

〈総説〉

ホメオパシー：医学思想上の位置づけと臨床評価の現状*

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Homeopathy: Its Place in the History of Medical Thinking and Its Current Status in Clinical Evaluation

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Abstract

As a Japanese clinical pharmacologist the controversy on the efficacy of homeopathy in the West has been an interesting subject for me from the standpoint of clinical evaluation methodology and socio-cultural elements, though it has little to do with health in Japan primarily because it has barely been practiced in this country. But in the last few years a number of Japanese have shown increasing interests on this subject and have started to use it in their practice. This led me to write a review article on the history of its introduction into Japan and its current status in clinical evaluation. The principles of homeopathy is based on Four Laws, i.e., *The Law of Similars*, *Direction of Cure*, *Single Remedy* and *Minimum Dose*. In the Western medical thinking, homeopathy flows on the doctrine of vitalism which presumably originated by Emmanuel Kant. This principle is in contrast with the mechanism introduced by Rene Descartes. Both streams were introduced to Japan during the Edo era. Japanese physicians, however, encountered difficulty in translating the thoughts of Hermann Boerhaave which is based on the stream of the mechanisms and introduced to Japan earlier, while that of Christoph Wilhelm Hufeland on the stream of vitalism and introduced later was smoothly translated and widely accepted because it could fit into the traditional Japanese humor pathology. The basic concept of homeopathy, however, is not well accepted in Japan although a Chinese character representing this term was developed. The first reason for the unpopularity of this practice in this country is that Japan already has Kampo medicine which has a milder effect and which competes with the similar efficacy of homeopathy. The second reason is that the theory of homeopathy is too dogmatic for the Japanese. Modern complementary medicine including homeopathy works on four principles which are stronger than those of conventional medicine, i.e. predictive harmonious optimism, supra time-bounding, autogenesis, determination of an excuse for a worsening disease or symptom. J. Kleijnen's 1991 paper on meta-analysis of homeopathy is introduced in this paper. Also included is a discussion of the current problems on clinical evaluation methodology of homeopathy during the days of "Evidence-Based Medicine," i.e. necessity of standardized intervention, lack of evidence showing that individualized therapy is more advantageous than standardized therapy, and the selection of endpoint, i.e., soft or hard.

Key words: homeopathy, history of medicine, Japan, randomized controlled trial, meta-analysis.