



25 November 2018

Dr Christiane Diehl
Executive Director, Secretariat,
European Academies Science Advisory Council
Email: christiane.diehl@easac.eu

Dear Dr. Christine Diehl,

We write to express concern on EASAC's *Statement of September 2017 "Homeopathic products and practices: assessing the evidence and ensuring consistency in regulating medical claims in the EU"*, statedly intended to:

"...reinforce criticism of the health and scientific claims made for homeopathic products."

The homœopathic profession *never* makes claims for homœopathic *products*, rather, we hold science in method and report observations on the *homœopathic application* of substances (irrespective of preparation).¹

And it must be a matter of great concern for *modern inductive science* that such eminent members could so readily pronounce a settled position based solely upon *implausibility* and *non-conformity* with current concepts:

"...we conclude that the claims for homeopathy are implausible and inconsistent with established scientific concepts."

What a surprise to learn that EASAC fails to recognise what is so widely acknowledged in the pursuit and development of science, and as has been well stated elsewhere:²

"To proclaim modern theory immune to major change is historically unjustifiable."

That EASAC could hold such audacious presumption of authority on matters of *fact*,³ as to 'conclude' *a priori*, and put forth mere *opinion* in the guise of *conclusion* is indefensible.⁴ It is also clear neither EASAC or its so-called 'work-group'⁵ themselves examined evidence of homœopathic efficacy,⁶ merely repeating a shared *belief*.⁷

"... we agree with previous extensive evaluations concluding that there are no known diseases for which there is robust, reproducible evidence that homeopathy is effective ..."

EASAC further imagines the promotion of Homœopathy may "pose significant harm" by which it means "pose significant risk of harm",⁸ yet this preposterous proposition is made without citing statistical data in support (fully aware *no such data exists*).⁹ And it is, in fact, such examples of *gross indifference to scientific process* (when it suits their purpose), which largely contribute to "...undermining public confidence in the nature and value of scientific evidence" of which the EASAC instead blindly accuses homœopathic followings and promotions.

Modern science, proper, requires *close investigation*, with consideration of,¹⁰ but *not paralysed by implausibility* – for how *implausible* was the idea of flight, or the Earth round? how unbelievable *a priori* the possible effects from the ergot-alkaloid derived LSD? and how unfathomable the emergent, still unfolding, properties of nano-particulates? *Francis Bacon* himself stressed that testing should be done objectively, not to attempt *verification*, rather *falsification*,¹¹ through *ones' own experiments* – not desk-bound cherry-picking of existing literature selecting support for a decided posturing.

Homœopathy as a science is firmly rooted in this modern post-Baconian scientific method, but this is not the place to detail what an objective and conscientious examination of the abundant literature from the time of the advent of Homœopathy shows,¹² and we recommend your work-group to a careful examination of the frightful state of medicine out of which Homœopathy was distinguished both *in method* and *in praxis*.¹³

We can only conclude this position statement is borne of pre-determined opposition to things outside a strict belief system, coupled with a remarkable near complete unfamiliarity of the general & homœopathic medical literature abovementioned; we have insufficient information to suggest competing interests have any play in this matter. In any case, the wider community will decide the risks *after closely considering the evidence* – unlike EASAC.

Sincerely,

George Dimitriadis
BSc.(UNSW), DHom.(Syd), DHomMCCH(Eng), MJPHMA (Jpn)

Notes

- ¹ By *homœopathic application* is meant *solely*: the prescribing of a substance known to produce effects similar to those presented by the patient. The homœopathic profession cannot therefore be responsible for the unlearned misunderstandings of EASAC and their member Academies.
- ² James De Meo, “*Implausible*” *Inventions*, 1985, *Science*, letters, vol.227, p.246.
- ³ Let us not here confound *fact* with *science*, or science (the pursuit) with *scientist* (the pursuer). We must remember the term *scientia* (L. knowledge) is itself most inadequate, as there are many pursuits which can rightly claim to possess specific knowledge yet are not numbered amongst the sciences. By *science*, better termed *scientific method*, is meant methodical investigation by which reproducible observations are used to *induce* a position (postulate, hypothesis), which may be thence used to *predict* specific outcomes previously unseen, and this induction then tested for *falsifiability*. True science therefore is a *method of inquiry* intended for *discovery* and provides more questions than it ever answers. Science makes determinations from putting things to the test, not from desk-bound considerations of *implausibility* – concluding upon the reports of others instead of further undertaking one’s own experiments. Perhaps the words of a famous physician may illustrate this point:
 “A Man is hardly qualified to write on any Subject, who has not read every thing that has been well written on it; but even if he has done this, he is still qualified for nothing farther than retailing to the World the Discoveries of others, unless he adds to his reading an Examination of the Bodies themselves, and an investigation of their several Qualities and Properties under his own Eye.” (John Hill, *A History of the Materia Medica*, 1751, London, preface, p.ii:)
- ⁴ That EASAC has neither sought expert input from *leading homœopathic physicians*, nor *first-hand* accounts from patients, shows this statement is not intended for the sake of “consumers and patients” as there written, but instead to discredit the profession and belittle those who would seek alternative treatment for (especially chronic) disorders otherwise poorly addressed by the mainstream.
- ⁵ The ‘work’ of this group was nothing more than to repeat the *opinions* of the bodies they represent, with the intention of “reinforcing criticism” *of the validity of an entire medical profession*. Instead, they only *repeated* the criticism – for simply saying things again (or more loudly) can never re-inforce validity.
- ⁶ Thomas Apperley, *Observations in Physick*, London, 1731, p.51
 “...to rely upon the Experiments of others, tho' never so much extoll'd, without thoroughly examining them yourself, is dangerous;”
- ⁷ EASAC’s failure to undertake a single experiment to examine the distinguishing premise upon which Homœopathy is based (*similars*), i.e., that the effects of a disease will be removed by a substance known to produce similar effects in health – places any such view within the realm of *belief*.
- ⁸ This seemingly innocuous error in the use of simple English highlights the word “harm” instead of “risk” and suggests an unconscious (perhaps) slip from the existing *collective mindset* of its authors.
- ⁹ How then is it possible to offer up such a view without even considering its’ basis in *fact*? Is there no weight given to *certainty* as can only be determined by examining *evidence*?
- ¹⁰ A consideration of plausibility is of value in so far as allocating funding, resources, etc. It can never be rightly given as a reason for dismissal or rejection of validity.
- ¹¹ Bacon, F., *Advancement of Learning*, 1605, 2nd Book, XIII,3:
 “For to conclude upon an enumeration of particulars without instance contradictory, is no conclusion, but a conjecture; for who can assure, in many subjects, upon those particulars which appear of a side, that there are not other on the contrary side which appear not.”
- ¹² We ourselves have written a succinct overview which may be useful in providing a starting point for such literature research: *Homœopathy in Fact*, 2012, HISydney.
- ¹³ Long after Bacon, at the time when Samuel Hahnemann first made known his experiments to the medical world (1796), patients were *trephined* to remove the evil spirits in mania; *bled* to drain the imagined excess blood in inflammations such as pneumonia; *Mercury* was given in such large doses against syphilis that more patients died from toxicity than from the disease; the physical appearance of substances was used to imagine its effects – the heart-shaped *Anacardium* given for heart disease, the kidney shaped *Cassuvium* for renal complaints, the viper-shaped *Echium* given for snake bite, and the testicle-shaped *Orchis* given to aid sexual function, etc. Thus we read:
 Thomas Sydenham, *Practice of Physick* (1693), translated from the Latin original by John Pechey, London, 1734, 10th ed.
 “...how many errors have been occasioned by an hypothesis, when writers,... have assigned such phænomena for diseases as are nowhere to be found but in their own brains.... So that the Art which is now exercised, contrived by men given to quaint words, is rather the art of talking than of Healing.”
 Thomas Apperley, *Observations in Physick*, London, 1731, Preface, p.xiv
 “...to rely upon the Experiments of others, tho' never so much extoll'd, without thoroughly examining them yourself, is dangerous;”
- It is in this backdrop that Samuel Hahnemann observed drugs which were found, by chance, effective for certain conditions,, were able to produce similar symptoms in experiments on the healthy, and further experimented using smaller (‘non-heroic’) doses. These are the facts, derived from observation, and they cannot be altered by mere *a priori* consensus.