

Reviews and abstracts

Mechanism of action of homoeopathic medicines

Recent findings and hypotheses 1: Biological mechanisms

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The mechanisms of action of homoeopathic medicines are not only physiochemical in nature.¹ They also involve specific pharmacological effects arising from their local and general action. The local action can be linked quite simply, at least in theory, to the chemical composition of the substance, and to the toxicological, biological and pharmacological effects which may follow.^{2,3} The general action of the polychrests reveals a 'holistic' and psychosomatic dimension in homoeopathy the full extent of which is not easy to demonstrate in controlled clinical trials, because the action is at the level of 'terrain'.*

Homoeopathy and 'terrain'

The action of medicines which are able to change the 'terrain' have been explained in various ways over the years. The theory of miasms was overtaken by constitutional predisposition, only to be replaced by the chronic reactional mode theory which corresponded to a reactive approach.⁴⁻⁶ Homoeopathic typology has moved towards a very flexible approach, towards the 'sensitive type', favouring medicines which match the patient's pathological tendencies, his behavioural and occasionally his morphological characteristics.

Every young practising homoeopath quickly recognizes the clinical advantages of this

empirical approach to changing the course of the patient's disease. But he also recognizes the wide gulf between this simple clinical approach, and the numerous pathogenic explanations, often clearly at odds with modern pathophysiology on which his training was based.

Here let us quote the thoughts of Anne-Marie Moulin on the subject of the new interpretation of medical causality provided by the immune system:

In medicine one should not confuse the problems of causality and diagnosis. Diagnosis gathers a collection of symptoms under one label which conforms to the way medical knowledge has been organised.⁷

This can be applied to homoeopathic semiology. If the patient's symptomatology indicates a chronic reactional mode and a type sensitive to *Sulphur* (the existence of which is contested) or to *Lycopodium*, this constitutes a 'diagnosis' but does not provide the basis for causal interpretation of observed and expressed semiology.

Denis Demarque avoids the trap of causal research, stressing that

the clinical reality of 'terrain', involving general reaction, and sensitive types, may be defined as a group of internal factors allowing the subject to react naturally to a variety of external aggression. 'Terrain' being nothing other than man seen at one precise moment of his existence in his reactive, somatophysical biological state, confronted by a hostile world subjecting him to all sorts of attack, be it psychic, climatic, alimentary, microbial, parasitic, allergic, or iatrogenic.⁴

Laborit considers 'terrain' as closely linked

English by K Irwin, MA.

*No exact equivalent exists of the French concept of 'terrain' in English, so the French word has been retained. 'Constitution' is the closest approximation, but there is an important difference, 'terrain' as this article implies, can be changed. Constitution is more or less fixed.