

## **A Discussion of Some Possible Models for the Action of Homeopathy**

In modern times we expect to be exposed to models, to help us understand the phenomena around us. In order to develop an explanatory model for a given phenomenon, science devises experiments to test each theory. The results of these experiments either support, or refute, the theory that is being tested. The reliability of the conclusion(s) depends to a large extent on whether the experiment has been well-designed and is reproducible.

In homeopathy there are two main questions that require to be answered:

**1. Can it work?** (The Potency Question)

**2. Does it work in practice?** (Are there models for the action of remedies in living systems?)

### **Can It Work? (The Potency Question)**

The first question concerns the nature of the medicines we use. Every starting material, once it has been diluted through eleven *centesimal* stages, must have been materially lost from the diluent. The question a *high-potency* prescriber has to answer is: can the diluent carry any meaningful trace of the original substance? In other words: is there any difference between a 12c potency and ordinary water?

If the *potentising* process does not alter the diluent in any way, then it is difficult to support the first of our two questions. The idea (that high potency remedies **can** work) suddenly becomes very improbable if we restrict ourselves to a purely materialistic view of the universe. It all becomes particularly unlikely if you understand potency preparation only in terms of a dilutional process, in which there is no atomic interaction between the diluent and the introduced material. (In fact, we know that every substance introduced into water interacts with it in a complex way. The difficulty lies in modelling these interactions.)

I hope you can appreciate that, when viewed in these terms, the question ‘Can it work?’ Is really a question of Natural Philosophy or Basic Science.

### **Does It work In Practice ?**

The question of whether or not homeopathy can possibly work, contrasts with a separate, but dependent, question. If homeopathy can work, does it actually work in practice? The question here is essentially a matter for clinical medicine and we will discuss evidence for homeopathy’s clinical effectiveness in section \*.\*. Clinical trials and outcome studies are the main tools for establishing the treatment roles for homeopathy.

Returning to *potentisation* for the moment, in the course of the presentation that follows you will learn that the process is **active** rather than passive; and potentisation is **controlled** rather than random. You will also note that *potentisation* takes place within a **closed system**. This is an important fact as we begin to discuss mechanisms for changes in the fluid structure of the diluent - changes which must exist if high potencies are to have any credibility as active medicines rather than placebos.

There are unfortunately very few experimental models at the present time that allow us to test the complex theories that exist for the potency question.

Beginning with some facts about water, however, we will progress to some logical (but untested) theories for *potentisation* and the action of homeopathic remedies.

**ACTIVITY:** At this point, watch the presentation on the science of water.

## **Summary** of a Form and Function Theory for Homeopathy (Malcolm)

I hope that you will agree that, in looking at the science of water we are confronted by a fundamental question: a question that is mirrored by our entire universe. Namely the nature of the relationship between form and function, matter and energy, static and dynamic models, reductionism and complexity.

The first step in understanding this model for *potentisation* is to understand that:

1. A solution is not a passive interspersed of two species of freely randomised molecules, but an internally organised and complex interaction.
2. Closed systems permit and promulgate self-organisation in fluid structures.
3. Complex natural patterns are not random, but can be modelled using fractal geometry.
4. Complexity in both form and function can now be modelled using mathematical functions known as strange attractors (dynamics) and fractal geometry (structure).

The first step to developing a model for **the Action of High Potencies** is to understand that:

1. Biological systems behave simultaneously as both closed and open systems.
2. Cell membranes have properties of both liquids and solids.
3. Organic processes conform to the 'rules' of complexity science. Living systems are both reactive and adaptive. Adaptiveness requires highly sensitive states which are dependent on 'edge-of-chaos' phenomena. These phenomena only exist in environments which are maintained in a state, far from thermodynamic equilibrium, by interactive systems.
4. Ion channels in cell membranes are active and conform to fractal patterns of behaviour, as do all fluid movements in living organisms.

Each and every biochemical interaction in our body is a highly improbable entity, when it is viewed exclusively from the materialistic standpoint of classical chemistry or Newtonian physics. Every enzyme is a complex three dimensional structure, requiring a highly complex 'docking' interaction with each substrate molecule.

This 'docking' cannot be either a random or passive process. There is an infinitesimally low probability of any substrate molecule (a) orientating itself in three dimensional space and (b) interacting with the active sites on an enzyme, purely as a chance event.

Why is this important? Simply because it is the self-organisation of water, in a closed dynamic system, which is fundamental to the patterns of movement of each and every substrate molecule in that environment. If biologically active molecules were floating freely and randomly in space ( like some drug company animations would have you believe), no

substrate molecule would ever find its way onto an active site.

**What is it about a homeopathic potency that can influence these interactions?**

A homeopathic potency above 12c has no molecular content, ie. nothing material to compete at receptor-site level. The potency has, however, been fractally organised in the course of the potentising process. Let us first review the stages of potency generation before we examine a possible model for the action of the remedy:

***(A) Liquid Phase***

1. Firstly, clathrates have formed round solute molecules.
2. Then these new patterns in the water structure are reinforced by the coherent energy of succussion, to a point where (3) these fluid structures become self maintaining.

***(B) Solid form stage***

Sugar (which, incidently, is chemically highly pure) liquifies on its surface for a time, when the liquid potency is introduced (4). Then (5) it ‘frosts’ back to a solid, bearing the imprint of the potency.

***(C) Treatment Phase***

When this solid form is introduced into the mouth (6), the fractal pattern is transmitted to the water on the cell membranes (7), polarising it for a moment. Water within the body exists in a continuum, however. A membrane phenomenon in the mouth will be transmitted through the entire water mass of the body. (8)

**If the action of a homeopathic stimulus are global, why are some effects of homeopathic treatment experienced only locally?**

Perhaps because some transient ‘*pattern-stimuli*’ may be relevant only to systems which are in a receptive (sensitised) state ie those tissues are in a particular kind of ‘chaos’ that will resolve only with the input of a very selective *pattern-stimulus*. An inflammatory state, for example, may be quite localised and the relevant systems-match for a well chosen remedy may be restricted to that area. Some remedies seem to ‘resonate’ with a particular disturbance on a particular organ or tissue. (*Organotropic* remedy)

*Here is a flow chart of the process:*

|  |
|--|
| A raw material (one that can cause a defined instability in a living system) ...   |
| ... is added to water. ( <b>Liquid Phase</b> )   |
| The solute structurally organises water into patterns - unique and characteristic of that solute   |
| The solute and diluent are shaken together coherently in a closed system   |
| The input of coherent energy reinforces the bonding patterns in the diluent<br>- these bonding patterns originated as clathrate structures around solute molecules.  |
| Molecular patterns are perpetuated by the 'polarising energy' of succussion<br>- even though the molecular content diminishes at each stage<br>(energy input is known to self organise fluid structures in the absence of solute). |
| The resulting potency is dropped or sprayed onto sugar ( <b>Solid Phase</b> )  |
| The crystals are exposed to the fluid structures as their surface liquifies and interact with the liquid potency.  |
| On drying, the surface of the sugar crystals adopt a stable fractal imprint of the 'patternised' water.  |
| <b>(Treatment phase)</b> the patternised crystals are introduced into the aqueous environment of the mouth.  |
| The water of the mouth self-organises<br>- in accordance with the surface configuration of the sugar   |
| This local structuring is mirrored in the cellular water and interstitium  |
| Cell membranes in sick organs, tissues and receptors are in a sensitised state of chaos  |
| The transient polarisation of the body's water mass simultaneously changes the form-function dynamics, either at receptor sites, or at the active sites on enzymes ( <b>Response Phase</b> )                                       |
| This causes a cascade, or ripple-effect, onwards through dependant pathways and their related processes.   |

You will notice that this model interprets the action of the remedies in terms of 'information' transmitted in structures and patterns. Others prefer to talk about the 'organising information' as an 'energy'. This interpretation can sound too vague and 'vitalistic' for modern tastes.

This concludes Section 1.2.2. This is one of the most technical sections of your course and many of the concepts are difficult to grasp. Try the following self assessment questions to test your recall. If you are unclear on any of the points they raise, you should return to the relevant part of the text and read it through again before proceeding to the next part of the course.

## SAQ 1.2.2

Try to answer the following:

1. Where are the starting materials for homeopathic remedies sourced?
2. What is the main difference in the procedure for preparing an insoluble substance for homeopathic use, compared to a soluble source material?
3. What is the first liquid dilution for an insoluble source material?
4. What are the essential stages in the preparation of the majority of plant tinctures?
5. What is involved in the creation of a 6x (D6) potency?
6. What is involved in the creation of a 12c (12CH) potency?
7. What is a 1M potency?
8. Roughly how many stages are there in a centesimal series dilution, before the remedy becomes ultramolecular: a) for a starting material with a heavy molecular weight like gold or mercury, and b) for a material with a light molecular weight like hydrogen or helium.
9. What chemical property is shared by water, ethanol, lactose, sucrose, and the active groups of most biochemical compounds?
10. Name three unusual physical properties of water.
11. Name two highly unusual properties of water in its solid phase.
12. How many crystalline forms of water are there?
13. What are the two fundamental research questions that pertain to homeopathy?
14. What is the term given to the stable structures that form round solute molecules in an aqueous environment.
15. What are the main physical requirements of the environment in which potentiation takes place?
16. What is the difference between Hahnemannian and Korsakovian potentiation?