INVALUABLE HOMEOPATHY!

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**Introduction**

Early in the eighteenth century, cholera spread throughout Europe. Samuel Hahnemann developed his therapeutic method in the same period. His clinical success and that of his followers enhanced the diffusion of homeopathy. Nowadays, we can understand how cholera could be cured by homeopaths at that time. “Veratrum Album”, a toxic plant, was the main remedy. Today this prescription seems coherent with current medical data.

**Homeopathy is a wide and promising ground for medical research:**

*Discovering new molecules on the basis of hundreds of trials on healthy people, (Phase II)*
*Contribution to the knowledge and to the pharmacology of ultra low doses,*
*Contribution for clinical studies with an incredibly modern clinical approach of the patient’s symptomatology*

**HISTORICAL EVENTS**

**A glimpse at Cholera**

The disease began in India in 1819 and spread quickly over trade and military ways. It hit England in 1832, 1848, and 1854 with over 30,000 casualties in London alone. People were living in terror, increased by the ignorance of the origin of the disease. The symptoms were always extremely violent, the outcome very quick: one could be smiling during breakfast and buried in the evening after an extremely rapid aggravation.

Symptoms began with the sudden onset of painless watery diarrhoea that could become profuse, often associated with vomiting. The diarrhoea had a rice water appearance. Soon the patient could experience writhing with very painful limbs and abdominal cramps. Collapsus could appear as the onset of the disease. The patient would die rapidly without rehydration.

*Dr. John Snow* (1815-1882) thought that contamination came from the river water. His great idea was to map the location of cholera deaths. He found unusually high concentrations around some pumps. Therefore city officials were prompted to build new drains, to protect the water supply, and to build an adequate sewer network. J Bazalgette, an engineer built, 1,600 km of street-sewers and with better sanitation, and the cholera epidemic stopped in 1876.

In 1883, *Dr Robert Koch* successfully identified a bacterium in the stools of choleric patients and concluded that it was the agent of the disease. The comma shaped bacterium was called *Vibrio Cholerae.*

The cholera toxin (CTX) was isolated later. It was proved to be responsible for the disease’s clinical symptoms.

The toxin was characterized; it contains 5 binding subunits (B) an active subunit (A1), and a bridging piece (A2) that links A1 to subunits B which lack enterotoxic activity and have immunologic and anti-inflammatory properties.
The end point of cholera toxin is the permanent activation of the Cystic Fibrosis Transmembrane Regulator (CFTR), that leads to a dramatic efflux of ions in the intestinal lumen. Moreover, there is evidence that this toxin inhibits absorptive mechanisms in the colon.

VERATRUM ALBUM:
Veratrum Album is the modern name of the plant that used to be called White Helleborus. Every French scholar knows the saying:

"Ma commère il faut vous purger avec quatre grains d’Hellebore"
"My dear lady, you should purge yourself with four grains of Helleborus"

(A grain = 0.53 g)

Veratrum Album is a common plant of our alpine pastures. It may be confused with the yellow gentian, but the leaf insertions are different.

This plant has been known since antiquity. Its use was called Helleborismus. Veratrum Album was used as a “blood cleaner” and symptoms appearing after absorption were very severe. Nevertheless, they were considered as a salutary response of the organism. The plant is highly toxic (Veratrum Album was a poison for arrow heads) and its medical use has been abandoned and nowadays only reserved to the highly diluted homeopathic preparations.

VERATUM ALBUM ONE OF THE HOMEOPATHIC REMEDIES FOR OF CHOLERA’S TREATMENT

In Germany, the most frequent remedy used by Dr. Samuel Hahnemann was Veratrum Album. Successful treatment of cholera by S. Hahnemann and successors contributed to the diffusion of this method. Hahnemann had a vast knowledge of this substance. He had published a book about White Helleborus in 1812. He knew that intoxication by the Veratrum Album lead to a lethal state with symptoms similar to cholera. The similarity between Veratrum Album intoxication symptoms and clinical symptoms of cholera is striking. It is the basis of homeopathy.

The most studied component of Veratrum Album is Veratridine. It is a referent molecule to study muscular contraction and cardiac contractility. Veratridine acts as a channel Na⁺ opener allowing Na to enter the cell, and keeping the channel open for a long time. On presynaptics nervous endings Veratridine triggers a large discharge of neurotransmitters by increase of Ca⁺ influx due to depolarization. Veratridine can explain some of the therapeutic effects of Veratrum Album in cholera patients.
Constantin Hering (1800-1880). Dr. Hering was in charge of a temporary hospital during an outbreak of cholera in St. Petersburg in 1866. The 10 beds were permanently occupied during 8 weeks and with Veratrum Album treatment, only one patient died compared to the 33% death rate in official institutions.

Benoit Mure, (1809-1858) was a physician from Lyon, founder of homeopathic schools in Naples and Rio de Janeiro. During the cholera epidemic in Naples in 1854 his patients’ death rate was 10% when using the Hahnemannian method against 60% with the classical one. He published in the town newspaper the name of the people he had cured. Officials felt humiliated and Mure was banned from the city, so some people marched into town shouting: homeopathy or death!

Recently, in 1973, the NGO «Homeopaths Without Borders», C. Gaucher proved that homeopathic remedies shortened the course of Cholera, in a preclinical trial during an outbreak in Peru.

The concordance and the logic of facts are interesting:
1- These physicians weren’t gurus isolated in ivory towers; they were living in the core of distress that was the cholera outbreak in Europe at this period
2- The same remedy was prescribed by various practitioners in different parts of Europe.
3- Choleratoxin & Veratridine both have action on the cell Na⁺ and Cl⁻ equilibrium.

**HOMEOPATHY’S CONTRIBUTION TO MEDICAL KNOWLEDGE**

It’s time to have another look at homeopathy and to consider it as a theme of research.

**Ultra low doses**
Homeopathy is not only infinitesimal dosage.
The use of Ritalin, an amphetamine-like substance for attention deficit disorders is comparable to homeopathy.
Nevertheless, homeopaths have an extensive experience of ultra low doses that may be helpful. Ultra low doses are a topical subject. Naltrexone is used at doses comparable to homeopathic dilutions (Crain SM, Pain 2000 Feb;84 (2-3):121-31, Burns LH Recent dev. in pain research 2005 115-136 pain therapeutics South San Francisco, websites on ultra low doses and ultralow dose Naltrexone)
Phase II trials
The basis of homeopathy is the collection of symptoms in healthy volunteers after taking a dose of a substance. These symptoms are collected under the name of Materia Medica, easy to consult. Nowadays this is called phase II experimentation. One can set up an expedition to see sorcerers or traditional doctors to see what plant they use for what disease and build up studies to discover a therapeutic molecule without asking them for double blind studies and registered diplomas. But it may not be necessary to go so far. There are unravelling treasures to be discovered in Materia Medica.

Homeopathy: a tool for clinical studies
It is surprising that the homeopathic management of the patient is not better known. Homeopaths learn to use the necessary time, however long it may be, to obtain the patient’s most comprehensive assessment. The following reflect this management: how to question, how to examine, how to consider the whole body involved in the disease, what is the place of mental symptoms in the outcome of the disease, the taking in account of chronopathology, of style of life, of past events of life.
How and when placebo has to be given, how to follow up the patient, what are the cure criteria and intriguing data as the patient’s reaction after taking the remedy as markers of the patient’s lesional state.

Searchers in clinical science would benefit from a homeopath physician’s experience to make their clinical observations!
For pain assessment, the closest resemblance with homeopathic observation is the one proposed by McCaffery &Pasero in *Pain clinical manual* Mosby ed 1999. Clinical homeopathic data could be complementary in this case.

Conclusion
It is time to have another view on homeopathy, to see it as potential field of progress and discoveries.
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