

Homeopathy: Can we believe in it?

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Opinion

I've already written a lot about what drew me to homeopathy in the first place. Today, after 46 years of using it as my regular form of treatment, I want to focus on why I stayed with it for so long, even though it seems to defy the laws of chemistry, and our present health care system wants no part of it. Answering that question involves shedding light on the larger system, and the mighty revolution in human thought that brought it about, a transformation so stunning in its impact and so radical in its implications that "conventional medicine," our own condescending term for it, merely trivializes that achievement. That history makes it easier to understand why so few licensed physicians take homeopathy seriously, and why the general public steers clear of it as well.

Nevertheless, their stated claim that homeopathy is bad science is invalid. It's been well over 200 years since Samuel Hahnemann first discovered the coincidence that medicines known for relieving certain symptoms will reliably elicit those very same symptoms in healthy people, and conversely. Yet, other than his loyal followers, no reputable scientist I'm aware of has ever mounted a serious investigation as to whether or to what extent that unlikely correspondence is actually true. Nor have homeopaths themselves ever satisfactorily explained how a solution diluted to the point that no molecules of the medicine are still detectable in it could possibly have *any* effect on a patient, let alone a curative one.

Naturally, homeopaths have answered and indeed pre-empted both objections by assembling a massive body of evidence as proof that they *work*. They certainly worked well enough for me, in spite of my rudimentary training and far from expert skill, to sustain me in a family practice for so long with never a cause for regret; and I'm quite sure that the vast majority of my colleagues would say the same. Whatever method of treatment we use, all physicians must live by the reality that our reputations and livelihoods depend on the extent to which our patients are benefited by our efforts on their behalf. If our critics are right that our medicines are simply placebos, we must be healing our patients by means of shamanic or magical spells that we're casting over them unawares, which would be flattering indeed. If we're lying or mistaken, and they're not really better at all, simply interviewing them and investigating their histories would settle the matter. And if they're healing themselves on a regular basis without needing any help from us or any other physicians at all, that would be the best possible result that we all should aspire to.

In any case, licensed physicians have continued to practice medicine successfully according to these same principles for more than two hundred years, and now do so in most countries on this planet. The fact that homeopathy has survived intact and still attracts qualified physicians from almost everywhere, despite the unending persecution of our more powerful orthodox colleagues, clearly represents a historic achievement that argues even more persuasively for the truth of its message.

On top of all that, a large and ever-growing body of reputable scientific research also demonstrates, quite beyond any reasonable

doubt, that our infinitesimal doses regularly arouse significant biological activity, such as both stimulating and inhibiting colony growth in bacterial and one-celled parasitic cultures,¹ enzyme reactions in tissue cultures and cell-free extracts,² seed germination and growth in various plant species,³ and various physiological functions in higher animals.⁴ As for healing the sick, well-designed Randomized Control Trials or RCTs in peer-reviewed journals of clinical medicine have already proved to a fare-thee-well that the same miniscule amounts have consistently relieved the sufferings,⁵ eased the disabilities,⁶ corrected the abnormalities,⁷ and even healed the tissue damage⁸ in patients suffering from a variety of major diseases.

Nevertheless, even in the face of such impressive evidence of every kind and extent, it remains as true as it was in Hahnemann's time that most physicians exhibit little or no interest in examining it, or know or care that it exists. Together with the majority of the public who follow their advice, virtually the whole of the medical profession remain just as fixated in their belief, purely on ideological grounds, that the homeopathic phenomenon and the method of treatment based on it are an elaborate fake, or at least wholly ineffective; and all of their criticisms, both well-intentioned and otherwise, boil down to the same defective syllogism:

It can't possibly work!

Therefore it doesn't work!

That obstinate refusal to entertain even the faint possibility of changing their minds thus points to a crisis of their religious faith in the orthodox system they adhere to, rather than a scientific or logical mistake on the part of those of us who have the audacity to question and challenge it. What justifies that conclusion is the additional reward of practicing homeopathy that using it to help patients get well also accurately identifies and consistently avoids the ills besetting the larger system, which are increasingly serious, bewilderingly diverse, and bitterly complained of. What inspired me to write this essay was the realization that homeopathy's critique of orthodox medicine is even more pertinent today than when Hahnemann thought it up over two centuries ago, a durability in pointed contrast to the larger system, which gorges itself on a high-powered diet of rapid, incessant, and ever more spectacular change.

The germ of our modern paradigm was already evident in the dissection of stolen bodies by artists and anatomists of the Renaissance, and is still celebrated today in the cadaverous initiation ritual of every Freshman medical student; but it didn't become dominant until the emergence of microscopic anatomy and analytic

chemistry in the Nineteenth Century. Its classic formulation we owe to Claude Bernard, the great French physiologist of that era, who curtly dismissed the “vital force” that homeopaths depend on, and accurately prophesied so much of what modern medicine has since become:

When a physiologist invokes the “vital force,” he doesn’t see it; he merely pronounces a word. Only the vital phenomenon exists, with its material conditions. That is the one thing he can study and know.

What we call the immediate cause of a phenomenon is nothing but the physical and material condition in which it exists or appears. The object of the experimental method and the limit of every scientific research consists in finding the relations which connect a phenomenon with its immediate cause, in defining the conditions necessary for the appearance of the phenomenon.

When the experimenter learns the necessary conditions of a phenomenon, he is in one sense its master: he can predict its course and appearance; he can promote or prevent it at will. We shall therefore define physiology as the science whose object is to study the phenomena of living beings and to determine the material conditions in which they appear.⁹

Health and disease are not two essentially different modes, as the ancients believed. These are obsolete medical ideas. In reality, between these two modes are differences only of degree: exaggeration, disproportion, and discordance of normal phenomena constitute the diseased state.¹⁰

Even more than its vast institutional structure and biological content, the conceptual glue that holds the system together is its scientific methodology, the rules, techniques, and procedures that specify how we can acquire valid and useful knowledge about human ailments, and what other kinds of investigation are to be avoided. No longer content to heal the sick, modern medicine seeks above all to achieve technical mastery over every identifiable aspect of the life process, by acquiring the knowledge and devising the means to manipulate and control biological phenomena artificially and more or less at will, on the assumption that health, well-being, and our more subjective, personal goals will automatically follow.

In short, it is *causal* medicine, and the experimental research it depends on first characterizes the phenomenon to be studied and identifies its component parts, and then isolates its physicochemical causes and devises technologies for reproducing and manipulating them, with as little disturbance as possible to the remainder of the organism. Easily overlooked in this sequence is their important subtext, that whatever can’t be subdivided, objectified, and quantified in such ways need not and should not be studied at all, since it cannot be defined rigorously or therefore understood in any useful or meaningful sense.

Homeopathy, on the other hand, approaches each patient as both a unique individual and an integrated energy system, not solely or primarily a specimen of the diseases and abnormalities shared in common with others. The interview is leisurely, and lengthy enough to survey and evaluate the total symptom-picture, paying particular attention to those unique features that are atypical or unusual in others with the same diagnosis, like sensations that the patient alone is privy to, which were deliberately ignored or downplayed in our orthodox training for precisely that reason. Then, for the treatment, it searches for the one medicine known for eliciting its own equally distinctive ensemble of signs and symptoms in healthy volunteers that matches the patient’s as both uniquely and comprehensively as possible.

This is Hahnemann’s “Law of Similars,” based on a peculiar circumstance he happened to observe in himself. Skeptical of an

article on quinine bark that attributed its newly-discovered effect on acute febrile illnesses to its bitter taste, he took a dose of the bark himself, promptly developed a fever and chills that closely resembled the ailments it was known to relieve, and then, just to make sure, took a second dose when it wore off, with exactly the same result. This mysterious correspondence continued to hold true for all of the ninety-plus medicines he then proceeded to investigate in his own lifetime, and also for the many hundreds that his followers have studied and used ever since. It turns out that this same duality is entirely familiar in allopathic circles as well, with paradoxical effects like antihypertensives raising blood pressure and antidepressants making depression worse to the point of suicide well-documented in standard texts like the *Physicians’ Desk Reference*, just not yet proclaimed or understood as a general rule.

The homeopathic principle that regular physicians would find most immediately useful is the “vital force,” the life principle itself, the capacity of living organisms to function as integrated energy systems, with their component cells, organs, tissues, and molecules working together in concert, and including everything that sets them apart from the inanimate world. As we saw, Claude Bernard dismissed it as a truism so all-inclusive as to be of no practical use, and contemporary medicine never mentions it, or thinks itself any the worse for its absence. But the homeopathic interview focuses on it, particularly its clinical aspect, what we call the “totality of symptoms,” the ensemble of sensations and observable signs that the patient feels and exhibits at each visit. This composite, synchronistic, and thus non-causal portrait provides the indispensable basis not only for choosing the most suitable medicine, but also for tracking how that clinical picture improves, worsens, and changes over time in response to it.

Without this unifying principle to guide them, modern physicians streamline their encounters with patients around the narrower purpose of making a pathological diagnosis, and similarly judge improvement and worsening more technically, in relation to the diseases and abnormalities they uncover. These are usefully quantifiable, and thus often controllable to some degree; but, as abstractions that govern limited aspects of functioning, they often have nothing directly to do with what patients actually feel and experience, and thus easily become misleading or even dangerous to interpret and act upon.

The homeopathic interview is also an important and powerful healing experience in its own right. Not just a quick once-over for making the diagnosis, its larger purpose is to invite, encourage, and assist patients to tell the story of their illness in its entirety, as they live it and in their own words, including those details that seem especially important, striking, or inexplicable to them. Given enough time, attentive listening, and gentle questioning, this wide-ranging, collaborative exploration helps them develop a working model of their illness that makes sense, rings true, and feels right to them. The heartfelt gratitude they often express for being given that opportunity then sets the stage for the medicine to continue the work of healing when they get home.

The two systems differ even more drastically in their concepts and methods of treatment. Modern medicine is *causal*, as we saw, even triumphantly so: it continually develops instruments, drugs, and other techniques with ever more power to force the organism to function in whatever targeted way we think that they should, to lower the blood pressure, maintain normal thyroid function, kill pathogenic bacteria, and the like, hopefully in a large majority of those so treated. On the strength of that success, new technologies continue to emerge that are ever more sophisticated and powerful, and earn well-deserved plaudits, awards, and celebrity for their inventors. Accordingly, their research is careful to distinguish the results caused by the treatment

being investigated from those occurring spontaneously, which are lumped together under the so-called “placebo” effect. The gold standard of causal effectiveness is the randomized control trial, or RCT, in which demographically-matched populations are given either the treatment in question or an inert placebo disguised to look like it, with neither experimenters nor recipients knowing which is which.

Leaving aside for the moment the bottom-line question of whether controlling their physiology in this fashion actually results in patients feeling better, living longer, and suffering fewer complications, I will stipulate what is not always true in practice, that most drugs in common use do indeed have the power to accomplish at least some of what we ask and expect of them. The main problem with causal medicine is that it substitutes controlling the part for healing the whole, that it is *too powerful*. Insofar as these treatments achieve a successful result by forcing the organism to behave as we think it should, they are proportionately more likely to cause other seemingly unrelated dysfunctions as well, even though these are typically varied, unpredictable, and thus easily written off as individual hypersensitivity, which indeed they are. The prospect of financial gain from an effective product adds a further incentive to ignoring, overlooking, or downplaying these complications, which, if noticed at all, are relegated to the fine print as “side effects,” unwanted, rare idiosyncrasies in a long list. But while each specific reaction may be uncommon, the aggregate risk of *something* bad happening as a result of taking the drug very often is not, and thus seldom made public, if indeed it’s measured at all.

In recent years, with ever more potent drugs in the pipeline and ever more side effects to match them, the industry has abandoned its time-honored strategy of concealing or downplaying these complications, and now all but boasts of them as further proof of the drug’s potency, as if daring patients to take this suddenly fashionable gamble. Dominating the intermissions on prime-time television, the ads show off a cast of sprightly-looking actors impersonating happy patients with a variety of chronic diseases enjoying nearly symptom-free lives, while the announcer rattles off an impressive list of serious and even fatal complications from taking the drug, albeit much too rapidly for anyone to remember them. The unstated implication is that chronic diseases are incurable, but the drugs will probably control the symptoms if you keep on taking them. In other words, success means simply forcing the body to behave itself in that specific way, which may or may not help it to heal itself and become whole again.

Homeopathy doesn’t want or need to settle for that trade-off. Like many of my colleagues, I was first drawn to it as a way to do as little harm to my patients as possible. My early years in practice were the late ‘Sixties, at the height of the Vietnam War, when an American general openly boasted of destroying a village in order to save it, his words borrowed almost verbatim from the cancer specialist. My opposition to the war helped me realize that my medical training and the culture of illness and disease that we all grow up with are steeped in the imagery of combat, with diseases seen as enemies to be fought, and antibiotics, antihypertensives, antidepressants, antimetabolites, et al., celebrated as the latest, most potent chemical weapons against the various diseases and abnormalities that plague us.

Actually treating people homeopathically soon added an even stronger incentive, that matching the treatment to the individuality of the patient regularly brings about a deeper and more enduring level of healing than is possible with drugs designed merely to counteract a specific symptom or correct a particular abnormality by applying superior chemical force at a single strategic point. I know that many people will roll their eyes at this kind of talk, and tune out the favorite cases that homeopaths keep handy for answering them.

Of course, we love to tell them anyway, and not just because they make us look good. The best reason is that they showcase our patients’ illnesses as attempts to heal themselves: we choose the single remedy whose total symptom-picture most closely matches their own, so that it acts by resonating with and indeed enhancing those efforts, rather than fighting to overpower them. Its mode of action is therefore persuasive and catalytic, rather than coercive or compulsory; and its successful outcome is practically indistinguishable from a spontaneous healing requiring no medicine at all, which is the same placebo effect that our allopathic colleagues boast of defeating so often and so decisively.

This same paradox lurks hidden in plain sight throughout the whole of our orthodox training and practice, like an unwelcome reminder that all healing is self-healing, even with pharmaceuticals, and that the endeavor to heal ourselves or make ourselves whole again is synonymous with the work of being alive, and continues without interruption until we die. It slips out almost unnoticed in surgery, the veritable archetype of technical mastery in medicine, in which our patients would die or suffer crippling impairment without awesome skill, encyclopedic knowledge of the human body, and moment-to-moment control of pain, bleeding, and infection, a truly magnificent achievement. The miracle of that virtuosity then charms and beguiles us with the prospect of immediate, profound, and permanent relief of our suffering, because wounds *heal*, whereas diseases have to be slowly, laboriously, and painfully cured, if at all. By converting diseases into wounds, surgery ironically relies on us to *heal ourselves*, after all, to summon our unsung and neglected self-healing capacity, just to survive, and hopefully recover and thrive as well.

As a way to assist the natural healing process, by repairing a part of the body that is already broken or removing a part that is already dead, modern surgery must surely be reckoned among the supreme technical achievements of human history. But as the simplest, most direct method of curing disease, it has come to represent the conceptual model for the medical enterprise as a whole, based on an analogous, quasi-military decision to cut, burn, remove, and replace, in lieu of gentler, safer, and more wholesome modes of healing, if only we would take the trouble to learn them.

Nevertheless, even homeopaths need to make a diagnosis. Whatever their specialty or orientation, all physicians must be fluent in both languages, the physician’s esoteric code of diseases and abnormalities and the patient’s broad vernacular of everyday life, and must use them synergistically in each case. But they often seem like rivals, each representing a distinct vocabulary that is supple and powerful within its own sphere, but utilizing methods, rules, and standards that are foreign and often untranslatable into each other.

The physician’s language of diseases and abnormalities is learned, scientific, and more exact for certain limited purposes than the ordinary language of patients; but it arose from the latter to serve their needs, and remains connected to it as a kind of supplement or appendix. Its main function is therefore to clarify and expand patients’ knowledge and awareness of themselves, not substitute for it. Just so, the only adequate rationale for giving drugs to lower the blood pressure and prevent strokes and heart attacks is that such a life will be fuller, happier, or at least more comfortable than otherwise. Even surgery must judge its success or failure according to the same qualitative judgements of health and well-being that doctors and patients have always used, which are rooted in the life experience of every human being.

In short, despite its limitations, the patient’s self-awareness, as expressed in the ordinary language of how we feel and function, is still, in my view, the bottom line or ultimate reference point for what

doctoring mainly is and should be about. Especially in a profession dominated by science and technology, it provides the best assurance that health and illness, improvement and worsening, and the success or failure of our work as physicians will ultimately be judged according to the patient's own qualitative standards, more than others imposed arbitrarily by and for the motives of the profession itself, however worthy they may be. Our failure to keep these priorities straight is a lot of what I hear from patients about what they think is wrong with the medical system, and it is difficult not to agree with them.

I'll say it the other way around: the excesses, deficiencies, and malfunctions of that system have multiplied, worsened, and sometimes arisen from reversing these priorities. Subordinating the ordinary language of the patient to the technical language of the physician has in effect supplanted our noble calling of healing the sick with the futuristic imperative of acquiring the knowledge and devising the means to fight diseases and manipulate and control life processes artificially and more or less at will. This top-heavy imbalance most urgently needs to change.

I still nurture the hope that these concerns will soon result in homeopathy and other gentle methods of healing being introduced into primary care and wherever else the system may require, while saving our heavy artillery for those times when nothing else will do. In Europe, Latin America, and India, homeopaths are widely respected, work in harmony with physicians whose expertise is with drugs and surgery, and regularly accept referrals from them. Surely we can do the same.

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Conflicts of interest

The authors declare that there are no conflicts of interest.

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