

Vested interests in the time of coronavirus

In 1831 a doctor wrote that

On board ships – in those confined spaces, filled with mouldy watery vapours, the cholera-miasm finds a favourable element for its multiplication, and grows into an enormously increased brood of those excessively minute, invisible, living creatures, so inimical to human life, of which the contagious matter of the cholera most probably consists – on board these ships, I say, this concentrated aggravated miasm kills several of the crew; the others, however, being frequently exposed to the danger of the infection and thus gradually habituated to it, at length become fortified against it, and no longer liable to be infected. [Note that “miasm” here has the same meaning as “germ”]¹

He had never seen these germs, which were first observed by Robert Koch more than 60 years later, and he had never seen a cholera case, but he had had detailed reports of the symptoms of the condition and the spread of infection, and he was able to reason that it must be caused by living organisms, and to predict the medicine which would cure the disease. That medicine would go on to be used successfully in epidemics across the world, including in the UK.

The doctor was Samuel Hahnemann, and he was able to reason about medicine in a way that had never been seen before. His approach is known as homeopathy, and was a result of systematic study, observation, testing, and theorising; the first ever application of the scientific method to medicine. Most importantly he identified a clear relationship between an illness and its cure, which is the essential foundation for any true *science* of medicine, and this enabled him and those who applied his methodology to predict the right medicine for cholera and many other diseases.

Illness and cure

There can be only three possible relationships of an illness to a cure:

1. No relationship at all

If there is no general relationship between the expression of the illness and the medicine needed, there can be no science of medicine, because it is impossible to validly extrapolate results from one disease to another, from one medicine to another, or from one individual to another. Every attempt to find a cure becomes a unique case essentially unrelated to any other, and every study is valid only within the narrow terms of that experiment. For those who may disagree with this, Appendix 1 explores the issue further.

2. Relationship of opposition

There is an obvious logic to thinking that the treatment should act in the opposite way to the way the illness is expressed, so a fever should be lowered, a burn should be treated with cold water, and so forth. There are two main problems with this approach. Firstly, if you do not

¹ Samuel Hahnemann, ‘Appeal to Thinking Philanthropists Respecting the Mode of Propagation of the Asiatic Cholera’, (Leipzig: the author, 1831) in Samuel Hahnemann (trans. R E Dudgeon MD), *The Lesser Writings of Samuel Hahnemann*, 1851 edn (New Delhi: B. Jain Publishers, repr. edn 2002), p. 758.

distinguish between those symptoms which are caused by the agent of illness and those which are the body's response to that agent, the treatment may be thwarting the body's own defence mechanisms. Fever, for example, may be the body's method of killing an invading virus, as in influenza, so reducing the fever aids the disease rather than the patient.² Secondly, there is the fact that very few symptoms actually have anything which could be called an opposite. For example, what are the opposites of common conditions such as a pimple, a headache, a cough or a sprain? There are none. There is an absence of the condition, but this is not an opposite.

3. Relationship of similarity

What we are left with, therefore is a relationship where the treatment is one which could actually cause a very similar illness. A contemporary of Hahnemann, Edward Jenner, observed that inoculation with cow pox could prevent contraction of the similar but much more serious disease smallpox, and this led to the development of vaccination. He also observed the actions of cooks who would hold a burn close to the heat, and conducted an experiment in which he found that the treatment of minor burns with heat in this way was more successful than treatment which chilled the area. Given the attacks on his proposal for inoculation, it is no wonder that he did not go on to extrapolate these two examples into a general relationship, but Hahnemann did just that, and homeopathy gets its name from the Greek words for similar (homoios) and suffering (pathos).

This relationship of similarity may seem counter-intuitive, but many scientific discoveries involve realising that the obvious relationship is not the actual one. We have all seen the sun move through the sky, but we now know that it is we who are moving as the Earth turns and revolves around the sun. Often the accepted view of a relationship comes with issues of power, such as a powerful religion's commitment to the idea that the sun went round the Earth. In the case of homeopathy, it represented an enormous economic threat to the pharmaceutical industry, because it dramatically reduced the profits which could be made, and so this industry has consistently attacked homeopathy both overtly and covertly.

Safety and money

The reason for this is that Hahnemann went on to make an even more controversial discovery. If the substances which you are using to treat the sick are the same substances which can cause ill health, you need to minimise the risk of harm. It is no coincidence that the word pharmacology is derived from the greek word for poison – medicines are harmful by definition. What Hahnemann did was to try and find the smallest possible dose to use when treating his patients, and in doing so he stumbled on an extraordinary fact: if the medicine was both diluted and banged (succussed) the material dose could be reduced to a level at which it could not possibly be toxic, whilst retaining or even enhancing its curative power. As a result, he called this process potentisation.

There is a significant and growing body of modern scientific evidence that substances prepared in this way are biologically active, with one experiment on basophils in particular being successfully replicated on many occasions. Further experimental research and other studies can be found on the Homeopathy Research Institute website.³

Scientists interested in learning how this can happen have discovered many other important and peculiar properties of water. For example, a scientist whose PhD was on the circulation of the blood was acutely embarrassed when it was pointed out that the pressure required to force 7.5µm red

² The exception is in a very weak patient, when the fever may also be too much for the patient.

³ <https://www.hri-research.org/resources/essentialevidence/experimental-research/>

corpuscles through 7µm capillaries was a million times greater than the heart can achieve. Research by him and other scientists has revealed that it is a property of the *water* in the blood (powered by infra-red – heat) which supplies the energy to fold the corpuscles and carry them through. This appears to stand another conventional view on its head, implying that blood does not cease flowing through the surface capillaries when you get cold because the capillaries contract, but because the absence of heat halts the flow of blood and leaves the capillaries empty.

Hahnemann’s discovery meant that large doses of expensive ingredients were no longer needed, and profits had to be based on infinitely small and hence incredibly cheap doses, which created a serious threat to the pharmaceutical industry. Patenting a treatment was also impossible, since a generic method of preparation could be applied to any substance. Finally, there was the problem that homeopathy could cure with very few doses, dramatically impacting on the profits formerly derived from repeat business. If you think that this is not important for businesses supposedly devoted to healing people, then you may be interested in the 2018 CNBC article “Goldman Sachs asks in biotech research report: ‘Is curing patients a sustainable business model?’”.⁴ Profit is *the* driving force in business, not cure.

As science attempts to catch up with homeopathy, and as the pharmaceutical industry and its supporters try to suppress all use of this system of medicine, it is the public which suffers. After 70 years of conventional medicine in

the NHS, the costs (adjusting for inflation) are more than fifteen times greater now than in 1948 (see Table 1), though the population has risen by only one third. In 2010/11, some 15 million people in the UK had a chronic illness (24.1%),⁵ and by 2013 around 50% were on regular medication.⁶ We have also seen a rise in new illnesses, particularly ones affecting the young. In the face of the coronavirus COVID-19 the NHS (using conventional medicine) can offer nothing but limited numbers of ventilators for the most seriously ill. A vaccine (unless they bypass the full regime for testing for efficacy and safety – which is questionable anyway) will take 12 to 18 months to arrive.

Table 1			
All at 2018 values	NHS Spending	Population (millions)	Spending per person
1948	£9.03 bn	49.659	£181.84
2018	£143.5 bn	66.440	£2,159.84
Increase	£134.47 bn	16.781	£1,978.00
Percentage increase	1,589%	134%	1,188%

Epidemics

So lets go back to cholera. In 1864 the epidemic in London was recorded in detail by government order according to set guidelines, but when the figures were reported to Parliament, those for the London Homeopathic Hospital were omitted. Questions were raised in the House, and it was revealed that they were excluded because they were completely different from the other hospitals.

⁴ <https://www.cnbc.com/2018/04/11/goldman-asks-is-curing-patients-a-sustainable-business-model.html>

⁵ *Long Term Conditions Compendium of Information*, third edition, (Department of Health, 2012), accessed at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216528/dh_134486.pdf

⁶ *Health Survey for England 2013*, Chapter 5, ‘The Use of Prescribed Medicines’, (The Health and Social Care Information Centre, 2014), accessed at: https://webarchive.nationalarchives.gov.uk/20180328130852tf_/http://content.digital.nhs.uk/catalogue/PUB16076/HSE2013-Ch5-pres-meds.pdf/

The mortality rate for untreated cholera is around 50-60%, and in line with this the conventional hospitals recorded a mortality rate of 53%. The homeopathic hospital, however, had a mortality rate of only 16%, a result impossible to achieve other than by a successful treatment.⁷ Similar disparities in the mortality rates are recorded in epidemics from 19th century Austria, France, Germany, Ireland, Russia, and the U.S.A.⁸

Perhaps more shocking is a recent study of figures for mortality rates in the influenza epidemic of 1918, when 50 million were thought to have died.⁹ This epidemic was particularly known for the fact that high rates of mortality occurred a group not usually seriously affected by influenza – men aged from 18 to 40 – and various reasons have been put forward to explain this. This study points out that the drug aspirin (marketed for pain and reduction of fever) had come off patent in 1917, and so was cheaply available. As a result, it was prescribed in huge doses to bring down the fever in influenza patients, especially by military doctors, which could explain the deaths of men of military age. Today it is known that fever kills the influenza virus; it is specifically not recommended to take aspirin when one has influenza; and maximum dosages of aspirin are way below those prescribed in 1918.

Dr. W.A. Dewey, a homeopathic physician, was a professor at the University of Michigan, and was later the author of the Federal Food, Drug and Cosmetic Act of 1938. He collated mortality rates from 101 homeopathic institutions in the U.S.A. and found a mortality rate of 4.1% for 110,000 patients, compared with 30% in a hospital managed and staffed by conventional physicians. Furthermore, an important cofactor in the deaths under conventional treatment was a type of pneumonia that included significant amounts of blood in the lungs, a condition that aspirin is known to cause, and which is rarely seen in young people with the influenza. In short, the huge death toll appears to have been a result of the conventional medical treatment, not the disease!

In the current pandemic of COVID-19, there is no conventional medical treatment, and it would be sensible to institute a large scale trial of homeopathy in order to see if it could really help. Since the material content of the homeopathic medicines is so low that they are not toxic, there is no risk involved, other than to pharmaceutical industry profits if homeopathic treatment were found to be effective. However, in a conflict between the profits of one of the richest global industries and people who are poor, elderly or sick, there is no question as to which will lose out, and it is highly unlikely that such a trial will be put in place.

On the other hand, such an approach was used in Cuba to address the endemic leptospirosis in 2007.^{10,11} The number of cases was rising year on year, and the vaccine they had developed was proving too expensive and too slow to produce to meet the needs of even the most vulnerable cases. The homeopathic prophylactic treatment, developed by the same internationally respected laboratory as the conventional vaccine, was produced in 2 weeks, and was so cheap that two doses could be given to each of 2.3 million people in the worst affected areas. Its impact was so rapid,

⁷ Michael Emmans Dean, *The Trials of Homeopathy* (Essen: KVC Verlag, 2006).

⁸ Thomas Lindsley Bradfield (ed.), *The Logic of Figures or Comparative Results of Homeopathic and Other Treatments* (Philadelphia: Boericke & Tafel, 1900), reprinted 2007 by Kessinger Publishing.

⁹ Dana Ullman, MPH, CCH, 'Lessons from a Century After the Flu Epidemic of 1918: How Conventional Medicine Killed Millions and How Homeopathic Medicines Saved Millions (December 2018), available at: <https://articles.mercola.com/sites/articles/archive/2018/12/06/homeopathic-remedies-for-influenza.aspx>

¹⁰ See G Bracho et al., 'Large-scale application of highly-diluted bacteria for Leptospirosis epidemic control', *Homeopathy*, 99 (2010); available at: <https://www.ncbi.nlm.nih.gov/pubmed/20674839>.

¹¹ See also Christopher M Johnson comment in *thebmj online* rapid response (BMJ 2012;345:e6184); available at: <https://www.bmj.com/content/345/bmj.e6184/rr/616928>.

dramatic and long-lasting that the treatment was extended to the rest of the population of over 11 million, and leptospirosis is no longer a serious problem to residents of the island. Furthermore there are no reports of any negative reactions to the treatment, and the treatment has not needed frequent repetition, as was the case with the conventional leptospirosis vaccination.

Instead of such an enlightened approach, what we are seeing is extraordinarily repressive but inept measures being taken to avoid the spread of the COVID-19 infection, and no thought taken as to treatment beyond the possibility of a vaccine some months in the future. Furthermore, there will be pressure to prevent future outbreaks by a programme of mass vaccination at regular intervals, and to control of any outbreak by repeating the social isolation measures currently in place. In short the approach to this pandemic threatens placing greater and continuing power in the hands of the pharmaceutical industry and its allies in Parliament, whilst reducing the power and rights of people in general.

There are two primary positions in the debate about dealing with COVID-19. On the one side, there is the argument to let it take its course and generate natural immunity in the population, and if this means a serious death toll among the poor, sick and elderly, so be it. On the other side, there is the argument that we should protect the vulnerable. Ironically, both these arguments benefit the rich and powerful, since the deaths would reduce the social costs and release more of national incomes for profits, and the argument for protecting the vulnerable is increasingly being used by the pharmaceutical industry in their push to make vaccination mandatory, guaranteeing them massive income.

Both these arguments, however, depend on one crucial fact: that there is no curative medical treatment. If there were such a treatment, the effects of disease could be minimised, and the most vulnerable supported without draconian measures. In this context, and bearing in mind that important medical professionals are expressing deep concern about a propagandist manipulation of the facts of this pandemic,¹² the possibility of a safe and effective homeopathic treatment is a serious threat to the powerful and a major defence of the lives and rights of the mass of people, including those who are especially vulnerable.

Vaccination

Whilst vaccination may appear to be a solution, there are a number of worrying issues with this approach.

Firstly, there has been no long-term study of whether there are differences in the health of those who have been vaccinated compared with those who have not, despite the fact that we do know that there are such impacts. In the case of measles, for example, mothers who have been vaccinated do not pass on immunity to their babies, so the babies are no longer protected and are too young to be vaccinated themselves. Similarly, in the case of german measles and mumps, the need to vaccinate children earlier can mean that the benefits can actually wear off as they approach adulthood, when they are vulnerable to the most serious consequences of infections.

¹² See https://off-guardian.org/2020/03/24/12-experts-questioning-the-coronavirus-panic/?fbclid=IwAR0W8qbQRjSZqnhZsTePr2fgDtMdSpkFYtWpIVcB25GaDky0sFANKYU_mbg&__cf_chl_jschl_tk__=3bae393bf5cdf3e8d51d038cb9087e36eac4eac5-1585477937-0-AesJiy1UKC730YhlErLGVCl1yA8dyqJghZKV2ie9Cqg3zkDrIITGc-QgABLe7s4dK4XIfPQTbOMXWMI_14ot6d6E4ZwCNFPEnmReQNpDVqtq5K2EIdIglWV35ps_Jh-fr-2fZzxfGfQwlmvHNCHWLRAbm4gTxfAWDruAHVXFtVIQRy-PYy4_eoYx-Eo36OB_6Pgedy7IJZfdMpVQ9n4GNWZa3o5EmSbRQiMQLZ59AogYdzqIDcZ5GcgUXR6iE-YImWozMDvyCCIhymOogQal451BlfPKaAZu6gi7_rvx98uki9eppW5g1Xxws9rrUaTBnaoO-CdPwSaiGrO6DcZciUxmS6IdZRDRor0g62041WTDYtAqtUWvS_bMbHO6eU-7RKgLFkN0mb29e6CK2hBS5x9DMpSahWmnjdS1J7BctdiLpHNFbYadfQDO8MLp6a0w

Secondly, there is no requirement for researchers to make public the content of the placebo in trials of a vaccine, and it has been reported that the ‘placebo’ is not an innocuous substance, but usually contains virtually everything in the vaccine but the microbial material. This means that any toxic effects of the base material will appear in both the verum and control arms of the trial, and will not register as an effect of the vaccine.

Thirdly, there are some unusual protections given to vaccine manufacturers. In the U.S.A., for example, companies producing vaccines are indemnified by the government against legal claims of vaccine damage, and a number of countries are creating sanctions against those failing to vaccinate their children,¹³ or moving towards mandatory vaccination.¹⁴

At the same time, and perhaps not co-incidentally, a growing number of people have been questioning whether vaccination is as harmless as claimed. Having seen their children become ill, apparently as a direct consequence of their being vaccinated, they have investigated what actually goes into vaccines and how they are tested. Their work has led to others becoming less willing to vaccinate their own children, and to a growth in the incidence of infections such as measles. Incidentally, homeopaths observed over 100 years ago that some patients developed chronic illnesses following vaccination.

Although in the U.S.A. Robert Kennedy Jnr is attempting to force more openness on this issue, the result has not yet been a serious investigation by the medical profession of the questions being raised, nor even a reasonable and open debate, but the orchestrated demonisation of those opposing vaccination and shutting down of debate.¹⁵

Conclusion

No serious debate about coronavirus COVID-19 can be held without taking into account the medical context, and no discussion of the best way forward can leave out historical and contemporary facts. The problem is that there is no clear alternative to two conflicting and unpalatable versions of current events, and both versions threaten working people across the world, especially, the poorest, the sick and the elderly. In addition, accepting the current arguments about how to deal with COVID-19 risks endorsing restrictions on our freedom of movement and association, and is likely to lead to increasing restrictions on our freedom to decide what poisons we will permit to enter our bodies.

Central to the problem is the lack of a safe and effective treatment, and so the suppression of knowledge of homeopathy’s success and scientific validity plays an important role in perpetuating the idea that nothing can be done, and defending the status quo at the expense of human health and human lives.

Failure to institute a large-scale trial of homeopathy at this time protects the pharmaceutical industry from challenge at a time when an alternative medical system could prove its worth at no risk, and potentially to the great benefit to millions of people. It will also enable the crisis to strengthen the power of those who have no real concern for our physical, mental or political health, but are only interested in what profit they can make out of it.

¹³ <https://www.mintpressnews.com/australia-fines-parents-vaccines/245584/>

¹⁴ <https://www.vaccinestoday.eu/stories/mandatory-vaccination-work-europe/>

¹⁵ See *How to respond to vocal vaccine deniers in public*, (World Health Organization, 2016), available at: https://www.who.int/immunization/sage/meetings/2016/october/8_Best-practice-guidance-respond-vocal-vaccine-deniers-public.pdf

Appendix 1: Science and medicine

Some people might claim that medicine which identifies treatments for particular illnesses using scientific tools is scientific medicine, whether or not a general relationship has been identified. Indeed, some might argue that medicine is essentially and necessarily empirical, as it deals with individuals who react differently to treatments and disease agents, and that a *general* relationship of illness to treatment is impossible to achieve.

The latter argument is an explicit statement that medicine is not, and cannot be a science. The former is claiming that a field is a science if it merely uses certain tools in studying aspects of the field, and that overarching general principles are not important. However, the essence of science is precisely the establishment of general and absolute definitions of entities and of their relations to one another, and the testing of these relationships through experiment. If no general definitions are possible, there can be no fixed measures against which actions can be assessed, and all assessments become arbitrary and local, and all extrapolations invalid. No matter what tools are used, they cannot make such activity a science.

On the other hand, there is no reason to suppose that a genuine science of medicine is impossible. Toxic substances act on everybody in consistent and clearly definable ways (though at different rates in different individuals), and illnesses have clearly identifiable general processes of development (though they differ in detail between individuals). Indeed, conventional medicine depends on trying to match a general action of a medicine to a generalised definition of ill health (a condition or disease), so there is a tacit acceptance that general principles could exist.

The problem is that these are not *scientific* generalisations based on all the facts, but *convenient* ones which incorporate only some of the facts. For example, disease definitions are based on symptoms people tend to have in common, but exclude other symptoms which are actually exhibited by some individuals if not others. Such definitions do not reflect the full truth, as science should, but a partial truth, and are based on the *assumption* that the symptoms which vary from individual to individual are not significant. The existence of variable side-effects in treated patients is a clear indication that this assumption is wrong, and that individual variation is a significant factor.

What we know for a fact is that individual sick people exhibit a range of common and individual symptoms which can be collated to define each case. We also know that the effect of every unique substance on human beings is necessarily a unique range of common and less common reactions, and this information can be collated. Based on these absolutes, the scientific problem is simply one of how these two bodies of information relate to each other. One thing which is immediately clear, is that the two sets of information are of exactly the same type, even down to the issues of individuality, and in theory a toxicity pattern could be found to match every exhibited individual illness. This is precisely what Hahnemann attempted 200 years ago, and what conventional medicine still refuses to accept.

To regard the identity of these two bodies of information as simply a coincidence with little relevance to treatment; to deny that it is an indication of a fundamental general principle at work; and to fail to investigate the implications is to reject a scientific approach to medicine, since it is a *de facto* refusal to search for the general principles which are the basis of a science.