog, 19 September 2017.

any other pill or powder and deserves at least a place in the treatment protocol as 'intervention first choice', before any medication is deployed. Moreover, life style medicine stays of importance once medication has been utilized.

One of the manifesto's backers, internist and professor "diabetology" Hanno Pijl even mentions the lack of unlimited curative powers of regular medication, something which our homeopathic physicians have been noticing for quite a while. As professor Pijl says: 'Pills and surgeries are important, but it is an illusion to think that they will solve disease.'⁹¹ As a response to this Manifesto, the house of representatives has agreed that a research agenda should be developed in order to investigate the way in which *leefstijlgeneeskunde* could contribute to the regular medical system.

As I recently attended the graduation ceremony of my best friend, who graduated from medical school, many of her fellow graduates mentioned that they hoped to pay more attention to "the patient behind the disease" instead of only the disease itself. If the patient behind the disease is once again taken into account, how big is the step to also take his 'dreams' and 'beliefs' into considerations, like the homeopathic physician do?

GP's in TROUBLE

And what about the crisis within the profession of the GP? A recent outcry by Michelle van Tongerloo, an acting GP, on the Dutch independent news website *De Correspondent*, described her concerns with the lack of time within the GP's office: the amount of time which the GP's have for their patients dramatically declines, while the amount of responsibilities has drastically multiplied up to the point that mistakes are made with serious consequences are being made. The author stresses the dangers of such chronic lack of time. Not only does the patient lose trust in his GP, resulting in a lower efficacy of the treatment due to the decrease of the placebo effect. Also, the continuous referral back and forth between medical specialists (whom do not have that much time themselves) of patients with complex and sometimes dangerous health issues, can additionally lead to the overlooking of crucial alarm symptoms with, in some cases, lethal consequences, Tongerloo describes.⁹² Not only do such scenarios resemble the homeopathic physicians' worse nightmare, they also resemble the fears of the sceptic who was afraid that patients might not receive adequate care. The only difference now being that the target of such concerns was previously the homeopathic physician while now it concerns his regular medical colleague.

The tighter regular medicine defines its boundaries by relying on strict protocols aligned with strictly generalized principles, leading to increasingly limited time-frames, the more need arises for approaches which, until now, have predominantly been present in the heterodox corner. In recognizing the need for a different

⁹¹ Bart Kiers, 'Bruins: "Leefstijlgeneeskunde is schot voor open doel"'. *Zorgvisie, blog*, 11 October 2018.

⁹² Michelle van Tongerloo, 'Verslag uit de spreekkamer van de huisarts, waar het veel te druk is', *De Correspondent*, 9 July 2019.

approach, the homeopathic physician has been ahead of its time, but it seems to be slowly catching up.

EXTINCTION of the HOMEOPATISCH HUISARTS

As one of my respondents notes, there number of homeopathic physicians are declining. Or, to be more precise, this especially concerns the number of *homeopatische huisartsen* in the Netherlands. This could mean the end to the hybrid practices of the homeopathic physician as, arts 21 says, the GP's office was the place par excellence for regular medicine and homeopathy to meet. What, then, would the future of the homeopathic physicians look like?

Unfortunately, there are no clear numbers on the amount of *homeopatische huisartsen* in the Netherlands. An article in *Medisch Contact*, shows a sharp decrease in the number of *artsen* who prescribe homeopathic remedies.⁹³ A decline of GP's that prescribe homeopathy could partly be explained by the introduction of the specialization for GP's in 1978. This could mean that there might simply be less homeopathically interested *basisartsen* who put effort in specializing any further. Therefore, it could very well mean that even though the amount of *homeopatische huisartsen* is declining, the *arts voor homeopathie* will replace them ensuring the persistence of the hybrid practice. Also, some respondents mention that being both a good homeopath and a good GP at the same time requires a lot of time: some of the respondents that now call themselves *arts voor homeopathie* have actually also been a GP but admit that now they are solely focused on homeopathy, they have become much better homeopaths.

On the other hand, the decline in the number of *homeopatische huisartsen* could also very well mean that the integration between homeopathy and regular medicine, would become more problematic. To say the least, it would obstruct homeopathy from becoming familiar amongst patients that might not in the first place opt for it. But more importantly, arts 25 describes, only working with 'homeopathic patients', like the *arts voor homeopathy* does, might lead to the homeopathic physician to get out of touch with regular practice, or might even develop prejudice towards the efficacy of certain regular medical procedures. To illustrate, Arts 25 mentions that as a *homeopatisch huisarts* you have many opportunities to treat patients homeopathically in very simple cases. Allowing for homeopathy to become part of the general practice of the GP. The *arts voor homeopathie* usually only gets visits from patients for whom there was no regular medical solution, and therefore the tricky and complicated cases for which there might not always be a satisfactory solution.

I have the idea that you can reach more people because of being a GP, because you are within the [regular medical] system you can directly look if you can do something for the people within the system. And the people who do not work as a GP, they do get people, but these have usually had a whole history [within regular medicine] and eventually end up with homeopathy. So, this makes

⁹³ van 't Land.

for a different population. There are, of course, also people who go to the homeopath at the first signs of a flu, but often they are people with chronic issues without further perspective. As a GP I could do much more for these people right from the start. [25]

Furthermore, arts 25 adds, this might also distort the view which the *arts voor homeopathie* has of effectivity of regular medicine, like vaccines. He mentions that vaccines can have side effects, but if you only get patients that suffer from these in your office, and not the majority whom are fine, you might indeed get the idea that vaccines are not doing any good. Therefore, the disappearance of the *homeopathisch huisarts* might lead to the decrease of possibilities for regular medicine and homeopathy to fuse. On the other hand, if we keep reminding ourselves of the different shapes of medicine which this fusion has brought us, and as we remind ourselves that the concerns of the homeopathic physician are also present within regular medicine, we are able to recognize not only the continuation of homeopathic thought, but also the emerging of new arrangements.

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APPENDIX

CHAPTER 2: Current Debates

Even though the interviewer is holding back, he or she is not neutral. The interviewer represents a social or moral judgement and the respondent at all costs tries to prevent from being judged, and to offer as positive and appealing as possible.

→ Ook al is de interviewer terughoudend, toch is hij of zij niet neutraal. De interviewer vertegenwoordigt een maatschappelijk of moreel oordeel en de geïnterviewde is er vaak alles aan gelegen niet veroordeeld te worden, en zo positief en mooi mogelijk te vertellen.

CHAPTER 3: Homeopathic Physicians in Action

Homeopathy in Action

I am looking at you, for example, and then I think: well, you are very interested, so that would mean you do not only have the iron-series, but probably also something of the lanthanides, otherwise you would not be interested in this topic. What, then, does your gaze tell me? You are seeking, you are not very unsure, but also not completely sure, so you are probably somewhere in the middle. [10]

→ Dan zit ik bijvoorbeeld naar jou te kijken en dan denk ik: nou je bent heel erg geïnteresseerd dus dat betekent dat je niet alleen de ijzerserie hebt, maar je hebt ook iets van lanthaniden waarschijnlijk, anders zou je daar niet mee bezig zijn met dit hele onderwerp. Hoe zit je dan te kijken: je zit te zoeken, je bent niet heel onzeker maar ook niet helemaal zeker dus je bent net voor het midden ergens waarschijnlijk. [10]

“Well, I found she was an animal of the earth, because those are very responsible: they care for their children and work hard and like to earn money so that they can build their house and start a family (...) Very earth-like. (...) Then I thought: you [the patient] also have something very childlike, so I have to have something with “early childhood”, which made me end up with “domesticated cats and dogs”. I think: “verdorie! Then you should have cats milk!” Because you are continually scolding your husband, and the essentials of cats is that they let themselves be domesticated, but only on their own terms. If they do not want something, they do not do it. For example, she is cross with her husband, so her husband just does not receive sex from her anymore.” [4]

→ Nou ik vond haar een aardedier, want aardedieren die zijn heel verantwoordelijk: die zorgen voor hun kinderen en die werken hard en die verdienen graag geld want dan kunnen ze hun huis bouwen en hun gezin stichten en dat heb je gewoon nodig om hier te kunnen zijn. Heel aards. Nou dus dat was ook mooi, toen dacht ik, ja weetje, toch heb je iets heel kinderlijks, dus ik denk, nou, je moet maar iets hebben van 'early childhood' en toen kwam ik hier bij de domesticated cats and dogs, ik denk: verdorie, dan moet je

kattenmelk hebben want je zit continue maar op die man van jou te schelden, de essentie van katten is dat ze zich laten domesticeren op hun eigen condities. Als ze er geen zin in hebben doen ze het niet, nou zij is dus gebrouilleerd met haar man, dus haar man die krijgt gewoon van haar geen sex meer. [4]

“(..) then you know, for example, somebody with the flu, annoying, pain everywhere, then I always say one thing: “press your head, does it get better? Yes? Bryonium!” Child with ear-pain, screams very loud? Is he angry?” (...) I say: “Oh! Chamomilla!” [11]

→ dan weet je bijvoorbeeld iemand met griep, vervelend, overall pijn, griep, zeg ik altijd 1 ding: "duw op je hoofd, wordt het beter? Ja, Bryonium." Kind met oorpijn, krijgt heel hard: "is ie boos?", "Ja, hij is boos dat ie dat heeft!". Ik zeg: "Oh Chamomilla." [11]

Regular Medicine: diagnostics, therapeutics and status

Arts 2 states that his medical education allows him to recognize the value of regular medicine, and his own medical limitations, arts 23 agrees because, he says, “you really do need regular medicine.”

→ het is niet zo dat je de reguliere geneeskunde niet nodig hebt. [23]

Equally, arts 22 mentions that regular medicine still forms “an important part of my understanding”. [22]

→ Ja omdat het toch een belangrijke poot is van mijn inzichten. [22]

To be more specific, arts 8 explains that medical schooling teaches you “how to deal with people and diseases, and how to treat patients, what kind of treatments there are and what the side effects are.”

→ kijk mijn reguliere opleiding heeft mij een hele goede kennis gegeven van mensen en van ziektes en hoe je omgaat met mensen en ziektes en kennis van hoe je het behandelt, en de behandelingen die er zijn, de bijwerkingen ervan, dat is een hele solide kennis, en als homeopaat kan ik daar gewoon nog meer mee doen [8]

I once got a visit from a woman who said: “if I am riding my bicycle, I suffer from a pressure on my chest”. I said: “you should immediately see a cardiologist, you should immediately get a cardiogram.” Three bypasses! She could have died. While a lay homeopath might have said: “hmm, we are going to give you this or this remedy...”

→ (...) er was ook een mevrouw die zei: "als ik op de fiets zit krijg ik last van mijn druk op de borst." Ik zei: "meteen naar de cardialoog,

meteen een fietscardiogram." Drie bypasses! Ze had wel dood kunnen zijn, ze had misschien een lekenhomeopaat gezegd: "mmmmm, we gaan het middel geven mmmmm" en ondertussen [11]

In other words, medical knowledge allows homeopathic physicians to recognize the possibilities of regular medicine, but also "where their terrain [as homeopath] ends". [12]

→ "(...) maar [homeopaten] moeten heel goed weten waar hun terrein ophoudt. En dat [loopt] bij ons natuurlijk veel meer (...) door mekaar omdat je het geheel kan overzien. [12]

As homeopathic physician, arts 21 says, "you know about the regular possibilities, in what situations a patient is better off with regular medicine, or homeopathy in other situations, or perhaps a combination."

→ "de mogelijkheden van de homeopathie, maar ook de grenzen van de homeopathie (...) dat je ook weet wat regulier mogelijk is, en in welke situaties die patient beter regulier behandeld kan worden en in andere situaties misschien homeopathisch, of soms moet dat beiden, dan moet je het combineren." [21]

Because you have worked in the regular medical world for a long time, you develop a 'taste' for "hey, this could be wrong, or this could be right." (...) If you have not actually worked there, you do not develop this. [9]

→ (...) doordat je zo lang in de geneeswereld in de reguliere wereld hebt gewerkt ontwikkel je eigenlijk een soort neusje van goh, hee, dit kan weleens mis zijn, of dit kan weleens goed zijn. (...) Als je daar niet hebt gewerkt dan ontwikkel je dat niet, [9]

Images, that is what is in your head and what you have become familiar with. For someone without [the medical] schooling, this is completely different. [22]

→ Plaatjes, he? Dat heb je in je hoofd. Daar ben je mee vertrouwend gemaakt. En dat mist iemand die die opleiding niet heeft, dat maakt het heel anders. [22]

You have to know about regular medical things. (...) I have primary access to everything; to the literature - I understand it - so I can join in the conversation and advise people from within this primary knowledge." [22]

→ Ja je moet wel wat weten van de gewone medische dingen. (...) ik heb primair toegang tot alles, tot de literatuur - ik begrijp het - dus ik kan ook meepraten of mensen echt adviseren vanuit primaire kennis. [22]

With the regular background, you have to keep up with everything, and I look at: what kind of new treatments could be beneficial? You know, I will look into this and expand my medical knowledge. [9]

→ En sowieso, omdat je natuurlijk al een reguliere achtergrond hebt, ja, ik houd het allemaal bij, ik kijk gewoon van: hee watvoor behandelingen oh wacht, die behandeling, is dat een goede? Weetjewel, dan ga ik gelijk kijken, daar verdiep je je in. En dat is heel anders omdat je gewoon - of je hebt op een nascholing weer iets gehoord over weetikveelwat allemaal, of weer een of andere behandeling, denk je van: hee zou dat wat zijn voor enkele patiënten van mij? Zou dat wat... dus je gaat er heel anders naar kijken. [9]

When somebody comes to me with a fierce rheumatoid arthritis (...) in whom the inflammation has already started to erode the bones, and whom risks becoming disabled, yes, then I can say as a homeopath *recht in de leer* [strictly classical]: well, I can manage this homeopathically" and this could be the case, or perhaps not. But I think that you should not withhold the possibilities of regular medicine from somebody, and you should say: "go to a rheumatologist because there are currently a lot of possibilities to to slow down inflammation and to suppress that immune system as much as necessary. Because you are now in a phase in which much damage is done to the joints which we should really try to prevent." [21]

→ (...) kijk, ik kan wel zeggen: oke, iemand komt met een heftige reumatisch artritis bij mij waarbij (...) de ontsteking de botten gaan aanvreten en iemand invalide dreigt te raken, ja dan kan ik zeggen als homeopaat recht in de leer: "nou, dat zal ik wel eens even alleen homeopathisch oplossen" en dan lukt dat misschien iets, of misschien niet. Maar ik vind dat je ook iemand dan de mogelijkheden van de reguliere geneeskunde niet moet ontzeggen door te zeggen van: ga naar de reumatoloog want er zijn op dit moment toch wel heel veel mogelijkheden om ontstekingen te remmen - reuma is een auto-immuun aandoening - om dat afweersysteem toch zodanig te onderdrukken. Maar je zit nu in een fase dat daar allerlei beschadigingen ontstaan van die gewrichten en dat moeten we eigenlijk zien te voorkomen. [21]

"homeopathy can work swift but it can also take a long time, and [sometimes] you do not have that time. Or you cannot put the patient at risk", says arts 22.

→ Dus dat is sowieso al, ja, omdat het riskant is en omdat je niet weet wanneer, ja, homeopathie kan snel werken maar het kan ook wel heel lang duren, nou, en die tijd heb je dan niet. Of die mag je niet de patiënt mee onzeker in een onzekere situatie brengen. [22]

The simplest example is that when a patient comes with complaints, pain during urination, then you check the urine: it is a urinary tract infection. In that case, it is customary to prescribe antibiotics. If you do not do so, there is a chance that the patient develops pyelonephritis [inflammation of the kidney's,..] -which won't happen that fast, but it does pose a danger. So, then you would not tell this person - at least at first: "you have a urinary tract infection, but we are going to treat you homeopathically."

→ Dus het simpelste voorbeeld vind ik altijd iemand komt met klachten, pijn met plassen, je kijkt de urine na: het is een blaasontsteking. Dan is het gebruikelijk om antibioticum te geven. Als je geen antibioticum geeft heb je kans dat er een nierbekkenontsteking ontstaat - gaat niet zo gauw, maar in principe is dat het gevaar. Dus dan is dat niet iemand om te zeggen: in eerste instantie tenminste, we gaan nou - u heeft wel blaasontsteking maar we gaan het homeopathisch behandelen. [16]

In case of an infection, arts 12 says, "I cannot guarantee that homeopathy will work that fast" and therefore you should see a regular physician.

→ je loopt tegen dingen aan of dingen die opeens tussendoor fietsen, dan denk ik: ja nu moet je echt gewoon naar je huisarts en er moet antibioticum in, of je moet naar de oncoloog of je moet weet ik wat. Er moet zo snel iets, ik kan niet garanderen dat dat zo snel homeopathisch lukt. [12]

Or in case when somebody's throat is severely swollen, "in that case homeopathy works too slow, than you should take regular medication, absolutely."

→ Tuurlijk, als iets heel ernstig is en iemand krijgt waarbij zijn keel dichtzit, ja dan werk homeopathie te langzaam. Maar dan moet je gewoon reguliere middelen gebruiken, absoluut. (9)

With the third remedy you might need six, eight weeks to see if it works, so in the meantime two months may have passed. And then you might need another remedy, and it takes more time again. Then you have to explain to the somebody that he needs patience. Sometimes your remedy is immediately the right one - which is of course wonderful - and sometimes it really takes a lot of effort. Do not be too positive about it, because sometimes it is a struggle for me and the patient: "am I doing the right thing?". And sometimes it does not succeed, and the patient opts out. [21]

→ (...) bij het derde middel heb je wel zes, acht weken nodig om het te laten inwerken, dus sowieso bij het eerste middel is iemand twee maanden verder. En dan doe je nog een keer een middel, zit ook niet helemaal goed, ben je weer twee maanden verder. Dus dat moet je ook uitleggen: dat iemand wel een langere adem moet hebben. Soms

heb je wel dat je goed zit - natuurlijk geweldig - maar soms is het gewoon echt zoekwerk. Niet te positief over zijn, want het is gewoon soms gewoon voor de patiënt en mij ook ploeteren, van: zit het nog goed? En soms lukt het ook niet en dan haken mensen af. [21]

The tricky thing with homeopathy is that when it works well, the effect is unbelievably substantial. (...) But the predictability is very low [25]

→ En het lastige van de homeopathie is dat het effect als het goed werkt ongelofelijk groot is.(...). Maar de voorspelbaarheid is heel slecht. [25]

To add to that, homeopathic physicians also find that regular treatments are very helpful when patients are dealing with effects that are, on short term, very unpleasant: "look, when our complaints are getting very painful or severe or threatening, and you cannot find a good homeopathic remedy, then it is helpful that you have other options." [10]

→ Kijk als je als je klachten hebt en het wordt heel pijnlijk of heel ernstig of heel bedreigend en je kunt geen goed homeopatisch middel vinden, dan is het heel prettig als je wat hebt. [10]

A patient of mine had metastasis of cancer and was suffering from severe pain, she took opiates. Then you are of course glad that that [medication] exists. [11]

→ Ik heb een patiënt met kankeruitzaaiingen en toen het net gevonden was, nou ze was aan de opiaten want ze verreekte van de pijn, daar ben je blij mee natuurlijk dat dat er is. [11]

Imagine that somebody visits [your office] with symptoms that resemble some sort of burn-out, a sort of emotionally exhausted condition, and depressed for a long time. Every morning he wakes up crying, all misery, doom and gloom. You can consider treating such a person with anti-depressant, as safely as possible, in consultation with him, because I always find it very important to recognize the sovereignty of somebody's problem [sic.], because, for me, the patient is always behind the wheel and I am next to him. [4]

→ Stel iemand komt bij je en die heeft het beeld van een soort burn-out, een soort overspannen toestand, ja hij zit er doorheen en is al tijden hartstikke depressief. Elke morgen huilend wakker en ellende, en kommer en kwel. Dan kun je overwegen om zo'n persoon op een zo veilig mogelijke manier en antidepressivum te geven in overleg met, dat vind ik ook altijd heel belangrijk dat je gewoon wel uiteindelijk de soevereiniteit van iemands probleem erkent, weet je, de patiënt zit bij mij altijd achter het stuur en ik zit ernaast. [4]

Somebody is in pain, feels nervous or tense, does not sleep. Well, then I give a sleeping pil or something to counter the tension, or a bit of this, a bit of that, in order to satisfy somebody. [21]

→ Iemand heeft pijn, iemand voelt zich nerveus of voelt zich gespannen, slaapt niet, nouja dan geef ik een slaappil of ik geef iets tegen spanning of ik geef een beetje dit, beetje dat, om iemand ja, daarmee wat tevreden te stellen. [21]

In that sense I am always glad about regular medicine. If it is only because they give me time to think when somebody, for example, suffers from severe pain. Then I am glad about the existence of painkillers because they make the bearable to the patient. [2]

→ Dus in die zin ben ik ook altijd blij met de reguliere geneeskunde bijvoorbeeld ik zeg al is het alleen maar dat ze met tijd geven he als iemand heel veel pijnklachten heeft ben ik blij dat er pijnstillers zijn want die geven mij de tijd om iemand Om rustig na te denken en iemand kan zeggen het is dragelijk wat ik heb, en dat zorgen die pijnmedicatie voor. [2]

They are very good at that currently, the mechanically mending of our body: a new knee or hip, a livertransplantation, a harttransplantation, these are amazing forms of regular medicine. [21]

→ Dat is waar ze op zich heel goed in zijn dat is tegenwoordig ook het mechanisch repareren van ons lichaam, een nieuwe knie of een nieuwe heup, een levertransplantatie, een harttransplantatie, dus dat zijn geweldige vormen van geneeskunde [21]

I once helped an old lady who suffered from a lot of pain, I said to her: I think you should get a hip replacement (...) because if that is where the pain is coming from, I can give you as many [homeopathic] granules as I want, but that will never do the trick. [23]

→ En ik heb ook weleens een oude dame gehad die heel veel pijn had, dat ik zei: volgens mij moet jij gewoon een nieuwe heup krijgen (...) want als daar de pijn vandaan komt, dan kan ik er korrels instoppen wat ik wil, maar dat gaat nooit helpen. [23]

[Homeopathy] gives a remedy which barely does something [by itself]. Instead, it tries to trigger a process and then the body has to resolve the rest by itself. You can imagine that it can occur that the body is not capable of that anymore. Then you truly need regular medication, because the body is not able to sufficiently do the job. Then regular medicine is excellent because it supplements that which the body cannot do." [2]

→ “[homeopathie probeert] een geneesmiddel te geven wat eigenlijk nauwelijks iets doet. Het probeert een proces op gang te brengen en dan moet het lichaam het zelf oplossen. Je kan je ook best wel voorstellend dat zal ook vaak voorkomen, dat het lichaam het eigenlijk niet meer kan. En dat je dus terecht een regulier geneesmiddel nodig hebt omdat het lichaam niet meer in staat is om dat voldoende te doen. Dan is en regulier geneeskunde uitstekend, want die vult dat aan wat het lichaam niet kan. [2]

Arts 11 says that “if you are not an *arts*, you can say “this or that” (...) but people did not believe you.” [11]

→ “als je geen arts bent dan kun je wel zeggen "zus of zo", maar (...) dan werd je absoluut niet geloofd.” [11]

After three years you can call yourself “arts voor homeopathy”. Which is meant to distinguish from what we call “hogeschool homeopaten” [homeopathic therapists]. [1].

→ na drie jaar mag je je Arts voor homeopathie noemen. En dat om te onderscheiden van wat wij noemen de "hogeschool homeopaten" [1]

People think: “well, you visit “the homeopath”. No, no, absolutely not, we can really do more, we can interpret much more so there is a substantial difference. [9]

→ Mensen denken ook zo van: "tja dan ga je naar de homeopaat", nee, nee, foei, wij kunnen echt wel degelijk meer, wij kunnen echt meer interpreteren en dus daar zit echt een wezenlijk verschil in. (...) [9]

Arts 23 mentions that he would not mind losing his title because he already has the necessary medical knowledge, yet he also admits that it is an important sign to the o would prefer an *arts voor homeopathie* rather than a homeopathic therapist because the latter is not familiar with “the regular thinking” so that they might not recognize crucial symptoms. [23]

→ (...) ik [zou een arts-homeopaat] eerder als homeopaat, als homeopathische behandelaar kiezen dan een homeopaat die niet ook een artsenstudie gedaan heeft. (...) Maar die, ja, ik ben altijd een beetje bang dat ze misschien toch een stukje van het reguliere denken missen waardoor ze inderdaad gewoon ernstige aandoeningen zouden kunnen missen. Alarmsymptomen. [23]

You have many non-medical homeopaths – this is actually the majority. And well, I think that is fine, or actually, I am not sure about that. It feels a bit strange to me,

because it must be the case that these people actually have a too one-sided approach, only homeopathic, this cannot always be right. [22]

→ kijk je hebt ook heel veel niet-artsen, of de meesten zelfs he, die zijn met homeopathie bezig. En dat ja, dat vind ik allemaal wel best, nouja, ik weet het niet. Dat is een beetje ver van mij af, want dan kan het niet anders dan dat je toch ook eenzijdig kijkt dan. Alleen maar homeopathisch. En dat kan niet altijd goed zijn. [22]

Arts 4 adds that this title has also provided him with social and economic security and that he also wanted to be associated with regular medicine because of a “very fundamental fear to “miss the boat”. [4]

→ Maar ja, dat is het antwoord op de vraag waarom in toch gewoon de gebaande weg ben gegaan, omdat ik natuurlijk waarschijnlijk ook bang was voor armoede, of zoiets. Gewoon een hele basale, simplistische angst om niet de boot te missen, ofzo. Ja veilig. Het is gewoon, dat is natuurlijk ook weer het leuke van die reguliere kerk, de reguliere medische kerk, als je daar lid van bent, dat is ook heel veilig. [4]

“I want to be part of it”, he says, “I find it important that [homeopathy] becomes normal part of the ‘total package’, so I put a lot of effort in keeping up with the regular side: to understand it and to think along with it every now and then.” [22]

→ “(...) ik wil erbij horen. En ik vind het belangrijk dat het een normaal onderdeel wordt van het totale pakket. Dus ja, en ik sloof mijzelf uit om de reguliere kant goed bij te houden, en goed te begrijpen en mee te denken, zo nu en dan. Dat vind ik ook interessant.” [22]

I am increasingly beginning to wonder what the use of the medical title actually is. It is the case that, because I am a doctor, I have “more” right of speech. But if I see how negatively the [medical] profession responds to homeopathy, you cannot help but think: I might have to pay attention to not end up in a corner [25]

→ Maar ik begin mij steeds meer af te vragen wat eigenlijk het nut van die artsentitel is. Het is wel zo dat, omdat ik arts ben, dat ik meer recht van spreken heb. Maar als ik zie hoe negatief de beroepsgroep om homeopathie reageert, dan denk ik: je moet nog oppassen dat je daardoor ook nog in een verdomhoekje terecht komt. [25]

Regular Medicine and its Discontents

I wasn't ‘all homeopathy’ yet, but I did decide to follow homeopathic schooling because I was really focused on more than the kidney or the heart, the purely physical which you essentially learn if you study [medicine]. [16]

→ Ik was nog helemaal niet zo van "goh homeopathie is het", maar toen heb ik wel besloten om die opleiding te gaan doen, omdat ik wel heel erg bezig was met meer dan alleen maar de lever of de nier of het hart, dat puur lichamelijke wat je in wezen leert als je studeert. [16]

At the end of my study I started thinking: is this it? And also through the study of GP I found out that I liked being a GP much more than working in a hospital, because in hospitals things are very reductionist, so you basically see a gastric ulcer in front of you instead of a patient. And in GP-medicine (...) it is not only about that ulcer but also what this means for the patient and how he got it. So this gives you already a broader perspective. And then I found out: there is isn't that much, you cannot do very much. Especially when things get worse you get more possibilities, but not everybody with a stomach ache has an ulcer. So what to do with these other people with pain in the upper abdomen? Because of that I went looking for different paths and cannot recall exactly how I ended up with homeopathy. Perhaps because it is the most controversial, most far removed." [25]

→ " (...) aan het eind van de studie begon ik te denken: zou dit het nou zijn? En eigenlijk ook door de huisartsenopleiding, toen ontdekte ik - ik vond sowieso toen ik in de huisartsenopleiding was, ik vind dit veel leuker dan in het ziekenhuis want in het ziekenhuis is het heel erg reductionistisch, dus in principe zit er een maagzweer voor je en niet een patiënt. En in de huisartsengeneeskunde (...) gaat [het] er eigenlijk wel om wat die maagzweer voor iemand betekent en hoe die daaraan komt. Dus dan krijg je al een veel bredere kijk. En toen ontdekte ik eigenlijk ook: er is eigenlijk heel weinig, je kunt niet zoveel. Met name naarmate het erger werd kon je meer, maar niet iedereen die pijn in zijn bovenbuik heeft, heeft een maagzweer. Dus wat doe je dan met die andere mensen met pijn in de bovenbuik? Dus daardoor ging ik op een gegeven moment zoeken naar andere dingen en ik weet eerlijk gezegd niet helemaal meer hoe ik - achteraf gezien - weet ik eigenlijk helemaal niet meer hoe ik nou juist op homeopathie terecht gekomen ben. Misschien wel omdat de meest controversieel, meest ver vanaf ligt." [25]

Arts 9: "[I have] found that as a GP, it was more like 'pray and delay', you do not really resolve anything. When somebody suffers from acid reflux, for example, you give omeprazole or whatever, but that does not solve the problem. I noticed that with [homeopathy] I could actually solve problems. And I found that so essentially different, that when I deploy this, I can actually solve things.

Anne: "I can imagine. Is that something which you realized while dealing with homeopathy, that it was more 'pray and delay' in regular medicine, or did you find out along the way? Only when you actually see the alternative?

Arts 9: "I saw it once I was studying [homeopathy]."

→ Arts 9: “[ik heb] gezien ja dat ik - ik vond als huisarts (...) was meer 'pappen en nathouden' en je lost niks op, je geeft iets, bijvoorbeeld iemand heeft zuurbranden, je geeft daar een, ja, omeprazol voor of wat dan ook, maar het probleem is niet opgelost. En ik merkte dat ik hiermee een probleem kon oplossen. En dat vond ik zo daadwerkelijk anders dat ik dacht van: hee, maar ik kan als ik dat inzet (...) het wel oplossen.”

Anne: “Ja dat kan ik me voorstellen. Is dat ook iets wat je je realiseerde toen je al met homeopathie bezig was, dat in de reguliere geneeskunde dat het pappen en nathouden is, of kom je daar langzamerhand achter? Pas als je het alternatief ziet?”

Arts 9: “Ik zag het pas toen ik met die studie bezig was.”

In the meantime, I followed all sorts of alternative courses. And actually, homeopathy only last, because I found it a bit vague, acupuncture was at least a bit concrete (...) it started actually with orthomolecular medicine: vitamins, minerals, that is also still concrete. I found homeopathy a bit of a vague thing, but I thought: I should at least know something about it. [10]

→ (...) in de tussentijd ben ik gewoon allerlei alternatieve cursussen gaan doen. En eigenlijk pas als laatste homeopathie, want dat vond ik een beetje vaag, acupunctuur is dan een beetje concreet (...) het begon eigenlijk met orthomoleculaire geneeskunde: vitaminen, mineralen, dat is ook nog concreet. Homeopathie vond ik toch wel een beetje een vaag gebeuren, maar ik denk: ja ik moet het toch wel wat van weten. [10]

And I have to say, initially I was even sceptic about the use of homeopathic remedies because it is diluted, shaken, diluted and shaken and there is nothing in it so how can it be effective? [8]

→ En ik moet zeggen, ik was in het begin zelfs sceptisch over het gebruik van homeopathische middelen want het is verdund en geschud en verdund en geschud en er zit niks meer in dus hoe kan het iets doen? [8]

So I got an ear infection and: “flop”, I took a granule and it seemed like a miracle cloth was used. So I thought: well, this is strange, very strange. I could not actually explain it, because I had been working only within the [regular] medical setting and this was really: well, wow! [9]

→ Dus ik kreeg oorontsteking en dat was echt zo: "flop" ik gaf een korreltje en het leek wel bijna alsof je er met een wonderdoekje overheen ging. Dus ik dacht van: nou dit is gek, dit is heel gek, ik kon dat zelf eigenlijk ook niet zo goed verklaren, want ik heb echt alleen maar in de medische setting gewerkt en ja dit dacht ik echt van: nou.... Jeetje! [9]

At first, I was sceptic about the use of the granules, but then I just started learning the homeopathic method and also applying it and noticed, already with the first patient, that those granules - against all odds - that they really did something (...) my first patient was the boy next door of 10 years old with continuous nose bleeds, three times a day. I gave him a granule - he'd had these nose bleeds already for years but at once they disappeared! The second patient suffered from asthma - and had had eczema in the past - which is a common combination: you first get eczema, which is suppressed with hormone crème, and then later people develop asthma. And she came for the asthma, so I gave her a remedy and the asthma suddenly disappeared, but the eczema came back very dramatically, across her whole body. And I thought: oh my, these remedies do really do something, the asthma immediately disappeared but what should I do now? What have I done? This was so dramatic and complicated, I was only a junior homeopath. So these two patients were very important for me, firstly because they showed me that these granules really did have an effect and secondly, well, if you do not use them correctly they can also really give rise to side-effects or unwanted effects. So you should really know what you are doing. [8]

→ Dus eerst was ik sceptisch over het gebruik van de korrels, maar toen ben ik gewoon een homeopathische methode gaan leren en ook gaan toepassen en toen merkte ik al bij de eerste patiënt dat die korrels, hoe onwaarschijnlijk ook, dat die echt wat doen (...) mijn eerste patiënt was mijn buurjongen van tien met bloedneuzen wel drie keer per dag. Ik gaf hem een korrel en - hij had al jaren bloedneuzen - (...) in een keer waren zijn bloedneuzen weg! (...) de tweede patiënt die had astma (...) en die had vroeger eczeem gehad - dat is vaak een combinatie, astma en eczeem. Kreeg je eerst eczeem en dat wordt dan onderdrukt met hormoon crème, en dan later ontwikkelen mensen astma - en ze kwam voor die astma en toen gaf ik haar een middel en toen was de astma ineens weg, maar de eczeem kwam terug. Vreselijk kwam dat terug, over haar hele lichaam, van top tot teen en ik dacht: oh jee, die middelen doen echt wat want de astma was gewoon in een keer beter, maar wat moet ik nu? (...) wat heb ik gedaan? Dit was weer zo heftig en ingewikkeld dat ik, ik was nog maar helemaal beginnend homeopaat weet je, dus die twee eerste patiënten waren heel belangrijk voor mij dat ze ten eerste aantonen dat die korrels echt wat doen en ten tweede aantonen dat het, nouja, als je ze niet goed gebruikt het ook echt bijwerkingen kan hebben of ongewenste effecten. Dus dat je echt moet weten wat je doet. [8]

“then it usually means that I have a patient with complaints and I give something to suppress these complaints.” [21]

→ “dan wordt het steeds een beetje van, nouja, ik heb een patient met klachten, ik geef iets om bepaalde klachten wat te onderdrukken.” [21]

Regular medicine: can't cure everything

For everybody who is involved with health and disease it is clear that our regular medicine cannot solve all diseases. So I want to be able to offer more than I can do with regular medicine. A lot of diseases are chronic because they might be able to be treated but not cured. Think of eczema, asthma, irritable bowel syndrome, countless diseases: auto-immune diseases, the medical wards are filled with people with chronic diseases which cannot be cured but only treated. [8]

→ (...) voor iedereen die zich bezighoudt met gezondheid en ziekte [is] het duidelijk (...) dat onze reguliere gezondheidszorg niet alle ziektes kan oplossen. Dus eigenlijk wil ik gewoon meer kunnen bieden dan wat ik regulier kan. Heel veel ziektes zijn chronisch omdat ze wel misschien behandeld kunnen worden, maar niet genezen kunnen worden. Denk aan eczeem, astma, prikkelbare darm syndroom, legio ziektes: auto-immuunziektes, de polissen zitten er vol van mensen met chronische ziektes die niet genezen kunnen worden, maar wel behandeld. [8]

[Complaint are] still vague or there are no clear irregularities on the x-ray or in the blood, but somebody does not feel well or has certain complaints, while there is no diagnosis. A doctor would say: “well, come back within three weeks.” But that’s all he can do. When the disease, the deregulation, pushes through, it will finally manifest itself in the physical body, so you will now see the deregulations: on the x-ray scale accumulation will show in the shoulder, while previously you only slightly felt the shoulder but could not see anything. Now you suddenly see this accumulation. Or you see an increase of inflammatory markers in the blood, or a dysfunctional liver. At that point regular medicine says: now somebody is ill, and we can now treat the person. So, homeopathy actually treats the patient in a much earlier stadium than regular medicine. [21]

→ [klachten zijn] nog vaag, en het is nog niet duidelijk en er zijn nog geen afwijkingen, in de foto of in het bloed, maar iemand voelt zich niet lekker of heeft klachten, maar er komt geen diagnose. De arts zou zeggen: ja kom over drie weken maar terug, maar die kan niet veel. Zet een ziekte door, de ontregeling door, dan gaat het zich ook meer in het fysieke lichaam manifesteren, dus je krijgt afwijkingen, je krijgt bij je schouder kan op de foto kalkaanslag zien, terwijl daarvoor had je aan die schouder last maar je ziet niks. Nu zie je opeens een kalkuitslag, of je ziet in de bloedwaarde de

ontstekingswaarden omhooggaan. Of je ziet een leverfunctie die ontregeld is, en dan zegt de reguliere geneeskunde: hee, nu is iemand ziek. En dan kunnen we wat gaan behandelen. Dus homeopathie, eigenlijk behandelt in een veel vroeger stadium dan de reguliere geneeskunde. [21]

Children with otitis whom kept returning – I did my doctoral research on otitis – to the hospital, the ENT-doctor would have them take antibiotics for half a year, yet they stay and stay, so I think: what is happening here? [9]

→ Dus die kindjes met die oorontstekingen die maar voortdurend - want ik heb dus een ook een promotieonderzoek gedaan naar oorontstekingen - en die kindjes die blijven maar voortdurend in dat circuit hangen en die moeten wel een half jaar antibioticum en bij een KNO-arts en dan blijven ze maar en dan blijven ze maar, dus ik denk: wat gebeurt hier? [9]

Something does not really change on a deep level [after a visit to a psychologist] because the relation with the mother is often a thing, it has something really deep, very unconscious, very fundamental, some feeling of safety which should be there, or a feeling of love. And you cannot simply solve this if this is not present. But with a homeopathic remedy you can solve this. [8]

→ (...) er verandert niet echt iets op een diep niveau [na bezoek aan de psycholoog], want (...) de relatie met de moeder is toch wel vaak een ding, maar het heeft iets dat is iets heel dieps, heel onbewust, heel basaal, een soort veiligheidsgevoel wat er moet zijn, of een liefdesgevoel, nou en als dat er niet is dat los je niet zomaar op. Maar met een homeopathisch middel kan je dat wel oplossen. [8]

Regular medicine: accepting side-effects

“it means that we, [homeopathic physicians], have to say: it does not go well, this treatment is not adequate.” [2]

→ dan betekent dat dat wij [als homeopathisch arts] moeten zeggen: het gaat niet goed, onze behandeling is niet goed.” [2]

“regularly use medication, often for the rest of their lives, often suffering from side-effects, and often they do not feel better despite of the medication. For me that is simply not enough.” [8]

→ “vaak medicatie gebruiken, vaak voor de rest van hun leven, vaak hebben ze bijwerkingen van hun medicijnen, vaak voelen ze zich ondanks de medicijnen toch niet goed, dus ik vind niet voldoende” [8].

Then they get side-effects from medication use of years, they are tired or have no motivation, you name it. Or with elderly people: they get high blood pressure, receive pills for that, yet these pills make them dull so they fall and break a hip. [10]
→ (...) dan krijg je dus bijwerken van jarenlange medicatie en dan hebben ze er weer last van of ze zijn weer moe of ze hebben nergens meer zin in (...), noem maar op. Of bij oudere mensen krijgen ze een hoge bloeddruk, krijgen ze hoge bloeddruk pillen, maar dan worden ze zo flauw van dat ze vallen en dan breken ze een heup [10].

In the *metier*, it has been generally accepted that you should be able to prescribe pills regardless the side effects with the presumption that won't be that bad and that chances are very slim that it will go wrong with this patient. Well, imagine what would happen when you accidentally have that one patiënt who is not so lucky, then you have a problem! [4]

→ (...) het is in de *metier* (...) inmiddels wel het gezamenlijke standpunt dat je die pillen moet kunnen voorschrijven, regardless the side effects, met de aanname dat het wel mee zal vallen en dat kans dat het bij deze patiënt fout gaat erg klein is. Ja, je zal toch toevallig die ene patiënt hebben waar het pech is, dan heb je een probleem. [4]

I find it wrong that the side effects and the effects on the body of all medication administered are simply passed over. And sometimes the denying of side effects, especially with vaccines, I find very unsound. And well, you just have to accept the side-effects. And of course, when you are suffering from something severe, and you really need this medication, then you temporarily accept it. But if it always cures you, that is the question. [23]

→ (...) de bijwerkingen van alle middelen die gegeven worden en waaraan voorbijgegaan wordt wat het allemaal verder nog voor invloeden heeft op je lichaam. En ook soms het ontkennen van bijwerkingen, dat vind ik dan met name bij vaccinaties wel een heel kwalijk punt. En gewoon, je moet de bijwerkingen maar accepteren. En het is natuurlijk soms ook zo, als je iets heel ernstigs hebt en je moet die medicijnen, ja dan moet je dat maar even accepteren. Maar of je er altijd echt beter van wordt, dat is de vraag. [23]

The big problem for regular medicine is that its medication, aside from an effect also has a side-effect. For short term medicine use this is not a problem, but for long term use you always get the question: aren't the side-effects as bad as the original ailment? Or at least: what to do with the side-effects? The substantial advantage of homeopathy is that, if it works, then medication is that homeopathic medication brings about long-lasting effects without side-effects, which is a huge advantage. [25]

→ Het grote probleem van de gewone geneeskunde is dat je een, als een medicijn een werking heeft, heeft het ook een bijwerking. Dus kortdurend medicijngebruik is eigenlijk geen probleem, maar

langer durend medicijngebruik dan krijg je altijd de vraag: zijn de bijwerkingen niet net zo erg als de kwaal. Of in ieder geval: wat doen we met al die bijwerkingen? (...) dan is het grote voordeel van de homeopathie dat als het werkt, dan is het eigenlijk niet vaak een medicatie die je moet geven om blijvend - of nou, blijvend wil ik niet zeggen - maar om behoorlijk langdurig effect te krijgen zonder bijwerkingen. En dat is een groot voordeel. [25]

Regular diagnosis: ignoring important causes of disease

During my traineeship, there was once a patient with inexplicable fever and I noticed that this person was very much stressed out and worried about what would happen to him. The internist said: "there must be something, there must be an infection because whatever the cause, somebody does not have fever without a reason. There must be some sort of inflammation going on, be it infectious or non-infectious, but that should be the case, otherwise there is no fever." I then said: "this might sound strange, but I actually think that this person is feverish because he is extremely worried. I can imagine that this is actually a psychological case." Well, said the internist, that is not possible. But he was a nice guy, so he came back the next day and said: "you know, I studied the literature and it seems that it has been argued there that people can actually get a fever through emotional excitement." I liked that, but I thought: that is indeed not what you learn, you don't learn that the psyche has such an effect on our system. It is being described, luckily, but the starting point for a physician is: you must explain fever in material terms, there must be something wrong within the body. [2]

(...) ik was op interne was een patiënt met onbegrepen koorts, en ik merkte dat de persoon in kwestie zich ongelofelijk in de stress zat, over wat er allemaal op hem af zou komen, zorgen ging maken (...) en de internist toen (...) zei: "er moet iets, er moet een infectie of wat dan ook aan de hand zijn, iemand heeft niet zomaar koorts, er moet een of ander ontstekingsproces, of dat nou infectieus of niet-infectieus is, maar dat hoort. Want anders dan is er geen koorts." Nou, ik zei: "ik vind het raar, maar ik denk eigenlijk dat deze persoon zo koortsig is omdat hij zich gewoon ongelofelijk zorgen loopt te maken en ik kan me voorstellend dat in dit geval het een psychisch verhaal is." Nou, zei die internist, dat kan niet. Maar het was een leuke vent en hij kwam de volgende dag terug en zei: "Nou, ik heb de literatuur er eens op nageslagen en nou lijkt dat er in de literatuur best wel beschreven wordt dat mensen door emotionele opwinding koorts krijgen." (...) Dat vond ik op zich al leuk, maar ik dacht van: het is inderdaad niet wat je leert. Het is niet wat je leert dat die psyche zo'n invloed heeft op ons systeem. Het wordt dus wel beschreven, gelukkig, maar het uitgangspunt van de artsen is: koorts moet je verklaren vanuit een materiële ondergrond, er moet iets in dat lichaam mis zijn." [2]

I found the [homeopathic] method very beneficial, so I thought: perhaps those granules do not do anything, but I nevertheless find it useful to take the time to figure out why somebody has fallen ill, you know, if you always get a headache when you visit your parents in law, what happens on the inside? Why do you get a headache? What is the underlying problem? Such a conversation in itself is already very useful. [8]

→ En ik moet zeggen, ik was in het begin zelfs sceptisch over het gebruik van homeopathische middelen want het is verdund en geschud en verdund en geschud en er zit niks meer in dus hoe kan het iets doen? Maar ik vond de methode heel zinvol, dus ik dacht: misschien doen die korreltjes niets, ik vind het sowieso zinvol dat je de tijd neemt om met iemand te achter te komen waarom ze ziek zijn, weet je, als je altijd hoofdpijn krijgt als je bij je schoonouders op bezoek gaat, wat gebeurt er dan met jou van binnen weet je? Waarom krijg je er hoofdpijn van? Wat is het onderliggende probleem? En zo'n gesprek alleen al is zinvol. [8]

Well, is people come to you with a specific illness or complaint, we [homeopathic physicians] say: when did it start? Well, in about eighty percent of the cases there is a clear story which bothered them. In other cases it is less clear, even though I still think that there is something similar going on there as well. And within regular medicine, this is not used or even considered to be nonsense. [10]

→ Nou als je dat zo vraagt aan mensen dan komen ze met een bepaalde ziekte of klacht, dan zeggen we: wanneer is het begonnen? Nou en in tachtig procent van de gevallen dan is er een verhaal waar ze mee zaten. Er zijn in andere gevallen waarin niet duidelijk is, denk ik nog wel dat er iets is (...) En dat wordt in de gewone geneeskunde wordt dat niet gebruikt of als onzin dat is eigenlijk. [10]

I actually think that we, homeopathic physicians, are better physicians than regular physicians. That might sound very stupid and arrogant, but that is not what I meant. Because we focus much more on the whole person. Not only: "oh, you have appendicitis, I will now perform surgery." But: "why do you get appendicitis now? What happened?" [23]

→ Ik vind dat we als homeopathische artsen eigenlijk veel betere artsen zijn dan de gewone arts. Ja dat klinkt misschien stom en arrogant maar zo is het niet bedoeld. Omdat wij meer naar dat geheel van die hele mens kijken. Gewoon veel meer, niet alleen maar: oh, je hebt een blindedarmontsteking, ik opereer je. Maar waarom krijg je nu die blindedarmontsteking? Wat is er gebeurd? [23]

Regular medicine: limiting organization

Arts 21, for example, finds that the focus on protocols has “stripped down” the medical profession, because “the medical procedures are very much all prescribed”
→ Arts 21, for example, finds that the focus on protocols has “uitgekleed” the medical profession, “qua medische behandelingen is het gewoon vrij voorgeschreven allemaal”

Arts 22 calls it a “constriction” within regular medicine due to the strict rules. This “protocol ruled medicine” [21]

→ Arts 22 calls it a “vernauwing” within regular medicine due to the strict rules. “protocollaire geneeskunde” [21]

But as we speak, 10.000 articles are published, so if we are to make protocols now, than I know I am making something which will be outdated as I am writing it. [25]

→ Maar du moment dat wij hier spreken, zijn er 10.000 onderzoeken gepubliceerd, en als ik dus nu een protocol met jou aan het maken ben, dan weet ik dat ik iets maak waarvan ik denk: het is waarschijnlijk al achterhaald op het moment dat ik het schrijf. [25]

You know, homeopathy as ‘healing system’, perhaps inherently has in itself an accusation on the account of regular medicine, like: “how on earth can you come to a diagnose within 10 minutes?” Because ‘diagnose’ comes from the Greek “dia” and “gnosis”, so “through” and “to know”. After ten minutes I know you “through”. [4]

→ Weet je, (...) er zit ook iets in dat de homeopathie als geneeswijze, als geneessysteem, heeft misschien toch inclusief in zich geborgen, zonder dat ze het wil maar onvermijdelijk, ook een soort aanklacht naar de reguliere geneeskunde, van: “ja hoe kan je nou in godsnaam in tien minuten tot een diagnose komen?” Want diagnose komt van het Grieks "dia" en "gnosis", dus "doorkennen." Na tien minuten doorken ik jou. [4]

Regular medicine: does it really cure?

I do not see it [regular medical effects] as real recovery. If it helps, than it is still only symptomatic and not the foundation of the ailment the way I look at people. So yes, [regular medicine] does not really make me happy. [22]

→ Ik zie het niet als echt herstel. Als het al zou helpen, dan is het nog symptomatisch en niet de ondergrond van de kwaal zoals ik kijk naar mensen. Dus ja, daar kan ik niet echt blij van zijn. [22]

A hart transplant can make a person to go on for a long time again. Already, I find this a bit less elegant because you do not really cure, you just replace. While you can actually really cure, which is actually a much more beautiful method. [10]

→ [met] een harttransplantatie kun je dus ook zorgen dat iemand weer lang vooruit kan. Vind ik al iets minder fraai, in de zin van je geneest niet echt, je vervangt gewoon. Terwijl je ook kunt genezen, en dat is eigenlijk een veel mooiere methode [10]

Arts 11 furthermore mentions the downside of antibiotics, which not only kills the harmful bacteria but also our own, beneficial. [11]

→ “ [antibioticum] maakt de bacterie dood maar tegelijkertijd ook onze eigen bacteriën.” (11)

Homeopathy as complementary medicine

So he got the whole kit with twelve remedies and I had it all written out for him: “if you get red skin, take that remedy. Do you get burns? Take that remedy. Feeling nauseous? That.” And he followed this, and he got through the chemo fine, he was hardly affected by it. Well, it is bizarre. I thought like: wow, more people should know about what you can do with this, because it is possible, this combination. Somebody receives the regular, but also the other so that he gets through it much easier. And they also said in the hospital: “well, sir, you are the first here to have persisted for so long. I mean, 4 treatments in such a short amount of time.” [9]

→ Dus hij kreeg een hele kit (...) met twaalf middelen erin, allemaal vol en ik had het helemaal uitgeschreven voor hem van: "stel, je krijgt een rode huid, dat middel innemen. Krijg je brandwonden? Dat middel innemen. Voel je je misselijk? Dat." Hij heeft helemaal gedaan, hij is top door de chemo heengekomen, hij had amper last ervan. Nou het is bizar. Ik dacht echt zo van: wauw, dit zou eigenlijk meer mensen moeten weten van wat je hiermee kan doen en dan dat dat dus gewoon mogelijk is, dat je die combi hebt. Iemand krijgt dus wel het reguliere, maar ook het andere waarbij hij dus veel gemakkelijker erdoorheen komt. En ze zeiden ook bij het ziekenhuis: "nou meneer u bent de eerste die het zolang vol heeft gehouden, gewoon 4 kuren helemaal en dan in zo'n korte tijd." [9]

Accompaniment of surgeries can be nicely done homeopathically. For example, after radiation therapy homeopathy can offer support to the omnipresent tiredness very well. The same goes for the contraction of the breast skin, homeopathy works beautifully for that. And if you could have accompanied those people already beforehand, before the nasty surgery, you could have supported the recovery of the connective tissue and muscle layers, this can save you a year! In that respect it is a shame that it is not combined more often. [12]

→ operatiebegeleiding kan je heel goed doen homeopathisch. Bijvoorbeeld na bestralingen kan je ontzettend veel doen aan al die moeheid die dan blijft. Huidveranderingen nou borsten die er niet meer uitzien van alles wat samengetrokken is. Dat gaat zo mooi met homeopathie. En als je die mensen al van tevoren had kunnen begeleiden, dan hebben ze ook nare operatie goede homeopathische middelen gehad, dat het bindweefsel zich goed herstelt, spierlagen

zich goed herstellen, ja dan ben je gewoon een jaar vooruit! Dus in dat opzicht is het doodzonde dat het niet vaker samengaat. [12]

Arts 9 thinks that this kind of treatment is the treatment of the future: “many things are possible, I even think that when you treat somebody with a pulmonary infection, you could treat homeopathically simultaneously. I think that these are the treatments of the future.” [9]

→ Er kan heel veel, ik denk zelfs dat het zo zou kunnen dat als je iemand met een longontsteking hebt en je zou hem ook nog homeopathisch tegelijkertijd behandelen, ja ik denk dat dat de behandelingen van de toekomst zijn. [9]

The hammer scenario: regular consult, homeopathic remedy

absurd to say: I am going to perform a two-hour long anamnesis in order to find out everything there is to know about this person. No, for a bruise you eventually end up with the first remedy; arnica. (...) Things start to get interesting, however, when this patient hits his fingers every day, then you can say: why do you do that? There must be a deep dysfunction underneath it. [25]

→ ik vind het echt absurd dat als iemand met een hamer op zijn vinger slaat, om te zeggen: ik ga een anamnese doen van 2 uur om te weten hoe jij in elkaar zit en hoe vaak jou moeder jou geslagen heeft. Nee, uiteindelijk kom je bij een blauwe plek altijd uit op het eerste middel, op Arnica. En dat verband is er. Het wordt natuurlijk heel interessant als iemand iedere dag op zijn vingers slaat, dan kun je zeggen van: waarom doe je dat? Daar zit vast een diepe stoornis onder. [25]

If somebody said: “I have an itch on my big toe”, well, then you took a look at it and if it was a rash or fungus I would give them a crème, and then they would be finished and content within three minutes. I did not feel like I had to ask in addition: “how are you feeling in general: are you content and fulfilled?”, you know “how are you doing?”. [4]

→ als iemand dan zei van: "ik heb jeuk aan mijn grote teen", nou dan bekeek je dat en dan was dat uitslag of een schimmel en dan gaf ik ze een cremepje, en dan waren ze met drie minuten buiten en tevreden. Dan had ik niet zoiets van, nou moet ik eens gaan vragen van: "ben je verder nog wel gelukkig?", weetjewel "hoe gaat het ermee?" [4]

Hybrid medicine

Analyzing a patient's list of medication, focusing on that specific patient and its responses to particular medicine, is, as arts 8 says: “just what a good GP would do.” [8]

→ “gewoon het betere huisartsenwerk”. [8]

Then she would not be talking for two hours, but still a long time, and she would thoroughly question the person about their heart issues with their heart, but also about

their social situation etcetera. Well, that is exactly what we are doing. "And it is an improvement of health-care, because" she said "if you have that basis, than you can give these people much more specific guidance and make sure that they recover more quickly." "Well, yes," I think "that is an element which in the alternative - and I am not even speaking about homeopathy specifically - [has been present already]" If you are really interested, and you really want to know why these people are ill, whatever method you are applying - cardiological advice, a pill of some sorts - it has a lot of impact, if you approach it in that way. And a lot of people have become alternative because they could not find that in the regular. But nowadays, that is why it is so slippery, GP's also want longer consults. It has started to dawn that this might just work. [22]

→ dan zat ze niet twee uur te praten, maar wel veel, en helemaal uitvragen van wat er precies allemaal was met de mensen met last van hun hart, ook nog hun sociale situatie enzovoort. Nou, dat is precies wat wij ook doen. Dus ik denk: ja hoezo? "En het is een verbetering van de gezondheidszorg, want" zei ze "als je die basis hebt, dan kun je veel beter mensen specifieke begeleiding geven en zorgen dat ze sneller beter worden." Nou, ja, denk ik, dat element is in de alternatieve - dan heb ik het niet eens over homeopathie - en je bent echt geïnteresseerd, en je bent echt wil echt weten waarom deze mensen nou ziek zijn, en wat voor methode je dan ook doet, daarna, of je gaat cardiologisch advies geven, pilletje dit en dat, maar dat heeft gigantische impact, als je het zo doet. En veel mensen zijn alternatief geworden omdat ze in de reguliere dat niet vinden. Maar tegenwoordig, daarom is het allemaal zo glibberig, want huisartsen willen nou ook langere consulten. En het begint nou wel duidelijker te worden dat het werkt. [22]

If you ask about what homeopathy has brought me in my regular practice, it is that I ask many more detailed questions. This is beneficial within homeopathy, but also the regular symptoms you investigate much more closely: what are you suffering from exactly when you say, "I have a stomach ache?", what do you mean: before you eat or after you have eaten? If it is the case before dinner, then you have too much acid in your empty stomach that it hurts. If you have the ache after dinner, then the filling of the stomach seemingly causes a pressure which the stomach wall cannot handle. That is different infliction than that of the empty stomach. The fact that I make that kind of differentiations is down to homeopathy. [25]

→ als je het hebt over wat je nou aan homeopathie hebt gehad in de gewone geneeskunde - dat ik veel meer uitvraag. Bij homeopathie heb je veel aan de anamnese, maar ook de gewone symptomen ga je dan als het ware beter uitvragen: waar heb je nou precies last van als je zegt "ik heb maagpijn", maar ja, wat bedoel je nou: voordat je gaat eten, of nadat je gaat eten? Als je dat hebt voor het eten dan heb je met een lege maag zoveel zuur dat dat zeer doet. Heb je maagpijn na het eten, dan geeft het vullen van de maag kennelijk een soort druk waar de wand niet tegen kan. Dat is een andere aandoening als die

nuchtere pijn. Nou, dat soort differentiaties, die ben ik eigenlijk allemaal gaan maken doordat ik homeopathisch veel meer ben uit gaan vragen. [25]

And that is of course something interesting as well, most of the GP's have a tendency to say: "just to "the" physiotherapist. But there I also think: "you have to go to that particular one, and you to the other". Because people are all different and I am just trying to find the right fit. So that is another way of looking at fitting things. [25]

→ En dat is natuurlijk ook weer interessant, de meeste huisartsen hebben een beetje de neiging om te zeggen: "ga maar naar "de" fysiotherapeut. Maar ook daarvan zeg ik altijd: jij moet naar die, of jij moet naar die. Want die mensen zijn allemaal anders en ik zoek gewoon naar wat past. Dus dat is een ander soort kijken naar passende dingen. [25]

"So homeopathically, you always look for the "key-lock" combination, but you can also do this within regular medicine" arts 25 concludes.

→ "Dus homeopathisch gezien kies je altijd voor sleutel-slot combinaties, maar dat kun je in de gewone geneeskunde ook"

CHAPTER 4: BOUNDARIES and HYBRIDITY

"I notice that I only prescribe classical homeopathic therapy – so only homeopathy – probably only in 15% of all cases. But I think that, concerning allopathy, this is the same: only 15% of the cases. The rest is a lot of diet, life style, mapping things, and referring to other 'care workers'. [25]

→ Ik merk dat ik de klassieke homeopathische therapie - alleen homeopathie, en alleen dat voorschrijf - dat is waarschijnlijk toch niet meer dan 15% van alle voorschriften. Maar ik denk dat, als het gaat over allopathie, dat het eigenlijk ook maar 15% is. En de rest is eigenlijk heel veel met voeding, leefstijl, dingen in kaart brengen, verwijzen naar andere hulpverleners. [25]

Le Terrain se Tout

"My knee hurts, and it radiates to my upper leg, and if I put a warm compress on it, the pain decreases and with frost it increases." These are a few of these criteria. These are always interesting, and you sometimes distil some particularities. But there are more things like: "well, tell me something about your life, how long have you had these complaints?" "10 years" "Well, okay. What happened two years before the complaints started?" So, in my opinion, this places it in the perspective of somebody's whole life and during the conversation you end up discussing things of

which the people say: "I mean, it is not a secret, but no doctor has ever asked me about that!" [1]

→ Ik heb pijn in mijn knie en het straalt uit naar mijn bovenbeen en als ik er een warme kompres op doe wordt het minder en als het vorst komt dan gaat het weer meer pijn doen he, er zijn een paar van die criteria ... [naam] dat is altijd interessant, en daaruit haal je soms wat bijzonderheden, maar er zijn nog meer dingen, van eh, nou vertel eens wat over je leven hoe lang heb je deze klacht al, 10 jaar, goh nou, wat is er twee jaar voor het begon in je leven gebeurd. Dus het plaatst het wat mij betreft in perspectief van iemand zijn hele levensloop en al doende kom je al pratende op zaken dat mensen zeggen van "ja niet dat dat een geheim is maar daar heeft nog nooit een doctor naar gevraagd" [1]

I often also look at what undermines your energy at that point, which is often on a psychological level, but it can also be caused by vitamin shortages, strange lifestyles, smoking, burying three people within one month, your family, to name a few. It can be everything. It can also be a nutritional deficiency and other things which you have to supplement first before you can work homeopathically. [12]

→ Dus ik kijk ook altijd wel wat ondermijnt jouw energie daar, dat zit heel vaak op psychisch niveau, maar het zit natuurlijk ook wel in vitaminetekorten, rare manieren van leven, roken, drie mensen in de maand begraven, je familie en noem maar wat he, het kan overal in zitten. Maar ook wel in voedingstekorten en dingen die je dan soms wel eerst aan moet vullen voor je homeopathisch wat gaat doen. [12]

It could be everything. It could be your mother in law, it could be that somebody had a flu once, or a vaccine. Really everything. But also stress at work... you do not know that. That's the interesting part of such a conversation with a patient, you are looking for the sore point, the point which makes somebody ill. [23]

→ Dat kan van alles zijn. Dat kan die schoonmoeder zijn die je net noemde, maar dat kan ook zijn dat iemand ooit een griep gehad heeft, of vaccinaties. Dat kan echt van alles zijn. Maar ook inderdaad stress op het werk,... dat weet je dan niet. Dat is het interessante in zo'n gesprek met een patiënt dat je gaat zoeken: waar zit hier het pijnpunt. Het punt waar iemand ziek van wordt. [23]

The symptoms are ordered hierarchically, so some symptoms are considered to be more important. Everything which is about that person, and about how you feel, dreams, ideas, beliefs, habits, and then gradually: does somebody stand the cold or heat, more physical, general things, and only then come the physical symptoms. [11]

→ Want de symptomen zijn gehierarchiseerd, dus sommige symptomen zijn belangrijker. Alles wat gaat over iemand, en over

hoe je je voelt, dromen, ideeën, opvattingen, gewoontes, en dan langzamerhand: kan iemand tegen kou of tegen warmte, meer fysieke algemene dingen, en dan pas komen echt de lichamelijke symptomen. [11]

Why do you keep getting a urinary tract infection? You could argue: "yes, that's because of a bacterium", well, that is just a babble because these bacteria are always present. "Flue is caused by a virus", you know what we call an epidemic? If 50 out of 10.000 people are ill. You know how many aren't ill in that case? You can do the math. So that is what we call an epidemic. So, during a flu epidemic there are more not ill people than ill people, while the virus just walks about everywhere. So, saying that: "it is because of the virus", makes you think: "yes, if an atomic bomb is dropped then I might say that is because of the atomic bomb." But to imagine a flu epidemic as an atomic bomb, simply is not right. [25]

→ Waarom krijg jij nou steeds blaasontstekingen? Kun je zeggen: ja dat komt door een bacterie - dat is geklets want die bacteriën zijn er namelijk altijd. Griep komt van een virus, weet je wat wij een epidemie noemen? Als er 50 op 10.000 mensen ziek zijn. Weet je hoeveel er dan niet ziek zijn? Kun je ook wel uitrekenen he. Ja. Dus dat noemen wij een epidemie. Dus er worden bij een griepepidemie meer mensen niet ziek als wel ziek, terwijl dat virus gewoon overal rondloopt. Dus om te roepen: "het komt door het virus", dan denk ik: ja als er een atoombom valt dan zeg ik: dat komt door de atoombom. Maar om de griepepidemie voor te stellen als een atoombom, dat klopt dus helemaal niet. [25]

Pasteur was also deluded by the germs. He thought to be able to solve everything on this level, yet his opponent Antoine Béchamp said: "*le microbe se rien le terrain se tout.*" In other words: "not only through pointing out the bacteria as being guilty do you understand the disease, instead only through looking at the whole *terrain* you understand that the bacterium saw the opportunity to act and to attempt a coup. So, it is always the whole story. [4]

→ Maar daarmee was natuurlijk meneer Pasteur helemaal ook in de waan van de bacillen. Dus die meende dat alles op dit niveau kon worden opgelost en zijn opponent - god hoe heette die vent nou [later opgezocht: Antoine Béchamp], dat irriteert me nou - die zei: "*le microbe se rien le terrain se tout*". Met andere woorden: "niet alleen door die bacterie als schuldige aan te wijzen begrijp je de ziekte, maar door naar het hele *terrain* te kijken, snap je die bacterie die zijn kans schoon zag om toe te slaan en een coup te plegen, dus dat is natuurlijk altijd het hele verhaal weetjewel [4]

If you compare their procedures with that of identifying plants, they call a plant yellowflower, while they point at a sunflower, dandelion, swallowwort, they all call them yellowflower because they all have yellow flowers. But if you could ask a

botanist if he knows the plant yellowflower, then he will probably reply: "how do you mean?" [10]

→ Eigenlijk is wat ze doen als je dat vergelijkt met planten, dan noemen zij een plant "geelbloem" en dat is dan een zonnebloem, paardenbloem, en een stinkende gouwe, en dat noemen ze allemaal geelbloem want die hebben allemaal gele bloemen. En als je dan wil vragen aan een botanicus: "ken je geelbloem" dan zegt ie: "hoe bedoel je?" [10]

How somebody sits, how somebody stands up, how somebody reacts, how somebody watches the world around him. Then I will walk behind or next to the person and I let them walk in from of me so I can also observe their backsides: how is somebody actually moving? And "how does somebody sit here?". Of course, you get better at this the longer you work. And GP's also do that, but for them it is rather unconscious. Homeopathic schooling increased my awareness of this. [12]

→ Hoe iemand zit, hoe iemand opstaat, hoe iemand reageert, hoe iemand kijkt. Dan loop ik vaak achter of naast mensen en dan laat ik ze voorgaan en dan zie ik ook nog van achter een beetje: hoe beweegt iemand eigenlijk? En dan ja, hoe zit iemand hier. Ja goed, natuurlijk word je daar beter in naarmate je langer werkt. Maar de huisarts doet dat ook wel, maar het is allemaal vrij onbewust. En het is door die homeopathisch scholing wordt het weer veel bewuster gemaakt. [12]

Science and the prescription of high dilutions

and work through some sort of "stimulus" [21]

→ and work through some sort of "prikkel" [21]

also "complexes of nano-particles" [2]

→ also "complexen van nano-particles" [2]

It looks simple: if I am something chemical and I throw in something chemical, then there changes something. Well, homeopathy is truly different because apart from being chemical, I am also organized. A disease is actually a disturbance in this organization, and a homeopathic remedy is an energetic remedy which fits that disturbance. And that is fundamentally different from all other therapies. [25]

→ Het lijkt heel simpel, als ik chemisch ben en ik gooi er iets chemisch in, dat er iets verandert. Nou en waarom de homeopathie echt anders, is dat behalve dat ik chemisch ben, ben ik ook georganiseerd. En ziekte is eigenlijk een verstoring in die organisatie, en een homeopathisch middel is een energetisch middel

wat aansluit bij die verstoring. En dat is wezenlijk anders als alle andere therapieën. [25]

The article was about somebody who said: “of course, homeopathy is nonsense because it cannot work.” Yes, well, that is exactly which we have to find out then. If something might work, then we have to find out how can something work which should not work according to the regular, specific form of science? I found it strange, I thought: is that science? Instead, this is somebody who hides behind his preconceptions.” [2]

→ “dat [artikel] ging over iemand die zei: “ja, en homeopathie is natuurlijk onzin, want dat kan niet.” Ja, dat is juist wat je moet onderzoeken dan, als iets misschien wel werkt, dan moet je juist gaan onderzoeken van: hoe kan iets werken wat niet kan volgens de reguliere, bepaalde vorm van wetenschap. Vond ik raar, ik dacht van: is dit nou een wetenschapper? Dit is iemand die zich juist achter zijn vooroordelen verstopt.” [2]

Arts 22, calls such a dismissive attitude towards homeopathy “hardly scientific”.

→ Arts 22, calls such a dismissive attitude towards homeopathy “een weining wetenschappelijke houding”.

At first, I was sceptic about the use of these granules, but then I have learned the homeopathic method and started applying it and already with the first patient I noticed that these granules, very improbably, really worked. [8]

→ Dus eerst was ik sceptisch over het gebruik van de korrels, maar toen ben ik gewoon de homeopathische methode gaan leren en ook gaan toepassen en toen merkte ik al bij de eerste patiënt dat die korrels, hoe onwaarschijnlijk ook, dat die echt wat doen [8]

If I were to believe the chemist, he says: “if you drop a sugar cube in the ocean, you are surely not finding that sugar back.” That is true. I see that. Yet still I know something about it, there is something in the water because I see that it works. [23]

→ (...) als ik de scheikundige moet geloven die zeggen van: “je gooit een suikerklontje in de oceaan, dan vind je die suiker echt niet terug.” Dat klopt. Dat zie ik ook. Maar toch weet ik er iets van, want het zit in dat water want ik zie dat het werkt. [23]

FINAL THOUGHTS

The current primary pharmaceutical system worked fine when the paramount diseases were of an infectious nature: TBC, whooping cough, STI's. And that system has remained superior in acute medicine and oncology. In our modern time more than 50% of the adults suffer from chronic disorders which are primary or partially caused by a lack of physical exercise, chronic obesity, poor food, alcohol/drugs, sleep deprivation and chronic stress. The potential of life style medicine is much

higher for such life style diseases than any other pill or powder and deserves at least a place in the treatment protocol as 'intervention first choice', before any medication is deployed. Moreover, life style medicine stays of importance once medication has been utilized.

→ Het huidige primair farmaceutische systeem werkte prima toen de grootste ziektelast het gevolg was van infectieziekten; TBC, kinkhoest, SOA's. En dat systeem is nog steeds superieur in de acute geneeskunde en oncologie. In onze moderne tijd lijdt meer dan 50% van de volwassenen aan een chronische aandoening die vaak primair of mede het gevolg zijn van bewegingsarmoede, chronisch overgewicht, slechte voeding, drank/drugs, slaapgebrek en chronische stress. Het potentieel van leefstijlgeneeskunde is bij leefstijlziekten dan ook vaak veel groter dan menige pil of poeder en het verdient tenminste een plek in het behandelprotocol als 'interventie eerste keus', vóórdát eventueel medicatie wordt ingezet. Leefstijlgeneeskunde blijft bovendien belangrijk naast medicatie als die eenmaal geïndiceerd is.

I have the idea that you can reach more people because of being a GP, because you are within the [regular medical] system you can directly look if you can do something for the people within the system. And the people who do not work as a GP, they do get people, but these have usually had a whole history [within regular medicine] and eventually end up with homeopathy. So, this makes for a different population. There are, of course, also people who go to the homeopath at the first signs of a flu, but often they are people with chronic issues without further perspective. As a GP I could do much more for these people right from the start. [25]

→ Ik heb het idee dat je meer mensen kan bereiken doordat je huisarts bent. Want dan zit je in het systeem en je kunt rechtstreeks binnen het systeem kijken of je iets voor mensen kan doen. En de mensen die niet als huisarts werken, die krijgen wel mensen, maar dat zijn eigenlijk allemaal mensen die al een heel traject achter de rug hebben en dan uiteindelijk toch nog maar homeopathie gaan doen. Dus je zit dan toch met een andere populatie, en hoewel er ook mensen zijn die qua instelling eigenlijk bij wijze van spreken bij de eerste verkoudheid naar een homeopaat gaan omdat ze er meer vertrouwen of geloof in hebben, of wat dan ook, is het vaak allemaal chronische problematiek die vastgelopen is. En als huisarts kun je meer meteen, vanaf het begin af aan, al iets voor mensen doen. [25]