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From Thick to Thin: The Remaking of Homeopathy in France

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From Thick to Thin: The Remaking of Homeopathy in France

Abstract

Homeopathy is an alternative healing method originated by German physician Samuel Hahnemann in the 18th century. Since its advent, it has undergone many transformations, as a clinical method as well as a philosophy, as it has confronted the changing climates of scientific knowledge and politics. Today, it faces challenges to its existence from industry and “official” science and medicine and is riven with internal discord on matters of homeopathic ideology and orthodoxy. This dissertation seeks to illuminate the nature of these challenges by studying the homeopathic community in France, where homeopathic treatment is widely sought by patient-consumers and is partially reimbursed by the public health insurance system. The specific focus of this research is the loss of homeopathy’s “thickness,” which describes the method’s clinical particularities, which attend to the “whole” patient and which are being erased as the homeopathic remedy industry in France transforms homeopathy from a form of clinical expertise into a “thinned” consumer healthcare commodity. Through ethnographic interviews conducted over a period of 18 months with a range of stakeholders in the French homeopathic community, including industry actors, physicians, pharmacists, and academics, this dissertation explores how these stakeholders differentially articulate the method’s epistemological, ideological, and political identities, risks, and hopes for the future. The future of clinical homeopathy is increasingly determined by industry, to which the homeopathic community has affixed its hopes of survival. The research herein suggests that industry is ultimately not interested in preserving homeopathy’s “thick” clinical method; it is only interested in the “thin,” simplified, market-friendly version of homeopathy that sells product. The effect of industry’s remaking of homeopathy is that it obviates the role of the traditional homeopath. And to the extent that homeopaths rely on industry for financial support of their research and professional conferences, they are complicit in their own decline. Many homeopaths fear challenging industry because to do so would be to challenge the hand that feeds them. The ethnographic accounts in this dissertation provide a view on clinical homeopathy’s Faustian bargain with industry.

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FROM THICK TO THIN: THE REMAKING OF HOMEOPATHY IN FRANCE

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DEDICATION

This dissertation is dedicated to my mentor and friend, Adriana Petryna, whose unwavering support and intellectual guidance made this dissertation possible.

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ABSTRACT

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Michael Joiner

Adriana Petryna, PhD

Homeopathy is an alternative healing method originated by German physician Samuel Hahnemann in the 18th century. Since its advent, it has undergone many transformations, as a clinical method as well as a philosophy, as it has confronted the changing climates of scientific knowledge and politics. Today, it faces challenges to its existence from industry and “official” science and medicine and is riven with internal discord on matters of homeopathic ideology and orthodoxy. This dissertation seeks to illuminate the nature of these challenges by studying the homeopathic community in France, where homeopathic treatment is widely sought by patient-consumers and is partially reimbursed by the public health insurance system. The specific focus of this research is the loss of homeopathy’s “thickness,” which describes the method’s clinical particularities, which attend to the “whole” patient and which are being erased as the homeopathic remedy industry in France transforms homeopathy from a form of clinical expertise into a “thinned” consumer healthcare commodity. Through ethnographic interviews conducted over a period of 18 months with a range of stakeholders in the French homeopathic community, including industry actors, physicians, pharmacists, and academics, this dissertation explores how these stakeholders differentially articulate the method’s epistemological, ideological, and political identities, risks, and hopes for the future. The future of clinical homeopathy is increasingly determined by industry, to which the homeopathic community has affixed its hopes of survival. The research herein suggests that industry is ultimately not interested in preserving homeopathy’s “thick” clinical method; it is only interested in the “thin,” simplified, market-friendly version of homeopathy that sells product. The effect of industry’s remaking of homeopathy is that it obviates the role of the traditional homeopath. And to the extent that homeopaths rely on

industry for financial support of their research and professional conferences, they are complicit in their own decline. Many homeopaths fear challenging industry because to do so would be to challenge the hand that feeds them. The ethnographic accounts in this dissertation provide a view on clinical homeopathy's Faustian bargain with industry.

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PREFACE

In 2004, I was living in Paris, teaching English at a local university, and I had to go to a doctor for flu-like symptoms I was experiencing. I left the doctor's office with a prescription and headed to a pharmacy near my apartment at Place de la République. It was in this pharmacy that I first encountered homeopathy. As the pharmacist took the prescription out of my hand and passed it off to her assistant to fill, she began to ask me questions about my symptoms, sleep habits, what I was doing to support my immune system, what other medications I was taking, what allergies I had, and so on. As she spoke, she walked away from the cash register to the other end of the counter and gestured toward a huge bank of brightly colored paper boxes and plastic tubes and asked me if I had ever tried homeopathy. I had not. She grabbed a small box from amid the seemingly hundreds of similarly packaged but differently named homeopathic remedies and told me that I had to take one particular homeopathic remedy along with my prescription medicine. She said that it would help alleviate my symptoms and speed up my recovery by increasing my body's ability to fight infection. The product she gave me was called *HomeoSys*, a homeopathic remedy aimed at boosting the immune system. Little did I know then where this brief encounter with the pharmacist would lead.

This dissertation is built around ethnographic research I conducted of homeopathic medicine in France, mainly among homeopathic physicians. Homeopathy is controversial because there is said to be no replicable scientific evidence that it is anything more than an elaborate placebo. Nevertheless, it is widely used in France and even partially reimbursed by the public health insurance system, the *Sécurité Sociale*, or "le Sécu." The clinical practice of classical homeopathy is dying off as its practitioners are retiring and not being replaced by younger generations. This decline is exacerbated by the homeopathic remedy industry, which is marketing homeopathic remedies directly to consumers and bypassing the homeopathic

physician, who has historically been the locus classicus of homeopathic knowledge and practice. Consumers are now becoming the new “experts” while the delivery of clinical homeopathic care by physicians who are specially trained in homeopathy is on the decline.

The goal of this dissertation is to explore the factors that are contributing to this decline of the homeopathic method. I do this chiefly through loosely structured ethnographic interviews with the homeopathic physicians whose profession is disappearing. Didier, a homeopath I met in Bordeaux, will soon retire. When he does, he will be forced to close his clinic because he has no protégé to take it over. Anguished, he said, “Homeopathy is condemned. In 15 or 20 years, we are going to lose the soul of homeopathy.” I found Didier’s statement to be profoundly emblematic of what was at stake in homeopathy’s decline: the core ideals and practices that distinguish homeopathy from traditional biomedicine: seeing biological ills as existential ones and treating the “whole” patient in terms of her bio-psycho-social uniqueness. I initially considered using the trope of the soul throughout this dissertation to refer to those aspects of homeopathy that are disappearing, but later concluded that the idea of the soul was too burdened with religious connotations. As I tried to formulate a more neutral term, I hit upon a term that one of my other interview subjects used in one of our conversations, the idea of “thickness.” The notion of thickness in homeopathy encompasses homeopathy’s distinctiveness even better than the idea of a soul in that allows me to speak also about the ways in which the disappearance of clinical homeopathy constitutes a “thinning” of traditional homeopathic practice as homeopathy increasingly comes to look like biomedicine in its practices and material embodiments. Specifically, the metaphysics of homeopathy are being erased and replaced with a “thin” identity embodied in direct-to-consumer remedies produced by France’s homeopathic remedy industry.

In the following pages, I probe what is meant by homeopathy’s “thickness” and why it is disappearing. In the first chapter, I introduce homeopathy, discuss my approach to the research, and discuss some of the literature relevant to this dissertation. In Chapter 2, I present the perspectives of homeopathic physicians as they recount the internal and external threats to the

method's wellbeing. We hear in these accounts a complex array of issues related to ideology, identity, legitimacy, authority, and knowledge. In Chapter 3, I examine a famous controversy from the late 1980s in which French homeopathy sought to fix its credibility problem through a scientific research project that ended up ruining the careers of an entire research team and effectively destroyed what little scientific legitimacy homeopathy had. In Chapter 4, I present a discussion of the French homeopathy industry, which I refer to collectively as "the company," "industry," or "the industry," that is playing an active role in the decline of clinical homeopathy. Finally, In Chapter 5, I examine what is at stake in the decline of clinical homeopathy's "thickness" as homeopathy ceases to be a form of clinical practice to become instead a range of over-the-counter remedies.

I have chosen to include these particular components and present them in this order because I will ultimately argue that while the homeopathic community in France may have correctly identified key stumbling blocks to its coherence and survival as a social movement and has tried and failed to redeem its image through scientific experimentation, it has fatefully omitted either by denial or ignorance the threat of industry to its continued existence as a form of clinical expertise. This threat is seldom mentioned among homeopathic physicians because the homeopathic remedy industry is the only source of funding for research and professional conferences on homeopathy, and physicians feel that without its support of these activities, there would be no homeopathy in France. This much is true, but strikingly few homeopaths recognize the Faustian bargain they have made with the company. Few recognize that by depending on industry for survival, the community of homeopathic physicians has made itself complicit in its own effacement and the "thinning" of its practice. The company is engaged in efforts to completely reengineer the identity of homeopathy by stripping it of its history, particularly its links to vitalism, a doctrine that holds that living beings are governed by a vital principle that transcends material-scientific explanations (discussed at length below), which originally animated the practice, and its clinical distinctions of holism and patient-centricity.

My interview subjects provided me with an exhaustive catalogue of the issues and problems they believe are the chief impediments to the flourishing of this thickness. After presenting and discussing some of the more salient among these impediments, I present an episode in homeopathy's contemporary history in which it sought unsuccessfully to redeem its soul through "official" science. Finally, I present what I believe to be the more pressing—and ignored—threat to the practice of orthodox homeopathy: the company. Additionally, I use the terms "the method" and "the movement" interchangeably to refer to homeopathy as a culture.

NOTE ON NAMES

In compliance with the conditions set forth in the IRB approval of this research, all interview subjects have been given pseudonyms. Moreover, only first names are used. As a further measure of protecting my actors' identities, the characters and institutions in this dissertation, unless stated otherwise, are composite sketches and do not refer to any particular individual or business. My study includes examination of a number of international corporate and industrial homeopathy actors with operations in France. They are referred to collectively as "the company," "industry," or "the industry."

CHAPTER 1 — Introduction

When I walked out of the pharmacy near my apartment in Paris in 2004, I knew nothing of homeopathy. I certainly would not have known at the time that the HomeoSys that the pharmacist sold me was not “true homeopathy,” but rather a proprietary product manufactured by the company and designed to capitalize on homeopathy’s identity. At that time, neither would I have known that the pharmacy is a space, along with biomedical doctors’ offices, that is replacing the homeopathic clinic as the site of for receiving homeopathic consults. The homeopathic pharmacy “consult” lasts mere seconds or minutes, not the better part of an hour as in the traditional homeopathy clinic, and it is delivered by “non-experts” (i.e. non-homeopaths).

The pharmacy space in France is a very different creature than it is in the United States. I believe the company relies on this space for its rapid-cycle output of its increasingly “biomedicalized” product line homeopathic remedies are being marketed like their over-the-counter (OTC) biomedical counterparts (aspirin, antacids) rather than as remedies prescribed by homeopaths tailored to the specific symptom profile of each patient. The pharmacy space is also important to the company because it is not a clinical space, but rather a commercial space where, in the case of OTC products, salesmanship is permitted to supersede a physician’s advice. In the pharmacy space, pharmacists are not officially licensed to diagnose or prescribe, only dispense and sell. However, these recommendations happen every day in pharmacies all across France. Since no prescription is necessary for homeopathy, unless one plans to seek partial reimbursement from an insurer, homeopathic diagnosis and treatment in the pharmacy are effectively a sales pitch.

In 2009, I began studying homeopathy in earnest and discovered that HomeoSys is an almost infinite dilution of puréed pig brains sprayed onto globules of sucrose. I had to learn more about this curious remedy as well as who had made it. Learning about HomeoSys, I discovered, was one of the most difficult aspects of my research, so guarded was the company about its

controversial cash cow. In the end, I learned that other than its curious ingredients and its contentious approval by drug regulation authorities, there was not a great deal more to know about HomeoSys, except what it represented. I would come to see it as a symbol of the company's efforts to remake homeopathy, changing it from a form of clinical practice to a product category. I began my study of the production of homeopathic remedies, which are little white globules of sucrose impregnated with dilutions of homeopathic substances, by reaching out to one of the company's US offices in Rochester, NY.

I was nervous as I pulled into the parking lot of the company's offices in the sprawling, anonymous office park. Upon entering the office, I was greeted by a bubbly receptionist who informed me that I was in the best of hands with Sebastian, the homeopathic pharmacist I was about to interview. The receptionist had a generous smile and before I could even finish introducing myself to her, she began talking about wonderful homeopathy is: "I keep telling my sister how she doesn't need all those crazy drugs and antibiotics! I keep trying to get her to use homeopathy but she won't."

Later, while sitting down at a table with Sebastian in his office, I reflected on my brief exchange with the receptionist and thought about how she had foreshadowed some of the things that Sebastian would tell me. She had demonstrated some of the traits that I found to be quite common among homeopathy's more enthusiastic advocates. One of these traits, which I noticed first in the receptionist and then in Sebastian, was an assumption that "strangers" (i.e. the homeopathically uninitiated) were assumed to be "against" homeopathy, so conversations often began as rhetorical exercises on the virtues of the homeopathic method. The receptionist's advice to her sister was, as I would discover in my research, the recitation of a homeopathic mantra, which I came to regard as "homeospeak." Sebastian's attitude toward homeopathy's uninitiated and its skeptics, as well as his homeospeak, was much more elaborate and charged with insecurity and defensiveness. "Homeospeak" is my term for the scripted rhetoric of the homeopathic method that I heard incessantly from practitioners and advocates of homeopathy.

“Membership” in homeopathy is often marked by one’s command of homeospeak. There are different registers of the tongue, which range from the formal and academic to the informal and anecdotal. What all registers have in common, however, is the extolling of the method’s virtues vis-à-vis biomedicine’s hubris and biological reductionism. The virtues espoused in homeospeak include homeopathy’s attending to the “whole” person, and not the disease per se, in diagnosis and treatment. The disease is seen only as a manifestation of larger “imbalances” in the patient’s biological, psychological, and social constitution. This is expressed as a patient’s “globalité.” I will be using an Anglicized version of that term (“globality”) in this text. Other virtues expressed in homeospeak refer to the safety, gentleness, and low cost of homeopathy remedies, as well as the method’s 200-hundred-year-old pedigree. Homeospeak also includes vociferous bashing of “official” science and medicine, which are seen as régimes of “prejudiced” knowledge that compartmentalize and dehumanize patients’ experience of illness and favor scientific discovery and profit over patient wellbeing. Whether any aspect of homeospeak is “true” in a scientific or sociological sense, it is all “true” to those who articulate it – homeospeak is the language of the method’s political “truths.”

Before I even began speaking, Sebastian started explaining to me the ways that homeopathy is misunderstood. In his litany of things that homeopathy is *not*, the insistence that homeopathy is not a belief was foremost. I would encounter this insistence many times in my conversations with homeopaths in France. Homeopathy is not belief; it is real, concrete, observational science. Of course, issues of belief are to the anthropologist no less “real” to those who hold them than facts are to scientists. But for Sebastian, and many others after him, belief was a dirty word, and to associate homeopathy with it was to discredit homeopathy. I discovered that a tremendous amount of cognitive and social labor takes place tending this distinction, so much so that homeopathy began to appear to me more like an ideology and less like a healing practice, but I hoped I was wrong. And, ironically, I could not help but think that the zeal exhibited by the

receptionist, and especially by Sebastian, spoke of a commitment to belief – the belief that homeopathy is not a belief.

Sebastian had been trained as a pharmacist in England and France and had moved to Rochester to work for the company a decade before. Like most adherents to homeopathy, he came to it by way of personal experience. As a child, he had had severe allergies that conventional medications could not treat. After being treated with homeopathy, his allergies improved and he was convinced of its efficacy. For Sebastian, homeopathy was not an alternative to medicine; it was a “therapeutic method among others.”

I had come to the meeting with a set of questions, but like many of my interviews, I did not have much occasion to pose them. Instead, I was given what was effectively a monologue about how wonderful homeopathy is, how it is misunderstood, and why its detractors should open up and be less judgmental. It was more rhetoric than information, but I found this telling. I got from Sebastian my first sense of how homeopathy sees itself as well as how it desires to be seen. I had no idea at the time how representative Sebastian was of the attitudes I would encounter among homeopaths in France.

It soon became apparent that homeopathy was not just a particular way of doing medicine, an ideology, or a product category. It was all these things, to be sure, but it was also an emotional state, one of impending loss and grief at being the object of mockery by official science and medicine. As I listened to Sebastian, I felt troubled by a nagging tension in my sense of purpose. That tension was my inability to reconcile my scientific prejudices with my object of study. When I left the meeting, I felt I had to find a way to set aside my instinct to adjudicate on homeopathy’s scientific claims. Scientific judgment was not my task; it was to understand homeopathy as a culture, not test its scientific validity. After a great deal of reflection and practicing different attitudes toward to my object, I found that in the process of experimenting with various

intellectual, psychological, and emotional orientations to homeopathy, I had gained a new sensitivity. This sensitivity felt quite foreign at first, but I grew comfortable with it as I realized the kinds of things it was enabling me to see, experience, and synthesize. It helped to transform me from interviewer to listener. It also allowed me to connect with my interlocutors on a personal level.

As Sebastian spoke, I got the sense that he had given the same speech before. He used the metaphor of an automobile to describe how homeopathy sees the body. “We all know how the car works,” he said, “and we know how to drive it, but most of us do not know how it works, its principles or its mechanics.” He said that there are many studies that show that homeopathy “works,” but not how it works. In fact, no one knows how homeopathy “works.” And yet, homeopaths state with great conviction that “ça marche” [“it works”]. What I found, and still find, puzzling, however, is how few homeopaths seem to recognize that the repetition of “it works” does not add up to greater “scientific truth”; few seem to recognize that the scientific acceptance they seek is not a mathematics of testimony.

This, Sebastian told me, is what underlies homeopathy’s misfortunes today: not being able to demonstrate biochemically how it works and the failure to recognize that this demonstration is a nonnegotiable prerequisite for scientific recognition. He told me that the company is working diligently to fix this problem, “trying to make scientific truth.” The company is laboring to create a science that provides credible evidence for what homeopaths already hold to be true. He asserted that the clinical effects of homeopathy, which are separate from placebo effects, can be reproduced, but not “un-black-boxed.” That is, there will always be a mysterious element to how it all works.

I was very grateful for the time the Sebastian spent with me, and I was especially grateful for his honest appraisal of what he saw as some of homeopathy’s inherent problems, issues that

contribute to its marginal status and constitute lines of bitter internal conflict. One of these lines is the issue of uncertainty. Sebastian was comfortable with the fact that homeopathy cannot account scientifically for its own clinical successes. He was comfortable not knowing, and not knowing did not prevent him from advocating the method. Others in homeopathy are less comfortable and look to science, sometimes desperately, to redeem homeopathy from uncertainty, vitalism (discussed at length below), and obscurity. Although he told me that he was comfortable with uncertainty, I am not convinced that he is completely so. I sensed conflict in him on this issue, as I did with many others who said that not knowing is acceptable because it is an inevitable condition of our time and place in history and the current state of scientific knowledge, neither of which prevents homeopathy from “working.” Perhaps, but it was clear that they longed to free themselves from the burden of that uncertainty.

As Sebastian explained, those not comfortable with uncertainty have begun to rationalize and “scientize” homeopathy, rigidifying the principles set down by Samuel Hahnemann over two hundred years ago. Sebastian complained that homeopathy has become over-codified, too prescriptive and legalistic in its prescriptions and proscriptions. People have taken up many opposing ideological positions within homeopathy and its internal politics have become rancorous.

This has led some to a pernicious “homeopathic martyrdom,” which authorizes condemnation of homeopathy’s detractors on moral grounds and portrays homeopathy as a victim of official medicine’s political and epistemological hegemony. Homeopathy’s moral entrenchment licenses it to denounce biomedicine as destructive of the dignity of human nature. What homeopathy (i.e. traditional homeopathic practitioners) lacks in terms of scientific and political clout, it compensates for with righteous indignation. The moral fervor with which homeopathy defends (and indeed constructs) itself has a fire-and-brimstone quality to it, which has given rise to speculation that homeopathy is a cult or a religion, with its founder Samuel Hahnemann as its

prophet, and the *Organon*, Hahnemann's primary text, as its bible. Sebastian vehemently rejects any suggestion of the sort. Homeopathy as it is being re-crafted today by the company could certainly never be mistaken for a religion.

My time with Sebastian was very informative. It foreshadowed much of what I would discover in France the following year. Homeopathy is riven with deep ideological fissures, but it is also a place of great existential suffering as homeopaths perpetually live in a defensive mode. I was grateful to Sebastian because he primed me well for what I would encounter and document.

Meeting Homeopathy in the Field

When I got to France to begin my research, one of the first spaces I explored was the space of the pharmacy. It had been my first introduction to homeopathy and it made sense to pick up there where I had left off years before. I was surprised by how few pharmacists were willing to discuss homeopathy with me, even though virtually every pharmacy in France sells homeopathic remedies. The most common response I got was "it's just another thing I sell. I stock it because customers want it." A few offered their own opinions on it, usually in the negative, but most clearly tried to make no statement on homeopathy one way or the other. Those pharmacists who did speak with me about it were generous with their time and opinions, and presented homeopathy in "homeospeak."

I landed in Bordeaux to begin my study of the industrial production of homeopathic remedies at the company, one of whose manufacturing facilities was located near the city. I had only one contact in the city at the time, and I was still familiarizing myself with my new home. On one of my many walks around town getting to know the place, I decided to drop in "cold" on a pharmacy to see if anyone there would be willing to speak with me about homeopathy. It felt terribly awkward; I was still adjusting the fit of my ethnographer's "hat." I had some questions prepared

in advance, but they felt strange coming out of my mouth: I was in the commercial space of the pharmacy, identical in essential character to the hundreds of other French pharmacies I had been in before, but I was a different person in this space. Whereas before I had been a customer, I was now an investigator asking a stranger to also take on a new role and inhabit an interactional framework with me that neither of us knew how to negotiate. Thankfully, Claudine, the pharmacist, looked past my visible discomfort and came out from behind the counter to welcome me graciously. She was rather short, but, then again, I am taller than almost everyone in France. Beneath her open white lab coat she wore a matronly dress of blue cotton crêpe and around her neck hung a long necklace of gold and lapis baubles. She was probably in her early 60s and had a dowager's poise, graceful and authoritative. She clasped her hands together and bent her wrists, asking how she could help me. After explaining myself, she led me upstairs to her little office overlooking the pharmacy floor.

We exchanged pleasantries and then began to talk about homeopathy. Claudine told me that she had been using homeopathy since she was 15. She had worked in pharmacies for many years and had always been around homeopathy. She said that when she was in pharmacy school and was taking her oral exams, one of the examiners asked her how she had come to homeopathy. She said she told him she started by taking Gelsemium for test anxiety. A pharmacist cousin of hers had recommended it to her. The examiner, his curiosity piqued by her anecdote, asked her to tell him more about Gelsemium. Claudine said that this question was a "gift" because it gave her a chance to talk about something for which she had a great passion and about which she had learned a great deal. Claudine's was among many "conversion narratives," as I call them, which describe how actors came to their commitments to homeopathy. Some started with acupuncture or other alternative healing modalities and saw homeopathy a natural extension of them. More common, however, were personal transformational experiences with homeopathy at a young age, with a family member or friend having recommended the method. Claudine said that to really commit to homeopathy, you must have had a good experience with it. Even though she was a

classically trained pharmacist and knew the scientific and evidential pitfalls of homeopathy, she was convinced of its efficacy. Claudine did not believe that homeopathy works; she knew that it works.

Claudine's pharmacy was located in the heart of Bordeaux's most exclusive retail district.

Homeopathy has long been associated with the bourgeoisie since Hahnemann moved to Paris in 1835 after many years of inter-urban peregrinations in the part of Germany then known as Saxony and began socializing among the city's elite. Although this association has become attenuated, it remains more or less intact today because it is a kind of "boutique medicine" which can cost much more than the 23 Euros allowed by le Sécu (Sécurité Sociale), the public health insurance system. Claudine's clients were among those who could afford to pay more for their specialized homeopathic care, and some were just as likely to be seen in Claudine's pharmacy as they were in the Hermès store down the street. Not all clinical homeopathy is boutique care.

Most of it is delivered by general practitioners who make no more than the standard 23 Euros per consult, which is a perennial complaint among homeopaths, whose clinical consults routinely take more than thirty minutes per patient. Fewer patients with longer consults mean a much lower income.

Claudine emphatically asserted that homeopathy is deeply misunderstood, that "faith has nothing to do with it because it's not a religion!" It is, rather, "another way of treating," a distinct method that treats the person, not the illness. Claudine took her role as educator, rhetor, and dispeller of myth very seriously. She said that it is the job of the pharmacist to right the misconceptions that most people are under about homeopathy. She said she also plays an important role in the stream of care delivery. Further up in the stream, she explained, there is the physician, but the physician is very busy and does not have time to answer all the questions that a patient may have. Moreover, the patient may not know which questions to ask or may be reluctant to pose

them: “The patient should not pose all these questions about the nature of homeopathy to the doctor; he should pose them to the pharmacist.”

This characterization of the pharmacist is a radical departure from how we understand the pharmacist’s role in US healthcare. And even when pharmaceutical advertisements on US television urge us to seek further information or advice from our pharmacists, few of us would ask anything but the most elemental questions, and even fewer still would get any meaningful face time with the pharmacist. In France, people often consult a pharmacist as the first step in seeking healthcare. French pharmacists play a much larger role in the diagnosis and treatment of minor ailments than their American counterparts. “That’s our role as intermediaries – between those who make it and those who prescribe it,” said Claudine. But a prescription for homeopathic remedies is not necessary, which means that the pharmacist may recommend any homeopathic remedy she wishes.

Claudine told me that there is a clear separation between retail pharmacies and the suppliers of the homeopathic remedies they sell, that the manufacturers do not influence her product selections. She did not see the partnership she has with the company, in which she sends her sixth-year pharmacy interns to the company’s nearby facility for training, as compromising her independence. I did not want to push too far on this issue with her. It was one of my first interviews and I was very nervous. Also, as I learned from Sebastian and his receptionist, it was easy to make enemies, given the split that I had already perceived between ideology and belief. I did not want to make such enemies early on in my fieldwork, and Claudine was a gem because she was telling me objectively about how she saw her role in moving homeopathic remedies along the chain of production and distribution; therefore she could connect me to other colleagues who might be interested in discussing their roles in the “social life” (Kopytoff 1988) of the homeopathic remedy.

I could not help thinking, however, that in sending her interns to the company, she was helping to create pharmacists who would serve as shills for it. She disabused me of this thought, partly at least, with the diligence she seemed to exhibit in asserting her independence. To be fair, there is a very real sense in which selling any homeopathy at all in France means shilling for the company since industry exercises so much control over what counts as homeopathy in France. In France, the company has long had powerful allies within the federal government, and it benefits from protectionist economic policies that favor French industry. Foreign competitors have effectively been locked out of the French market by the company's political maneuvering. In addition to sending students to the company's nearby facility, Claudine is also in communication with the company for "some little things," like advice on what she should recommend to her customers for allergies, cold symptoms, etc.

After some time, I decided to push her a little and posed a riskier question. In this initial phase of my research, I had yet to adapt my investigation to what I was finding "on the ground." I leaned heavily on the reading I had done and the questions I had prepared in advance. At the time, I was very taken with an idea developed by the historian Olivier Faure (2002), which looks at homeopathy both in terms of its integration with biomedicine as well as its contestation of it. I was still grappling with what kinds of conversations I was capable of having with various actors, and it visibly struck Claudine as somewhat incongruous that, after questions on the mundane aspects of explaining homeopathy to her customers, I asked her if she thought homeopathy was a contestation of official medicine or if it was integral to it, or both. In retrospect, I am sure my question came across as provocation, and provocation is something with which any homeopathic pharmacist or physician is painfully familiar. "Is he provoking or is he naïve?" was the look on Claudine's face. The homeopathic guard was up, and this is the first among many times I saw this in the field. "Look," she said, "my job isn't to determine or to tell you which way of treating is better than another, it's to treat and heal. That's all."

She went on to explain that homeopathy and **allopathy** (Hahnemann's term for the conventional, non-homeopathic medicine of his day, now used interchangeably with biomedicine by today's homeopaths) can coexist peacefully, but that there are definitely some barriers she must overcome if she is to persuade a customer to take a homeopathic remedy. She said that people come in and want something that works fast, and people who are not habituated to homeopathy assume that it does not really work, and if it does work it takes a long time to do so. She argued that this is a misconception, that homeopathy can work very quickly, but that her conversations with customers about homeopathy are occasionally difficult rhetorical tasks.

Claudine said that she believes that the tradition of going to a pharmacist instead of a doctor for minor ailments started in 1945. In the years after the war, there was no Sécu to reimburse the costs for visits to the doctor, so people went to the pharmacist instead. Part of one's training as a pharmacist, she explained, involves learning how to consult with patient-consumers on the treatment of mild illnesses. In France, all over-the-counter medications, including homeopathy, are kept behind the counter and are strictly controlled by the pharmacy staff. The fear is that without such control, customers would not get the advice necessary for properly using aspirin, antifungal cream, antacids, etc. This is entirely in keeping with the famous French tendency to over-regulate and over-administer life, but it is ultimately a boon to industry's marketing strategies because it means that homeopathy meets its consumer public in a highly regulated, medicalized, "official" space populated by actors in highly structured roles of authority who present homeopathy as a bona fide medical commodity carrying enormous symbolic capital.

What is Homeopathy?

Back in Paris in 2004, I had taken the pharmacist's advice to add HomeoSys to the prescription medicine my doctor had given me. At the time, I was more apathetic than skeptical, not realizing what the pharmacist's advice represented in terms of what I would later encounter –

homeopathy's complex politics of healing, knowledge, and being. Although homeopathy does exist in the American marketplace, its presence is almost invisible compared to its place in the French healthcare market. France is a global leader in the production of homeopathic remedies, and the products of its various manufacturers can be found in Whole Foods Markets across the US, and a few of their products can even be found in leading US drugstores like CVS. There is even a CVS generic version of HomeoSys sold along side its brand-name counterpart. It is not clear whether France's homeopathic industry had a hand in this generic version, but this demonstrates at a minimum that at least one US retail pharmacy chain is aware of the opportunity for profit in a growing market. Given how scarce homeopathy is in the US market relative to other "natural" or "holistic" products, it took considerable time for me to understand what homeopathy is and is not. Below, I offer some clarification on homeopathy as well as some important background information to set the stage for the discussions that follow.

To begin, homeopathy is not a generic term for "natural" or "holistic" medicine. The term homeopathy is often used incorrectly in the US and elsewhere as a catchall descriptor for treatments thought of as "alternative medicines," or "alt meds," which can include cupping, moxibustion, acupuncture, aromatherapy, Reiki, energy medicine, Ayurveda, and so on. These and other alt meds encounter widely varying degrees of favor and scorn, both scientific and popular. In some cases, even when there is dubious scientific evidence for their effectiveness, there is still economic and popular incentive to make these alt meds available on a menu of medical services, as exemplified in the partnership between the University of Pennsylvania Healthcare System and The Reiki School+Clinic.¹ The term "homeopathy" refers to a very specific clinical method and philosophy developed (or "discovered," depending on the source) by physician Samuel Hahnemann in Saxony (modern-day Germany) in the 18th century. Homeopathy, based on two key principles, took root as an antidote to the conventional medicine of 18th-century Europe.

¹ <http://thereikischool.com/integrative-healthcare/>

Hahnemann's Two Founding Principles

Emetics, bloodletting, and toxic medicines: these were some of “barbaric” medical practices of the day that 18th-century German physician Samuel Hahnemann sought to “modernize” and “rationalize” by looking to nature to find a way to deliver care that did not create iatrogenic effects. Subscribing to the ancient wisdom of “*Vis medicatrix naturae*” [“the healing power of nature”], he reasoned that if disease came from nature, then God and nature must also provide the method for curing disease (Giordan and Raichvarg 2000). Hahnemann’s rejection of the routine medical practices of his day was based principally on his moral outrage over what he saw as the hubris, overweening ambition, and brutality of his fellow physicians. Sandoz (2001:13) notes that Hahnemann was also taken with a *furor therapeuticus*, or an exaggerated concern for the suffering of others (Prayez 1986). Indeed, Hahnemann’s self-righteousness bears a striking resemblance to the grandstanding of the Renaissance doctor Paracelsus (c. 1493-1542), who, like Hahnemann, rejected the pomposity and insularity he saw in academic medicine (Porter 1999). The rejection of academic (i.e. institutional) medicine and moral outrage continue to be pillars of homeopathy’s contemporary ontology, and they are expressed through language, politics, and practices that reflect bitter resentment against biomedicine, technology fetishism, materiality, capitalism, and (perhaps not surprisingly) Western modernity itself.

Hahnemann sought to “rationalize” medicine along more systematic, scientific lines, preaching the eradication of “neo-Hippocratic empiricism” from medicine (Porter 1999). Empiricism in this context refers to a diagnostic process built not on scientific theory, but rather on clinical experience. The reference to Hippocrates speaks to the emphasis in Hippocratic medicine on the role of the humors (black bile, yellow bile, blood, and phlegm) in diagnosis and reasoning one’s way to a diagnosis. Hahnemann wanted medicine to be more “concrete” by appealing to nature

for indisputable truths and principles, which would be immune to the fallacies and vagaries of human reason. Nature would reveal her mysterious ways only to those who knew how to listen to her. This was the goal of science as Hahnemann saw it – to uncover, witness, and “listen for” the hidden, fundamental truths of Nature and then to apply them systematically to diagnosis and treatment. Since it was Nature that had provided the intelligence for healing, and not man himself, homeopathy’s efficacy was not planned by Hahnemann, but rather “discovered” by him (Giordan and Raichvarg 2000:19).

After some trial and error, Nature revealed to him two principles: The Law of Similars and the Principle of Infinitesimal Doses. The first principle is widely believed within homeopathy to come from the Hippocratic School. It states that any substance that provokes a particular reaction in a person (fever, vomiting, aches, restlessness, irritability, etc.) is also the same substance that will cure that reaction (Sandoz 2001). The first principle will not work, however, unless it is applied in concert with the second, which is that the administration of the curative substance be in quantities far less than it would take to actually cause the initial reaction in the first place; in other words, in infinitesimal doses achieved via multiple, successive dilutions in purified water. What follows is an example from modern homeopathy that certainly could not have been envisioned by Hahnemann, but is, nevertheless, frequently offered by homeopathic practitioners to their patients.

Gelsemium is a plant that has long been used by herbal healers, and it has recently been the subject of modern scientific research for its potential anti-cancer properties (Dutt, et al. 2010). Yet the plant is highly toxic. It is used as a means of suicide among hill tribes in southeastern Asia (Rujjanawate, et al. 2003), and in sub-lethal doses the plant causes dizziness, generalized weakness, nausea, and vomiting, among other symptoms (Lai and Chan 2009). Since it provokes these symptoms in toxic amounts, it will, according to homeopathic reasoning, cure

these same symptoms, via small, extremely diluted doses, in someone who is suffering from them. This is why Gelsemium, after having gone through multiple dilutions and “succussions” (or “dynamization,” the vigorous shaking of each dilution according to a strict method), it is prescribed to patients who suffer from “peur en avion,” [“fear of being on an airplane”] (Scimeca 2010:291) since their symptoms match, presumably, those of someone suffering from Gelsemium intoxication.

Hahnemann reasoned that whatever provoked pathological symptoms in a healthy body could necessarily counteract and cancel out those same symptoms in a body suffering from them. Even though we know today that different illnesses with vastly different etiologies can manifest many of the same symptoms, Hahnemann believed that the symptoms were to be the focus of his medical gaze because they were what were observable, and thus knowable. At the same time, the symptoms were only indices of the “real,” deeper illness. What was observable by Hahnemann was “concrete” and could thus be subjected to the method ordained by nature to treat the symptoms, which would eradicate the illness. Regardless of etiology, symptom profiles were treated similarly – with substances that in their undiluted, toxic (but sub-lethal) concentrations would provoke that same symptom profile. This has led to the common criticism that homeopathy is an elaborate version of symptomatology, or a medicine of symptoms.

Since its advent, homeopathy has been struggling to secure the legitimacy that would bring it the respect enjoyed by official medicine. In 1965, homeopathy was officially added to the French pharmacopeia (Sergent 1995). This fact is often held up as one of the shining moments in homeopathy’s struggle for acceptance, but it does not overcome the barriers of evidence required to become part of “official science.” The details of the homeopathic method are complex, and I refer the reader to comprehensive accounts of the method already published rather than explore them here (Aulas 1985; Halm 2000; Jordan-Desgain 1997; Sarembaud 1999; Shelton 2004;

Stalker and Glymour 1989). I do, however, wish to emphasize a key distinguishing feature of homeopathy that sets it apart from biomedicine, that of individualized treatment. Homeopathy prides itself on offering a method of care that focuses on the particular lived experiences of each patient. Every patient's life experience is unique, therefore every patient's experience of illness is unique, and, consequently, each homeopathic treatment plan is unique. The body is seen not as an objectifiable chunk of physical matter; it is the object with which and through which one experiences the world, which means that illness is not purely somatic, but also psychological, existential, and phenomenological. The extent to which any homeopathic treatment or remedy seeks to standardize and objectify itself or the body constitutes a break with homeopathic orthodoxy.

Homeopathic Remedies

French historian of medicine Jean-Paul Gaudillière tells us,

Drugs are...wonderful, exceptional objects for social scientists. They stand at the centre of complex networks that bind together the various professionals involved in their invention, the companies responsible for their production, the doctors who prescribe them, and the pharmacists who sell them, as well as the patients and consumers who take them. Drugs are therefore wonderful points of entry into the multiple worlds of our highly technological societies (2005:603).

This quote wonderfully captures the *mise-en-scène* of the story this dissertation attempts to tell.

Homeopathic remedies are at the center of a complex network of institutional and individual actors, which includes the company, regulating authorities, homeopaths, and pharmacists. These remedies are also our point of entry into this network. Gaudillière rightly states that drugs are "objects of knowledge" (2005:603); however, they are also objects of politics and ideology. His article goes on to illustrate how "drugs are 'boundary objects,' which circulate between and within the heterogeneous worlds of science, industry, and medicine. Their 'trajectories' therefore deserve boundary investigations" (2005:604-605). Anne Lovell's (2006) penetrating study of high-dose buprenorphine in France is paradigmatic of how drugs can transgress boundaries. As Lovell shows, Buprenorphine, a drug used to treat opioid addiction, "leaks" through the porous

boundary of the “legitimate” networks of its industrial production and clinical administration and into the networks of illicit use. In other words, on the “legitimate” side of the boundary there are the companies that produce the drug and the doctors who prescribe it, while on the other “illegitimate” side of the boundary there are the illicit drug users.

Together, the works by Gaudillière and Lovell serve as a propaedeutic for my examination of the different domains in which the homeopathic remedy lives its social life and the ideological and political boundary that separates them. In the domain of traditional clinical homeopathy, remedies are “thickened” by the history, ideology, and clinician’s expertise—elements that constitute the conceptual universe of which the remedies are a part and to which they point, or “index” (Parmentier 1994; Peirce 1992). As they “leak” across the boundary of that domain into the commodity domain, they are “thinned” by having their “native” indexicality redacted and replaced with one that indexes a conceptual universe that is selectively mimetic of the native, clinical domain, but is also configured with the significations of the consumer healthcare market. The boundary between these two domains is political and ideological, and as homeopathic remedies cross the boundary from one domain to the other they are reconfigured as objects of a different politics and ideology. Where once they were objects of orthodox homeopathic doctrine (e.g. the centrality of a unique treatment plan for each unique patient), the remedies become standardized objects of commerce. In Lovell’s (2006) buprenorphine account, the industrial actors were in the “legitimate” domain, but the industrial actors in my story are in homeopathy’s “illicit” domain because they “use” the remedies in ways inconsistent with their original context and conception.

Furthermore, in Lovell’s investigation, the illicit users of buprenorphine were in “an informal, illicit network (the drug economy that escapes market and state regulatory mechanisms)” (2006:138); they were powerless to be anything but “illicit users” because the social and political power to consecrate them as “legitimate” was located in networks on the other side of the boundary.

Where homeopathy is concerned, however, the power asymmetry is reversed—the company, the “illicit user,” has the economic, social, and political power to declare a new legitimacy for the remedies, while the traditional homeopaths left on the other side are powerless to be anything other than what the company allows them to be. Unlike the illicit users of buprenorphine, the company does have the requisite legitimacy, recognition, and resources to interface with and influence “market and state regulatory mechanisms.” As an effect of the company’s power, those same agentive capacities in homeopathy’s traditional clinical domain have become increasingly enrolled in the company’s business strategies. Another effect of this power is that the company is able to control the conditions of the “leakage” of homeopathic remedies from the old domain into the new one, as well as their subsequent “trajectories” (Gaudillière 2005) in the marketplace.

Although I was not allowed to interview anyone involved in the actual production of homeopathic remedies, a handful of companies (again, referred to collectively as “the company”) did give me tours of their storage and production facilities, processing laboratories, and packaging and distribution centers. Homeopathic remedies are made from animal, vegetable, and mineral substances, as well as materials of human origin such as sputum and blood. All plant and animal matter is organically sourced, and all base material for the remedies is meticulously documented, processed, and managed according to strict standards of hygiene and measurement. During my tour of the company, I was struck by how my tour guide frequently directed my attention to the scientific trappings around me—the sterility, the gleaming technology, the stern orderliness of their processes, the white lab coats, the stacks of binders full of processing instructions and reference data, the beautiful riggings of blown glass, bulbs, and beakers. An observation from Gaudillière is key here: “the industrialization of drugs came to be perceived as a sign of progress toward a more scientific medicine...Pharmaceutical firms have insisted on the purity, the stability, and the quality of their goods as indicators of their scientific status” (2005:603). My sense during the tour of the company was that it all *looked* like science was happening, but I felt that my guide was mistaking scientificity for systematicity. It seemed as though the *means* of science had been

placed as props in a kind of theatre of scientific symbolism. I saw no sign of the actual messy activity and objects I usually associate with lab research. My overall impression was that the company was using the material objects of science to bolster its scientific legitimacy. But maybe I was wrong.

The words the tour guide used to describe what was going on defied this scientific staging. For example, all **base matter** is used to create a “**mother tincture**,” (MT) which is then used in successive dilutions of purified water to create a homeopathic solution. Animal and mineral MTs are solutions of dissolved solids. For plant-based MTs, plants and herbs are macerated in an alcohol solution for days or weeks to extract their essences. MTs are then diluted in purified water and shaken vigorously a prescribed number of times (a step called “**dynamization**”) in a process called “**potentization**,” which is based on the core anti-allopathic homeopathic doctrine that the more diluted a substance is the more potent it is. Once the desired level of dilution is reached, the dilution is sprayed onto pellet-sized granules, or globules, of sucrose as they rotate in specially constructed drums.

The company uses Hahnemann’s original dilution formula for its products, which is based on a centesimal scale. The dilution process, or “potentization,” begins when 1 part of a mother tincture is added to a vessel containing 99 parts purified water, which is then shaken vigorously (“succussed”) a prescribed number of times. Following this, one part of that dilution is added to a second vessel containing 99 parts purified water, which is also then succussed. This procedure is repeated successively until the required dilution level for each homeopathic remedy is achieved. Each 1:99 dilution procedure constitutes 1CH, which stands for “Centesimal Hahnemannian.” For example, the company’s remedy for insomnia, HomeoDoze, requires a dilution of 50CH, and its immune booster, HomeoSys, is diluted to 100CH.

Critics point to the scientific implausibility of the effectiveness of these dilutions (NCAHF 1994). They argue that the mathematics of potentization simply do not permit any of the original agent to remain resident in the dilution. They often cite Avogadro's number, which is the dilution threshold past which no original material remains.

[A] homeopathic dilution of 30C...is the equivalent of a 10^{60} -fold dilution. Given that that little thing known as Avogadro's number, which describes how many molecules of a compound are in a mole, is only approximately 6×10^{23} , a 30C dilution is on the order of 10^{36} – to 10^{37} -fold higher than Avogadro's number (Gorski 2012).

Reflections on Method

This dissertation is based on ethnographic interviews with approximately fifty actors with various roles in what I am terming the “professional homeopathic community” in France. It includes physicians, pharmacists, academics, corporate employees, and students of medicine and pharmacy. My research took place over a period of 18 non-consecutive months between 2010 and 2013.

Moving within the network of professional homeopathy in France was no easy task. I was fortunate, however, that a few individuals at the beginning of my journey took an interest in my research. One of these was Sebastian, a bi-lingual, British homeopathic pharmacist from London who had been recruited by the company to work in its Rochester, NY office. One of his official duties was to represent the company as a homeopathy ambassador at pharmacist and physician conferences. When we met, he had just returned from a pharmacists' convention in Washington, D.C., where he was received with, at best, skepticism, and, at worst, derision. He did not seem to mind, however. He said that it was part of the job and that there was a great deal of work to be done educating America's healthcare community about the benefits of homeopathy. Meeting with skepticism in a magazine article or a personal conversation is one thing, but to try to dispel it in front of an audience of hundreds of doctors and pharmacists is quite another. Sebastian was basically an ideological infantryman for homeopathy and I wondered how long his passion for the

method could sustain him. For the moment, however, he seemed rather merry and eager to talk. As we took our seats at a small table in his office, wispy, thinning strands of blonde hair fell down over his forehead, which he swept back as he set up, and which seemed to be from the same color palette as his short-sleeved shirt and tie. As he sipped a cup of dark tea, he listened to my research ideas with what felt like genuine enthusiasm and encouraged me, offering suggestions on things to look at and people to talk to. The research project as I explained it to him in the spring of 2009, however, would become something very different “on the ground” in France later that fall.

At the time of my meeting with Sebastian, my plan to study the industrial production of homeopathy in France was framed theoretically by Olivier Faure’s (2002) dichotomous conceptualization of homeopathy as both a contestation of and complement to biomedicine. As an aside, I also could not resist my urge to learn more about the comically gruesome remedy, HomeoSys, which is made from the puréed pig brains. My idea was to go “inside” companies and study their manufacturing processes, “following the pig brains,” as it were, from the farm to the factory floor, where the globules impregnated with diluted pig brain matter were produced. The research project was a perfect fit for my intellectual interests as well as my dark sense of humor. Stated more formally, my plan to “follow the globules” along the long chain of their production was based on Bruno Latour’s (1988) model of “following the scientists” in the production of scientific knowledge. I was fascinated by how the simplicity of HomeoSys’s smooth, white, pellet-sized globules belied their complex manual and semi-automated production processes of extraction, purification, testing, replication, and packaging. I was struck also by the prominence of homeopathy in France, where, according to one study, 53% of the country’s citizens report having used homeopathy at some point in their healthcare behaviors (IPSOS 2010). The goal of my project was to discover how the industrial production of homeopathy remedies created a product that simultaneously contested and complemented biomedicine. My working assumptions were that homeopathy’s double identity was a deliberate profit strategy

crafted by industry; that the homeopathic remedies were the vehicles of this identity; and that the material embodiment of this identity was made possible by industrial production processes that were not only material, but also symbolic.

As I look back on the original formulation of my research, I see its naïveté. Back in 2009, I wanted to study the industrial manufacturing processes, technologies, and forms of expertise that went into making the homeopathic globule a “material-semiotic” (Haraway 1997) of homeopathy’s values and ideologies. I say naïve because, at the time, I saw homeopathy as an internally undifferentiated cultural monolith. I learned in my subsequent research, however, that there is no single homeopathy and I also learned that the industrial actors are not what I thought they were; the story of “the company” that I tell in the pages of this dissertation is not the one I intended to tell.

Again, Sebastian was quite solicitous and insisted that I speak with a contact of his, Julien, a historian of medicine who specialized in homeopathy he had met in Paris while there for corporate training. When I met Julien for the first time, I did not know that he would soon become my mentor, friend, and guide to French homeopathy. Julien was frequently hired as a consultant among industry players to write articles, speak at conferences, and conduct research on homeopathy’s history. However, he had become dissatisfied in recent years with industry’s new generation of leadership, whose expansionist dreams had steered it away from its earlier focus on research towards product development and shareholder value. It is not an exaggeration to say that Julien knew virtually everyone in France’s small homeopathy community. And when I told him my plan to study the internal culture of industry, he did not hesitate to tell me firmly that I was going about it all the wrong way. While Julien was generous with names of potential contacts, he was just as free with his opinions on my research goals and methodology. In his opinion, I would be much better off exploring homeopathy within the larger context of

homeopathic practice; “there’s no story here [i.e. in industry per se]; the story is out there” he would say. I took his good-hearted bossiness as a sign of his comfort with me.

Eventually, I would end up doing exactly as he had suggested, but not by choice. There most certainly was a story to tell about industry. Even though he did not agree with my research agenda, Julien nevertheless seemed very invested in helping me implement it. He helped me write letters to industry people requesting interviews. He even arranged for me (or rather badgered people for) interviews with a handful of company executives. When I was timid about approaching someone, not just at the company but also among the homeopath community, he challenged me, telling me that I had to fight for my work, and that “they,” industry leadership and anyone else I might want to interview, needed to talk to me; it was in their best interests to do so. He warned me, however, that industry executives would be suspicious and defensive, and that they would be “afraid” of me.

Since my academic advisor was thousands of miles away in the US, Julien appointed himself my unofficial, local advisor, prodding me, pushing me, questioning me, and reminding me to never give up. He provided moral support, research support, and psychological and social support. I believe he saw some of himself in me—the lone researcher, surrounded by people who were clueless or indifferent to “our” kind of work. He was an academic often in the employ of corporations, which did always not know quite what to do with him. Over the years, Julien had become a leading historian-advocate of homeopathy. With his training, he was much in demand for marketing projects, but he was never hired on full-time anywhere because no company could quite figure out how to monetize his skill set. It is just as well because Julien valued his independence and wanted to be tied to no one. Circulating within the French professional homeopathy community for almost 30 years, he was well known and never without contract work. He only half-jokingly told me that he would always have work when he wanted it because he was

too “dangerous” not to keep around; he knew too many people and had access to too much privileged information to be shut out by industry. Julien was warm and collegial. He seemed indomitable, but at the same time modest. He was deeply principled and a force to be reckoned with when he saw injustice. When industry effectively forbade me to study their internal cultures, he saw it as an injustice, as well as a sloppy, shortsighted business decision. He used what political clout he had that I at least had some limited access to the corporate-industrial setting.

Julien helped me write the formal requests to conduct my research at the company. After almost seven months of waiting, I finally received a letter from the company granting conditional approval of my research. The conditions, however, were that I would have to present my dissertation under “closed-door” (i.e. confidential) circumstances and that the company would retain the right to edit my dissertation before its publication. Of course, these conditions were unacceptable, and I got confirmation of this from my university’s legal department. When I shared the reply letter with Julien, he was outraged. How could the company turn down such a valuable opportunity to learn about itself? How could it not see what the company could gain from this for its public image? He was thinking like a researcher rather than an attorney or a CEO, but I was grateful for the sympathetic company.

The company’s reply had left me despondent and confused. What would I do now? How could I write a dissertation if I did not have anything to study? In the months that passed while I waited to hear back from the company, I had “set up shop,” at Julien’s invitation (insistence), in the reading room of the research unit he led at his university in Paris. I commandeered a table and became part of the little community of academics there. I read newspaper and magazine articles, general histories of French medicine, histories of homeopathy, and journal articles. He gave me the code to the copy machine and my suitcase on the return home from France was so loaded down with photocopies that I had to pay an enormous fee just to get the bag on the plane. As I passed the days at my table, Julien would come by every few hours to bring me an article or a

book I “had to read.” When I found out that I would not be allowed to do my research at the company, I decided to take his advice and investigate homeopathy through its practitioners. When I began my interviews, I realized that Julien had been schooling me all those months in his office, grooming me for the conversations I would have with homeopaths. He was an excellent advisor and faithful friend and this dissertation would not have been possible without him.

It was Julien who introduced me to my first contacts in homeopathy in France, and these contacts led to many others. With few exceptions, all I had to do was mention Julien’s name and I was accorded immediate credibility and, more importantly, trust. As I circulated among the homeopathic community, I took great comfort in the enthusiasm with which many of my interview subjects welcomed my interest in “their stories.” I am indebted to them for their willingness to share. A number of them opened their homes to me for long, lively discussions over classic French food and heroic quantities of claret. A few even had me stay the weekend. They knew that my research required me to travel all over France, and they wanted me to save my money and maximize the quality and quantity of our time together. I was deeply moved by their kindness and interest in my research. The extended time with this group was especially productive because it provided a rich background of contextual detail and depth to “fill in the blanks” of my shorter, more formal interviews, and it gave me privileged access to the fine textures of their personal experiences. I caught them at a time when clinical homeopathy was coming to be understood as a dying and/or a “thinning” way of life—the writing was on the wall—and this elicited many strong emotions which, as an ethnographer, I had to take great care in dealing with and presenting here.

As I was welcomed into homes and offices around France, I wondered why they were so generous with their trust, why some of my interactions quickly became so intimate and deeply personal. Was it because I was Julien’s friend? It had to be more than that. I was a stranger in their midst: I was not a physician, homeopathic or otherwise, and I was not French, but those who opened up to me opened their lives. It took time for me to adjust to their apparent ease at

disclosure, which, I confess, was frightening at first because it meant that I had to be equally as emotionally and psychologically open. They shared their stories of joy and disappointment, triumph and defeat, stories of their families, loved ones, and friends. I met their children and spouses, and their friends and colleagues. Why did they welcome me so willingly into their world? Perhaps because I was a stranger?

Given my largely unproductive interactions with industry officialdom, I anticipated meeting similar suspicion and reluctance among the homeopathic physician community, which has suffered and continues to suffer fierce ideological oppression and stigmatization. Despite their tribulations, they received me with warmth, curiosity, and gratitude. I think my being a stranger did indeed play a role in how I was received. I was someone who was “outside” of their world, outside of their political conflicts. As an anthropologist, I had no stake in their political fortunes; I was not a physician or a journalist with a score to settle. For at least two of my study subjects, Julien and Guillaume, who I introduce later in the text, I was a kind of messenger. They hoped that I would collect from them and share with the “outside” world a set of truths about them that is seldom, if ever, told. They felt that people outside of homeopathy do not understand it because it has been so misrepresented and slandered in the popular and academic presses. Their belief was that my work would show homeopaths to be “normal people,” to quote one of my interlocutors, and that I would bring their voice to fora to which they had been denied access. There was some truth to this last statement – any “legitimate” forum (i.e. mainstream academic journals) in which homeopathy might put forward a positive representation of itself is closed off to homeopathy. Instead, homeopathy’s initiatives in mainstream media are usually correctives of mischaracterization. Positive representations of homeopathy are relegated to niche media outlets that publish on alternative medicine or homeopathy proper.

There were times while doing my research that I felt like my interlocutors wanted me to “go after” their detractors (i.e. “official science”) and help them fight their battles, but, as I explained, my

goal was not to “set the record straight.” I did not wish to “correct” any misconception or take a position in their ongoing conflict with science or anyone else. Rather, I wanted to tell a story that had not been told, how they experienced “the record,” how they experienced their saga. I think this helped them to understand that I was not there to answer whether homeopathy “worked,” as they were so accustomed to being asked, but that I wanted to understand the social and political conditions and costs of asking and answering (or not answering) such a question. I believe that being able to clearly articulate my purpose helped put them at ease. I was surprised at how quickly and thoroughly most understood that purpose, and also by how intellectually curious and excited they were that someone was taking an interest in their profession. My research represented a welcome diversion from the polemics they were used to and a fresh avenue of reflection they could make their own. Most of my interview subjects expressed surprise that an anthropologist would even be interested in their method; they had never heard of such a thing. I think the fact I was a complete novelty also added to their ability to trust me; they were explicit with their curiosity and actively sought my feedback on what I was seeing and thinking “on the ground.” It was flattering and fascinating to discuss their method with them. They were interested in my theories, terms, and research findings and I was interested in their *doing* of homeopathy. There was a great deal of mutual professional and intellectual respect. The most interesting and fruitful of my ethnographic encounters were sessions of mutual facilitation in which my interlocutor and I served as sounding boards for one another on matters of theory and practice in the homeopathic method. I was not able to get inside industry and tell its “story,” but thanks to the generosity of the people I met, I was able to understand the company from the “outside in” as one among many actors in the larger homeopathy universe. This made for a research project that was ultimately more ethnographically compelling...and more important.

As I said, making myself emotionally and psychologically vulnerable was a prerequisite for being able to listen to my subjects’ narratives. I saw it as a just and necessary gesture in acknowledging and reciprocating their willingness to share, and I needed unguarded access to

my own feelings to be able to process, integrate, and faithfully document the kinds of narratives I was hearing. It was, however, a psychological workout. I found Anne Lovell's (2007) meditation on the "personal" in ethnographic work very helpful as I worked through the affective dimensions of my research. Her work considers how "the lived, but often unspeakable – because deeply personal – experience of the ethnographer interfaces with similarly intimate and emotionally charged experiences of her or his subjects" (Lovell 2007:58). Her article entertains the notion of secrecy in ethnographic encounters. On more than one occasion in my interviews, I was given sensitive information, and I had to handle it carefully. The homeopathic community is an oppressed "ideological minority" (my quotes) constantly under persecution and political fire. In her reflections on the personal and the secret, Lovell uses the specific ethnographic examples of sufferers of psychosis, an ex-convict former IV drug user, and the social spaces they inhabit to discuss "zones of vulnerability [which] carry the signs of their potential stigmas" (2007:59). The space of homeopathic ideology and practice is a zone of vulnerability whose actors' narratives reveal social suffering, stigmatization, the personal, and the emotionally charged. There were occasions when I left interviews emotionally exhausted and I wondered if I was "doing" ethnography the right way, but Lovell's piece helped me see the necessity of my emotional reciprocity with my interlocutors, to understand that "Self-revelation is not independent of the ethnographic situation. It is the ethnographic situation itself and the interaction between the ethnographer and the subject that 'produce' what 'gets personal'" (2007:75).

I believe the research represented in this dissertation is important for a number of reasons. First, it represents a case of a **culture** on the wane. In Bordeaux, the homeopath Didier told me that he had no one to take over his practice when he retires in a few years. For him, this portends the loss of homeopathy's "soul." If his ominous prediction is accurate, it is important to gain some understanding of it before it disappears, to record how, should it come to pass, the interests of capital transformed a 200-year-old alternative healing tradition into an ornament of mainstream medicine. This research is also important because it presents data that can provide social

science with a much-needed tool for expanding its traditional domains to include sites whose symbols, values, and practices both mirror and diverge from those of biomedicine, as well as rethink a category of healthcare whose identity and activities situate it both inside and outside the traditional domains of medical anthropology.

But there is something else crucial that remains in the study of homeopathy. In broad terms, homeopathy serves as a lesson on incorporating the critical role of patient experience in medicine's understandings of illness and treatment. On a more specific level, for example, research on homeopathic culture could inform population-level outcomes research of evidence-based medicine (EBM), since according to Nichter (2013), EBM underplays the role that "consumer choice/individual 'responsibility'" actually plays in shaping care and care outcomes (i.e. standardization is possible only to the extent that patients do not seek out alternative treatments). Nichter calls for ethnographies of EBM that examine how patients and doctors navigate care in the context of a push toward institutional consistency. Homeopathy can be seen as a form of opposition to "population-level" evidence-based medicine. Further ethnographic study of homeopathy might examine how patients and doctors navigate between healing modalities (i.e. homeopathy and biomedicine) and how homeopathy has reacted, strengthened, or weakened in the face of EBM.

There are a number of other important dimensions of homeopathy's principles that I will refer to in this dissertation. In order to better equip the reader for the story that follows, I devote the rest of this chapter to outlining some of the concepts and terms that are relevant to our discussion. To do so, I will draw on a variety of scholarly domains, including anthropology, medicine, and philosophy.

Review of Literature

“Thickness” and the Lived-body

I think it best to begin this section with a short discussion to the notion of “thickness,” which I briefly introduced above. Thickness, in the sense in which we will be using it to talk about homeopathy, refers to the special attention that homeopathy pays to the patient’s experience of illness, including but not limited to its physiological manifestations. This attention factors a great deal of psychology and sociology into the etiology, diagnosis, and treatment of illness. For example, at a homeopathic clinical consult, a homeopath might tell her patient that her stomach troubles are due to anxieties about a difficult relationship with a friend or colleague. The homeopath would then prescribe some remedy or combination of remedies aimed at treating the physical sensation of stomach pain as well as the anxieties associated with confrontation, conflict, and negotiation. This is why I think of homeopathy as an existential healing modality in the sense that it aims to treat the “whole” patient – her bio-psycho-social self. For homeopathy, these dimensions cannot be disarticulated from one another and all play a mutually influential role in the onset and alleviation of illness. This is the “positive” side of homeopathy, which elaborates on the traditional biomedical understanding of the body as the site of the illness experience.

The “negative” side of homeopathy is its fervent denouncement of biomedicine. I found in my research that it is not easy to tease apart these two sides because they seem to be mutually generative. One can scarcely hear an account of homeopathy from one of its practitioners without hearing at the same time how objectionable biomedicine is. Moral outrage and fierce critique have come to characterize the ethos of homeopathy as much as, if not more so than, its putative clinical virtues. Homeopathy’s arguments against biomedicine have expanded beyond squabbles over the nature of scientific knowledge to encompass arguments over the moral economy of care. Biomedicine’s attacks on the vacuity of homeopathy’s science are returned

with aspersions on biomedicine's moral compass. In homeopathy, I found that where there was scientific "emptiness," there was also moral conceit. As I later discuss, this is due in part to deep insecurity among homeopaths. However, it is also because homeopathy claims the authority not only to treat the "whole" person, but also to define her.

There is a considerable body of literature that helps us to understand some of homeopathy's criticisms of biomedicine. A significant portion of homeopathy's "thickness" is constituted by its claim to *not* be guilty of biomedicine's moral and epistemological shortcomings, many of which have to do with biomedicine's purported failure to understand what it means to be a human being with an illness. One of the defining characteristics of homeopathy, and indeed all of holistic medicine, is its critiques of biomedicine's links to capitalism, its tendencies toward biological reductionism, and its separation of mind from body (Di Stefano 2006; McKee 1988; Stalker and Glymour 1989). Medicine's alliances with industry have medicalized the body, which has turned biological variation into pathology and socially configured bodies as forever broken, reinforcing the notion that biology is destiny (Chananie 2005:511). Medicalization of the body undermines individuals' sense of authenticity and promotes the notion that a "better" self is both medically possible and necessary (Hogle 2005:695). Additionally, we are constantly bombarded by conflicting media messages, rooted in the idea that one's social identity is predicated on one's biology (Rabinow 1996), that encourage us to both consume and exercise restraint, creating the body as a battleground for competing ideologies (Gremillion 2005:19). Finally, official science and medicine reinforce differences along the lines of age, gender, race, and socioeconomic status (Epstein 2007).

An example biomedicine's separation of the body from the mind is discussed in Lurhmann's (2000) ethnography of how psychologists are trained and the models of mental illness that they acquire through such training. According to Lurhmann, the field itself is split between a "psychodynamic model" in which mental illness is the result of traumatic life experiences and a "biomedical model" in which mental illness is an organic disease. These different ways of seeing

the patient obviously have implications for treatment and outcome. Also, Dumit's (2004) book *Picturing Personhood* highlights how Positron Emission Tomography (PET) brain scans reduce life experiences and mental states to reproducible, portable images. Dumit argues that the brain image is used by patients/medical consumers as yet another tool for self-making, or as he calls it, "objective self-fashioning." Martin (2001), in *The Woman in the Body*, explores how metaphors of machines and production (i.e. the mechanical body) shape the way in which women's reproduction is talked about, framed, and treated in biomedical settings. Her ethnography documents how such metaphors shape (or do not shape) women's understanding of their own bodies, health, and role in both society and the economy.

For homeopathy, the physical body and a sense of identity are inseparable, but neither is reducible to the other and, these components are not sufficient to make up the "thick" homeopathic body. What must also be included is the dimension of lived experience. The homeopathic body is "le corps vécu" ["the lived-body"] (Marchat 2006). The lived-body aims to take into account "a totality of the individual" (Berliner and Salmon 1979:46). The lived-body is accounted for in Lock and Farquhar, who argue that our bodies are the products of "assemblages of practices, discourses, images, institutional arrangements, and specific places and projects" (Lock and Farquhar 2007:1-2).

The term "holistic medicine" is somewhat outmoded, and most homeopaths would reject any suggestion that homeopathy is anything of the sort. Holistic medicine often refers to healing modalities such as naturopathy or "energy" healing, both of which homeopathy regards as quackery. Homeopathy maintains that it is proper, scientific medicine with a prestigious pedigree dating back to the origins of modern medicine in 18th-century Europe. Indeed, homeopathy believes it is one of official medicine's original siblings, if not one of its native constituent parts. Homeopathy takes itself to be an "expression" of medicine, not an alternative to it, which should not be confused with any form of mysticism or superstition.

Still, homeopathy's politics and conception of the body put it squarely in the holistic medicine camp. Its conception of the "whole," lived-body is glossed in French as the patient's "globalité." I will use the English equivalent "globality," as opposed to "holism," since it is unburdened by the politics of holistic medicine and is phonetically closer to the original French.

I adopt the term "thickness" from François, a homeopath whom I met through my network of contacts. The idea of thickness is not easily explained, and I devote Chapter 5 to exploring the idea at length as well. To summarize, however, we can think of thickness as the entirety of human social, psychological, and biological factors that have some causal relationship to illness, or in homeopathic terms, "imbalance." **The biomedical body is "thin" because it has been reduced to biology alone.** Similarly, biomedicine is a "thin" medicine because it does not take into account social and psychological dimensions, neither in the diagnosis of disease by the physician nor in the experience of disease by the patient (Kleinman 1988). Homeopathic medicine is "thick" because it expressly attends to the experiential dimensions of disease neglected by biomedicine, and acts as a resource for narrative construction of illness experience. **Biomedicine is medicine for biology; homeopathy is medicine for existence.**

The "holistic" body is certainly not new to medical anthropology, which has long sought to collapse the Cartesian (1985) divide between mind and body in order to understand the body as deeply embedded in social processes and as the instrument through which we experience and negotiate the world (*a fortiori* how we experience illness). "If bodies and lives are historically contingent, deeply informed by culture, discourse and the political, they cannot be summed up in any one kind of narrative" (Lock and Farquhar 2007:2). This quote could have been said by just about any homeopath I interviewed. It is homeopathy's articulation of this very reasoning that makes it believe that it holds the moral high ground in discussions about what it means to

experience illness. Ironically, however, homeopathy claims to be conversant in virtually every possible narrative. Such is the intelligence that moral rectitude appears to confer.

Homeopathy's **lived-body** is "thick" because it rejects Descartes' separation of mind from body as a harmful, hyper-rationalist relic from an earlier time, an "illusion of the Enlightenment," to use the words of historian Julien. The dimensionality of the homeopathic "thick" body mirrors the complexity of "anthropological" body. Scheper-Hughes and Lock (1987), cognizant of the degree to which medical anthropology is still hampered by Cartesian notions of the body, propose their own version of a "thick" body, a "new epistemology and metaphysics of the mindful body." For Mary Douglas (2003[1970]), the body is a "natural symbol" embodying the cultural logics of the larger social order of which it forms a part and in which its symbolic meanings are anchored. It shapes perception of the body as well as actions upon and with it. Similarly, for the Comaroffs, "The body is, patently, a complex constellation of relations and processes..." (Comaroff and Comaroff 1992:72).

Scheper-Hughes and Lock (1987) note that John O'Neill (1986) identifies many distinct bodies: the communicative body, the world's body, the social body, the body politic, consumer bodies, and medical bodies. These bodies are anthropologically interesting, but none quite approximate the metaphysics, "globality," and semantic possibility of the homeopathic body. Paul Valéry's fourth body, however, demonstrates a "thickness" that is akin to that of homeopathy's. It is, a densely packed space of the unseen, the ineffable, the unquantifiable, the poetic, the affective, the relational, to which official science and medicine are blind, but which nevertheless play a role in homeopathic understandings of disease etiologies and their lived experience.

In a short essay from 1944, French poet Paul Valéry (1950:231-235) considers what it **means to have and to be a body**. Each of us, he says, is three bodies: the first is our felt body, the second, our seen body, and the third, our objectified body, the body poked, prodded, and cut

upon by science. But for Valéry, there is a problem with these bodies: an ineffable but palpable empty space created by their acknowledgement. It is through these bodies that our entire world is made and understood, but there is a body beyond them. These three bodies, so reassuring to our sensations and anxious minds, are crippled by their inability to ultimately account for themselves or each other; questions of origin, nature, and finitude go unanswered. Thus, **there must be a fourth body; a body that, if found, would ease all the nagging uncertainties of the other three.** The fourth body is an incarnation of an “inexistence” of things, of possibilities and explanations not yet formulated or even imagined, things about which we know not even that we are ignorant, but which we presuppose in order that we may find meaning in all those things that the three bodies make real to us. This “fuzziness” of Valéry's fourth body is part of the **“thickness” of the homeopathic body**, and also justification for biomedicine's summary dismissal of homeopathy as nonsense.

Our discussion of thickness would be incomplete without some mention of Clifford Geertz's (1977) notion of “thick description,” which refers to the idea that ethnography is not merely the documenting of facts, but must also include, as the name of his text (*The Interpretation of Cultures*) implies, ethnographic interpretation of those facts in terms of the social contexts and processes through which they come to have meaning in the culture being observed. Given this formulation, then, we might think of homeopathy as a kind of clinical “thick description” which documents the facts of illness, but also interprets them (for diagnosis and treatment) within the social, psychological, and material contexts of a patient's lived experience. This yields a semantic repertoire through which the patient can articulate a coherent homeopathic narrative of illness experience.

But homeopathic thickness is more than description; it is also a cosmology. As a corrective to philosopher Martin Heidegger's criticism of modern technology, historian of science John Tresch employs the notion of “cosmic things and cosmograms” to make a “comparison and connection

between 'the industrial world' and other modes of ordering the universe" (2007:84), which I understand as an effort to relativize ontological conceptions of natural order. He says that a cosmology "is more than a system of classification, an origin myth, or a theory of the relationships among what there is in the universe; it also involves affective and aesthetic dimensions and the sense of coherence of a group's characteristic words, practices, and objects" (2007:84-85). In this sense, a cosmology is a culturally contingent ontological statement about the universe, the people who inhabit it, and their relationship to it. Borrowing again from Tresch, it is a "prereflective, emotional, aesthetic, [moral], and holistic engagement with nature and the ineffable source of being..." (2007:94). Samuel Hahnemann's original conception of homeopathy in the 18th century was constrained to the treatment of illness alone, but as science has laid claim to ever-greater domains of modern life, homeopathy has compensated for its lack of scientific credibility by presenting itself as a sovereign politics on the meaning of "life." That is, the battle between biomedicine and homeopathy is a clash over who gets to say what life is. Homeopathy is a historically and socially contingent ideology, and, as we will see, this contingency is reflected in the semiotic mutability and cosmological portability of its remedies, which illustrate the "interpretive flexibility of technological objects" (Tresch 2007:91) and the universes they index.

As modern science has forced the hand of homeopathy to extend its ideological and philosophical reach, homeopathy has built upon Hahnemann's view of nature as a resource for *materia medica* to formulate itself as a kind of "cosmogram" of the order of nature itself, whose politics of critique echoes "Heidegger's polemics about 'the age of the world-picture,'" a totalizing holism with a tendency to "present modern [medical] technology in only the most dystopian, uniform, and claustrophobic terms..." (Tresch 2007:86). A cosmogram is a depiction of a particular view of universal order, a representation of "elements of the cosmos and the connections among them." Examples include "mosques that unite God with creation beneath their domes without directly representing him [or] cathedrals' pictorial narratives of creation and salvation and the labyrinths that lead the pilgrim into their hidden meaning" (Tresch 2007:92-93). Homeopathy's cosmogram

is the constellation of language, texts (including Hahnemann's *Organon*, 1983), and clinical practices that constitute a *tableau vivant* of its conception of the universe: nature made homeopathy; Hahnemann discovered it; humanity and homeopathy are part of the same whole; illness must be understood in terms the patient's psychological, social, and material interactions with the universe; homeopathic healing is the ritual enactment of nature's principles; this ritual is the pictographic performance of natural order. In other words, we might think of homeopathy as a hermeneutic provided by nature for making sense of nature's intention for healing.

An inherent vulnerability of cosmograms, however, is that "because they are concrete and public, [they are] continuously exposed to contestations, additions, deletions, and replacements" (Tresch 2007:93). This is precisely the risk that industry's transformation of homeopathy poses to traditional homeopathy, to its "cosmogrammatic" thickness. One of my goals in this dissertation is to render visible traditional homeopathy's desires for a détente with science through its self-presentation as a cosmogram that is "a totality yet remain[s] firmly within the local and the empirical," an example of "open holism," and a "proposal of unification without requiring uniformity" (Tresch 2007:93).

In the preceding paragraphs, I have leaned heavily on Tresch's work because it has given me an analytic framework quite outside my area of expertise, but I believe it contributes significantly to our understanding of what is at stake in the potential loss of homeopathy's thickness, and it provides some contour to the issues that underlie homeopathy's incommensurability with science. Tresch closes his meditation by paying homage to the task shared by anthropologists and scholars of science and technology alike: "to collect and make familiar the practices and objects that make a cosmos visible, making a case for the clearing they hold open for what is, what has been, and what might be" (2007:99). In the following pages, I take up that task and attempt to make the homeopathic cosmos visible.

Placebo

If homeopathy is accepted in biomedicine at all, it is accepted as a placebo. Most homeopaths I spoke with aver that there is much more to their method than a “mere” placebo effect, but I believe that if they knew the placebo effect in the way that anthropology knows it, they might not be so quick to dismiss it. I believe further that they would discover that it is not so far from their method’s “thickness.” Placebo is much more complex than a Pavlovian response. Moerman (2002) tells us that placebo healing outcomes can be characterized as 1) autonomous responses (something would have gotten better on its own), 2) specific responses (to a treatment), and 3) meaning responses (for example, attention paid to the patient makes him or her feel cared for and better). Of these three, the last relates most closely to homeopathy’s focus on the “whole” patient. Indeed, Moerman wants us to replace “placebo effect” with “meaning effect.” Quinlan (2011) provides further explanation of Moerman’s “meaning effect”:

In ethnopharmacology, particularly ethnomedical ethnopharmacology, there is much more to a medicine than the chemicals it possesses: medicines have cultural and symbolic meanings that play into their healing, even affecting the drug’s biological effect on the human body... Taking any medication can produce a healing psycho-physiological response (thus clinical drug trials must compare taking results of patients using the tested drug against the results of the patients taking a placebo, rather than compare taking the tested drug with taking nothing). Cultural beliefs about medicines (form, color, dosage)...can affect the efficacy of placebo: four placebo tablets work better than two; blue placebos generally make better sleeping aids than red placebos; inert injections work better than inert tablets (in the USA, but not in Europe). Similar additive effects occur when the medicine is not a placebo. Post-operative patients who receive medications face-to-face from a clinician report about one third as much pain as patients receiving the same medication secretly via a computer-controlled intravenous line... Moerman terms this medical augmentation through cognition, the ‘meaning effect,’ which is like the ‘placebo effect’ but with emphasis on the symbolic value of the medications for placebos and non-placebos alike (2011:396).

In a homeopathic clinical encounter, a great deal of meaning is generated and negotiated around the patient’s experience of illness – where it came from, how to cope with it, how to heal from it. Emergent meaning in the homeopathic clinical encounter is not just a path to treatment, it is a technology of treatment that establishes links between the lived-world and the lived-body and furnishes a conceptual blueprint of those links so that patient and caregiver can identify where,

how, when, and with what or whom those links are out of “balance.” For example, a grieving widower may require the particular combination of homeopathic remedies that aims to alleviate his insomnia and loss of appetite as well as his lack of motivation to socialize or properly care for himself. The technology of meaning here is the lever of the physician’s intervention with homeopathy’s symbolic heft (historical, institutional, practical, terminological, etc.) into the patient’s experience of the effects of grief. It remains unclear, however, how this might be different from a placebo effect, but homeopaths would argue that both the nature and quality of the attention paid to the patient as well as the particular healing properties of the homeopathic remedy that actuate self-healing constitute something that is “more than” placebo.

Placebo is a classic subject in medical anthropology (how do we understand non-Western healing rituals?). As a form of treatment, placebo effects operate within logics that usually do not conceive of social and bodily healing as separate. The “meaning effect” which transcends the mind-body distinction can also be seen as an act of transgression. Where homeopathy sees this transcendence as necessary component of healing, Jackson (2005) discusses how chronic pain can result in the perception of sufferers as transgressing the categorical divisions between mind and body, confounding the codes of morality surrounding sickness and health. This effectively turns them into liminal creatures whose uncertain ontological status provokes stigmatizing reactions in others.

Hahn and Kleinman (1983) argue that beliefs shape outcomes equally in biomedicine and “ethnomedical systems.” They call this “culturogenic’...disease and healing” (1983:3). They also mention the notion of “nocebo,” from the Latin for “I hurt,” which they attribute to Kissel and Barrucand (1964). Hahn and Kleinman want to integrate the study of “placebo death” (i.e. voodoo death) (Cannon 1942) and “placebo healing” which have often been studied as separate phenomena. Perhaps a response to the question of how homeopathy is “thicker” than placebo effect is that the latter is too “thin” a word to capture the social and psychological dimensions of

healing; it reflects the ways in which our own thinking is limited by the mind/body dichotomy. This is also what Moerman was trying to say (above).

Hahn (1996:63) provides further explanation of Cannon's cornerstone work:

The most famous of nocebo effects is voodoo death. In 1942, the physiologist Walter Cannon, better known for his discovery of the 'flight or flight response,' surveyed the variety of voodoo death phenomena reported in so-called traditional societies (Cannon 1942): from Australia, where among some aboriginal peoples, pointing a bone at someone was said to induce quick death of that person, to Latin American and Africa, where belief that one is bewitched was also said to lead to rapid death. Cannon explained this mortality as a result of prolonged and heightened emotional stress and activation of the sympathetic nervous system. He believed that the phenomenon was far more likely to be found among 'primitive people, because of their profound ignorance and insecurity in a haunted world, than among educated people living in civilized and well-protected communities (Cannon 1942:174).

However, Hahn and Kleinman argue that this "placebo" death is just as present in our own society. I would argue that death from stress or sorrow (as when one spouse's death follows another) has not been adequately grasped or explained within biomedicine. We leave it bracketed as an area of mind-body interaction beyond our understanding.

In Anne Harrington's (1997) edited volume, "title" contributors jointly convey the idea that "placebo" is not something to be explained and removed; rather, it is **central to the healing encounter** as an act of care and as a social relationship. Therefore, instead of dismissing the placebo effect, doctors should actively use it (and de-mystify it?) to the advantage of patients. In conversations with physician colleagues and friends my sense is that at least here in the US, this idea is less radical than it was in 1997. At the conference from which the volume originates, Arthur Kleinman argues that the placebo is a challenge to "ideological biases of Western science" and its "antivitalism," and suggests, "cognitive neuroscience and neurobiology might want to configure that phenomenological observation of energy and power in treatment" (1997:233-234). Building on this insight, Meissner et al. (2011) present an interesting example of how biomedicine is trying to grapple with "placebo" using new brain imaging technologies. They acknowledge that the placebo response as real, and that a major aspect of recent and future advances in placebo

research is to demonstrate linkages between behavior, brain, and bodily responses by combining research findings from behavioral, psychophysiological, and neuroimaging methods.

Also echoing Kleinman, Kaptchuk (2011) argues that there is no divide between “ritual healing” in non-Western societies and placebo effects in biomedicine. Healing rituals give the patient an ordered, socially recognizable framework for his/her suffering. “Healing rituals involve a drama of evocation, enactment, embodiment and evaluation in a charged atmosphere of hope and uncertainty. Experimental research into placebo effects demonstrates that routine biomedical pharmacological and procedural interventions contain significant ritual dimensions” (2011:1849). Kaptchuk is affiliated with Harvard, and is of the “let’s figure out the mechanical workings of placebo” school, or “placebo studies” (Specter 2011).

The debate about what the placebo effect is and how it challenges the mind/body divide by being beneficial for patients must be separated from debates about the ethics of providing placebos in medical trials as Petryna (2009) pursues. After all, there is the risk that placebo efficacy could be used as a further rationale for problematic clinical trial practices. The benefit of the placebo effect as a social exchange between doctor and patient may be different from the placebo effect of a pill given in a massive trial (depending on level of care involved).

Salvage Ethnography

Given that this dissertation explores a culture that is on the wane (i.e. clinical homeopathy), it seems appropriate to include some mention of what is referred to as “salvage ethnography,” which is “an explicit attempt to document the rituals, practices, and myths of cultures facing extinction from dislocation or modernization” (Calhoun 2002). This type of study is often associated with Franz Boas and his students, who tried to document American Indian cultures around the turn of the 20th century before they vanished. This dissertation represents an instance

of salvage ethnography in that it captures through first-hand accounts the twilight of traditional clinical homeopathy.

Malinowski's (1922) classic work on the Argonauts of the western Pacific mourned the fact that the ethnographer always just misses a "purer" moment, but he erased signs of colonial presence from his ethnographic portrait. Clifford explains "Ethnography itself as a performance emplotted by powerful stories" (1986:98). Ethnography tells a particular story: one of imminent, unstoppable, and already past cultural loss. By allegory, Clifford draws "attention to the narrative structure of cultural representations" (1986:100). This could also refer to the narrative structure of self-representations.

In Rosaldo's (1989) classic account of "imperialist nostalgia," he discusses the loss of entire cultures experienced as a kind of personal melancholy by individual agents of colonialism, and presents the poignant notion of the "vanishing savage" and the underestimation of his resilience in both colonialism and salvage anthropology of the early 1900s. Rosaldo's definition of imperialist nostalgia as a particular kind of nostalgia in which "people mourn the passing of what they themselves have transformed" (1989:106) resonates with homeopaths' (unwitting?) complicity in the decline of their method by virtue of their reliance on industry for survival. Rosaldo also gives us the idea of endangerment as "anticipatory nostalgia" (1989:13), which speaks of mourning what has not yet come to pass, but will at some point in the future.

This idea of anticipatory nostalgia resonates with what I discovered in speaking with many homeopaths: they struggle to maintain their way of life, but they cannot ignore the realities of their thinning ranks and the usurping of their method by "less qualified" biomedical physicians who are being trained by industry and other organizations to provide "thinned" homeopathic consultation services in traditional biomedical settings. I witnessed homeopathy's struggle, but my

ethnographic research on homeopathy, like all work by academics and activists for cultural rights and persistence, risks essentializing the object under threat, as Cowan et al. (2001) explain:

In the stark contrast between mass or majoritarian cultures, on the one hand, and disadvantaged minority culture, on the other, internal homogeneity is too easily assumed and taken as natural. An endangered 'culture' is perceived as a pre-existing given which must be defended, rather than as something creatively reworked during struggles... (2001:19).

After Boas, perhaps the most famous examination of culture loss is Lévi-Strauss's *Tristes Tropiques* (1992). Clifford (1986) gives us a brief analysis of this work:

Writing in the 1950s, Claude Lévi-Strauss saw a global process of entropy. *Tristes Tropiques* sadly portrays differentiated social structures disintegrating into global homogeneity under the shock of contact with a potent monoculture. A Rousseauian quest for 'elementary' forms of human collectivity leads Lévi-Strauss to the Nambikwara. But their world is falling apart. 'I had been looking for a society reduced to its simplest expression. That of the Nambikwara was so truly simple that all I could find in it was individual human beings'... The theme of the vanishing primitive, of the end of traditional society (the very act of naming it 'traditional' implies a rupture) is pervasive in ethnographic writing (1986:112).

For homeopathy, the "potent monoculture" is official science and medicine, the undeniable dominance of which triggers homeopathy's Rousseauist longings (or imaginings) for a simpler time before homeopathy was forced to pit its testimonial evidence against the objectivity of microscopes and microbes. More recently, justifications for preventing loss of diversity, biological and otherwise, are made through the argument that all diversity holds the key to future solutions for future problems; they are an insurance bank for survival and adaptability. The notion of therapeutic diversity is a linchpin in homeopathy's self-defense: given the complexity of diseases and the complexity of human biology, why would biomedicine not welcome the therapeutic expertise and possibilities homeopathy offers?

Chernela (2012) asks how diversity became a value in and of itself in biology and culture at the end of the 20th century. One school of thought argues that species must be preserved for their potential practical value to humans (a heavily human-centric perspective). Quoting E. O. Wilson, Chernela offers that a species is a "living library" (2012:30). In other words, in order to

justify the preservation of diversity, advocates must rationalize it in terms of what such diversity could provide as a concrete solution or asset to human life. Escobar makes a similar point: "The idea is to bank on the biological, social, and cultural value of biodiversity" (2008:142).

Homeopathy has long sought recognition of its efforts to rationalize its method. Indeed, this was an express goal of Hahnemann, homeopathy's founder. This recognition remains out of reach, however, because homeopathy has been unable to convince official science of the concreteness of its clinical-observational epistemology. Charles Zerner (2000) echoes the points made by Chernela and Escobar. Although he refers to species, his point could also be taken to apply to contemporary justifications for the protection of unique languages, communities, worldviews, experiences, etc. For Zerner, biodiversity (and cultural diversity) is the source of future market potential: "Conservation theory now analogizes nature to a stock market: we act to conserve nature because 'wild nature' contains potentially useful 'option values'" (2000:4). This raises the question of whether biomedicine would be more interested in homeopathy if it could somehow be made profitable for biomedicine. The answer is yes, though not because biomedicine would then recognize scientific merit in homeopathy. Instead, biomedical doctors offer "thinned out" homeopathic consultations as add-ons to their usual clinical services in response to consumer demand and in order to broaden their patient base.

Founding Mythologies

Part of homeopathy's "thickness" is found in its enduring links to its past. The writings of Hahnemann constitute the founding mythologies of homeopathy and are still central to homeopathic practice today. Orthodox homeopathic practitioners still base their approach around his core principles of "like cures like" and infinitesimal dosages of diluted substances. Another core principle of Hahnemann's method is the centrality of the patient and the tailoring of treatment to each individual patient. In other words, there are as many distinct homeopathic treatment regimes as there are patients. Modern-day homeopaths do not always adhere strictly to Hahnemann's teachings, but those teachings are still a valuable reference and touchstone.

Hahnemann's notion of a "vital force," understood as his particular locution of vitalism, is not always overtly expressed, even among homeopaths themselves. Nonetheless, homeopathic practitioners generally understand that some version of it (soul, transcendent self, etc.) plays a role in mediating (actuating, facilitating, communicating) the relationship between the patient and the treatment (i.e. the homeopathic granules), activating the patient's ability to "rebalance," or heal, herself. Even someone such as Guillaume, a homeopathic physician and philosopher who eschews the mystical conception of vitalism, has adapted the notion of a vital force, describing it as "philosophical vitalism," to accord with modern science (discussed in Chapter 5). In contrast, industry wishes to divorce its consumer products from the founding mythologies of homeopathy. They are thought to be a symbolic burden that can only confuse and dissuade would-be customers who are in search of straightforward remedies with clear, simple market identities (like aspirin or antacids).

Industry is not only making homeopathy "thin" by "disintermediating" the clinical locus of homeopathy (i.e. obviating the role of homeopaths) by targeting consumers directly. It is also removing homeopathy's thickness by erasing its mythologies, including the figure of its founding prophet, Hahnemann. In one particular conversation I had with Colin, a physician and former industry researcher living in Rennes, I mentioned that I had met with a current industry researcher and that he had seemed somewhat surprised by my ability to converse on Hahnemann. "He probably hasn't even read him," said Colin. One can get a sense from this, then, how egregious industry's re-making of homeopathy is to those who have spent decades studying and perfecting their craft.

Classic ethnographies and general treatises that deal with the topic of founding mythologies include works by Lévi-Strauss (1966), Durkheim (1995), and Malinowski (1954). More recently, African historian Jan Vansina's (1985) work has explored origin stories as part of oral traditions.

Every community in the world has a representation of the origin of the world, the creation of mankind, and the appearance of their own particular society and community. Such

traditions of origins or genesis are what anthropologists term myth. [...] Often, logical constructs are used, in many cases put in a genealogical form. A first being appears and then gives birth to others who pair and produce more offspring. The paradigm allowed to express the relations between different groups of peoples, between different taxa of animals, plants, and spirits and their relationships to people in a single creation (1985:21-22).

I find Vansina's language useful here because it maps readily onto homeopathy's origin story.

Hahnemann is frequently referred to as the father of homeopathy, and his writings on the method establish nature (plants, animal, and minerals) as the source of homeopathy's *materia medica*.

Furthermore, Hahnemann's writings (i.e. *Organon*) effectively conjured his method with its culture and community of disciplines, into existence.

Totemism is one form of origin story that continues to structure social relations in the present.

Groups that trace their descent from a particular animal symbol stand in relation to those descended from other animals. More generally, totemism describes relationships in which kinds of people and kinds of things come to stand for each other. From Winthrop (1991:298):

Totemism involves a systematic identification between kin groups and natural phenomena, most commonly animal or plant species, in which the distinctive characteristics of the latter personify and legitimate social groupings. Totemism was originally studied primarily as a religious phenomenon, and in nineteenth-century scholarship was often depicted as an identifiable state in the evolution of religion. Although earlier studies assumed that totemism possessed a conceptual unity, with certain unvarying characteristics, this view has been discredited. The term derived from the North American Ojibwa *ototeman*, signifying clan relations, that is, those sharing unilateral descent from a common ancestor...

Totemic framings of homeopathy can help us to understand linkages between homeopathy's past and present as well as cultural variation within homeopathy. For example, homeopaths who prescribe a singular homeopathic remedy, as opposed to a combination of them, continue Hahnemann's "unicist" tradition of limiting his treatments to a single substance. If, however, a homeopath prescribes a combination of remedies, one is likely to be a "pluralist" associated with 19th-century American homeopath James Tyler Kent (Winston 1999). Prescribing certain substances or certain combinations of substances can mark one as a member of either the Hahnemannian or the Kentist "clan." Industry's direct-to-consumer remedies represent what I call

“commodity totemism,” which strategically avoids association with either of these two traditions and instead aims to represent a *kind* of person that is not so much a figure of homeopathic tradition, but rather of modern capitalism – the health-conscious consumer who buys “natural” and “gentle” products and foods. Industry’s totemism is one that appropriates the sign (the homeopathic granules) and makes it point it to new meaning of corporate design.

With its direct-to-consumer homeopathic remedies, industry is not simply giving homeopathy an identity facelift; it is remaking its ontology and constituent parts. In Kockelman’s (2006) article on the ontology of the commodity, we see how the commodity is broken down into its semiotic components to understand the various kinds of social labor they perform. They include, for example, serving as different kinds of value, representing different kinds of commitments, and enabling different kinds of agency. These and other parts of Kockelman’s internal commodity architecture are found in industry’s reconfiguration of the homeopathic remedy from a totem of traditional homeopathy to a totem of contemporary “health-conscious” consumerism (e.g. the organic movement, avoidance of processed food and artificial food additives, paraben-free grooming products). The “new,” direct-to-consumer homeopathic remedy has the new *use value* of being able to be used in place of a “harsher,” potentially harmful drug; it represents new *commitments* to “natural” products; and it enables a new kind *agency* in which one can seize control of one’s healthcare and purchase homeopathic products directly at a pharmacy. All of these aspects are also true in traditional homeopathy, but they are routed through the space and figure of the homeopathic physician. In the world of the company’s “new” remedy totems, however, the *kind* of person that one becomes is effectively one’s own physician. In other words, industry is providing both the totem (the remedy) and the totem’s indexicality (the consumer’s membership, and role as self-healer, within the health-conscious consumer clan).

Vitalism

A key component of homeopathic orthodoxy that the company wants suppress in the “new,” commoditized version of the discipline is Hahnemann’s notion of “vital force.”

In the healthy condition of man, the spiritual vital force, the dynamis that animates the material body, rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions, so that our indwelling, reason-gifted mind can fully employ this living, healthy instrument for the higher purpose of existence... the material organization, without the vital force, is capable of no sensation, and performs all the functions of life solely by means of the immaterial being (the vital force) which animates the material organism in the health and in disease (Hahnemann 1983:§12).

Illness results from psychic trauma (grief, anxiety, fear, excessive happiness) or even, as Guillaume believes (see Chapter 5), from being “too much” oneself, which disrupts the energies of one’s vital force, upsetting the patient’s “natural equilibrium” (discussed later in the text), and manifesting as physical and psychological symptoms (digestion disorders, head and body aches, insomnia, hyperhidrosis, paranoia, aggressiveness, depression, anxiety and fear).

Homeopaths believe that their medicines or remedies mobilize the vital force to orchestrate healing responses throughout the organism in a coordinated fashion...rather than by local actions on specific drug receptors in the physical body. The body translates the information of the vital force into local physical changes and hence recovery from acute and chronic diseases. The homeopathic inference from finding an individual less resilient or adaptable to environmental stressors of many types is that the person has a weaker vital force. Given the lack of tools with which to make direct assessments, patients’ symptoms and changes in symptoms are the primary, albeit indirect, measure of the strength and specific expression of the vital force. Symptoms can be bio-psycho-social- spiritual in nature, typically including both disease-specific and nonspecific manifestations (Bell, et al. 2004:124).

As previously stated, vital force is not embraced uniformly by all homeopaths. Indeed, as we will see later, it is a source of considerable conflict in the professional homeopathic community, with some advocating strict adherence to Hahnemann’s original formulation, some adopting a modified, less mystical version of it, and still others rejecting it entirely. Vital force is Hahnemann’s personal formulation of vitalism, a way of understanding the ontological significance of living organisms that distinguishes them from inanimate objects.

Vitalism is the doctrine “that there is some feature of living bodies that prevents their nature being entirely explained in physical or chemical terms. This feature may be the presence of a further ‘thing’ (such as a soul), but it may also be simply the emergence of special relations or principles of organization arising from the complexity of the biological organism” (Blackburn 2008). Williams (2003) tells us one of the key themes of the Enlightenment was the search for universal laws and truths that would help illuminate the workings of the universe, especially for distinguishing between living beings and inanimate objects. Vitalism emerged as an instance of this search. Hahnemann believed he had identified universal laws and truths for treating illness in his discovery of the law of similars and vital force. As I discovered in my research, homeopathy’s privileged access to these universal laws and truths authorizes its moral condemnation of biomedicine, which homeopathy accuses of rejecting these truths in favor of certainty and objectivity, perpetuating Descartes’ reductive, dehumanizing notion of the body-machine. A defining feature of homeopathy to this day, vitalist medical epistemology and treatment were not based on official science and mathematics, but rather on the observation of the individual patient and the idea of restoring the patient to her own “natural” balance. Vitalism (*a fortiori* homeopathy) represents an epistemological challenge to the dominance of mechanism in medical discourse over the past 200 years (Normandin and Wolfe 2013).

A source of controversy within homeopathy related to Hahnemann’s vital force centers on the “lived-body,” which homeopathic physician Philippe Marchat (2006) argues is, or should be, homeopathy’s proper object. The lived-body is a decidedly materialist conception of the body based in concrete, everyday experience, which eschews the idea of vital force. Marchat argues that the lived-body, compared to vitalist conceptions of the body, enjoys a more solid epistemological footing for interacting with biomedicine. Hahnemann, however, was an “anti-physicalist theorist” whose principle of vital force, which is believed to animate the lived-body, is firmly anti-materialist (Stollberg:9).

As a matter of course, modern science and medicine reject vitalism as form of mysticism.

Legendary philosopher of science Georges Canguilhem (2008b), however, offers a nuanced perspective of the subject and warns that it should not be dismissed so quickly.

Medical vitalism is the **expression of a distrust**, shall we say an instinctive one, of the power of technique over life. There is an analogy here with the Aristotelian opposition between natural and violent movement. Vitalism is the expression of the confidence the living being has in life, of the self-identity of life within the human being conscious of living (2008b:62).

Here, Canguilhem echoes homeopathy's underlying philosophy, which was summed up for me by Guillaume the physician-philosopher, who told me (and I paraphrase), "biomedicine is positioned at the horizon of knowledge and facts, but homeopathy is positioned at the horizon of life." It was not immediately clear to me what he meant, but further discussion with him and a re-reading of Canguilhem, helped me see homeopathy's "horizon of life" as a kind of medical cosmology, a view of the universe of illness that brings time, space, objects (including the lived-body), human will, experience, and consciousness into relation with one another and morally obligates science to serve the interests of life (i.e. the desire to preserve itself, to grow, thrive, and be free from harm), rather than those of knowledge or "progress." This sounds grandiose, perhaps even pompous, but it represents how I came to see homeopathic "thickness" through my research. Again, this is why I think of homeopathy as a kind of existential healing in which bodily discomfort is only a symptom of larger existential pathologies. It is worth mentioning here that this is precisely how homeopathy understands symptoms: as indicia of larger psychological, social, existential ills, which can be treated with the appropriate combination of remedies (i.e. the globules) and advice. I discuss this at length in Chapter 5. Canguilhem continues:

We can then suggest that vitalism translates a permanent exigency of life in the living, the self-identity of life immanent to the living. This explains one of the characteristics that mechanistic biologists and rationalist philosophers criticize in vitalism: its nebulous nest, its vagueness. If vitalism is above all an exigency, it is normal that it would have some trouble formulating itself in terms of determinations...If vitalism translates a permanent exigency of life within the living, mechanism translates a permanent attitude of the living human toward life. Man is here a living being separated from life by science and attempting to rejoin life through science. If our lives and, being an exigency, is vague and unformed related, mechanism, being a method, is strict and imperious (2008b:62).

Canguilhem's observations provide a deeply stirring reminder of the epistemological shortcomings of science:

...The discovery of new experimental facts—whose certitude as reality does not at all compensate for the incertitude of their signification...To understand the vitality of vitalism is to engage in the search for the meaning of the relationship between life and science in general, life in the science of life more specifically (2008b:61).

Homeopathy mourns not only its future, but also its past. It grieves the loss of a time (often imagined or romanticized) when mechanism did not rule science and medicine. Expressions of this grief echo Max Weber's (2001) notion of "disenchantment," which describes a world in which rationality and capitalism replaced an "enchanted" world of spirits and magic. Canguilhem offers his perspective on the fetishization of technology:

Is not man's invention and utilization of machines, and technical activity in general, what Hegel called the ruse of reason? The ruse of reason consists in reasons accomplishing its ends through the intermediary of objects acting upon one another in conformity with their nature. Essentially, the machine is a mediation or, as mechanistic say, a relay. A mechanism does not create anything – and therein lies its merit – but it can be constructed only through art, and it is a ruse (2008b:63).

At the end of the 19th century and the beginning of the 20th, a new generation of thinkers took up vitalism. Philosopher Henri Bergson and scientist Hans Driesch are the figures most often associated with this "neo-vitalism" and represent its two main theoretical currents.

The late scholar of Russian science, Alexander Vucinich (1988:169-170), provides an overview of vitalism's second act. Represented by Bergson, the philosopher strain of neo-vitalists employed a primarily metaphysical rhetoric and received a boost from the revival of metaphysics at the end of the 19th century. The scientist-neovitalists, represented by Driesch, employed the "most modern biological language" and "benefited from the growing opposition in the scientific community to the absolute reign of mechanistic principles and science." Like their doctrinal forebears, both groups of neo-vitalists were united in their belief that "life is a reality *sui generis*, irreducible to physiochemical analysis and only partially conducive to laboratory experimentation." Both groups also envisioned biology eventually ceding its key domains to metaphysics. Bergson (2003[1911]) and Driesch (1914) put forward their own interpretations of vital force, "élan vital"

and “entelechy” respectively, giving names to a substratum of life, an all-permeating and integrating force of life that could not be fathomed with the tools of science alone. In defining the ontological uniqueness of life, the neovitalists gave preference to teleology over causality, to internal influences over external influences, and to holism over atomism. Philosopher-neovitalists thought that the dilemma of life could be resolved by making biology a subsidiary of metaphysics; scientist-neovitalists thought that the best solution lay in emancipating biology from the fetters of the mechanistic paradigm-in creating a new biology qua science. Like a strong wing of neo-Lamarckians, neovitalists emphasized the psychological foundations of organic evolution. They saw the future of biology in the union of evolutionary theory in psychology.”

Vucinich continues his explanation, reporting that

The scientist-neovitalists showed more tolerance toward mechanistic views of biology, but they too assigned them a secondary position in the overall system of organized research. In their effort to create a new biology, they depended heavily on metaphysical metaphors, which they tried to elevate to the level of science. They encountered serious opposition from contemporary developments in experimental biology, which were no less ‘deterministic’ and ‘materialistic’ than Newtonian biology. While the philosopher-neovitalists emphasize the importance of science to answer the crucial questions of life, the scientist-neovitalists stressed the need for making selected metaphysical notions a key part of scientific methodology. The differences between the two groups were more in the mode of expression than substantive arguments (1988:169-170).

Ontology

In a blog post at the science, medicine, and anthropology blog Somatosphere, Paul Rabinow (2015) offers a short meditation on the “ontological turn” in anthropology. The bulk of Rabinow’s post is of little relevance here, but of note is the post’s opening. It quotes Peter Skafish from his introduction to anthropologist Viveiros de Castro’s book, *Cannibal Metaphysics* (2014), which uses an ontological approach to explore Amazonian and Amerindian groups’ habitation of different conceptual universes. Skafish’s line reads

Perhaps the first attempt by a ‘real’ anthropologist at doing speculative philosophy on the basis of ethnographic materials, and to lay out how anthropology has perhaps already been doing this for a long time (2014:10-11).

It is still unclear whether the turn to ontology offers something new or if it is “just another word for

culture” (Venkatesan 2010). However, before the “turn” emerged as a critique of existing ethnographic approaches and a battle over definitions (Pedersen 2012), anthropology was already engaged in ontological inquiry, seeking to understand how cultures discuss, imagine, believe, and perform their own conceptions of, to use Paul Kockelman’s phraseology, “what kinds of beings there are in the world” (2011:427). It asked, and still asks, how those “kinds” come into being as natures and properties, and what they mean to the people to whom they belong. As anthropologists, we continue our long project of unpacking the taken-as-given categories of a culture’s conceptual universe, the “natural kinds” (Quine 1969) of beings and objects, states and conditions, ideas and experiences that make up a culture’s lifeworld.

Controversies aside, I find ontology to be a helpful way of illuminating the transformation that homeopathy is undergoing at the hands of industry. The changes that the company is making to homeopathy are not just those of identity. Identity is part of this change process, but the more fundamental transformation of homeopathy is occurring at the level of its being – the company is changing the *kind of thing* that homeopathy is, remaking its ontology with new symbols and language, and new roles and functions. In his study of women’s care for chickens among speakers of Q’eqchi’ Maya in the cloud forests of highland Guatemala, Kockelman (2011) uses the concept of “local ontologies,” which reflects the social, political, historical, and material contingencies that interact and condition the kinds of being(s) possible in given conceptual universe. This calls to mind Margaret Lock’s concept of “local biologies,” which refers to how one’s bodily experience is constituted by ongoing interactions between biology and culture (Littleton 2010; Lock and Kaufert 2001; Lock 1993). The traditional ontology of homeopathy, as practiced by clinical homeopaths, is being removed from its traditional conceptual universe and “re-localized” within the biomedical and commodity conceptual universe. Below, I present some other ongoing work in ontological anthropology.

As a signal that the ontological turn is an approach (fad?) to be reckoned with, international academic superstars Bruno Latour (2013) and Philippe Descola (2013) have recently produced works on the topic. In *The Body Multiple: Ontology in Medical Practice*, Annemarie Mol (2003) presents a clinical ethnography of intermittent lower limb atherosclerosis and claudication, pain associated with insufficient blood flow. Mol shows that this disease is actually something that is “done.” It is brought into being through individual enactments, practices, and ways of living with disease (not just for patient but also for doctors and technicians). Mol argues that different experiences of disease *are* different diseases. Claudication (like other diseases) is multiple. This is not to say that it is viewed differently, but that it is actually a different kind of thing in each case.

Michael Lynch argues that ontology as philosophical commitment is a “pre-theoretical decision” (2013:444) and that it should be separated from investigations of particular ontologies in social science. To make this distinction, Lynch suggests the term “ontography.” Holbraad (2011), too, uses the term ontography, arguing, “Alterity proper must be construed in ontological rather than epistemological terms” (2011:81). Holbraad is interested in “worlds, rather than worldviews,” (2011:82), building on Latour and Viveiros de Castro. Examining Ifa divination in Cuba, Holbraad holds that statements made by healers are not best understood in our own categories of truth and falsity—such statements as “he is bewitched” cannot be “falsified” per se, because they do not stand as concepts separately from persons (something is not either true or false regarding what has happened to a person). Rather, describing someone as bewitched actually changes and intervenes in the social world. This is an example of what Holbraad calls an alternative version of truth that does not stand in opposition to falsity, which he calls “inventive definition.”

Bad Faith and “the Other”

As Castells (2004) argues, social movements are defined in part by what or whom they identify as their adversary. Homeopathy’s adversary is, and always has been, “official” science/medicine, and no understanding of homeopathy is complete without taking this into account. I want to step

back from the idea of “adversary,” however, to a more general framing of official science and medicine as homeopathy’s “other.” This re-framing allows for a broader understanding of the relationship between homeopathy and biomedicine, one not couched necessarily in terms of enmity, but rather in a way that opens up a space for considering more the complex arrangements and characterizations of their interactions. Throughout the text, I use the words “enemy,” “adversary,” and “Other” interchangeably to refer to biomedicine (or allopathy), and official science and medicine vis-à-vis homeopathy.

There is a long history of conceptions of “other” in Western thought, including, for example, works by Hegel (Berenson 1982; Canguilhem 2007), Lévinas (1988; Morgan 2011), Foucault (Connolly 1985; Foucault 1982), and Bauman (1991). In post-colonial studies, Said (1978) explores how the Western imagination creates and identifies itself as “rational, developed, humane, superior, authentic, active, creative and masculine, while the orient (the East, the ‘other’)...is seen as being irrational, aberrant, backward, crude, despotic, inferior, inauthentic, passive, feminine, and sexually corrupt” (Macfie 2000:4). The East/Arab world serves as a backdrop, an image through which the self (the West) is defined via negation of its (negative) opposite. As such Orientalism is less about the Orient and more about the West’s self-image. The East, or Arab, world is essentialized; Western scholars, politicians, and the public imaginary do not take it on its own terms, but as a tool of narcissistic identity production. The self and the other come as a pair and their central referent is the self.

Homeopathy’s “other,” biomedicine, has so thoroughly established its ways of knowing as *the* ways of knowing that it has become impossible to even interact with homeopathy within the boundaries of what is credible and officially “knowable.” Spivak, in her famous essay, asks *Can the Subaltern Speak?* (1988). For homeopathy, the answer is no. Indeed, there is no mode in which homeopathy can assert its agency that does not work against it, since the modes for any such assertion are determined by official medicine and science.

For Fabian (2014) distancing, or “othering,” is a tool of ethnographic authority. Fieldwork requires occupying the same time as those whom you are studying (i.e. ethnographer and subjects are coeval).

However...when the same ethnographers represent their knowledge in teaching and writing they do this in terms of a discourse that consistently places those who are talked about in a time other than that of the one who talks. I called the effect of such strategies a ‘denial of coevalness’ and qualified the resulting discourse as ‘allochronic’ (Fabian 2006:143).

The “other” is not allowed to occupy the same time as the anthropologist.

For Simmel (1971), “otherness” is a relational identity, and the epitome of the Stranger is the European Jew, whose “distance” is seen as more salient than his “nearness” (Karakayali 2009).

The stranger is part of the society and not part of the society; he/she is extraneous to it. Bauman (1991) highlights how processes of dichotomization are always asymmetrical. Moreover, they produce social order through differentiating power.

Dichotomy is an exercise in power and at the same time its disguise. The no dichotomy would hold without the power to set apart and cast aside, it creates an illusion of symmetry. The sham symmetry of results conceals the asymmetry of power that is its cause. Dichotomy represents its members as equal and interchangeable. Yet it's very existence testifies to the presence of a differentiating power. It is the power-assisted differentiation that makes the difference. It is said that only the difference between units of the opposition, not the units themselves, is meaningful. Thus meaningfulness, it seems, is gestated in the practices of power capable of making difference-of separating and keeping apart...In dichotomies crucial for the practice in the vision of social order the differentiating power hides as a rule behind one of the members of the opposition. The second member is but the other of the first, the opposite (degraded, suppressed, exiled) side of the first and its creation. Thus abnormality is the other of the norm, deviation of the other of law-abiding, illness the other of health, barbarity the other civilization, animal the other of the human, woman the other of man, stranger the other of the native, enemy the other of the friend, 'them' the other of 'us,' insanity the other reason, foreign or the other of the state subject, lay public the other of the expert. Both sides depend on each other, but the dependence is not symmetrical the second side depends on the first for its contrived and enforced isolation. The first depends on the second for its self-assertion (Bauman 1991:14).

Maddo, a homeopathic psychiatrist I came to know, expressed to me her sadness at how many of her fellow homeopaths have a deeply internalized sense of shame for being homeopaths. As a

result, they look to “extreme” scientific solutions to redeem their profession (discussed later in the text). This shame is a component in the central problem with homeopathy’s Faustian bargain with industry. Homeopathy’s harsh characterization of its Other, biomedicine, presents alliance with the company as the only option for survival. The problem, however, is that there is an unrecognized, or perhaps just unspoken, problem beneath the surface of this alliance, which is that the company’s long-term strategy to reconfigure homeopathy’s ontology according to a biomedical model is predicated on the very conditions that fuel homeopathic shame. That is, the company’s strategy is to inscribe homeopathy in the biomedical conceptual universe whose politics and language are, by virtue of their role in constituting the biomedical conceptual universe, ontologically opposed to homeopathy. Descriptions of the homeopathic method that I gathered from its practitioners usually began with what is “good” about homeopathy, but quickly became tirades about what is “wrong” with official science and medicine. If homeopathy represents a form of exigency, following Canguilhem’s (2008b) thinking, it is one whose urgency seems less about a prospective agenda for “life” and more about its defensive fortifications for self-preservation. What the homeopaths do not, or will not, see is that official science is not their only Other. During my research in France, I was challenged to understand what seemed like homeopathy’s obsession with its own victimhood. It was not until I later discovered Jean-Paul Sartre’s (1993[1956]) conceptions of Bad Faith, or “mauvaise foi,” and the Other that the psycho-social dynamics of homeopathy’s relationship with its Other came into view.

I will explain the relevance of Sartre’s concepts to this study of homeopathy, but first it is important to define some of his terminology. For Sartre, there are two fundamental types of being: “in-itself” (“en soi”) and “for-itself” (“pour-soi”). In simple terms, these two types denote nonconscious and conscious beings respectively. Being-in-itself, such as plants or rocks, is ontologically solid and complete. We as humans, however, are being-for-itself in that we are beings whose consciousness makes us ontologically incomplete and unstable (or “metastable” to use Sartre’s term); our ontologies are in flux. “Facticity” denotes the “‘givens’ of our situation such

as our language, our environment, our previous choices and our very selves in their function..." In other words, facticity is the concrete backdrop of experience that conditions our freedom. For Sartre, the idea of freedom is ontological: "we are free because we are not a self (an in-itself) but a presence-to-self (the transcendence or 'nihilation' of our self). This implies that we are 'other' to our selves, that whatever we are or whatever others may ascribe to us, we are 'in the manner of not being it,' that is, in the manner of being able to assume a perspective in its regard. This inner distance reflects not only the nonself-identity of the for-itself and the ecstatic temporality that it generates but forms the site of what Sartre calls 'freedom as the definition of man.' To that freedom corresponds a coextensive responsibility. We are responsible for our 'world' as the horizon of meaning in which we operate and thus for everything in it insofar as their meaning and value are assigned by virtue of our life-orienting fundamental 'choice' (Flynn 2013).

Sartre believes that human existence is the combination of facticity and freedom, which results in the tendency toward "bad faith," or "mauvaise fois." "Bad faith occurs when a conscious being denies her freedom to choose from among a range of possibilities, or when she denies an aspect of her facticity, for instance, that there are certain choices that she has made in the past, or that these choices make up a certain pattern. Sartre believed that there are cases of the certain kind of self-deception, the kind in which the subject is conscious that she is free and at the same time denies it to herself, or is conscious that her past actions have a certain character and simultaneously denies it to herself" (Guignon and Pereboom 2001:169).

To put the concept of bad faith into context, Sartre uses the example of a grocer. Society demands that a grocer confine himself to the social ontology of a grocer: "a grocer who dreams is offensive to the buyer, because such a grocer is not wholly a grocer. Society demands that he limit himself to his function as a grocer" (Sartre 1993[1956]:102). But, according to Sartre, it is not the case that the grocer is a grocer in the sense that "an inkwell is an inkwell" (Sartre 1993[1956]:271). This is because the grocer is "someone whose choices for future possibilities

are open to him; he's not a thing that is restricted to certain functions, the way an inkwell is. And thus when the [grocer] thinks that he is a [grocer], is deceiving himself as a conscious and free being, he is not being-in-itself, but rather transcendence, a being-for-itself" (Guignon and Pereboom 2001:269).

For Sartre, there are two sorts of bad faith. In the one kind of bad faith person denies (some aspect of) her being-for-itself, her freedom, and in the second, a person denies (some aspect of) her being-in-itself. Sartre thinks that bad faith is a pervasive feature of human beings, and further, that it is very difficult to avoid because of the structure of consciousness itself results in bad faith. ...Bad faith is extremely difficult to avoid due to certain structural features of human ontology. We are a combination of being-for-itself, whose nature is to strive perpetually to complete itself, and being-in-itself, which is not strive because it is already complete. As being-for-itself, we tend to achieve the completeness of being-in-itself, while at the same time not forfeiting our being-for-itself, for that would eliminate our character as conscious and free. In short, we want to achieve completed being-for-itself, or Sartre describes it, to become 'in-and-for-itself' (2001:270-271).

In Sartre's conception, being human means being always incomplete. Our being-for-itself always strives to achieve the completeness of being-in-itself, but this never happens because to achieve it would mean the end of our consciousness. We are always going back and forth between being-for-itself and being-in-itself. This is the nature of our ontological instability and the grounding of our bad faith because we tend to mistakenly regard ourselves being-in-itself and deny our being-for-itself (2001:271).

Related to this is Sartre's idea of "the look," or "le regard." This refers to his belief that awareness of oneself is dependent on others: I can only become aware of myself through "the look" of another person. This includes one's feelings of shame, which come from an internalized awareness of someone else's negative "look" (2001:272).

With his 'look,' the other views me in a way that is quite different from the sense I had of myself before I noticed him. The other views me as an object, that is, as a being lacking transcendence and freedom and is driven really by basic drives and needs — in this case, as a voyeur or peeping Tom. In the eyes of the other, I just am a voyeur, as it rock just is a rock. By looking at me as 'in-itself' in this way, the other seems to deprive me of my being as a 'for-itself' (2001:272-273).

The effect of the Other's look is that one begins to regard oneself as an object, a being-in-itself, deprived of being-for-itself. Moreover, this objectification is only possible because the Other views itself as being-for-itself, a conscious, free subject. As a free subject, the Other is endowed

with the power to consecrate other beings as being-in-itself. This is fundamentally an act of power, which aims to communicate ontological superiority. The “inferior” being will then respond to this act of power by proclaiming its own being-for-itself and accuse its Other of being in-itself.

Sartre’s conceptions of bad faith and the Other provide a ready-made blueprint for understanding homeopathy’s victimhood. We should consider whether the professional shame in homeopathy that Maddo laments could be understood as a result of its internalization of its Other’s “look,” which casts homeopathy as a fully formed object of historical nonsense. Framing homeopathy as being-in-itself, official science is able to dismiss homeopathy out of hand as ontologically incapable of being anything other than what it is; it is incapable of change and transcendence. As an act of defense, homeopathy similarly objectifies science, accusing it of being inflexible and incapable of adapting to other ways of seeing. Homeopathy’s efforts to move beyond its victimhood have been unsuccessful to the extent that it has invested its self-worth in the “look” of its Other. As long as homeopathy’s being-for-itself is in the terms of its Other, it seems it will continue to internalize the Other’s conception of it as being-in-itself. I believe this is a compelling case for an instance of “bad faith” on the part of homeopathy. My research findings suggest that rather than seeking freedom through other means, homeopathy instead appears to choose to deny its freedom and deceive itself with the notion that this freedom is only attainable through its Other.

Reflecting on my ethnographic data through Sartre’s lens, it seems that homeopathy’s alliance with industry may constitute an instance of bad faith. I suggest this because in accepting the financial support of the company, homeopathy appears to deceive itself about its possibilities for its survival by seeing the company as its only means. Further, homeopathy seems to commit an act of bad faith by denying the facticity of the visible social and material changes that industry is making to homeopathy—homeopathic product packaging is being changed to suit the environment of direct-to-consumer pharmacy shelves and homeopathic clinical practices are

being simplified and placed in the hands of biomedical doctors. To be sure, not everyone within homeopathy is oblivious to these problems. Maddo, for example, is painfully aware of the toxicity of homeopathic shame, and Julien, the historian, believes that homeopathy's aspirations of scientific legitimacy are reckless, and advocates instead that homeopathy carve out an entirely new ontological-therapeutic niche for itself. Others I spoke with also expressed worry over corporate allegiance and disciplinary insecurity, but they were outnumbered by those who perpetuate homeopathy's victimhood and acknowledge industry's growing influence with resignation.

CHAPTER 2 — In the Thick of It

As I explored the community of homeopathic physicians in France, I was struck by their sense of dejection. There were bright spots of optimism and enthusiasm peppered throughout my interviews, but on the whole, the ethos of this culture seemed to be one of mourning and discontent. Over time, my interviews developed into a catalogue of grievances on the corrosive forces harming homeopathy from both inside and out. The high level of internal discord that Sebastian had warned me about back in Rochester was palpable. This chapter reviews some of the more salient grievances I encountered. I believe they are important to include because they represent the social and psychological effects of homeopathy's marginality and play a critical role in our understanding of why industry wishes to distance its products from the conflicts, controversies, and victimhood of traditional homeopathy.

The grievances I heard were consistent with homeopathy's culture of biomedical critique, but they also served as convenient distractions from the dangers posed by homeopathy's alliance with and dependence on industry. I found that the complaints about homeopathy's challenges seldom included overt acknowledgement that the company constitutes a threat to traditional homeopathy as great or greater than any outlined below. It is not clear to me whether this is active denial, convenient forgetting, or ignorance.

Homeopathy consistently makes the argument that biomedicine and official science need to be more open. This point is well taken, but the power differential between biomedicine and homeopathy is not symmetrical. Indeed, it is a classic David and Goliath story, and homeopathy clings to this romantic vision of itself as the morally and epistemologically righteous underdog. This is key to its mythology and figures prominently as a morale booster. That said, one wonders if homeopathy does indeed display an "enormous capacity for self-deception" (Hall 2009) in its

very unlikely expectations of biomedicine, such as the expectation that official science should put the socially valorized evidence of physician testimony on par with the scientifically valorized evidence of histology, microbiology, and virology. Thomas Sandoz (2001) believes that if biomedicine and homeopathy have not reconciled in 200 hundred years of co-existence, perhaps it is because neither discipline wants to. This makes a certain sense, actually, because the level of change that homeopathy expects of the very foundations of scientific knowledge and practice border on the absurd (in scientific terms), and are thus unlikely ever to come to pass.

Homeopathy thus has a perennial and consistent enemy, a predictable Other against which it can define itself in a way that is consistent with its history, as well as consistent with its constitutional struggles at adapting to change (e.g. shifts in power loci, new medical and scientific technologies, trends in popular and scientific opinion).

This difficulty with change is among the reasons homeopaths are reluctant to challenge industry's growing influence over their domain. There is a monopoly on power in homeopathy. Other than industry, there are no significant institutional actors competing for dominance of homeopathy: no universities, no government agencies, no healthcare organizations, no think tanks. Homeopathy in France is culture of two primary actors, the community of homeopaths and the homeopathic remedy industry. As a result, the company is the only significant source in France for funding for research and professional conferences. Some of discussions below mention the company as a concern, but by and large they focus on internal discord and misrepresentation by the Other.

I wish to point out that this chapter does not discuss homeopathy's "thickness" per se (see Chapter 5), but rather explores sites of conflict. My interlocutors provided thoughtful diagnoses of their method's social and political problems, but the logic of survival seems to have created a silence around the threat of industry. It is unclear if this is due to a willful avoidance of unpleasant truth, naïveté, or ignorance. Perhaps it is all of these. Homeopathy has for so long lived in a medical ghetto that it can imagine its liberation only the narrowest of terms. I believe, however,

that this is an example of self-deception, or “mauvaise foi” (Sartre 1993[1956]). “Thickness” is seen as homeopathy’s immutable truth, and it is the linchpin for its arguments in favor of its method. The truth-value of homeopathy’s thickness is not what is ultimately at stake, though. What is at stake is the possibility that homeopathy can be made to live without this thickness at all, and if the company has its way, it will.

Who Gets to Define Homeopathy?

Internal fault lines of competing ideologies have long characterized homeopathy. A perennial debate is whether homeopathy should be “unicist” or “pluralist,” meaning use of one homeopathic remedy versus multiple, concurrent ones. Hahnemann was a unicist, but over the centuries, his original method was reinterpreted many times, and now pluralism and “le complexisme” are common. In France, the unicist-pluralist debate is seldom discussed. This is because homeopathy in France *is* its industry. French homeopathy is predominantly pluralist because the company has for decades pushed its remedies within the pluralist model. Pluralism equals more sales.

Reading through some of the homeopathic journals, I came across the name of a man I felt I had to meet: Georges. In addition to being a pediatric homeopath, which was an interesting thing in itself, Georges also wrote on the philosophical dimensions of homeopathy. When I contacted him for an interview, he very kindly invited me to come speak with him at his office in Strasbourg. It was one of my first interviews and I was nervous. When I walked into his office, a man who was at least an inch taller than me greeted me. And he had a very grim and serious expression on his face. My first thought was: “This man is a pediatrician? He scares *me*. I can’t imagine how frightening his young patients must find him.” I should not have been worried, though. Once we took our seats and began speaking, his gruff but warm personality opened up. When I asked how he had come to homeopathy, he said that it was largely because he felt ethically compelled

to. About 35 years ago, when Georges was a young physician working in a hospital, he grew accustomed to having access to the incredible array of diagnostic and treatment technologies that such a setting affords. But when he opened his own practice, he did not have ready access to these technologies and felt he had to find some clinical tools to supplement his approach to diagnosis and treatment. He had grown dissatisfied with the harmful effects of many conventional medicines, such as antibiotics, which, though effective against bacterial infections, killed off important intestinal flora. In his own words, such medications “poisoned the groundwater” of the patient and he wanted to find a way to treat that was more gentle. He tried acupuncture, magnetism, astrology, phytotherapy, dowsing, and eventually settled on homeopathy once he recognized what it could do for his patients. This led him to getting formal training in homeopathy, which he has been practicing for over 30 years now.

As Georges and I discussed the state of the homeopathy community in France, he told me that a significant fault line exists within the community on an issue that is “vraiment philosophique, c’est à dire que c’est un problème de regard” [“truly philosophical, which is to say a problem of gaze”]. This “problème de regard” is about how homeopathy wishes to be recognized within or in relation to official medicine. There are two main “syndicats” [“professional organizations”] of homeopathic doctors. The Syndicat National des Médecins Homéopathes Français (SNMHF) advocates for the recognition of homeopathy as a separate medical specialty, like oncology or psychiatry. Currently, it is made up mostly of general practitioners who practice homeopathy, and they are reimbursed by the Sécurité Sociale, or the Sécu, at the same rate as any other general practitioner. All homeopathic physicians are trained as ordinary biomedical doctors who go on to specialized training in homeopathy. Gaining recognition by the state as a medical specialty would not only give clinical homeopathy the legitimacy that it has long sought, which would presumably increase its lifespan, it would also allow those who practice it to charge more for their services. The other main “syndicat,” the Fédération Française des Sociétés Homéopathiques/Société Médicale de Biothérapies (FFSH/SMB) argues that homeopathy should not be recognized as a

separate medical specialty because it is not a specialty. Rather, it is a particular way of doing medicine that should be integrated into all medical practice.

Georges, the homeopathic pediatrician, said of his group, the FFSH/SMB,

We defend, instead, a position that is very ethical and philosophical in relation to that of our colleagues, who are more pragmatic. It is necessary that homeopathy be for all specialties, even if one doesn't receive special fees for it because it is an art that has an intrinsic value, which has no price. Voilà.

While the ideological differentiation is clear, so too is the moral one. Drawing a distinction between "savoir" and "connaissance," Georges continued:

They defend a 'savoir.' We defend a 'connaissance.' Savoir is temporal. Us, we are instead atemporal. They defend a hope to have increased fees, whereas we defend a hope even if there is no material gain. It's like we work for eternity, for the future.

The websites of the two organizations overtly state their mission to "defend" homeopathy and ensure its "survival."² They differ, however, on what precisely is being defended and how best to ensure its survival.

This division also marks different conceptions of the very nature of homeopathy.

Me, I'd have a hard time adhering to that mode of thought, and the other way of seeing that is more concrete, more pragmatic because I believe there is more to homeopathy than that.

Implicit in Georges' words is the assumption that to make it past the gates into the territory of medical specialty means giving up the thing that makes homeopathy different and special, something that homeopathy's more scientifically minded advocates see as a liability. What George was talking about, or rather around, with whichever of its many labels it may take, is the issue of vitalism, which is the idea that human life can and must be accounted for in a way that includes, but ultimately transcends, the materialistic, positivistic terms of official science and medicine. Hahnemann called it the "vital force." This too is a subject of controversy within homeopathy, as some believe that legitimacy, defined loosely as recognition by official science, is

² <http://www.snmhf.net/>; <http://www.ffsh.fr/>

forever closed off to homeopathy as long as it clings to the mysticism and spiritualism of the “vital force.” Indeed, as an employee of the company explained to me, “the traditionalists, they are the extremists.”

The debate about recognition as a medical specialty is a specific issue within the larger debate about where homeopathy should position itself relative to the monolith that is official medicine. Julien, the medical historian and homeopathy advocate I befriended in Paris, believes, like Georges, that homeopathy has no business seeking recognition as a specialty. He went a step further and argued that homeopathy should even distance itself from science insofar as homeopathy has sought to establish its legitimacy as part of science proper. He remembered vividly the long-lasting, disastrous consequences that the 1988 Memory of Water Affair (discussed in Chapter 4) had on homeopathy in its quest to secure “hard scientific evidence” for homeopathy’s mechanism of action. He believed, further, that ultimately it does not matter whether science can find some kind of biochemical explanation for why it works. It simply works, or, to use the popular tautological locution of homeopaths, “ça marche!” [“it works”]. Julien believed that patient and physician testimony is sufficient to secure the kind of legitimacy that it needs, the only kind that it needs, and that it need not go chasing after some elusive, and probably nonexistent, scientific verification, which only exacerbates impressions of homeopathy’s desperation. Julien believed that homeopathy should clearly lay out the extent of its knowledge claims based on testimony, anecdote, and expert opinion and leave it at that. For him, “ça marche” was enough.

There is a risk associated with the idealism of integrating homeopathy across all medical care, however: that of going too far afield of the original boundaries of orthodox homeopathy. The risk of an overreaching orthodoxy means that homeopathy begins to assume authority that exceeds its own boundaries, as well as those of medicine proper, and dilutes, or effaces, core doctrines, ideological commitments, and practices. This has already happened. Homeopathy has long

since surpassed its own definitional limits, as well as those of medicine, and has colonized “life itself” (Rose 2001). By this I mean, for example, that, depending on the practitioner, homeopathic clinical consults can include spiritual, social, and existential guidance, which is not what Hahnemann originally intended—Hahnemann focused on illness alone not “life” writ large. In contrast to this, however, we also see contingents within homeopathy that shed “too much” of original doctrine in order to gain acceptance by official medicine (such as saying that homeopathy is only a placebo).

We can look at this from two opposing perspectives. On the one hand, we can say that homeopathy has ceased to be just an “expression” of medicine, to use a descriptor common among homeopaths, and has expanded to become a source of symbols for the conduct and comprehension of daily life. On the other hand, we can say that homeopathy has pulled life itself into the domain of official medicine at the expense of its heritage. This latter view would go against one of homeopathy’s chief criticisms of biomedicine, namely the medicalization of life (Conrad 2007; Illich 2000). As we will see later, there is a sense in which homeopathy exceeds its traditional reach (i.e. treatment of physical ills) and acts on an assumed expertise in human nature, diagnosing not just medical problems, but also illnesses of being. This approaches what we might think of as the “thickness” of as the orthodox clinical homeopathy of today, which I discuss in greater detail in Chapter 5. Official medicine is seen by homeopathy as too positivist and petty to understand to see the majesty of human dignity that homeopathy sees.

The “thickness” of homeopathy is not just a clinical philosophy. It is also a position of moral authority that confers upon its practitioners the exclusive power to define and consecrate the relationship between the body and the arsenal of signs and symbols used to comprehend it. This position of authority is what is at risk of disappearing because industry is siphoning off this authority, distilling a simplified version of it in the homeopathic remedies themselves, and then redistributing it directly to consumers, in the process carving off any attributes from homeopathy

that would complicate its image as a straightforward, standardized healing commodity in the model of a biomedical remedy.

Thanks to industry's intervention in the marketplace with a re-defined, "do-it-yourself" (DIY) homeopathy, consumers are becoming their own self-ordained healers, with the requisite ceremonial objects and scripts provided by the company. In other words, the traditional homeopathic clergy (i.e. the homeopaths) is being bypassed in order to provide consumers with the objects and tools necessary to ordain, and thus heal, themselves. The company appears to care little for the moral politics that may be tied up in these self-ordination kits, except insofar as they might further demonize biomedicine and sell more kits. That is, industry is not interested in occupying the moral and philosophical pulpits being vacated by homeopathic physicians as they retire. Industry's take, as we will see in subsequent chapters, is to sell a kind of "Homeopathy Lite." The company sees homeopathy's overt moral and philosophical considerations as blemishes on its "clean" commodity surface.

Disorganization around the issues that define homeopathy and who its leaders and spokespersons are is of great concern to Julien, the academic historian of medicine in Paris. He envisions a unified movement with a clearly articulated purpose and clearly defined roles. As long as industry controls homeopathy in France, however, there will be no organization sufficient for an effective movement to coalesce. It will remain a splintered group of competing priorities and personalities. This is because homeopathic ideology is bad for business. The rationale is that people do not want to buy a fight when they can buy a tube of homeopathic remedy, whether or not it works; they simply want something to make them feel better. On more than one occasion, my interviewees tried to conscript me into their fight. From one of the rare optimists, I heard

Homeopathy is not a medicine of yesterday. It is a medicine tomorrow. Period. [Homeopathic] medicine has an extraordinary future. We are only at its first stumblings. It is only the debut. You will see in two years. You will not be here, but you will be celebrated with your thesis.

As an ethnographer, I was empathetic to the struggles the homeopaths faced. They were so clearly passionate about their cause. But the political strategist in me was frustrated at their political myopia and stubborn denialism. At times it was difficult to step away. Indeed, there were moments when I wanted to seize the entire homeopathic community by the shoulders, discipline it, and set it on the right path. Their passion was stirring, and so was mine.

Julien was pointed about the need for homeopaths to “resist.” Resistance and protests are as French as wine, baguettes, and La Marseillaise. My apartment in Paris was just off the Place de la République, which is where public demonstrations almost always begin their symbolic march to Place de la Bastille. There were very few Sundays on which there was not some protest march taking place outside my window. “But what must they resist?” I asked Julien. He said that homeopaths must begin by resisting the hegemony of the “obvious” epistemological validity of evidence-based medicine (EBM). That is, he wants people to question evidence-based medicine’s position as the dominant paradigm for medical knowledge production. He feels that the authority of EBM has become too much a “given” in medical epistemology; that its truths are dangerously and unreflectively seen as the only truths in medicine; that there should be room enough in the medical universe for homeopathy’s epistemologies as well.

It is important to recognize homeopathy as the social and political movement that it is. The professional homeopathic community’s identity in France is organized in terms of and expressed through a more or less internally consistent space of symbols, values, politics, knowledge, and behavior. Manuel Castells (2004:8) proposes a three-part typology of the origins of identity building of movements:

1. **Legitimizing Identity**—introduced by the dominant institutions to extend and rationalize that domination;
2. **Resistance Identity**—generated by those actors who are in positions/conditions devalued and/or stigmatized by the logic of domination;

3. **Project Identity**—when social actors, on the basis of whatever cultural materials are available to them, build a new identity that redefines their position in society and, by so doing, seek the transformation of overall social structure.

I would argue that the identity of the homeopathy community in France is a hybrid of the latter two types proposed by Castells. Resistance is the kernel of homeopathy's ontology and always has been. Having biomedicine as a common Other acts as a shared basis for ongoing individual and collective identity maintenance. Attending a national conference of homeopathic physicians in Poitiers, I was struck by the plaintive and commiserative tone of casual conversations between conference sessions and at mealtimes. I was struck also by the severe denunciatory tone of many of the conference talks. There is also a "project" component to homeopathy's identity, though it is decidedly less defined and coherent than the "resistance" side. The general orientation of the project side is to gain legitimacy, but there is wide disagreement on how legitimacy might be gained and on what "legitimacy" actually means. What is sure of the project side is that it labors mightily to elaborate upon and expand its articulations of resistance. What the homeopathy movement believes to be its evolution is actually involution – instead of changing, it has only become more internally differentiated and confused.

Building on Alain Touraine's (1965; 1966) classic 3-part typology that defines a social movement, Castells argues that a movement's *identity* refers to its self-definition, its *adversary* refers to its principal enemy, and its *societal goal* refers to "the movement's vision of the kind of social order, or social organization, it would wish to attain in the historical horizon of its collective action (2004:74). One of the aims of this dissertation is to paint a picture through ethnographic detail of what, precisely, homeopathy's self-defined identity is, or, as I prefer to call it, its ontology. Its adversary, official medicine and science, is clearly defined, and its societal goal is to gain the acceptance of its adversary by forcing it to fundamentally reconfigure its ontology according to broader epistemological terms, which include patient and caregiver phenomenologies as a key source of medical evidence. Unlikely as that sounds, it nevertheless remains an indissoluble

component of the ideal homeopathic world. What Touraine's and Castells' typology misses, however, is the notion of *subjectivity*. Anthropologist Philippe Bourgois (2009) draws a distinction between identity and subjectivity, saying:

Unlike the term *identity*, the concept of *subjectivity* does not imply individual agency or self-ascription. It treats taken-for-granted characteristics such as demographic profile or psychological temperament as discursive products of modernity rather than innate categories. The French terms for subjectivity, *assujettissement* and *subjectification*, carry the implication of the 'process of becoming subjugated to power' (2009:18-19).

Although Bourgois's distinction is important, it is somewhat facile; subjectivity is a very complex idea that does not lend itself to neat definition (see, for example, Abu-Lughod 2002; Biehl, et al. 2007; Das 2006; Petryna 2002; Rouse 2004). Furthermore, I would disagree that subjectivity does not imply agency or self-ascription. On the contrary, it is, in the words of João Biehl and Amy Moran-Thomas, "a synonym for inner life processes and affective states...a strategy of existence and a material and means of sociality and governance...It also holds the potential to disturb and enlarge presumed understandings of what is socially possible and desirable" (2009:270). In Michael Fischer's words, it is "landscapes of explosions, noise, alienating silences, disconnects and dissociations, fears, terror machineries, pleasure principles, illusions, fantasies, displacements, and secondary revisions, mixed with reason, rationalizations, and paralogics—all of which have powerful sociopolitical dimensions and effects" (2007:442). I make a distinction between identity and subjectivity because the latter captures the "complex play of bodily, linguistic, political, and psychological dimensions of human experience, within and against new infrastructures and the afflictions and injustices of the present" (Biehl and Moran-Thomas 2009:270).

While the identity of the homeopathic movement may be built around the particulars of its conceptions of the patient and patient care, the "inner life process and affective states" of its subjectivity are those of victimhood (cf. Fassin and Rechtman 2009). There is certainly an overt, and bitter, awareness within homeopathy that it is a victim of the power of official science and medicine, but no one would admit that its identity is one of victimhood. Yet, this victimhood is so deep-seated that it exists beneath everyday awareness, beneath the levels of consciousness at

which self-ascription occurs. The “victim subjectivity” is an unreflective mode of being-in-the-world. It is not aspectual; it is ontological. Few within homeopathy are able to objectify homeopathy’s victim subjectivity. Guillaume, the homeopathic physician and philosopher, is one of those few. He told me that this victimhood is unproductive. However, Georges, the homeopathic pediatrician in Strasbourg, lived his victimhood:

But it’s up to us. It’s up to the victim to prove he is a victim. Normally, we needn’t defend ourselves; it’s rather that those who attack us should justify their attacks! But in France, for example, we have always been in a situation of having to explain ourselves and defend ourselves...There’s nothing that justifies this; there’s no foundations to their accusations.

For Guillaume, the means of promoting homeopathy and the modes of resistance that have thus far been articulated, and fought over, within homeopathy, “are not advancing.” That is, the homeopathic movement is not moving. He told me,

Until now we have been unable to make others perceive [homeopathy’s] very prolific character, its very enriching character, its complexifying character. We have remained too much in antagonism. The question is really about getting past this and going towards something that is much more subtle, much more open, much more complex, much more in dialogue.

Yet for Georges, such a dialogue would be, and so far has been, “un dialogue des sourds” [“a dialogue of the deaf”]. Guillaume pulls no punches when it comes to calling out his colleagues on the error of their ways:

Because they remain caught up in this representation [i.e. antagonism]. They don’t understand. In fact homeopaths ignore what they are treating. They have a kind of intuition from the point of view of ‘we know how to do it,’ if you will, but we don’t know what we are doing it with. And it’s a question of understanding this, and that’s why we remain blocked. The allopaths argue against us, I would say, often with the wrong criticisms, and we answer wrongly too. We don’t answer at the right level. We do not rise to the height of the task and I believe that the height of the issue at stake is doing this archaeological work, of perceiving the genealogy and seeing that when we’re doing it, it’s another view on the facts. It’s another look upon the available data, but which, in contrast, we can see very differently. This means really switching to something very complex, very subtle and very dynamic, yet we are doing otherwise. We are in a very static state, and in classical medicine no room is made for time. The concept of chronicity, classically, is mostly the concept of Aristotle, meaning the figure of movement, and time is what measures a movement, but for the classical vision of time. But homeopathy would make us rethink this because what interests me in homeopathy is not homeopathy per se. I’m interested in it as a doctor and as a doctor this allows me to have a wider therapeutic arsenal, but as far as ‘I’ am concerned, as a thinking subject, what interests me is to what extent does it open up horizons of reflection, or allows not denying or denigrating the classic knowledge, but allows moving forward, putting this knowledge back in perspective, seeing its interests and its limits and opening an another horizon.

This is no ordinary characterization of homeopathy's problems, and Guillaume is no ordinary clinician. In addition to his medical training, he also has a graduate degree in philosophy, which affords him a privileged perspective on his passion for homeopathy. Many of my physician interlocutors were conversant in philosophy (philosophy is, after all, taught in high school in France) but none were as generous with their deeper reflections on homeopathy as Guillaume. He allowed me a very special view of his world. I learned a tremendous amount from Guillaume during the weekend that he and his wife hosted me at their beautiful house in the Jura Mountains.

I think many among homeopathic doctors...we are too much in the ghetto... and we like it. Some like it. I don't. Some like it, because we're the victims, and the others are the bad guys. We are right. They don't understand us. But if we make the effort to reach out to the other...if we begin to attack people that's not going to work. And this is a defect of conceptualization. And it's definitely a defect. I constantly use this word for the articulation of homeopathy with allopathy. One cannot define homeopathy without comparing it to conventional medicine. It's not categorically another thing. I always compare them.

Too Far Afield

There are fringe elements within homeopathy that are not popular with its mainstream. Julien told me about a fellow homeopathic enthusiast he met.

"This woman she said to me 'Hahnemann, he had a fabulous idea that quantum medicine explains today...' But what does that mean? You make an assumption, you should prove it. So, concretely...it's what I said to this woman, 'I understand your reflection. I respect it. It's interesting. To me, it presents one, a single, just one... one question, namely, what data are providing to me to tell me that quantum medicine, today, explains Hahnemann from two centuries ago?' Well, she says to me 'I don't have any.' And well, I say to her 'Ok, well, that's what I say to you!'

But where does this "fringe" of homeopathy come from, I wondered. Why do some in homeopathy feel the need for such "out there" explanations? At a homeopath conference in Poitiers, I met someone who would eventually answer my question and express her great dismay at the "recklessness" of these colleagues.

When I met Maddo at the conference, she was very busy and distracted and when she said she

would be happy to meet with me, I did not hold out much hope I would actually hear from her. But I did. In fact, she invited me to come to her house near Aix-en-Provence to conduct my interview. I was thrilled.

A few months after the conference, Maddo and I spoke by phone to arrange my visit. She was a jovial, colorful character with strong maternal instincts and a fiercely keen intellect. She said, “Come! You’ll swim and rest, and we’ll talk.” And I did and we did. Some weeks after our phone conversation, I went to Aix-en-Provence, where she was waiting for me at the train station. As soon as we pulled up in her driveway, she instructed me to relax in the pool as she prepared lunch. Her house was an architectural wonder. It had been the residence of an architect and boasted a sunken living room with a wood-burning fireplace, multiple levels of fantastically confusing staircases, and an enormous patio with a deep, cold swimming pool. It was a 1970s brutalist structure and bore influences of Le Corbusier. Its sweeping vertical slabs of raw concrete were imposing, but its creeping vegetation, aromas of old wood, and seclusion in the forest gave it the warmth and charm of a dilapidated chateau. Her husband had died, leaving her with more house than she needed or could easily manage. My isolation and distance from my family and friends had taken their toll and I welcomed the gentle, motherly bossiness. We had an instant rapport and I was able to be as relaxed and honest with her as I was in my conversations with Guillaume, the philosopher-homeopath who became my friend (see Chapter 5). My first night there, she invited some of her colleagues over for dinner and we ate, drank, and talked long into the night.

When the subject of homeopathy’s “fringe” came up over dinner, she echoed Julien’s consternation about those in the movement who look to theoretical physics for answers (e.g. Milgrom 2006a; Walach 2003), reiterating that homeopathy is based in concrete observation, not scientific speculation. Maddo’s complaint was that even physicists are only now beginning to understand quantum theory, and that it is reckless dilettantism for a physician to wander into it,

and it is wrong to exploit inchoate science for homeopathy's political gain. She feared that this does harm to homeopathy's credibility because it looks desperate. Esoteric speculation is not limited to the appropriation of physics, however.

Academic philosophy too has offered its own thinking on homeopathy in the person of Agnès Lagache (1988), who was a professor of philosophy and theorized homeopathy as information and signification. The problem with this, however, is that, according to Maddo, "one is no longer in [the law of] similitude, but in analogical reasoning." Maddo expressed sadness and frustration that younger homeopaths are too dependent on evidential certainty and ashamed of their commitments to homeopathy. She said they are embarrassed because while they are fully trained and licensed medical doctors, they do not enjoy the same prestige or scientific certainty of their biomedical peers. They thus resort to fanciful explanatory models like quantum physics as safe havens of social and scientific respectability. None of the people with whom I spoke took seriously the quantum explanations of homeopathy. Before his death in 2010, Louis Rey (2003; 2007) was conducting research on high dilutions using thermoluminescence, a branch of physics that studies the luminescence of certain crystalline materials when they are irradiated, but I seldom heard his name mentioned.

High dilution research is non-clinical research on homeopathy that seeks to understand its mechanism of action (Schulte and Endler 1998). Those doing high dilution research might deny this, however, arguing that they are simply researching dilutions *tout court* and have no interest in the politics, scientific or otherwise, of homeopathy. But this denial rang hollow when Jacques Benveniste professed it during the research that led to the Memory of Water scandal in 1988 and his eventual downfall (Chapter 3). High dilution research and general research on homeopathy took a serious credibility hit and funding sources dried up after the scandal.

Homeopathy in France is dominated by a rationalist tendency, though there are certainly outliers.

This explains, I believe, why the community I circulated in spoke of homeopathy's fringe element as being distinctly alien, as in "they are not us; they are other." Despite its rationalist leanings, homeopathy still sees itself far from the extreme rationalism of official science and medicine. "Nous sommes des rationalistes!" ["We are rationalists!"] This quote from Julien came not as a defense of homeopathy, but rather as a critique of intellectual culture in France. The ghost of Descartes is everywhere, and in homeopathic circles "rationalism" is a four-letter word. Still, some measure of its influence on homeopathy is inescapable. Additionally, it makes France a friendly place in which industry can reshape and revise homeopathy, championing an "evolved" market-friendly, scientific homeopathy free of its inherited superstitions.

The rationalist tendencies of French culture are what drove virologist Luc Montagnier's decision to leave his country. Montagnier won the Nobel Prize in 2008 for his role in the discovery of the virus that causes AIDS, but he surprised his colleagues in the scientific community when he announced in 2011 that he was moving to China to study high dilution effects and homeopathy (Ullman 2011). His colleagues were surprised that a scientist of his stature would devote himself to continuing Benveniste's discredited work (discussed in Chapter 4). Montagnier called Benveniste a "modern Galileo" and said that that legacy of the Memory of Water scandal had created an atmosphere of "intellectual terror" that was inimical to research on homeopathy (Enserink 2010). Perhaps not surprisingly, controversy followed him (Coghlan 2011; Myers 2011). Montagnier has more recently courted controversy when he came out against vaccination (Salzberg 2012).

It is not lost on the homeopathic movement that Montagnier's work, which reported "the capacity of some bacterial DNA sequences to induce electromagnetic waves at high aqueous dilutions" (Montagnier et al. 2009:81), might help support its scientific aspirations:

Aspects which relate directly to homeopathy are the fact that serial dilution and agitation of the DNA sample is necessary for the electromagnetic signals to be generated (the same method used to manufacture homeopathic medicines) and that these signals are detected at dilutions as high as 10^{-18} when molecules of DNA would no longer be

present. Although Montagnier has not been able to demonstrate effects at the higher levels of dilution used in many homeopathic medicines, his work is an important step in demonstrating biological effects of ultra-molecular samples (HRI 2011).

The majority of those I spoke with, including those who seek a more scientific foundation for homeopathy, believe that the controversy surrounding Montagnier and his work compromises homeopathy's medical standing and reactivates the "prejudices" and anxieties that came out of the Memory of Water scandal.

Maddo, the homeopathic psychiatrist, believes that the "images" of the fringe (including the scientific fringe) have moved too far from actual science (i.e. clinical science) while they use the language of science to appear scientific without knowing what they are actually talking about. The possibility that Montagnier and Benveniste might one day be vindicated notwithstanding, recourse to quantum physics and information theory skirts too close to pseudoscience for Maddo. The homeopaths that rely upon it, she said, fail to recognize their own orientation to the scientific language they are using. That is, they are enchanted with science and view its language as having incantatory powers that make matter out of metaphor. Thus, even though they are trying to "redeem" homeopathy through science, these unwitting would-be sorcerers display the very magicism of which they are trying to disabuse homeopathy. They commit the cardinal scientific crime of not knowing "how to critique themselves," said Maddo. She was dissatisfied with homeopathy to the extent that it is a "closed circle." Interestingly, Julien used a similar idea to describe biomedicine, which he called a "closed system," contrasted with the "openness" of homeopathy. Maddo and her colleague, Martin, publish articles and speak at conferences to "destroy many of the myths in homeopathy," including "revealing the gross errors and confusion" of Montagnier and Benveniste.

Maddo referred me to one of her close homeopath colleagues, Martin. The two doctors publish research together and both share a concern for how the world has picked up on this "vital energy thing," because, he said, Hahnemann hardly mentioned it at all. He said that it has been used to

attract people to homeopathy, and that is the “original sin” of homeopathy. He said homeopathy has gone way too far from its roots. When I asked him about some of the more radical theories put forward to explain homeopathy’s mechanism of action, such as possible action at the quantum level, he emphatically reminded me that “on est dans le concret!” [“one lives in the concrete world!”] It is this emphasis that I find fascinating, because, yet again, it figures homeopathy as a treatment modality grounded in the experience of the individual lived-body. Other homeopathic physicians and proponents I spoke to were also keen to emphasize this point. This begs the question why many in the French homeopathic community are eager to find scientific “proof” for homeopathy.

One of the more fascinating characters I encountered was Sabine, who was a casualty of the Memory of Water scandal in Paris in 1988. We will learn more about her in Chapter 4, where I discuss the scandal at length. For the moment, however, what is noteworthy about Sabine was her devotion to the scientific method. Because as a research virologist, it was important for her to understand, to use her term, the “scientific substrate” of why and how homeopathy “works.” But, as a clinical virologist, she believed that every patient is different and that no two treatment plans are alike because no two patients are alike. What is not clear is how she reconciled the apparent contradiction in assuming that at some molecular level, which science has yet to identify but at some point surely will, homeopathy works in some standard way with our biology, yet in the clinic every homeopathic treatment plan is unique and is ontologically incompatible with some imagined, uniform biological substrate of action. As she and others told me, you must believe that homeopathy works for it to work (even though, curiously, homeopathy is “not about belief”); that it is the job of the homeopathic physician to inculcate the patient with this belief so that the patient can actively participate in his or her healing process; that every healing process is different because belief in one’s unique homeopathic healing trajectory is a direct response to all the conditions (biological, social, psychological, etc.) that constitute the lived-body.

So, then, is this irreconcilability simply a matter of scale? Is there some substrate of uniform observability that comes into being in the transition from the body-level to the molecular level? If so, how does one account for faith at the molecular level? Do molecules think? How do we think about the apparent contradiction between the hoped-for truth at the in vitro level and homeopathy's traditional, assumed-to-exist truth at the in vivo level? So far, the French homeopathic community has not addressed this question. The response so far, articulated by a passionate minority, is that looking for homeopathic truth in the laboratory, away from the clinic and the patient, is a fool's errand, destined to invite ridicule and ruin. If homeopathy makes happier, healthier patients, what more evidence does homeopathy need, they ask. This is a point of conflict within homeopathy—those who believe that homeopathy doesn't need the prestige of science to be what it is versus those who believe that if homeopathy is ever to gain legitimacy, it must have science behind it. Sabine represented both points of view. This is one of the things that made her an interesting and rare figure: she was deeply committed to the ideals of science (objectivity, standardization, replicability, openness, modest witnessing, etc.), but she was also just as deeply committed to the as-yet scientifically inexplicable clinical efficacy of homeopathic treatment for her patients.

Sabine said that delivering homeopathic care is not about having a particular ideology; that it is about the person and his illness. That a doctor must adapt according to the situation. "The challenge for a doctor isn't about having some religion," it is about adapting oneself to the patient in front of you. This relates to the history and logic of traditional homeopathic practice that focuses on individual lived-bodies, in the concrete world—that, importantly, the body is not replicable.

Structural Prejudice

One of the homeopaths I met in Bordeaux was a man named Didier. Claudine, the homeopathic pharmacist, had referred me to him. Didier has been practicing out of his “cabinet” [“private practice”] in Bordeaux for decades. When we spoke, he was 67 years old and planning to retire. He loved his work, but he was somewhat fearful of retiring because he was unable to find a young, up-and-coming physician to train and take over his practice. On top of this, he feared not making enough money since he only saw, at maximum, twenty patients a day, which means that there is only so much money he could make on a given day. His patient volume is not fixed by anyone other than himself and his discipline. The payment system for doctor visits in France is very complicated. There are three different classes of physicians, and most homeopathic physicians are general practitioners, which is Sector 1. As a federal policy, doctors in this sector get 23 Euros per patient per visit. For most traditional physicians, this is enough to get by, but this assumes a relatively high number of patients per hour, potentially up to six. For the homeopathic physician, however, consults can routinely last 30 minutes or more, which means that the homeopathic physician often makes no more than 46 Euros per hour. Didier told me that the payment system in France is set up to destroy clinical homeopathy because one cannot make a living doing it the traditional way. Add to this low income the high costs of maintaining a clinic, ongoing professional training, materials, travel, and so on, and Didier said that the future of traditional homeopathy is bleak:

Homeopathy is condemned...in 15 or 20 years, we are going to lose the soul of homeopathy.

We might think of this as a kind of *structural prejudice* (my term) against homeopathy. As Sabine, the homeopathic virologist, had said, "I have my independence, but it's becoming more and more difficult for physicians in France to maintain that independence. They can't afford to." The independence that Sabine referred to is given up by her colleagues as they accept the largesse of industry in order to survive. This often includes sponsorship of conferences and research. But, I argue, it is a Faustian bargain.

Another economic threat to homeopathy is “déremboursement” [“de-reimbursement”], the reduction or elimination of the amount at which the Sécu reimburses for homeopathic products. During the Sarkozy administration, the French saw the homeopathy reimbursement rate drop from 65% to 35%. In 2011, the reimbursement rate fell another 5% to 30% (Hermal 2013), and many in homeopathy fear it will be “déremboursée” [“de-reimbursed”] altogether. This was a common refrain amongst most of the homeopaths I spoke with. Claudine, the homeopathic pharmacist I spoke with in Bordeaux’s upscale shopping district, told me it is always a topic of concerned conversation when homeopaths get together. Homeopathic remedies are not usually very expensive, so a total de-reimbursement of homeopathic remedies would have a noticeable, but not catastrophic, impact on the homeopathic remedy industry. The bigger risk is to the symbolic integrity of homeopathy, which derives no small amount of legitimacy from its official recognition by the Sécurité Sociale. If all subsidies for homeopathic remedies were removed, that would further communicate to the patient-consumer population that homeopathy is not “real” medicine, which would produce more consequences for clinical homeopathy than for consumer products.

No New Blood

Over the past three decades, there has been a steady decline in the number of medical students seeking additional training for homeopathy, which is usually an additional three years, “if one does it right,” to quote Alexandre, a prominent homeopath in Paris. Of the forty-seven medical schools in France,³ only nine offer the DU, or “diplôme universitaire” in homeopathy.⁴ Today, training is more likely to be delivered by private organizations or by the homeopathic remedy industry. The training sessions are often targeted at biomedical physicians who are already in practice and want to supplement their menu of clinical services by providing à-la-carte

³ <http://www.medicalstudyguide.com/universities-of-medicine-in-france.html>

⁴ <http://www.homeophyto.com/universitaires.php>

homeopathic consultation services. This is yet another way that industry is contributing to the decline of traditional clinical homeopathy.

The market and media presence of industry has driven up demand for its products. And it has also created a demand among patients for on-the-fly homeopathic care from family doctors. Patients come in search of a more “natural” medicine with fewer, or no side effects. The French are well acquainted with drug side effects. A write-up in *The Economist* (Pass the Pills 2011) called the French “Europe’s champion medicine-takers” and showed France being second only to the US in pharmaceutical spending. Also, still fresh in the minds of patients is the shock and outrage of L’Affaire Mediator, a national scandal that erupted when it surfaced that French pharmaceutical giant Servier had been aggressively pushing its drug Mediator, its trade name for benfluorex, “at odds with its medical properties” and papering over the 500 to 2000 deaths associated with its use over the 33 years it was on the market (Mullard 2011).

A number of homeopaths, including retired homeopathic physician and former industry researcher, Colin, whom I met through Julien, complained that biomedical doctors are “reading a couple of books” on homeopathy (or taking a crash course at AFH) and starting to practice it and cash in. There is no regulation of clinical homeopathy, so any practicing physician can offer homeopathic treatment, which homeopaths feel diminishes their way of life and steals bread from their mouths. Colin complained that this makes homeopathy no more than clinical “decoration.” Most patients have no idea that the homeopathic consult they are getting from their general practitioner bears little resemblance to that of the “true” homeopaths. Most of the homeopaths I interviewed had been raised as Roman Catholics, and a considerable portion of them still cling to their religious roots. Indeed, Julien advocates homeopathy in part because of its ability to accommodate the existence of God (i.e. the existence of transcendent truth, the emphasis on nature, etc.). It is perhaps not surprising, then, that some of homeopathy’s criticisms leveled at biomedicine echo Biblical characterizations of false prophets – the adoption of a false persona,

the exhibition of false authority, giving false hope, preaching a false gospel, and offering false healing – “a true prophet is a truth-teller...” (Platt 2013). One might argue that this characterization could just as easily be turned back on homeopathy.

It seemed clear to me that France's homeopathy industry, was profiting from biomedical doctors cashing in on homeopathy. I was surprised, then, to learn that while homeopaths privately denounce the corporate training centers for recruiting biomedical physicians, they still believe that these interlopers are essential to the survival of homeopathy. The logic appears to be that the survival of homeopathy as clinical “decoration” is at least some form of survival. I would argue, however, that this “decoration” is no longer homeopathic. Rather, it is homeopath-*ish*. The standard bearers of classical homeopathy believe that if homeopathy is to survive in the next 20 years, it will be due in large part to the support of “partners” like the company. I argue, however, that it is conceivable that in 20 years *their* homeopathy will no longer exist, and if it does exist in any form consistent with tradition, it will certainly not be theirs to control. Indeed, I would argue further that the degree to which the homeopathic physician community believes it “controls” the meaning of homeopathy is illusory. It is being strung along and mollified by industry in the form of funding for (industry-approved) research, conferences, and publicity in order to ensure it remains a “docile body” (Foucault 1995) to buttress homeopathy with the symbolic heft of clinical expertise when necessary. It is also the case that the homeopathic physician community operates under a false consciousness (Eyerman 1981; Rosen 1996) insofar as it fails to recognize the extent to which it has become a vassal of industry and is unwittingly complicit in bringing about its own decline.

While clinical homeopathy is being moved into biomedical spaces via the homeopathic training of biomedical doctors, material homeopathy (i.e. the remedies themselves) is being groomed for its place in the biomedical market. Remedies are packaged for the non-expert to look at, and they symbolically function like any other over-the-counter medication. The product packaging, the

prescribing and usage instructions, and the marketing of these remedies mimic their biomedical counterparts in order to situate homeopathic products in the same medical-market “universe” as, say, remedies for indigestion or headaches. They slide ready-made into existing biomedical clinical practices and patient-consumer behaviors and conceptions of care. For example, standardized “homeopathic” products now include toothpaste and lip gloss. The products, not truly homeopathic, appropriate the identity of homeopathic remedies to give them legitimacy.

They are what Haraway (1997) calls “material-semiotic” actors, material objects that act as vehicles for a very particular, very carefully edited and engineered articulation of homeopathy that avoids allusion to any of its controversial aspects. But homeopathy is and always has been controversial. These objects that aspire to be non-controversial are what I call “homeo-flexible” objects in that they maintain a loose semiotic affiliation with traditional homeopathy, but have been stripped of most of the traits that signify them as being “truly” homeopathic. Put differently, they have been stripped of their iconicity. Iconicity refers to the correspondence between a sign and its object (Kockelman 2005) and for these homeo-flexibles, a new iconicity has been formed because these objects point not to traditional homeopathy, but to a corporate simulacrum thereof.⁵

It is not just biomedical doctors who are jumping on the homeopathic bandwagon. Homeopathic practitioners also feeling the squeeze from other non-traditional healers like naturopaths and acupuncturists, which have no official status in the eyes of health authorities and are therefore unregulated. Technically, only a licensed physician can actually prescribe homeopathy. The prescription enables partial reimbursement by the Sécu if the medication is on the formulary. The twist, however, is that one does not need a prescription to buy homeopathy. A prescription is needed only if reimbursement is sought. Homeopathic products are usually very inexpensive,

⁵ I deliberately avoid using the word ‘refer’ here and opt instead for ‘point to’ since the former is a technical term with very particular meaning in linguistic anthropology and semiotics.

often no more than 10€, which means reimbursement is often not an issue. As a result, many non-physicians are unofficially recommending homeopathic remedies and providing unofficial homeopathic consults.

The “symptomatic homeopathy” practiced by non-homeopaths will not work, said author and homeopath François. This is because biomedical doctors are using homeopathy through a biomedical lens, which, as goes the perennial homeopathic critique, fails to take into account the deeply psychosocial and experiential dimensions of treatment, which means the root of the problem is never discovered and the patient’s symptoms will return. He said, for example, that he can treat the cutaneous symptoms of psoriasis, but the real problem is in the head, and if you do not treat that the skin will never truly heal. The superficial treatment of symptoms by homeopathic dilettantes, which François foresaw as the future of clinical homeopathy, will exclude the role of the patient’s constitutional *type*, which is fundamental to orthodox homeopathy, such as whether someone is more reposed or more given to movement; whether someone is like a machine; whether someone is aggravated by conflict; or whether someone has migraines aggravated by rules and regulations. The migraine is merely a surface feature of the true illness, and treating only it does not alleviate the problem. Symptomology is not true homeopathy because in homeopathy, one is not treating a migraine; one is treating embodied experience whose expression just happens to be a headache. For homeopathy, the basis of illness is existential – psychological, discursive, social, environmental, behavioral, characterological, affective, attitudinal, and so on. Aches and pains, anxieties, sleep disturbance, gastrointestinal problems, rashes, excessive perspiration, and many other presentations are understood as indices of more fundamental constitutional and psychological “imbalances.” As another homeopath told me, the biomedical physicians who practice homeopathy never truly understand what they are doing because they lack “le feeling” for homeopathy, which is essential, because homeopathy is about much more than reason.

As I alluded to above, the increase in “biomedicalized” homeopathy (i.e. that practiced by non-homeopathic physicians) has coincided with a dramatic decrease in the number of medical students going into homeopathy as the primary focus of their practice. Alexandre, a gruff, rather imperious, and cantankerous doyen of the homeopathic community I met in Paris, told me that when he was a student in the 1970s, there were often 200 to 250 medical students attending homeopathy courses with him. Now, he said, no more than 15 students usually attend the homeopathy courses offered by his medical school. There are simply not enough students being trained in homeopathy to fill the positions being vacated by homeopathy’s old guard as they retire. Medical students today believe that going into homeopathy will damage their careers, and most are not willing to take on the risks and suffer the stigmatization that comes with being a homeopath. I was told by the soon retiring homeopath, Didier, who could find no one to assume his practice, that there are fewer than ten doctors in Bordeaux whose practice is at least 80% homeopathy.

Georges, the homeopathic pediatrician in Strasbourg and a member of the FFSH/SMB, enthusiastically disagreed with the assertions of his colleagues that fewer physicians were seeking formal training in clinical homeopathy. He boasted that his group is one of the largest of the 16 private training organizations in France, with “more than 700 students.” As of January 1, 2014, there were 276,354 physicians in France, according to the Conseil National de l’Ordre des Médecins (CNOM) (Rault 2014). Georges told me that he has seen an uptick in the number of physicians enrolling in his organization’s courses. He did not specify whether students were enrolling for à-la-carte courses or for the full three-year program. He credits industrial players for this increase, with which his group has “partinariats” [“partnerships”]. Industry must tread carefully in such partnerships lest it run afoul of the Bertrand Law, the French equivalent of the US Sunshine Act, which resulted from the Mediator scandal and aims to prevent conflicts of interest between healthcare providers and pharmaceutical companies (Casassus 2013). He

bristles when I ask about possible conflicts of interest between his organization and industry players.

We must escape this reproach. We must make everything ethical and find a way for the private sector, schools for example, to not promote any corporation, but rather promote homeopathic medication. But since the corporation is behind it all, there must be a border between those who promote the medication and the company behind it.

This quote illustrates the false consciousness under which some in homeopathy operate and the extent of their self-deception. They are well aware that without industry, homeopathy would disappear very quickly, and they formulate their relationship with it as a necessary survival strategy, but the relationship is not one of sovereign peers. The extent to which homeopathic physicians depend on the largesse of the company is the extent to which they have bargained away their freedom.

Science, The Bully

J: For them, truth is reason.

M: And reason can tell us everything?

J: Yes, but there, behind that, we open the door on truth. What is truth? The truth, is it material or spiritual? I think that here we open another door. What is truth?

M: For me personally, I think that truth is what people say it is, and it's conditioned by desire.

J: Yes, that happens. It comes up. Humans nourish it. But it's a force, a reality. Can we say that it's a reality? It's a reality that has an extremely broad meaning, nevertheless.

M: That is why it is so polemical?

J: For me, it's not in scientific fact, or...so it's that the notion of scientific truth is just the tip of the iceberg, the most simple, basic part of the iceberg. Deeper down there are other things. The Enlightenment classified the branches of homeopathy, allopathy, physiotherapy, surgery, and kinesiotherapy... All of these should be unified. But no! Scientific advancement and people's egos work to keep it from being unified. [...]

Hahnemann...worked seriously to put the methods and the demands of the method at the disposal of all therapy, not just homeopathy!

My interaction with Julien above exemplifies contemporary homeopathy's prevailing attitude toward scientific truth: it is a component of greater Truth, which science can never reveal, and which exists not as discrete components (i.e. facts), but rather as the drifting, morphing aggregate of lived experience and possibility. Homeopathic truth, then, is not a thing, but rather an orientation, an example of what Adriana Petryna (2015) calls "horizoning."

“...Horizoning work is a distinct kind of intellectual labor undertaken in conditions in which the fate of an entire systems is at stake. [...] Horizoning work involves testing and assembly of empirical tools and appropriate “scaling rules”...for recognizing and “maintaining a safe distance from dangerous thresholds”... It demarcates or ‘increments’ using known parameters, but it is also a practice of continuous self-correction vis-à-vis changing baselines of safety and knowable risk” (2015:155).

Homeopathic truth, then, manifests as a process of managing the space between homeopathy’s foundational doctrines and the contingencies that threaten to dilute it or erase it altogether.

These contingencies include living in the shadow of official science and medicine, the declining numbers of homeopathic practitioners, and internal battles over ideology. The horizoning work of everyday life in homeopathy, however, seems blind to the risk posed to it by its putative savior, industry.

The deeper “truth” beneath the iceberg’s tip is not quite what Julien believed it to be. It is not homeopathy’s philosophical and moral principles, its conceptualization of the lived-body, or its distinct psychological, sociological, and phenomenological approaches to care that lie beneath the water’s surface. These are, rather, the inventories of an ideology “horizoning” in a time and place inimical to its interests. Whatever the “truth” of homeopathy is or is believed to be by homeopaths, it is inextricable from the risk posed to its existence. Homeopathy is insistent on its timelessness; it expresses something that transcends time and history.

"C'est une forme de sagesse qui existe hors-temps." ["It is a form of wisdom that exists outside of time."] – Georges, homeopathic pediatrician

There are temporal and historical dimensions of homeopathic truth, and they are not abstractions; they are tangible and protean. They are the objects and instruments of industry’s ontological tampering. Fragments of time and historiography are disappeared as homeopathy is simplified and sanitized, its controversies whitewashed to ensure its safety in the marketplace.

Julien believed that along with the speciation of medicine, we inherited from the Enlightenment our enchantment with certainty and black-and-white reasoning. This “illusion of the Enlightenment,” as he calls it, is itself a type of false consciousness in which we have developed

the belief that “science will prove everything.” The pace and spectacle of scientific innovation have conditioned us to associate truth with novelty and ephemerality. Naturally, this would not incline people to look favorably at homeopathy, which posits eternal truth. Science certainly knows that it cannot “prove everything,” but that is immaterial to the characterizations of homeopathy’s Other. Hyperbole is essential for high-contrast effects in moral comparison. What is fascinating, however, is that such exaggeration is not just a rhetorical strategy; it is the way the world really appears to the homeopathic community. There seem to be remarkably few “off stage” moments when the outrage, indignation, and victimhood are given a rest. The national conference of homeopathic physicians I attended in Poitiers was a three-day-long victim rally.

Allopathy, Julien contended, is a “closed system” that lacks a “dynamic opening.” It needs some “transversality” with other healing traditions. I find this fascinating because it represents a fundamental misunderstanding of the mechanisms by which something becomes “scientific.” Although expressed in different ways, I heard this sentiment from a number of homeopaths. To me, this suggests the assumption, perhaps only vague, that entrée into “science,” or at least an audition, should be granted to homeopathy as a political gesture, as an act of good will, as a sort of “gentleman’s agreement,” on the grounds that biomedicine and homeopathy are cut from the same cloth. This is because, I believe, homeopathy is so deeply entrenched in its identity management that its engagement with biomedicine is constitutionally limited to issues of perception and reputation. Homeopathy believes that the evidential thresholds for entry into science should be changed to include ad populum arguments, historical precedent, and moral conviction. For science to admit these as forms of evidence would indeed be a political gesture, but even if any person or institution even desired to countenance homeopathy’s wishes, it simply would not be as simple as a signature on a form, a phone call, or an editorial. Science’s very ontology turns on tending its borders and policing its ranks. No single person or entity is empowered to act on its behalf and grant admission under special circumstances. The minute someone does, he is, ideally, called out and admonished for making science unscientific.

Science is constitutionally hostile to persuasion based on rhetoric, especially without the requisite evidential “entry fees.” Of course, we know that reality is very different; science is messy, political, and very human. “Science *is* values” (Daston 1995). But if consistent objectivity is not the reality of science, it is at least a key component of its moral economy, which does not, for better or for worse, allow for the creation of a “dynamic opening” as a matter of course. It may allow such an opening on experimental terms, but it remains only as long as is justified by the experimental outcomes. In my discussion of the Memory of Water scandal in Chapter 4, we will see how quickly and firmly that opening can slam shut.

It is worth considering that homeopathy is “dominated” by science only to the extent to which it chooses to be dominated, echoing my earlier statement about homeopathy exercising “mauvaise fois” because it denies certain possibilities for its survival. If homeopathy did not submit itself to the evidential demands of official science, which it is constitutionally incapable of meeting, it would have no need to constantly weigh its self worth against the might of science and suffer the anxieties of being “less than.” To varying degrees, I got the impression from a number of homeopaths that they are dealing with issues of professional shame. Perhaps this helps to explain why so many are fixed upon redemption by their Other, but, unfortunately, this makes them complicit in their confinement.

A key figure in this dissertation is Guillaume, whom we learn more about in Chapter 5. Knowing of my interest in philosophy, Julien insisted that I speak with him since, in addition to being a homeopathic doctor, he was also a philosopher. Guillaume told me there was an ontological difference between biomedicine and homeopathy. In biomedicine, everything is “anti” – antibiotic, anti-inflammatory, antifungal, etc. Homeopathy, in contrast, is much more “positive.” He argued that biomedicine and homeopathy can and should peacefully coexist as different tools in the medical toolbox. And, of course, this happens every day in clinical practice. Homeopathic physicians do not question whether they should practice biomedicine or homeopathy in a given

case, they simply choose what they believe is the best treatment. Sometimes that means that only biomedicine is used, sometimes only homeopathy, and sometimes both. They are highly skilled, deeply principled doctors, and medical need dictates treatment plans. On occasion, however, medical necessity is not always consistent with ideological and moral commitments, and there is not always peace in the toolbox. I believed Guillaume when he told me he wants the healing traditions, as politics as well as clinical methods, to find a way to improve medicine together. It is a beautiful and noble sentiment.

I gained great admiration and affection for Guillaume as we “refait le monde” [“put the world right”] over much spectacular food and wine. However, I think Guillaume’s generous attitude was rather exceptional. I felt, more acutely than I would have liked, the pain and anger many homeopaths expressed to me about living at the margins of respectability. The overt hostility toward biomedicine of many homeopaths was striking. Interviews often left me emotionally and psychologically drained. Guillaume said that homeopathy is not focused on war, but on health. Guillaume may not be at war, but many of his colleagues are.

Escaping the “dominance” of science is no easy task. This is due in part to the enormous sums of money tied up in official science and biomedicine. As a result, science has become profligate. If more people would practice homeopathy, said Guillaume, there would not be so much waste. For example, Guillaume said that he prescribed no more than 10 MRI scans per year for his entire patient population, while some of his colleagues prescribe 10 a day. This is because homeopathy has taught him to see things that biomedical doctors cannot see because they have not been trained to see it and because they are too reliant on technology. Guillaume offered an interesting observation, but was he “right” or was his ability to “see” perhaps unduly influenced by overconfidence or a desire to reduce care costs?

...In a medicine that starts from the principle that all symptoms are due to a lesion, this leads to searching for lesions in everything, which has a huge economic cost. It [also] has a colossal anxiety cost because when we do scans or MRIs, we always find something.

And this “something” is usually an anomaly, but official science and its ties with capital have conditioned us to see anomaly as abnormality and pathology, and at tremendous cost to our psychological and economic wellbeing (cf. Canguilhem 2007). Guillaume was frustrated that patients come to him saying things like “I have a problem with my ultrasound.” Too often, he said, the patient is not ill. Rather, illness was manufactured through technologies of medical seeing that transform human biological variation into pathology. This resonates with scholarship on medicalization (cf. Aronowitz 2007; Conrad 2007; Illich 2000; Lane 2008) and the relationship between medical imaging technologies and notions of reality, evidence, and authenticity (cf. Dumit 2004; Saunders 2008) as well as concerns about photographic images replacing the experiential realities they represent (cf. Barthes 1981; Sontag 1990).

On top of the waste of resources and the medicalization of biological variation, there is also the widespread denial that homeopaths do credible research. François, a homeopath I reached out to after finding his name on the cover of a number of consumer-oriented homeopathy books, was working and living in the suburbs of Paris when I interviewed him. He told me how on one occasion he invited officials from the Academy of Sciences to hear him present on his work so he could show them first-hand the evidence for homeopathy’s efficacy. They told him,

...In the context of scientific publication, work is based on the principle of molecular mechanisms, and since your work is on high dilutions, in which there are no molecules, we can’t publish your work in scientific journals; your work does not meet our norms, if you will, the current paradigm, which is the mechanistic paradigm and we cannot publish you.

François was surprisingly sanguine about being rejected the “classical” journals of medicine and science, which are firmly committed to the “molecular paradigm.” Like Julien, he said that science must open up to “other paradigms,” but he was not bitter.

I’m not talking about pseudoscience. I’m talking about real science, recognizing that we must get out of this molecular conception a bit in order to advance, because we are coming up on the limits of, if you will, of molecular thought, mechanistic thought. So, there is an evolution that must take place that must go on to infinity. So, voilà, that’s the explanation for why these articles were not accepted. It must be understood, we shouldn’t say that it’s the fault of lobbies and we shouldn’t be paranoid. If these articles

are not published, it's because the [journals] are against people like us who do work on high dilutions; it's that they cannot accept [them because] they operate according to the prevailing principles of scientific thought and selection criteria of scientific journals. So, it's not at all a problem to say to oneself 'they don't want us? We're on the margins? Voilà!' It's just a problem of the constraints of scientific thought.

A problem, said François, is that legitimate homeopathic research like his is wrongly lumped together with quack homeopathy research.

Let me give you an example of this. There was some research done on protection by a metal: you give a little dose of metal to a rat, for example, and then afterward you give the rat some toxic substance, like arsenic. The rat that is protected doesn't die, but the rat that didn't receive the little homeopathic dose does die. Voilà! A simple study, and it was done by the dean of the Faculty of Medicine at Bordeaux, so it wasn't done by a nobody; it was done by scientists!

More upbeat than his colleagues though he may have been, François still sternly believed that official science is characterized by rigidity and the protection of its power. Living outside the favor of this power was to live with the painful realization that “dynamic openings” and “other paradigms” are unlikely. Thus, homeopathy's labors of “horizoning” must calibrate, “increment,” and “scale” its future not in terms of hope, but in terms of survival.

Life on the Margins

In France, homeopaths complain that their method is “tolerated” by the medical establishment, which wrongly groups homeopathy with healing methodologies like iridology, which homeopathy regards as quackery. Indeed, people in homeopathy labor mightily to distance themselves from “non-medical” traditions that do not share its pedigree. Because homeopathy and official medicine shared the same crèche, homeopathy sees itself as the sibling of official medicine, albeit a maligned one, and is therefore equally and justifiably disdainful of quackery. Make no mistake: “homeopathy is medicine.” But homeopaths believe there is a pernicious double standard in medicine that recognizes acupuncture and osteopathy, but rejects homeopathy. There is probably some truth to this, especially given the resilient memories of the Memory of Water scandal, but we should also remember that the knowledge claims and practices, not to mention the tone, of acupuncture and osteopathy are very different from those of homeopathy.

Still, the social suffering of homeopaths is palpable. From Georges, the homeopathic pediatrician:

When I became a homeopath, I had every doctor against me...my entire medical network. I was a charlatan. It's as if I was wearing pointy witch hat and holding a magic wand. [But] I think it's changing. I think we're approaching a time when we will no longer have to defend ourselves.

Until that time arrives, however, homeopaths will continue to be relegated to "preaching to the choir" in its "littérature grise" ["grey literature"]. Breaking out of its insularity is a challenge that homeopathy must confront. Guillaume stood apart from many of his fellow homeopaths in a number of ways. One of these was his pragmatic approach to communicating with the "outside."

But it's interesting, Michael, that the work that you are doing does not reach the medical world. [...] How does the work that you do influence the medical world? That's not really my goal, but it should be...[my work] should circulate. I hope to explain that homeopaths are very serious, that they are very dedicated to work, that they are not insane. [...] I hope to destroy the myths."

Homeopathy's insularity is not entirely self-imposed. As it has been pushed to the margins, it has turned inward, and its turns outward are usually ignored or rebuffed. Insularity is a safe place to be, or to hide. Given the very public mockery and scorn heaped upon homeopathy by the center, it makes sense that homeopaths would retreat to their fortifications and let industry fight their battles. After all, the French homeopathy industry has economic clout, some measure of influence with institutions in Paris, and a flashy, modern image. However, by letting the company become its standard bearer, traditional homeopathy has given away the keys to its kingdom. As industry fights to gain footing nearer to the center, it is not so much interested in correcting the misconceptions about homeopathy as it is with disseminating new ones. Where the old guard of homeopathy attempts to rectify misconceptions, the company tries to pave over them. Industry avoids homeopathy's history and focuses on its contemporaneity and futurity in order to remake it. Industry is doing precisely what homeopathy has done since it arrived in France: exploit social, political, and economic conditions and manipulate its own identity and history for political and economic gain (Faure 2002). It just so happens that there is now no single, unified homeopathy in France.

Of course, instead there are “many homeopathies.” Indeed, there are as many homeopathies as there are patients and practitioners who use it. But there is a division within homeopathy that transcends even its own internal ideological rifts: the gulf between the goals and power of corporate homeopathy and goals and power of traditional homeopathy practitioners. Industry is not fighting for Hahnemann; it is fighting for its products. Steamrolling its way to glorious triumph at the center, the company paves over homeopathy’s history, its founding principles, and, ultimately, its faithful few. This is seldom openly discussed among homeopaths for fear of biting the hand that feeds them, but when it is, some declare with grim resignation they “have no choice.” Others appear oblivious to the risks and see the links with industry as a self-evidently logical matter of course. Even so, homeopathy’s controversial founding doctrines (e.g. vitalism) and the people who espouse them are political and economic liabilities for industry because an embattled homeopathy is not a profitable homeopathy.

While industry marches toward an in imagined victory at the center, the faithful few hold their positions in the trenches at the margins, where they try to set right the distortions of their method. A research article on homeopathy published by historian Olivier Faure is an example of this distortion (Faure 2002). In his paper, Faure traces homeopathy’s initial success in France to its strategic “interpénétration” with Saint-Simonism in the nineteenth century, a social and political movement that looked to science as a way to improve society. Faure argues that homeopathy first gained a foothold in French society through polemical and militant publications and quasi-religious messianic social networks, and later, at the expense of allegiance to Hahnemann, established powerful and profitable links with industry, which it subsequently whitewashed in the 1960s when the method began to bill itself as anti-establishment, alternative medicine. For Faure, homeopathy is built not on science, but on logics of profit and ideology.

Olivier Faure's take on homeopathy is an interesting departure from the back-and-forth recriminations between bioscience and homeopathy that make up the balance of publications on the method. Within the French homeopathic community, Faure is a known quantity. I was interested, then, to see how some of my contacts within homeopathy felt about his work. I assumed they had read his work, and indeed they had. Invariably, he was simply dismissed out of hand as someone out of his depth.

[Olivier] studied [homeopathy] from a distance...as an object. He did not stick to the texts. He did not go to the texts...from history. [...] You must impregnate yourself with a culture if you're going to speak about it...he did not analyze. He had an intuition of the 19th century, of religious thought and so he demonstrated it. -- Julien

I can understand how Julien, given his academic background, might feel slighted, especially by a fellow historian. After all, Julien he had written his dissertation on homeopathy, and Olivier had only written an article. Moreover, Olivier's article clearly demonstrates his opinion of homeopathy, which Julien and others interpret as being "out to get" them and their practice. Such is homeopathy's tenacious victimhood. But is not just about victimhood; it is also about reflex. Homeopathy is so accustomed to assault, that quickly and formulaically fending off offense is now homeopathic instinct. Note that I say "fending off" and not "defending." I make this distinction here to illustrate the point that homeopathy is usually not even allowed access to a forum where it might marshal a defense. Of course, this is not always the case, but this is what is *felt* as truth by homeopathy. As an example of this, Olivier's article was published in a respectable academic journal (*Actes de la Recherche en Sciences Sociales*), but the chances of homeopathy having access to such a platform are very rare. Virtually all of what is published by homeopaths is self-published by homeopathy journals (i.e. "littérature grise").

The Burden of Being Right

I asked Julien for his thoughts on the role of the granules in homeopathic healing, whether there is some unknown biological mechanism in play or whether there is some sort of symbolic healing

going on or if there is something else entirely. He cautioned that there was no science to tell us whether there is a biological explanation and that those who look for one are wasting time and doing homeopathy a disservice. He said that there is no point, that all the evidence lies in accounts of patient and physician experience and that that is what homeopathy should promulgate in its battle for legitimacy. He went on to say that symbols play an important role in any healing tradition (cf. Douglas 2003[1970]; Geertz 1977; Lévi-Strauss 1974[1963]). When he said this, something clicked inside the anthropological me. His pithy observation was such a departure from the plaintive tone of so many of the accounts I had documented. My first thought was “that sounds like something an anthropologist would say.”

Over time, I developed a friendship with Julien and gained an appreciation for how acutely he personally experienced the indignity of biomedicine’s disregard of homeopathy as an affront to an entire way of life to which he and others had made a very serious moral, spiritual, and intellectual commitment. To him, the marginal position of homeopathy was not just a problem of politics, power, or knowledge; it was an injustice, an assault on truth. In our wonderfully wandering conversations in his office and at his apartment at the foot of Sacré Cœur, Julien and I would sometimes swap notes on our favorite ideas and works from our respective disciplines, he from the history of European medicine and I from anthropology. We never discussed the anthropology of symbols, like the work of Mary Douglas or Clifford Geertz (e.g. Douglas 2003[1970]; Geertz 1977) but for him, the centrality of symbols in our daily lives was obvious. I think this owed at least in part to his devotion to Christianity, on which he was very well read. He reminded me that the Virgin is an important healing symbol for Catholics such as himself. And he mentioned that there are most certainly symbolic aspects to homeopathic healing, just as, he emphasized, there are for biomedicine. In both traditions, he explained, there is ritual, belief, the placebo, and the magician. Twisting the dagger, he said that biomedicine’s magician is the “grand ponte” [“big shot”] doctor whose legerdemain is the imperious wielding of his godlike biomedical knowledge and authority: “When he says use Cortisone, everyone uses cortisone without question!”

We are well aware of the popular image of the biomedical doctor as an arrogant, dismissive autocrat, but I think this image is somewhat dated and needs to be revisited with an awareness of changes in medical school curricula, practice guidelines, the growth of the informed patient, and, for better or worse, the commodification of care.⁶ To the extent that this image persists as a reality, and I would argue that it is much more prevalent in France than it is in the US, it is, nevertheless, grossly overstated by homeopathy. In a sense, however, this image must be overstated irrespective of its likeness to the “real” world because it is foundational to homeopathy’s identity, politics, and ontology.

Critique of biomedicine is both what homeopathy *does* as well as what it *is*. Homeopathy’s very existence is a de facto indictment of biomedicine on moral, philosophical, epistemological, and, ultimately, ontological grounds. Homeopathic political logic holds that biomedicine commits a crime not of ethics or knowledge or even medicine per se, but rather a crime of being, to which moral, philosophical, and epistemological offenses are subjacent: biomedicine commits ontological wrongdoing by failing to be what medicine is supposed to be, for establishing itself as the arbiter of medical truth, for creating itself for the purpose of perpetuating itself.

Homeopathy derives its moral authority from Nature itself, which endows humanity with an inalienable dignity and wholeness which biomedicine has desecrated. As a Georges the pediatrician told me,

A human has a dignity, the human dignity, the *dignitas* of the Latins and the *dignité* of the Greeks. It’s simply a piece of evidence, but this time, it’s not “evidence” as in proof, but something that is before our eyes. One cannot deny it!

Mankind’s inviolable wholeness, glossed as “globality” in homeospeak, is an object in two important senses. First, it is a medical/clinical object in that the patient’s globality is the object of

⁶In the last case, patient-consumer demand increasingly influences institutional decision-making. As evidence of this, many premier medical centers in the US, including Penn, Harvard, Columbia, and Duke, have courted controversy by establishing alternative or complementary medicine programs in response to consumer-patient demand.

the homeopathic gaze and intervention. Globality includes everything endowed the patient by nature (the body, any predispositions to certain illnesses or sensitivities, behavioral tendencies, interests, tastes, talents, faults, passions, etc.) combined with the imprint of the totality of one's life-experience. These two aspects are mutually influential. Diagnosis and treatment are determined through a lengthy process of interrogation that produces a coherent narrative, which homeopathic doctor-philosopher Guillaume called a "tissage" ["weaving"], of the somatic with the psychological and social:

Thus, you see that this notion of 'individual' that connects directly with homeopathy. ...It is a singular, unique, non-divided being. ...It is important to think conceptually...if an individual is not divided, it is logical to take him into account globally...to care for him in an undivided manner. Let's take the example of anxiety. It's felt in the pit of the stomach, so there is a 'tissage' of the psychological and the physical, and with *arsenicum album* [common homeopathic remedy for anxiety] it will be felt differently, but always with a mix of the two. ...So, homeopathic medicine must simultaneously have this analytical rigor with the data of science...[with] a particular eye, which is a phenomenological eye, and above all global.

Globality is also a philosophical object in that it serves as a first principle for homeopathy's apologetics and moral reckoning. In talking with homeopathic physicians, it became clear that being a homeopathic physician is psychologically and intellectually laborious in ways that biomedical doctors would not understand. Not only do homeopaths confront the daily challenges of practicing medicine, they have to justify the very existence of the medicine they practice as well as their decision to practice it. This makes the type of medicine they practice an inherently and overtly rhetorical exercise. I saw the heavy toll their commitment to their rhetorical obligations had taken on their reputations, their physical and mental health, and their relationships with their families.

There is so much philosophy, ideology, and critique tied up in the *doing* of homeopathy that it makes it difficult for any "outsider" to understand it. Homeopathy is, in a sense, rhetorical medicine. While it does have a clinical component, homeopathy seems more focused on *promoting* a discourse of healing than doing actual healing. (This is not to say that homeopaths are less committed to their patients than biomedical doctors.) Borrowing the concept of

metapragmatics from linguistic anthropology (Agha 2007), which is, in crude terms, language about language, we can think of homeopathy as a metapragmatics of homeopathy. That is, the “globality” of homeopathy itself, its rhetorical-ideological formation, is at one remove from its clinical incarnation, which is an aspect of homeopathy, not its core. The metapragmatics of homeopathy are not just *about* homeopathy; they are also *for* it. That is, homeopathic discourse is not just *descriptive*; it is also *rhetorical*.

In his examination of French homeopathy as a primarily psychological object, Thomas Sandoz (2001) argues that homeopathy is fundamentally a set of rituals of reassurance and conjuration. I agree that understanding homeopathy’s rituals for reassuring and relieving patients by conjuring in them new states of mind, beliefs, and expectations is key to understanding homeopathy’s inner workings as a very distinct form social practice and its appeal for patient-consumers. I do not believe, however, that we can reduce homeopathy to the means by which it brings about effects in its patients, though Sandoz’s contribution of the psychological perspective is essential to the social study of homeopathy. I argue that we must also attend to the ways in which homeopathy constitutes itself as a moral life-world. The position I take here is that the more accurate framing “conjuration” here is to focus on the ways that homeopathy conjures itself into existence. I argue further that it does this chiefly through a philosophical rhetoric articulated through a logic that is primarily moral and only secondarily scientific or political. That is, debates about the scientific legitimacy of homeopathy are reframed or abstracted as philosophical debates about natural order, the nature of science, human nature, and the moral economy of science.

Leaving aside debates over whether homeopathy’s moral grandstanding is the *right* thing to do, it is, in a sense, the *only* thing that homeopathy can do. With no recourse to the “epistemology engines” (Ihde and Selinger 2004) of science, one can imagine why homeopathy, feeling backed into a corner literally and figuratively, might retreat to a moral high ground. Yet, it is unclear whether homeopathy’s moral footing is defensive or offensive.

When Hahnemann developed homeopathy in the 18th century, he did so to militate against the medical science of his day, which he saw as needlessly violent and barbaric, involving as it did bloodletting and the use of potentially deadly emetics. His move was offensive. In our time, those within homeopathy who want to reenter the fold of “official” medical science find themselves unwelcome.

Undaunted, their efforts to gain entrée continue, yet the noble virtues of better patient care they want to bring to bear on the larger project of medicine are overshadowed by the sense of rectitude in which they are couched. It therefore becomes difficult to imagine homeopathy's recourse to moral high ground as a mere survival tactic. When Hahnemann founded homeopathy, he sought a better way to fight illness. Scientific adjudication aside, he conceived his method as a medical practice. Today, however, there seem to be few limits on what aspects of human experience come under homeopathy's gaze. Moreover, homeopathy has experienced radical involution, becoming ever more elaborate and speculative in its consideration of possible explanations for its mechanism of action (e.g. Milgrom 2006b; 2008; Walach 2003). Homeopathy has created itself as a guide for the conduct of life itself, serving as a resource for moral reasoning and the construction of homeopathic subjectivities (cf. Bauman 2007; Foucault 1988; Hacking 1999).

Homeopath-philosopher Guillaume told me biomedicine fosters a conception of the patient in the mind of both practitioners and patients themselves, that asserts that a patient's knowledge of himself is not as valid or valuable as that of the doctor's knowledge about him; that the patient must always cede to the expertise of the doctor.

Anyway the key word is the patient. He is what I find interesting is that in homeopathy you can't ignore the patient, you can't, in allopathy you can... There's a moment where if you say to yourself: "Here, he has such germs, such...". "and well what he says, to the limit, you don't care about it, it's not the problem anymore. Such germs, such antibiotics, endpoint. However if you are nice you pretend you're listening, no, you're listening out of kindness but that will be a listening as you said earlier, you can listen. It'll be a surplus,

through the goodness of the soul, out of humanity, but intrinsically, compared to the technique and the method, it's of no interest anymore. [kindness as surplus/optional of allopathic clinical encounter] If I have peritonitis, the surgeon operates me, he not going to give a damn about what I am, about what I experienced, he doesn't care, if he is nice, he listens to me a bit... Finally... Ah yeah, ok, so you've had a verbal fight with your mother-in-law, ah ok... But he doesn't care, it changes nothing for him that I've been fighting with my mother-in-law, that I received a leg kick in the belly... it's not his problem, he operates and removes the thing which poses problems, end point. While if we take a less acute example that relates to surgery, a very violent digestive disorder, very violent in homeopathy if you are fighting with your mother-in-law, there will be a certain medication if you are intoxicated and you ate something, it will be another, if you were very cold in the belly zone two days ago because you left in a T-shirt, that the weather was fine and that it rained on you at 4 in the afternoon, if you've got a coagulation problem, will still be a third one... But this will change completely. So you have a methodical need to understand how it happens, finally in what history does what happens fit in. The story will not be heard in the psychological sense, no, globally.

But I think that all allopathic doctors are aware of this, but they do not know what to do about it, and if you talk with any allopathic practitioner he is aware of this, he simply doesn't know what to do. Meaning that he will know that the social conditions... huh... Let's say, there are plenty of people to whom I tell, I tell them: 'Actually what you need is a job, this is not a medical question.. I should find you a job, things should work better between you and your wife, things should go better with your children, your home should be finished, finally you should have no worries, okay'... But the morality as a doctor, I need to do something for them, but I can't find a job for them...

Guillaume was a kind of "life-doctor," a physician of existence, not just a caretaker of the material body. Homeopathic doctors present themselves as experts on life, of which biology is only a part. This expertise is often couched in psychological terms, but the implied reach of the expertise, in other words the existential diagnoses and treatment advice, often extend even beyond matters of psychology. They reach into one's daily social life, one's possible ways of being in the world—in other words, one's ontology. This is the kind of metaphysical overextension for which homeopathy is criticized. It violates the epistemological and social norms of medical practice, which traditionally seek to maximally constrain decisions and actions to those based on available evidence that has been validated and replicated by the scientific community. Homeopathy's expertise, however, is located within the expertise of the homeopathic physician; observation and clinical judgment are his forms of evidence; he is a scientific community unto himself.

I asked François, the homeopath and popular book author, about the conflicting reports I had

heard on whether homeopathy is growing or shrinking. He made a distinction for me. In terms of consumer demand and consumption of homeopathic products, homeopathy is definitely growing in France. He said that it is even growing in terms of consumer demand for homeopathic clinical consultation. The problem, he said, is that there are too few doctors to actually meet those clinical needs. This much is true, as was confirmed to me by the homeopaths Alexandre, Guillaume, and Sabine. I asked him if this is a symptom of increased advertising on the part of industry, which moves homeopathic products out of the homeopathic clinical setting, and away from traditional physician expertise, and toward consumer self-treatment. He said no. Instead, he said that it is a symptom of the larger problem of a physician shortage in France.

At the time of our interview, François was a leading figure in one of the two homeopathic physician unions in France. The union's jobs are 1) to promote the rights and income of homeopathic physicians and 2) defend the homeopathic profession, which François claimed is attacked on several fronts, including in terms of its medications, "de-reimbursement," etc. On the political front, there is legislation at the level of the European Parliament called "référéntieles métiers" that seeks to standardize definitions of professions across the EU. These definitions are worded with biomedical physicians in mind, but François said, ongoing conversations about this legislation have ignored homeopathic physicians, leaving them forgotten, unrecognized, and undefined.

Adversarialism

The variety of problems and conditions that inhibit homeopathy's flourishing is seemingly endless. I have included here only a handful of those that regularly appeared across different narrative accounts. Below, I offer my own observations on impediments to homeopathy's thriving. The issues that I explore below are related to a single issue: adversarialism. Before proceeding, I must state that my work explores only what homeopaths say about themselves and their Other. I

have tried throughout this dissertation to avoid speaking for biomedicine or “official science” beyond conventional wisdom. A similar ethnographic study of biomedicine would need to be done to better understand its “reality” on the topic of homeopathy. Conventional wisdom of the politics of science and medicine, and of human interaction more generally, tells us that amicable and peaceful engagement can bring about impressive results. This wisdom is visibly reduced to platitudes every day in the news. When I hear it uttered in homeopathy, I get the sense that very few people believe it. It is a wonderful ideal, but it does not seem to represent real possibility. There is a sense of having “given up” in many corners of homeopathy. For all of its talk about desiring “dynamic openings” and “other paradigms” in which some détente with official medicine might be negotiated, I am not convinced that few homeopaths think this is actually possible or even desirable.

Homeopathy’s stated desire for peace must be reconciled with its vitriol. The problem, however, is that homeopathy does not want peace; it wants unconditional surrender. It accuses of biomedicine of being a “closed system,” of being “inflexible,” of being “arrogant.” Official medicine, homeopathy argues, must expand its conceptual horizons, loosen its foundations, and be open to other ways of knowing and doing. What begins as reproach on the level of procedures and facts quickly escalates to excoriation for systemic epistemological error, which then soars to the dizzying heights of full-scale moral condemnation. It goes without saying that homeopathy is no less doctrinaire and stubborn than official medicine.

There is a palpable sense in homeopathy that there is really no point in playing nice. A certain amount of acrimony is to be expected and understood. But I do not get the sense that homeopathy has ever made a good-faith effort to negotiate with its Other. Nobody is arguing that biomedicine has made such an effort; it most certainly has not and will not. But homeopathy believes that because it is “open” every other system should be too. For homeopathy, “openness” is a standard of universal virtue that official medicine and science are failing to meet. Therefore,

homeopathy, unwaveringly convinced of its absolute rectitude, sees no point in ceding any ground; it is all up to biomedicine. Indeed, any concession by homeopathy would be tantamount to dereliction of moral duty. This moral certainty authorizes epistemological and political positions that, in addition to being potential points of negotiation with official medicine, are blind spots in homeopathy's inventory of its own obstacles.

Science will sell you evidenced-based medicine and they go around the world saying that THE reference frame is evidence-based medicine. They say to the homeopaths, "You are cat piss. Show us, respond to the question of evidence-based medicine, and maybe we will speak with you!" It's an attitude of power! – Julien

Maddo, the homeopathic psychiatrist, wrote an article on Ritalin in which she told biomedical doctors that they were using the medicine incorrectly. She argued that that one could not give Ritalin to a hyperactive child because this *type* of patient is actually of the Aurum type, which needs to move around a lot in order to dissipate his anxiety about death.

I wrote on Ritalin. I wrote a book not too long ago and I showed which patients should be given Ritalin and which ones should not. I explained how allopaths do not understand hyperactive children. Because, simply, Ritalin corresponds to a 'type sensible,' a particular sensitivity to Aurum [i.e. Aurum Metallicum, or gold, a typical homeopathic remedy given for depression and suicidality], but an Aurum that is not at all psychological, which is to say related to depression...but an Aurum that's almost genetic – where people reduce their anxiety by moving around all the time because they're suffering the anguish of fear of [their own] death, like that commonly associated with Aurum...

Maddo's quote is illuminating for three reasons. First, it is an example of how detailed the critique of biomedicine can become when a particular type of patient or pathology is placed within the homeopathic "gaze" (Foucault 2003). Second, it shows how differently the patient and illness are ontologized within that gaze. And third, it gives an indication of the epistemology behind that gaze, which scripts and organizes diagnosis and treatment. The patient within the homeopathic gaze, in this case a hyperactive child, is not suffering from underactive regions of the brain, which is what biomedicine believes it to be (Czerniak, et al. 2013) but is, rather, attempting to shake off through constant movement the anguish of his own mortality.

By "type sensible" Maddo is referring to the set of sensitivities to irritants and susceptibility to

illnesses that each of the homeopathic constitutional types is subject too. These “types” are the basis for a significant portion of diagnosis and treatment in homeopathy, especially in homeopathic psychiatry. The typology holds that there are deterministic links between these sensitivities and susceptibilities and one’s behavioral and psychological traits, personal tastes and preferences, as well as the outward appearance of the body, such as one’s posture or the shape of one’s face (see Figure 1).

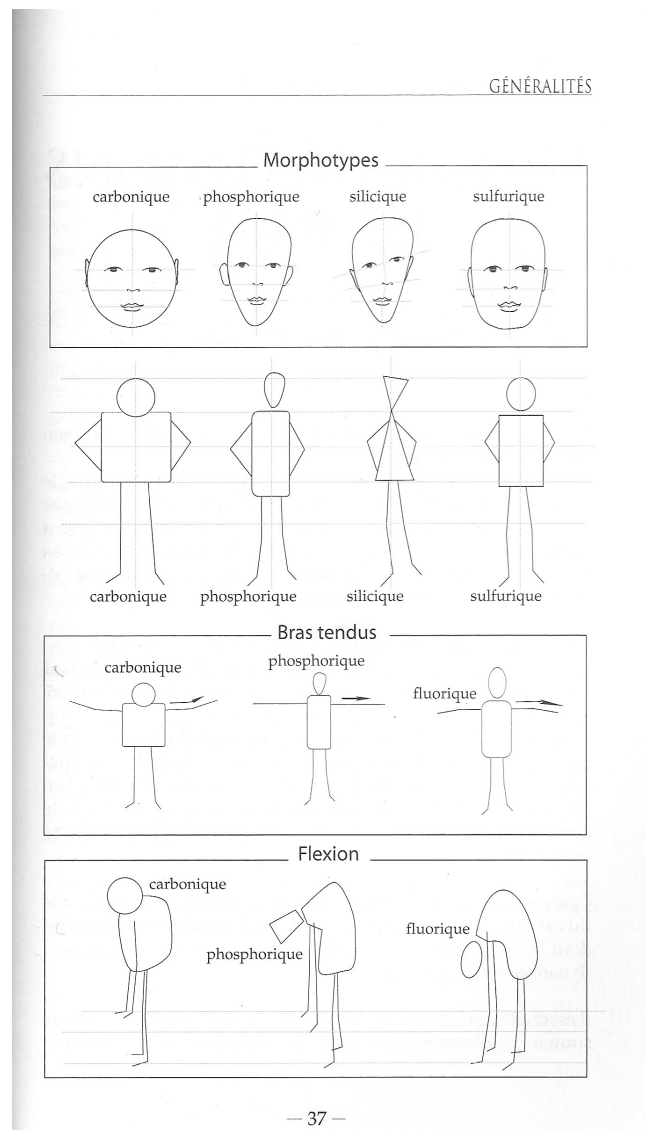


Figure 1: Les Constitutions Homéopathiques (Tétou 2007:237)

For instance, “an adult of the *sulfuric* type might likely present as overweight, with a poor posture, bad skin, and a disheveled appearance, and would probably be irritable, nervous, egotistical, lazy, and detests water, general hygiene, outdoor activities, and cold, wet climates” (Tétau 2007). Similarly, an adult of the *siliceous* type (from silica) is graceful, yet frequently frail, wan, and clammy. The siliceous type is “rather an exalted individual who feels and suffers acutely, a sensitive and delicate nature, prone to spontaneous enthusiasm or sudden despair, whose charming personality is distinctly attractive.” Yet because this type of person is “weak,” he or she has little resistance to disease since “his hypersensitive nervous system is incapable of marshaling the necessary defensive reactions of the organs.” Of other types, Léon Vannier, a leading, if controversial, figure within 20th-century French homeopathy, says that women of the *carbonic* type dislike high heels, whereas the fluoric women “cannot do without them” and fluoric children have “a malocclusion of the teeth as well as an ugly formation of the mouth (Vannier 1998:91-100). These characterizations of patient “types” are troubling because they are not medical categories; they are moral categories inflected through stereotypes of gender and class and well as natural biological variation.

To be fair, not all homeopaths follow the model of *constitutional prescribing*, which is prescription based on “the general characteristics, or constitution, of the healthy patient, consisting of personality and physical characteristics” (Shelton 2004:46). Indeed, the more scientifically-minded that I encountered among the French homeopathic professional community disavow the relevance of the typology to varying degrees. Though some homeopaths may relegate Vannier to the embarrassing fringe element of today’s more aspirational science- and market-friendly homeopathy, the idea that there is some natural, deterministic link between the “natural kind” of person that one is as ordained by the cosmos, nature, God, or what have you and one’s experience in and of the world, *a fortiori* illness experience, is fundamental to the homeopathic worldview. Homeopathic constitutions may or may not figure formally into clinical homeopathic diagnoses, but they are often there in a commonsensical way, informing perception and judgment.

They were there in interactions with my interlocutors, in our casual conversations, in their ordinary, reflexive apprehension of the everyday world; in much the same way you or I might casually observe that someone or something is neurotic, nostalgic, or phobic (Bolzinger 2007; Colman 2014). There is considerable variation among the components of the constitution typology, and it has evolved considerably since Hahnemann first articulated it two centuries ago, in part to accommodate the emergence of diseases associated with modernity, including HIV and environmental illness.

The lack of consistency between any two given accounts of the typology is emblematic of the larger ideological and practical divisions within homeopathy. As I was reminded very frequently by the homeopathic physicians, pharmacists, and researchers with whom I spoke, there is no one single homeopathy; there are many homeopathies. And these deep fissures are a source of consternation for the community as a whole because it recognizes that this internal strife impedes its broader efforts to progress as a movement, yet the movement, such as it is, seems hindered precisely because it cannot agree on what kind of movement it wants to be. Should homeopathy be more scientific or less scientific? Should it abandon hopes of finding in vitro evidence of its efficacy and focus solely on its corpus of clinical observational data? Is homeopathy a complement to biomedicine or an alternative to it? Should the movement fight for recognition of homeopathy as a medical specialty, which would guarantee it greater prestige and higher reimbursement rates? To what extent should the movement include factions that preach the more metaphysical, mysterious, and vitalist dimensions of orthodox homeopathy? Who gets to speak for homeopathy?

CHAPTER 3 — Scientific Redemption?

"When you have one worry, you fight; when you have 10 worries you survive." – Sabine

On June 30, 1988, the journal *Nature* published an article titled "Human basophil degranulation triggered by very dilute antiserum against IgE" (Davenas, et al. 1988). In everyday language, this means that researchers "found that human white blood cells respond to a solution of antibodies, even when the solution is so dilute that it can no longer contain a single molecule of antibody" (Vines 1988b). Vines succinctly described the two main responses to the piece, saying "homeopathic enthusiasts are rejoicing while scientists are scratching their heads in disbelief." This is because what Jacques Benveniste and his research team at INSERM (Institut de la Santé et de la Recherche Médicale) claimed to have found would, if shown to be true, rescue homeopathy from the margins of medicine with scientific evidence of its efficacy, though it would also overturn two centuries of scientific knowledge. As it turned out, however, homeopathic Truth, at least as revealed by the research of Benveniste and company, would remain out of reach as far as scientific officialdom was concerned—the scientific community's head-scratching turned to outrage in the scandal that followed.

On the same day that the research report appeared in *Nature*, a sensationalizing piece about it appeared in *Le Monde*, France's largest national newspaper (Nau and Nouchi 1988). In it, the authors proclaimed that a French immunologist, Jacques Benveniste, and his team of 13 at INSERM in Clamart in the south of Paris (France's answer to the NIH) had discovered something could potentially overturn the foundations of physics. As would become apparent in the ensuing drama, the politics at the heart of the discovery were as much about national pride as they were about the (far from modest) personal ambitions of Benveniste. Fifteen days before these two publications, Benveniste had presented his findings at a homeopathy conference in Strasbourg, to which he had personally invited one of the *Le Monde* article authors, offering the journalist a scoop on what Benveniste pitched as potentially earth shattering scientific news.

As Nau and Nouchi (1988) explained to the lay public, Benveniste and his team claimed to have discovered that water molecules were able to transmit information to human blood cells, causing their degranulation (i.e. displaying a reaction to antibodies by losing the coloring with which they had been chemically stained) by virtue of an imprint on them that had been left by antibodies before they had been systematically diluted out of the water in successive dilutions. The water was said to exhibit a “memory” (“souvenir”) of the antibodies with which it had previously had contact and that this memory bore an imprint of sufficient fidelity to trigger a reaction in the human basophils. No doubt because of its poetic ring and potential for mockery, the phrase “memory of water” (“mémoire de l’eau”) gave rise to what became known as The Memory of Water Affair (L’Affaire de la Mémoire de l’Eau), even though neither Benveniste nor anyone on his team ever specifically used the term “memory” to refer to what they had found.

The Memory of Water Affair was as polarizing an event in the social history of scientific epistemology as it was in the history and practice of homeopathy itself. Even though homeopathy traces its roots to the eighteenth-century Saxon Samuel Hahnemann (Aulas 1985; Cook 1981; Giordan and Raichvarg 2000; Halm 2000), long before the emergence of modern scientific medicine in the late 19th century (Ackerknecht 1982; Faure 1994; Porter 1999), it was a fringe approach to medicine even in its own time, one of many alternative healing sects that included religious healing, folk wisdom, and “the heroic prophet” (Porter 1999:397). As the late medical historian Roy Porter explains, these disparate healing modalities had several fundamental things in common. First, they were German. Additionally, they

tended to denounce modern lifestyles as unnatural and accused regular medicine of being an oligarchic closed shop, an obscurantist racket devoted to self-aggrandizement. Fringe healers urged a return to simplicity, praising plain living and looking to nature’s healthy, healing ways. They recycled venerable advice like the non-naturals (temperance and moderation), but adapted it to the anxieties of commercial society and the aspirations of self-help common folk aiming to gain to gain control over their lives in matters of bodily health no less than religion and politics.

This continues today with homeopathy’s denouncement of biomedicine and its emphasis on

enabling the body to heal itself serving as a de facto critique of biological reductionism, scientific hubris, the commoditization of health, and indeed Western modernity itself. It also continues with the denunciation of self-aggrandizement, but as Benveniste's behavior in the Affair shows, homeopathy is no more immune to arrogance and ambition than is biomedicine. Modern homeopathy is no longer the homegrown remedy it was in Hahnemann's day; it is an institutionalized and industrialized ideology deeply embedded in global flows of capital and knowledge (Ong and Collier 2005). As it was for Hahnemann, it remains today a form a resistance against medical oligarchies.

In the Memory of Water Affair, homeopathy's foe was the "epistocracy" (i.e. knowledge-based rule) (Estlund 2003; Holst 2012) of Western science embodied in the person of John Maddox, the editor-in-chief of *Nature* at the time. It was Maddox, *Nature's* editor, who invoked the strict evidentiary politics of scientific truth that undid Benveniste. For Maddox, the facts of science, and the established methods for finding them (cf. Fleck 1981), served as the basis for moral and political reckoning in scientific endeavor. Maddox saw himself as merely the spokesman of this common-sense logic, and thus politics, of science. For Benveniste, this was precisely the problem – Maddox was exhibiting the very hubris against which homeopathy had been railing for generations (though Benveniste was unable to acknowledge this same trait in himself).

In his controversial article, Benveniste hoped that he had finally shown that homeopathy was more than a placebo response; it was not quackery or vitalism masquerading as science. Many today use the word homeopathy to refer to any healing modality that is not biomedicine (e.g. naturopathy, acupuncture, aromatherapy, etc.), but homeopathy, strictly speaking, is defined by two immutable principles articulated by Hahnemann in his *Organon of Medicine* (1983), which was first published in 1810. The first law of homeopathy is the Law of Similars, *similia similibus curantur* ["like cures like"]. In other words, whatever agent caused the disease can be used to cure the disease provided that the second law, the Law of Infinitesimals, is followed, which entails

the serial dilution of the disease-causing agent in purified water (Porter 1999:391). The idea is that the offending agent is diluted to such an extent that it is no longer toxic or harmful when reintroduced into the body, thus enabling it to trigger the body's own natural healing response. The problem, however, is that homeopathic dilutions are routinely diluted past Avogadro's number, the number of successive dilutions at which no molecule of the solute remains resident in the dilution (Gorski 2012).

The implication of Benveniste's study was that they were witnessing something that was scientifically impossible: the basophils were reacting to something in the dilution that technically was not there. In a letter to the editor of *Nature* in response to the publication of Benveniste's study, Henry Metzger and Stephen C. Dreskin, scientists at the NIH in Bethesda, Maryland who unsuccessfully tried to replicate Benveniste's results, described Benveniste's study as a "Cheshire Cat" phenomenon, referring to Lewis Carroll's *Alice in Wonderland*, in which the body of the cat disappeared while his smile remained floating in the air. This was no isolated incident of churlishness—it was emblematic of the tone of the debate that played out in *Nature* among Maddox, Benveniste, and the journal's readership.

Benveniste's study stood to give the homeopathic community what it had dreamt of for centuries: scientific legitimacy. The debate over homeopathy has long played out over whether it is or is not science, whether it is or is not medicine, and whether it might be better described as simply faith or fantasy. The drama of the Memory of Water Affair also played out along these long-established lines of dispute over scientific legitimacy. There are few full-length monographs available on the Affair, but most that do exist are victim narratives by those who were either at the center of it (Beauvais 2007a; 2007b; Benveniste 2005) or by Benveniste apologists (Schiff 1995).

There are, however, a few accounts that claim to give a more balanced telling of what happened at Unit 200 before and after the publication of the *Nature* article. Science journalist Michel de

Pracontal (1990) provides a richly detailed mixture of fact and personal opinion on the course of events. In early 1997, *Le Monde* ran a three-part story by journalist Eric Fottorino on the Affair from January 21 to 23 (Fottorino 1997a; 1997b; 1997c). Caroline Picart (1994) wrote a short but fascinating piece in which she explores the Affair as an instance of scientific controversy turned farce. While each of these works highlights different aspects of the events, there is enough consistency among them to provide a reasonably credible portrayal of the scandal of the Memory of Water. The summary below is synthesized from interviews one of Benveniste's former team members, the sources mentioned above, and others where noted.

A full two years before the scandalous article was published in *Nature*, Benveniste sent an early draft to *Nature*. It was not dismissed out of hand, but the journal was reluctant to publish something so potentially controversial without further verification of its claims. At the request of John Maddox, *Nature*'s editor, three other labs were identified and enlisted to try to replicate Benveniste's results. These labs were chosen by Benveniste and not by Maddox. They were, according to Gail Vines (1988a), laboratories that were pro-homeopathy in Israel, Italy, and Canada. Two of the three labs, the ones in Israel and Italy, reported similar findings to those of Benveniste, but the Israeli lab did so only after a Dr. Elisabeth Davenas, a member of the Benveniste team, went to Israel from Paris to show them the exact experimental technique to be used (Beauvais 2007b). The data from the lab in Canada were withheld from Maddox by Benveniste (Maddox, et al. 1988:290).

With these findings in hand, Benveniste thought he had finally enough evidence to convince Maddox to publish the article, but Maddox still was not swayed. Benveniste grew impatient. The exchanges between Maddox and Benveniste grew tense. At one point in the back-and-forth between Maddox and Benveniste, Benveniste telephoned Maddox in London and accused him of being against the truth and ranted, "This is scandalous. You're stifling the discovery of the century. You're doing as the Church did with Galileo," (de Pracontal 1990:13-14). This would not be the

last time that Benveniste compared himself to Galileo (Benveniste 1988b).

The “Ill-Controlled Experiment”

Indeed, the subjugation of Galileo by the Church mirrors how homeopathy models its own victimhood by official science, though it categorically and vehemently rejects any comparisons with religion. In some homeopathic hagiographies, Benveniste is a leading martyr and saint (in others, he is a liability). As happened with Galileo, homeopathy is certain that it will one day be vindicated by scientific truth. It is not difficult to imagine present-day science as the contemporary analog to the Galileo’s early seventeen-century Catholic Church. Modern science is, after all, rigorously self-policing and strictly adherent to its doctrines, and that was precisely Benveniste’s complaint. But Benveniste’s impassioned recourse to Galileo signals a fundamental, and even fatal, misreading of the epistemological and political landscape. Benveniste was not up against a faith that would, or will, at some point be proven false. He was up against what was and is taken as knowledge. In science, faith is seen as belief without reason or evidence. If Benveniste was Galileo, he wasn’t the Galileo at odds with the geocentric dictates of religious faith, he was the Galileo engaged in rhetorical battle over heliocentrism with the Aristotelians, whose long-sedimented geocentric view had taken on the authority of irrefutable knowledge (Biagioli 1990:184). At the heart of Benveniste’s misreading was his certainty. He placed a troubling level of faith in his own rectitude, but faith, strictly speaking, is inimical to scientific truth. Benveniste wanted to play science without following its established rules, and the other players in the game quickly and painfully reminded him of those rules.

The recalcitrant editor Maddox said he finally gave in to Benveniste because he was exasperated (Fottorino 1997a). Against what he believed to be his better judgment, Maddox allowed Benveniste’s article to be published, but it was not an unalloyed victory for Benveniste. Appended to the end of the article (Davenas, et al. 1988) Maddox included an “Editorial Reservation,” which

read:

Readers of this article may share the incredulity of the many referees who have commented on several versions of it during the past several months. The essence of the result is that an aqueous solution of an antibody retains its ability to evoke a biological response even when diluted to such an extent that there is negligible chance of there being a single molecule in any sample. There is no physical basis for such an activity. With the kind of collaboration of Professor Benveniste, Nature has therefore arranged for independent investigators to observe repetitions of the experiments. A report of this investigation will appear shortly (1988:818).

And appear it did, but not without much controversy. But the editorial reservation was not Maddox's only response to having been pressured into publishing an article he clearly believed did not belong in the pages of *Nature*. In the same issue as Benveniste's article, he published an editorial called "When to believe the unbelievable" (1988) in which he further expressed his incredulity and invoked established scientific principles, such as Avogadro's number (now called Avogadro's Constant) and the Law of Mass Action, to question Benveniste's results, distanced himself and his publication from them, and called for further study to refute or confirm Benveniste's findings. He urged readers to resist using Benveniste's results for "malign purposes," such as jumping to the conclusion that they prove the scientific legitimacy of homeopathy.

What Maddox had articulated in the editorial reservation and in his editorial were, to be sure, clear takedowns of Benveniste, but they were issued in the polite and formal register of science journalism. This tone of speech would prove to work in Maddox's favor, as Benveniste, in sharp contrast to Maddox's air of calm resolve, would respond at various points in ways that led many in the scientific community to question his sanity. Indeed, *Le Monde* science writer Eric Fottorino believed that the key question of the debate following the publication of Benveniste's article and the ensuing conversation in the pages of *Nature* was not whether Benveniste's results were right or wrong, but whether Benveniste was crazy, paranoid, megalomaniacal, or disturbed (Maddox 1988b). Eric Fottorino (1997a; Fottorino 1997b; 1997c) said in his three-part exposé on the scandal for *Le Monde* that the popular belief at the time was that Benveniste had once been a great scientist but he had been passed over for a Nobel Prize in 1982 and had, as a result,

become desperate, bitter, and vengeful. It did not help that Benveniste was already regarded in some circles as petulant and arrogant, the “enfant terrible” of research who wanted to “demolish the scientific establishment” (de Pracontal 1990:12). I believe the focus turned from Benveniste’s study to Benveniste-the-man not because his findings were incommensurate with scientific epistemology, but because they were incompatible with scientific possibility, and because he flouted the behavioral and communicative norms of science.

The Inquisition

As Maddox alluded to in his editorial reservation, there would be an independent investigational team whose members would be handpicked by Maddox. They would descend upon Benveniste and his team at their laboratory in Clamart in the southern Parisian suburbs. It was with the arrival of Maddox’s team at Clamart that the circus began, and what Picart (1990:9) calls a farce. What many wondered at the time, and still do today, was why Maddox sent an investigative team to Clamart after the study had already been published. It only make sense, many reasoned, that such an investigation should have happened before the article’s publication.

Maddox and his team came to Clamart in early July, just days after the publication of the article. Up to this point, the discord between Maddox and Benveniste had been a conflict of words over the suitability and thresholds of evidence, the very stuff of scientific fact. Now, however, Maddox’s “ghostbusters” would effectively refigure the symbolic stakes of the game, transforming the visit to Clamart into what many believe was a mock trial, Maddox having already concluded that there would be nothing credible to be found in Clamart (Picart 1994).

It was the composition of Maddox’s team that first infuriated Benveniste. In addition to himself, Maddox brought two other observers to Clamart: Walter Stewart and James Randi. Stewart was a fraud investigator who worked for the NIH in Bethesda, Maryland, and Randi was a professional

illusionist and magician who was most famous for discrediting Uri Geller, an illusionist in the 1980s and 1990s who rose to fame on claims that his magic tricks were actual paranormal abilities. For Benveniste, Maddox's inclusion of Randi on the team was humiliating evidence that Maddox was mocking him. Maddox was not, however, in the minority in his view that Benveniste's results were less than credible.

Maddox and his team spent a week at Benveniste's lab, watching lab employees go about their duties, studying the experimental design, and poring over lab notebooks, in particular those of Elisabeth Davenas, who was in charge of cataloguing the details of successive dilutions. Scrutiny of the lab notebooks fell to Stewart, in line with his specialty. In addition to observing, the investigators also devised a more involved test for Benveniste's team to conduct. It involved Stewart pipetting into a series of three blood samples different dilutions of the antibody solution and then blind-coding the dilutions on a piece of paper which was wrapped in aluminum foil, sealed in an envelope, and then taped to the ceiling of the laboratory to prevent anyone from tampering with it. They would wait to see which, if any, of the antibody dilutions had provoked the basophils to degranulate (i.e. lose their staining). Randi videotaped the entire procedure. Maddox also claimed that they kept an unbroken audio recording of the procedure. Unbeknownst to everyone else, Randi had also secretly marked in pencil on the floor the placement of the ladder in case anyone tried to use the ladder to reach the envelope taped to the ceiling.

The next day when the envelope was removed from the ceiling, Randi discovered that some of the tape affixing the envelope to the ceiling had been peeled away, but he concluded that there had been no tampering (Vines 1988b). During their stay at Clamart, the Maddox team did not witness any results that would have corroborated Benveniste's earlier results. The team found flaws in the experimental design (Picart 1994:13), and Stewart noted that Benveniste's numbers were "too good to be true," noting a "huge discrepancy between the Gaussian distribution (that is, the normally achievable spread of data based on random, probabilistic events)" and Benveniste's

reported results (1994:20). Maddox and his team published their negative findings shortly after their visit to Benveniste's lab, deeming Benveniste's results a "delusion" (Maddox, et al. 1988).

In their report, the *Nature* team said that the experiments were "statistically ill-controlled from which no substantial effort has been made to exclude systematic error, including effort bias" (1988:287). They also noted that two of the study authors' positions were being funded by the homeopathy industry. Benveniste's team were criticized for not including in the analyses prepared for publication the fact that they witnessed many instances when the blood did not degranulate as their model had predicted it would. Maddox and his team said they had concerns that sampling error could explain Benveniste's extraordinary results. To the investigators' shock, Benveniste admitted to not knowing what that meant and called this suggestion a "theoretical objection" (1988b:288). Another criticism was that Benveniste's lab had developed "a less formal way" of dealing with unexpected results: by deciding that the first reading "must have been wrong" (1988:288). The *Nature* report concluded with a systematic list of problems which, had they been addressed by Benveniste and his lab workers, would have been able to factor out his extraordinary results.

The care with which the experiments reported have been carried out does not match the extraordinary character of the claims made in their interpretation....The laboratory seems to be curiously uncritical of the reasons why its experiments do not, on many occasions "work"; The phenomena described are not reproducible, but there has been no serious investigation of the reasons; The data lack errors of the magnitude that would be expected, and which are unavoidable; No serious attempt has been made to eliminate systematic errors, including observer bias; The climate of the laboratory is inimical to an objective evaluation of the exceptional data...The folklore of the high-dilution work pervades the laboratory... (1988:289-290).

In contrast to the reasoned and systematic tone of Maddox's report, Benveniste's emotional reflections on the visit to Clamart (in the same issue of *Nature* as Maddox et al.'s report) were not so much response as retort. His tone was hostile, rambling, and decidedly unsystematic. This flouting of the unspoken rules of comportment within science, says Picart (1994), contributed

significantly to Benveniste's demolition by the Maddox team. In his response, Benveniste's volatility was clear (1988a). He accused Maddox and company of amateurism and creating an "outrageous!" climate akin to the Salem witch-hunts and McCarthyist prosecutions. He accused Stewart of having a "know-it-all" attitude. Benveniste said that Maddox had created a "tornado of intense and constant suspicion, fear and psychological and intellectual pressure unfit for scientific work..." As far as Maddox was concerned, what Benveniste was doing was not science, so he used the language, methods and of authority science to "un-scientize" Benveniste's work, to demonstrate precisely how it failed to meet the definitional criteria of science and failed scientific tests of evidence, its "trials of strength" (Latour 1988).

That was a clever takedown, and Benveniste played into Maddox's strategy by defending his work within a non-scientific framework, through a non-scientific discourse. Maddox demolished Benveniste on scientific grounds, whereas Benveniste replied on moral grounds, defending his innocence and impugning the characters and context of the investigative team. In a very real sense, Benveniste was as much an agent of his own destruction as Maddox, if not more so. Benveniste's fate might have been different if he had not played the role of the hotheaded victim. Benveniste would later say, "I have been condemned by *Nature*, from now on banned by the scientific community" (Fottorino 1997a), but Maddox and his publication believed they were doing nothing more than behaving in a way that was consistent with the majority opinion of the scientific community, including in France. That is, if it had not been Maddox and his team that demolished Benveniste, it would have been someone else, and Benveniste would have certainly unwittingly participated in his own downfall as he did with Maddox.

During the week of the *Nature* visit, the French Minister of Research Hubert Curien hosted a dinner party to which the *Nature* team and Benveniste had been invited, along with other luminaries of French science. Benveniste felt encouraged by this as he assumed that the French scientists would come to his rescue and do more justice to his work than the "pantomimes of an

illusionist” (Fottorino 1997a). He was wrong. At the dinner, Professor Pierre Joliot of the Collège de France strongly criticized Benveniste for having dishonored research. Later, Benveniste said, “I understood that night that I was not their man. They said implicitly: ‘Maddox, do what you want.’ They delivered me to the dogs” (1997a). After the article, it was understood in official circles—from the university to the Pasteur Institute, from hospitals like Bichat to l’Ecole de Physique-chimie—that one did not mention Benveniste’s name. He was seen as having dishonored French science, staining and casting suspicion upon the work of other scientists (1997a). At least one scientist, Nobel Laureate Georges Charpak, thought that Benveniste was either a fraud or was surrounded by less than scrupulous research staff. Benveniste died in 2004, his reputation in shreds, though his children continue today to attempt to rehabilitate it.

A Casualty of the Scandal

Benveniste’s career was not the only casualty of the scandal. The careers of a number of his research team were also destroyed. One of them was that of Sabine who later moved to a village on the Atlantic coast to escape the limelight and scorn after the controversy. Sabine kindly invited me to visit her at her clinic and home in a small coastal town south of Biarritz so that I could hear her side of the story.

Sabine pulled up to where I was standing on the sidewalk and parked illegally so she could get out of her car and come around and shake my hand. I had been waiting under a palm tree, which provided some shade from the sun. The April morning on France’s southern Atlantic coast was brisk, but the direct sunlight, even at 8:00 a.m., could still sting quickly. We pulled out into the traffic toward her private clinic and had hardly finished exchanging greetings when she began an impassioned, unsolicited monologue. But she did not begin her story at its beginning. She started with wounds, still tender 25 years on. “Do you know what they did to us?!” she urged as I scrambled quickly for my digital recorder. The pain in her voice was palpable.

I am not sure if she had spoken about me with the other homeopathic physicians through whom I had arranged my meeting with her before my arrival, or if her need to discharge the burden of memory had made me her stranger-confessor. Today, Sabine is a practicing homeopathic physician in her village. She had come to this beautiful place by way of professional and psychological ruin. Twenty-five years ago she had been a young, promising researcher at INSERM. In 1988, however, her career was effectively destroyed when the leader of her research team, Jacques Benveniste, published an article in the prestigious journal *Nature* on high dilution research, the term for nonclinical research on homeopathy. In the article, Benveniste and the authors, including Sabine, described a solution in which human antibodies were so diluted that there was no chemical trace of their presence left in the solution, yet human basophils responded to the solution as if the antibodies were present. It seemed, in effect, that the antibodies had somehow left an impression in the molecular structure of the dilution. A journalist who wrote about the study coined the term “*mémoire de l'eau*” [“memory of water”], which quickly came to be the common term used to refer to what became known as the Memory of Water Affair. For many critics within the global scientific community, the implausibility and non-replicability of Benveniste’s study were further evidence that homeopathy was as best a placebo and that Benveniste was a deluded and arrogant fraudster.

The Memory of Water scandal permanently established limits on what she and other homeopathic researchers and clinicians could hope to be and achieve in French scientific discourse. The only chance to escape the hostile environment was to exit homeopathy completely, but for someone like Sabine, homeopathy was not simply a practice or a remedy, it was a form of life. And the possibilities for this form of life were circumscribed by the scandal not just for Sabine, but also for all those in France for whom homeopathy served as source of existential meaning.

Sabine was a nervous and fragile person, scattered in her thoughts. I did not know if she had always been that way, or if the years of stress had taken their toll. As she spoke, she was very careful to point out that she was only giving her opinion. Her sensitivity to ridicule and possible misrepresentation was clear. Sabine believed that Maddox tried to “trap” Benveniste with a “comical” team. After the scandal in Paris, Sabine moved to Montpellier, where she was hired to do research for the industry. But this too ended in humiliation when she was later let go for “divergence avec l’entreprise” [“divergence from the company”]. While working for the company, she wanted to do scientific research, as she believed it should be done, but she was at odds with company leadership who wanted science that supported marketing objectives.

As Sabine told her painful story, meandering back and forth between the turbulent histories of Clamart and the company, she emphasized that she wanted to relate to me “just the facts” and that I could judge for myself. Her selection of “facts” spoke of her ongoing struggle with a past that would not stay in the past; with an ever-present conflict over the moral politics of knowledge and the costs she paid for standing her ground within them.

For Sabine, research in homeopathy was work of both the heart and of reason. Partly because of this, any assaults on reason in the conduct of science would necessarily have deep emotional and psychic consequences for her. That is why she ended up in this small town by the sea, far away from the buzzing hubs of big science. The scandal at Clamart and being pushed out of the industry left her deeply scarred.

She said that the company technically never reproached her for doing the wrong science, but rather for deviating from corporate desire. Sabine cast herself as an unwitting heretic, trying to do her best at both Clamart and industry, but somehow ending up on the wrong side of the political fence each time. In the first instance, at Clamart, her deviance was scientific: she was trying to

do the right kind of science in the right place, but it turned out to be the “wrong” kind of science in the “wrong” kind of place (i.e. doing questionable homeopathic research at a revered institution like INSERM). In the second instance, in industry, her deviance was doing the right kind of science (i.e. “official” science that strives toward replicability) in the wrong place – the company did not want replicability, only “magic bullet” research for marketing purposes. Sabine said that she tried not to be bitter about the past, but it was hard for her to forget the past given her deep commitment to homeopathy, which closed many doors to her. A colleague of hers at the NIH wanted to help her find a post there after the company let her go, but because Sabine had worked in homeopathy, she was not welcome at the NIH.

As I spoke with Sabine, I got a sense of her moral world, a significant part of which was valuing modesty. For her, scientific progress happened modestly, in little steps in a march toward “la petite vérité scientifique” [“the little scientific truth”]. This clearly put her at odds with Benveniste, with his larger-than-life personality and grandiose designs on blockbuster scientific discovery and celebrity. It similarly opposed her to industry’s desire for marketable blockbuster science (e.g. cancer treatment). For Sabine, certainty went hand in hand with hubris, and hubris was inconsistent with the fundamental values of scientific progress. Benveniste was certain of his rectitude and industry tried to engineer it as a market-ready medical commodity.

If the problem in the Memory of Water scandal really had been one of the lab technicians, Sabine reasoned, then the experiments should have been repeated under the appropriate conditions. But a commitment to incomplete science to satisfy political and psychological needs frustrated Sabine. Indeed, she told me that she had come to this remote town in part because she had been exhausted from battle with others within the homeopathic community in France over the issue of chaining science to ideology. She said, “I’ve spent more energy fighting with other homeopaths than I have against traditional medicine doctors.” She was tired of their victim mentality and their sense of moral superiority. They believed that because of their anti-materialist, anti-

compartmentalizing perspective on illness they were necessarily more “right” than biomedicine. Sabine was also deeply troubled that the homeopathic community ceded much of its power to industry via sponsorship of training, research, and professional conferences. As I have mentioned, this is problematic for traditional homeopathy since it is industry that is the primary agent of homeopathy’s compartmentalization by linking a particular symptom profile with a particular homeopathic treatment commodity in a one-to-one correspondence (e.g. HomeoSys). Again, this flies in the face of homeopathy’s founding principles, which are rooted in care delivered by a physician trained in homeopathic methods and substances. Resistance to replicability and potentially putting homeopathy’s already precarious position in further scientific jeopardy remained Sabine’s chief argument with the French homeopathic establishment. “What, then, is the significance of a single experiment?” Sabine asked.

After the scandal at Clamart, Sabine had gone to work for industry. Although she worked for a corporate entity, she said that she always had doctors in mind when doing her work; her work needed to be relevant to homeopathic clinicians. This orientation was her “directeur de conscience” [“conscience director”]. She said that if she were going to do it all again she would not change a thing, even though it resulted in being fired again. For her, it was a moral victory because she had stayed true to her principles. Sabine portrayed herself as a heroine—a heroine of scientific modesty “fighting the good fight” for homeopathy, the principled victim. “I had a certain level of knowledge, a medical-technical expertise and I wanted to put homeopathy within that,” she said, describing her industry work. “But the company wasn’t interested in science; they just wanted to sell granules.”

Sometime after she was fired, she and a colleague started a homeopathy journal to take back some of the control from industry. She said they had the impression of “faire de la résistance” [“resisting”] against the problem of the “politique-industriel” [“political-industrial complex”], which is a chronic problem in France, as witnessed in the scandal with the antidiabetic drug Mediator

(Mullard 2011) which killed up to 2000 people.

In keeping with her commitment to modesty, Sabine believed that it is important to only make the claims for homeopathy that are supported by evidence and consensus among those similarly committed to the principle of modesty. “Is it accurate to say that there’s nothing scientifically valid in homeopathy?” she asked rhetorically. “No,” she said. “Is it accurate to say that homeopathy provides definitive proof and that it’s unjustly attacked? No,” she continued. “It’s a young science that’s moving, but in France, compared to other sciences, it moves slowly because of a lack of means, structures and fighters...where only private financing exists.”

Sabine’s fatigue over the battles of ideology in homeopathy was clear.

The great reproach that I would make against homeopathy in France is that since the Memory of Water, ...I want to weight my words carefully here...we’re anchored in the debate of for or against...and, moreover, for or against Benveniste, for or against industry. I respect these points of view, but that’s not the problem. These are false debates. What we’ve forgotten is the progress that we’ve made step by step before these contemporary controversies. We need to remember the pioneers who came before, those who focused on research.”

Despite her fatigue, Sabine said that she continued to fight, drawing courage from her need to reinstall herself as a physician. She did not know if homeopathy works scientifically or not, but homeopathy’s goal was to provide quality care; the race for scientific proof of homeopathy’s mechanism of action risked compromising that care. She was troubled by the idea of using homeopathy in cancer treatment or research because of the risk of not giving cancer patients “every possible chance” at recovery. Also, she feared that using homeopathy in cancer treatment would lead to sensationalism and harsher critique. I found this particularly interesting because it revealed her sensitivity to scandal and controversy, presumably gained from the Memory of Water Affair.

As she told her story, she was consistently careful not to speak too critically of industry because

she feared that doing harm to it would be tantamount to doing harm to homeopathy. To her, they were one and the same, and industry money was arguably the only thing keeping French homeopathy alive. Despite this, she expressed her dismay at industry's experimentations with homeopathy in cancer treatment (discussed in Chapter 4). Her worry was that the company funds homeopathic cancer research as a way to develop blockbuster science for marketing material. The concern is that neither industry, nor anyone else, can even figure how homeopathy works on something as mundane as simple infections, so to experiment with cancer is to court controversy. She feared that toying with something as dangerous and politically charged as cancer could backfire on industry and result in scandal, as it did with Benveniste, who, like the company, wanted blockbuster science. Any harm to France's homeopathy industry would result in harm to homeopathy as a whole, which was already in a precarious position. She resented industry having this much power over clinical homeopathy and resented that the fortunes of homeopathy are tied to the fortunes of a corporate entities more out for themselves than for the method.

Industry's search for blockbuster discoveries echoes Benveniste's, who said, "I'm going to overturn the scientific bases of science." "You must never say that!" said Sabine, "and then [Benveniste] was forced to go about proving it!" Sabine saw the Memory of Water scandal as a direct consequence of Benveniste's arrogance. She felt that it would have been different if the rules of modesty in science (Shapin and Schaffer 2011) had been observed. It was clear also that Sabine remained bitter about the costs she had paid for Benveniste's arrogance. Sabine told me about an interaction she had with some of her colleagues who were conducting research on viruses and with whom she had some research contracts. Her colleagues were angry and felt like Benveniste's arrogance had harmed the reputation of their research. They said, "Madame, we like you, but Benveniste has gone too far. We want to hear nothing of this memory of water stuff." Sabine was a walking, talking symbol of the Benveniste scandal.

In the aftermath of the traumatic events at Clamart and in industry, Sabine said that she started working on herself out of necessity (“j’ai travaillé sur moi-même, hein, forcément...”). She had gotten sucked into a “paranoïa scientifique” [“scientific paranoia”] and she needed to escape it. “One must work on oneself,” she said.

One must question one’s power...we are tools of medicine. We must ask ourselves this with great modesty and pay great, great attention to what we attribute to others.

This quote clearly demonstrates Sabine’s frustration with Benveniste's hubris as well as his failure to take into account the costs of his actions for his team. It also gives a clear indication of the manner of healing Sabine had to enact upon herself. She saw the arrogance and potentially life-damaging risk inherent to overextending homeopathy's reach. “We have to be very careful about the messages we send, the example we set, and the work we do,” Sabine told me. A friend of Sabine’s at NIH warned her before Benveniste’s article came out: “...if the results come out, they will be bombs.” Sabine said her friend’s prediction had come true.

Sabine was frightened of the homeo-industrial complex: “The companies know how to make people suffer.” I was getting the sense that Sabine had suffered a great deal and was continuing to suffer in her isolation. After the company fired Sabine, they forbade her from being in touch with anybody within the industry (it is unclear how this was enforced). This brought her great pain because she had developed many meaningful relationships with her colleagues over the years. There was no official sanctioning of her and that there were no letters or legal proceedings leading up to her firing; it was all done as a gentleman's arrangement. From my outsider’s perspective it seemed as though Sabine had been excommunicated from a sect.

On est les meilleurs, on a changé la science ! [“We are the best, we have changed science!”] – Jacques Benveniste

I believe that Sabine was still trying to come to terms with the price she must continue to pay for Benveniste’s missteps:

“I think if he had said this with greater modesty, he wouldn’t have shocked scientists as much as he did. He did it in a way that was too brutal, giving them the impression ...I’ve

worked on many subjects over the years. And I've heard people say 'homeopathy absolutely does not work...it works in this way...I know for sure.' This unnerves me! I really want to say 'argue! If you don't argue...So...but it's normal...we made an error, we committed an 'epistemological aggression.'"

She offered some words of admonishment to his colleagues in homeopathy:

"If they are willing to consider the reality of the science such as it is done, that is with teams who do not have Benveniste's reputation [before the scandal], who do not have access to Nature and instead publish in intermediate journals, and if they are willing to accept that, there the case is richer. But if we are always pursuing powerful science, in only the big journals, then we are dead. Thus we are...it is rather funny...we are... what I always liked in the homoeopathy, it is exactly this problem...a little 'Tom Thumb,' the weak one, that interests me! That is what we are, and the paradox is that the industry plays as if he was a big person."

Sabine despised what I am calling, "homeopartisanship," an either-or logic that refuses to engage in debate. She got angry when the ignorant were even more certain about homeopathy than someone like herself. She knew what homeopathy could and could not do; she knew the limits of its knowledge and what the limits of its knowledge claims should be. She also knew how one should comport oneself in the scientific community. Benveniste had insulted the entire scientific community, and now, Sabine said, everyone she knew afterward associated Sabine with that insult.

When Sabine was let go from the company in the early 1990s, she fought back in what would become a 7-year court battle. In the end, nothing was decided because the company successfully pressured the judge from issuing a verdict. The case was eventually thrown out because the judge said that the signature of Sabine's lawyer on a particular document was illegible. In an appeal, the court said that Sabine's lawyer should have anticipated that his signature was illegible and so the earlier verdict was upheld. Sabine wanted to take the case to the European court but her mother was exhausted, her brother was fed up, her husband refused to take it anymore, and her daughter had just been born. She says she felt like "David against Goliath." For a "David," however, she thought she done pretty well against the giant. The fight was worthwhile to her because it gave her a moral victory.

Sabine kept all of the documents, newspaper articles, journal articles, the letters between Maddox and Benveniste, and basically everything having to do with the Memory of Water scandal in her office at her home. When I saw her office, with everything stacked from floor to ceiling, it seemed to me that the well catalogued, meticulously maintained library of the scandal was a window into her inability to let go of the past even decades later.

The Memory of Water affair was devastating for Sabine, but I sense that she took some pride in having been famous for something that she had helped start. Sabine had helped originate the research on basophils, but it became something else in Benveniste's hands. Sabine referred to herself as "just a drop" in the river of controversy that the affair would eventually become. She believed that their line of research was potentially groundbreaking, but when Benveniste hijacked it, it went farther than Sabine ever would have taken it. Indeed, one wonders what would have become of this line of research, and Sabine's career, if she had gone to work for someone less prone to self-promotion. If this work had been in someone else's hands, the story might have had a very different outcome. Sabine was an active player in the story, but she was an accidental victim. Once in a press conference, Benveniste had reduced the impetus for the research to homeopathy alone. This shocked Sabine because Benveniste had erased all the other rationale behind the experiment. Sabine's allegiance was to science, but Benveniste was chasing the Nobel Prize.

At one point in our conversation, Sabine reminisced about how the 1980s were more optimistic, and there was greater willingness to discuss how to evaluate homeopathy. Nowadays, attitudes toward homeopathy have changed, in no small part because of the Memory of Water scandal. Today, she said, homeopathy is not even broached.

Sabine had been a very promising young researcher when she finished his medical training in the late 1970s. And when she went to work for Benveniste in the early 1980s, all signs pointed to a bright career. But her idealistic vision of science-for-the-sake-of-science, one free of ideology and corporate interests went against the grain of the cultures of her work environments. At one point, Sabine mused that perhaps she had been naïve. Sabine was attracted to science because of its virtues of knowledge and progress, but she was deeply disillusioned to see that for Benveniste and industry, those virtues were secondary. What Sabine did not see was that Benveniste and industry had their own ideas about progress, and they were fundamentally at odds with her vision. She believed that the company in particular failed to see her vision. I disagree. I believe industry saw her vision perfectly well; it was simply not a vision appropriate for business.

As I reflected on my time with Sabine on the train back to Paris, I wondered if she had always been so emphatic about the need for modesty, if she had actually been the modest hero and hapless victim of quests for glory and profit. It is easy to denounce those things in hindsight, but I wonder if she had been as insistent when she was in the midst of it. My belief is that her moral stance hardened in the years after the scandal and after her firing as a way to rationalize the injustices she suffered. Hers is a lesson for anyone who might wish to go up against industry today. And the Benveniste scandal helps to explain why there is virtually no money available for research on homeopathy aside from that provided by industry. This Icarian fable perhaps explains why homeopaths are reluctant or incapable of imagining any other way of surviving than through an alliance with industry. The company constitutes a kind of protection, even if it is one of compromise. The compromise, however, may end up being one in which the protector devours the protected.

CHAPTER 4 — Industry and Homeopathy

This chapter discusses “the company,” the collective of corporate and industrial actors responsible for the “thinning” of homeopathy and moving its identity out of the clinical sphere and into the commodity sphere. It does this by promoting and selling homeopathic remedies not as highly specific and symbolically loaded objects of individualized treatment, but rather as standard over-the-counter consumer healthcare remedies. This removes the role of the homeopathic physician in getting homeopathic remedies into the hands of patient-consumers. The situation is complicated by the fact that homeopaths are forced to accept the largesse of the company to support their research and professional conferences because it is, they believe, the only recourse they have to ensure the survival of their method. The relationship with corporate and industrial entities is a Faustian bargain, however, because their interests lie chiefly in promoting product, not necessarily in ensuring the survival of the “thickness” of the homeopathic method per se. Below, I present some findings that highlight some of the sites of conflict between the company and traditional homeopathic practice and doctrine.

As I mentioned at the beginning of this dissertation, I was not granted full access to corporate and industrial sites in French homeopathy. However, I was allowed to meet with a few company representatives for short, structured interviews, which I discuss below.

Company History

The history of French corporate homeopathy is a complicated tale of many acquisitions and mergers. Early- and mid-twentieth-century corporate entities were, according to my interlocutors, marked by their emphasis on basic research and promoting the homeopathic method. More recent generations of leadership, however, have steered the industry away from these priorities toward commercial interests.

While visiting friends from my undergraduate days in Rennes, I was invited to dinner at the home of Colin, a retired physician and former industry researcher. As I sat down in the well-appointed living room with Colin and his wife, introductions and pleasantries soon gave way to talk of Colin's time at the company. It seemed clear to me that he still harbored considerable resentment toward industry. Colin had been recruited into the industry during the period when homeopathy industry players emphasized research, but he eventually grew unhappy with the company's growing emphasis on profit at the expense of its founding ideals. Colin recounted to me how on one occasion his boss told him he was not interested in science but rather in "whatever falls in my pockets, the rest I don't care about." Colin asked him if this was not a kind of treason against the core doctrines of homeopathy. His boss's response was that Colin could call it whatever he wanted; he was not interested.

Dr. Serge – Corporate Advocate of Homeopathy

Martin, the popular author and homeopathic physician whom Maddo, the homeopath-psychiatrist, had referred me to, leads an international organization that hosts symposia on the clinical applications of high-dilution research, was very helpful in explaining to me the important role that early industrial homeopathy leader, Dr. Serge, was to French homeopathy. Martin told me how one of Dr. Serge's largest contributions to the homeopathic method was helping it gain official recognition. Industry is not allowed to label any of its products "medication," but it can call them "dietary supplements." This is due to Dr. Serge, who, in the years after WWII succeeded in getting regulatory approval for products like HomeoSys. After the war, Martin told me, the government was in a state of disarray and panic, and there were not a lot of people around to "interfere" with getting new products approved. He said that there was a legal vacuum in France at the time that made approval of these products possible. This went on between industry and the authorities very quietly for many years. All the while, he said, Dr. Serge was always working to improve the effectiveness of homeopathic remedies. The mythos around Dr. Serge holds that

he felt he had to prove to himself the truth of homeopathy rather than prove it to others. Martin went on to describe how Dr. Serge worked for years to find a biochemical explanation for homeopathy's mechanism of action:

So in the years between 1950 and 1960 to 1965, Serge tried to prove that the homeopathic remedy had an efficiency, but I do not speak of homeopathy [the therapeutic], I mean the effect of dilution. Because you know that there is the famous problem of the number of Avogadro that beyond the ninth or twelfth centesimal CH Hahnemann, logically there are no more molecules in the medium.

Serge labored diligently to develop an experimental research program (in vitro) in order to prove the efficacy of homeopathy, but Martin adds, somewhat sadly, that Serge's efforts were in vain. It is "impossible to do scientific research like that," he said. Despite Serge's failure to produce scientific evidence of homeopathy's efficacy, he was able to secure approval to sell his products through his political connections. When Martin told me about "political connections," I was curious to know more. Martin did not go into detail, but I learned more about industry's relationship with drug regulation authorities from someone who used to work for ANSM (Agence Nationale de Sécurité du Médicament et des Produits de Santé), France's equivalent to the USFDA, to which I dedicate a section of the text below. Government approval to sell homeopathy was an important step in homeopathy's battle for legitimacy.

This struggle for legitimacy was given a further boost when homeopathy was included for the first time in the 1965 Codex, the official French pharmacopeia, which established guidelines for the production and preparation of homeopathic remedies (Sergent 1995). There was a downside to this official recognition, though: homeopathy was thereafter subject to some, but not all, of the regulatory hurdles of new drug approval. Homeopathic remedies now had to demonstrate their safety, but, unlike traditional medicines, not their efficacy. I learned from a former drug regulation official that this special dispensation for Serge was also a result of his political connections, which have only strengthened for industry since Serge's era. Industry's current leadership, on the other hand, argues that holding homeopathy to the same evidence thresholds for approval is unfair because the modes of scientific evidence making are incompatible with how homeopathy

produces its knowledge. Perhaps not surprisingly, this has drawn harsh criticism from biomedical pharmaceutical manufacturers. For Martin, the lack of scientific verification of homeopathy's efficacy is both a curse and a virtue—it prevents homeopathy from gaining the legitimacy it desires, but it also serves as a testament to the method's transcendence of crude fact. Although science has not vindicated homeopathy, Martin is confident that it eventually will.

Colin, the retired physician and former industry researcher in Rennes who told me about the company's political connections, was also nostalgic about his time working for Dr. Serge. During that time, things were much more “transparent.” This transparency was a product of Serge's leadership, which was oriented toward openness for those who were interested in learning more about the production and business of homeopathy. Colin recalls a German visitor whom Serge allowed to tour the company. Industry competitors in Italy, Germany, and in Mexico had turned the visitor away, but Serge welcomed him in. My own experience with industry tells me that such a welcome is unlikely to happen today. As industry's current crop of leaders has transformed the company from a laboratory into a corporation, my interlocutors told me that a curious culture of paranoia seems to have arisen. They cited fear of ideological persecution, which is a common form of suffering in the homeopathic community. This resonated with my experience: When I was allowed to tour some of the homeopathic remedy production facilities, I was not allowed to talk to anyone. Julien, the medical historian in Paris, told me that he believes that the industry's current leaders are deeply insecure about their positions in the French homeopathic community – they enjoy little respect from the community of which they are, for better or for worse, the unofficial leaders. I felt this palpable insecurity in the conversations I had with some of the people working in industry.

At around the same time as I was trying to gain entry to the company, a documentary on homeopathy aired on one of France's national television networks. It was a thorough questioning of the clinical and corporate dimensions of homeopathy. I tried unsuccessfully to reach out to the

film's director because he had been granted unprecedented access to "les coulisses," the behind-the-scenes, of the company. The film's producers had convinced industry leadership that the documentary would be even-handed and that the company would be allowed to have their say. In their interviews in the film, several industry executives seemed anguished, angrily questioning why scientific evidence was so important to homeopathy's legitimacy when homeopathy had been around for over two hundred years. Homeopathic physicians across France told me I would probably never get in the door at the company because its leadership is fearful of criticism, particularly after this film. One industry employee told me that the company had rejected my study requests because they feared a hatchet job. Their tight control over what little access I did have was telling.

Julien and others who knew the previous generation of leaders said that had these leaders still been in the industry, I would have been welcome to study there. Indeed, they would have been enthusiastic about my desire to study the culture of homeopathy manufacture with the tools of anthropology. If accounts are to be believed, the previous generation of leaders were researchers first, and businessmen second. Colin, the former company researcher who had worked for the old guard, once proposed to one of his supervisors the idea of doing research on mitochondria. His boss replied "I don't know what that is, but put together a dossier for me to study." "That would certainly never happen now," Colin said wistfully. From Sabine, who worked in industry after the Memory of Water scandal, I heard that one industry leader would walk to work instead of taking the metro so she could put those few coins toward research.

Current Leadership

A significant portion of the current crop of industry executives have their training in business, not pharmacy or science. They are thus seen by many of the homeopaths I interviewed as being

“outside” of traditional homeopathy. My homeopath interlocutors believe that current leaders have contributed to their own alienation to the extent that they have steered industry away from homeopathic doctrine (i.e. individually tailored treatments, clinical expertise, etc.). As Julien told me, current leaders are “all alone. They are very isolated, that's for certain.” It seems that the direction in which they are steering homeopathy, which is away from its clinical and philosophical roots, is a reaction against their fear that homeopathy’s associations with its own history make homeopathy look like a sect. In fact, Julien went so far as to say that some among industry leadership would say that homeopathy “does not exist.” This was puzzling to me until he explained that for industry, homeopathy is not a belief system or a way of life; it is simply a therapeutic. For the clinical homeopaths, making homeopathy “thin” by removing its epistemological and ontological specificities is tantamount to historicide, or, more specifically, “homeocide.” But that is precisely what some say industry wants.

Colin had harsh words for the current generation of industry leaders, whom he characterized as close-minded, “blind from birth, unable to imagine the beauty of someone like Ava Gardner.” I recounted to Colin my (limited) interviews with a handful of researchers now employed in industry. I mentioned that I seemed to surprise them with my ability to converse on homeopathy. This did not surprise Colin. These researchers too were trained in business, not pharmacy, science, or even pharmaceutical research. The appointment of these businesspeople-qua-researchers shocked many in the homeopathic community and further alienated the company from homeopathic practitioners, though no one dared to express disapproval for fear of biting the hands that fed them. In short, the business that the company has become is an affront to the old guard who saw it more as a scientific institution than a corporation.

Colin was not shy about voicing his disapproval with the current state of “research” going on in industry. Rather than doing actual research, he said, questionable data from questionable studies have been put forth to prop up marketing claims. While he was still employed at the

company, Colin said that he did a survey of the bibliography on Arnica, which is a plant related to the sunflower used topically in homeopathy for bruises, aches, and pains. It is also the most prescribed homeopathic medication. He said he found just over one hundred references in both “good and bad” journals. All of these results were negative. There were two studies where the outcomes were doubtful and uninterpretable. But the company’s marketing team told Colin, “it works!” based on these two questionable cases. As a clinician and a researcher, this deeply offended Colin.

Homeopathy for the Non-homeopath

As industry excises homeopathy’s “thickness,” it also simplifies it. Alexandre, the cranky senior homeopath I had met in Paris, told me that to simplify homeopathy was to make it something else; “it will not work.” He also lamented the fact that industry’s interest is in ensuring that homeopathy is prescribed by physicians, even if it is done at the expense of its complexity, its “thickness.” Without thickness, said Alexandre, you will not ensure that homeopathy does not end up in the wrong hands (i.e. in the hands of biomedical physicians who dabble in homeopathy). A simplified homeopathy also allows pharmacists to do unofficial on-the-spot diagnosis and treatment – a customer has a cold, they recommend HomeoSys. The problem, however, is that homeopathy is not reducible, not simplifiable. Alexandre used a metaphor to explain how homeopathy is ontologically incapable of being reduced to quotable sound bytes. He said it is the “quadrature du cercle.” This translates roughly as “making a circle square.” Thus, when industry reduces homeopathy to its vision of narrow therapeutic remedies that translate easily across the homeopathy-allopathy barrier, it becomes something else. In effect, it becomes a branded boundary object of industry’s fashioning. It is a material-semiotic (Haraway 1997) that bears some vestigial significance of its former incarnation *within* homeopathy, but *outside* (traditional) homeopathy, where industry exercises its commercial and clinical influence (i.e. allopathy), it takes on a different set of symbolic references. Gone are indices pointing to

Hahnemann, the “vital force,” diagnoses inflected through the psychology and social relations of the patient, and the subjective experience of the physician. Homeopathic subjectivity, which comprises the unique social, psychological, and biological characteristics of each patient, is inconsistent with the sanitized, corporate version of homeopathic subjectivity, which is a scripted, mass-inhabited form of selfhood defined along strictly biological lines (e.g. cold symptoms, headache, nausea, etc.). Indeed, subjectivity writ large is anathema to industry’s version of homeopathy; mechanical objectivity is its aspiration (Daston and Galison 2010).

Didier, you will recall, is the homeopath I met in Bordeaux who is facing retirement and worried about not having anyone to take over his practice. There is a critical shortage of students seeking homeopathic training medical schools. The current crop of homeopathic clinicians will die off and not be replaced, and I believe that industry is counting on this. Didier said that industry is profiting from the lack of homeopathic physicians (France also faces a shortage of biomedical doctors). The dwindling number of homeopathic practitioners translates into an absence of opposition to industry’s efforts to re-engineer homeopathy’s identity.

When I spent the weekend at the home of Maddo, the homeopath psychiatrist in Aix-en-Provence, I recounted my successes and failures at getting access to people for interviews. She expressed sympathy, especially for my tribulations with industry. Maddo was brilliantly funny and biting, and certainly had no love for corporate players.

She expressed her own frustrations with the company, proclaiming that products like HomeoSys that are produced in the fashion of homeopathy but are not actually homeopathy “decapitate” homeopathy.

It decapitates homeo by reducing it to its simplest expression...disheveled esoterisms that have no meaning.

HomeoSys is a thorn in the side of many traditional homeopaths and is the paradigmatic example of Industry’s selective appropriation of homeopathic signs and symbols to sell its products. This

is because it is not a true homeopathic remedy. It is a proprietary product of industry advertised to boost the immune system, which is made of near-infinite dilutions of puréed pig brains. Nowhere in the works of Hahnemann or in homeopathic *materia medica* is HomeoSys mentioned. It is further irksome to the traditional homeopathic community because homeopathic remedies are, by their nature, generic commodities, which means that the materials for their manufacture must be among those approved the state (i.e. animal, vegetable, or mineral matter) and must be made public. For HomeoSys, however, industry received special regulatory dispensation to market and sell it without having to reveal its contents and share the recipe with its competitors. In other words, it is a proprietary generic. Franck, a pharmacist in Lyon with whom I had brief lunch under an umbrella at an outdoor café, told me it is a leading homeopathic remedy in France, and that the homeopathic portion of his business relies heavily on sales of the product. “All the pharmacies sell it in huge quantities. It’s enormous,” Franck told me.

All of this incenses traditional homeopaths as well as those in the biomedical pharmaceutical industry. Industry is working to extend this practice to its other products, which exhibit only a loose, highly edited association with homeopathy, which I term “homeo-flexibility.” Of course consumers are not aware that HomeoSys is not really homeopathic, and that is precisely as industry intends.

As part of industry’s strategy to remake homeopathy, it isolates itself from would-be critics and influences, including medical universities. Maddo believed that rejection of the universities as potential partners owes in part to the fact that such partnerships would entail sharing, and the company does not wish to share control over its creations, especially with a partner as potentially powerful as the academy. Maddo was a faithful disciple of Hahnemann’s original teachings and was particularly offended by the license industry had taken with his method, simplifying it and making products that were not truly homeopathic (e.g. HomeoSys):

And industry leaders today say: ‘and well, the development, the... the population wants simple stuff. The stuff of the homeopaths, it’s too complicated. Specificity, this, that, it’s

too complicated! And well, they [the medical schools] want specialties.' Well, make them specialties!

A partnership with anyone who would wish to carve up homeopathy into medical specialties (i.e. the academy) would certainly compromise the industry's all-encompassing vision for homeopathy, which aims to put homeopathy in all domains of care irrespective of clinical and disciplinary boundaries.

Maddo mentioned another of industry's "homeo-flexible" remedies that recently hit the shelves of pharmacies as a direct-to-consumer product.

And well, the world, where is the world today? And, well, people they 'zap' on all the sides. They want things [i.e. quick fixes]. They are about to launch a specialty product. It's Boudicca in 11 CH pills. In a pharmacy, you will find tablets of Boudicca 11 CH: 'Boudisnooze.' That has just been launched! Why did they do that? Because people who don't know the homeo, the pharmacist, he will give them 'Boudisnooze.' They will have a drug for insomnia, without side effects, without toxicity, and well, they will be satisfied. And that will be homeopathic Boudicca.

Michael: And what's the problem with that?

Maddo: There is none, except that I am sure that the traditional homeopaths will say: "Industry demystifies homeopathy!"

Michael: Is this a bad thing?

Maddo: I don't know...demystifying... I do not know... That's the question. That's what we are asking, Michael.

I find this snippet of my exchange with Maddo fascinating because it reveals a profound discomfort with what industry is doing. It reveals an uncertainty, but also a suspicion that all is not right. What would homeopathy be without its mystery? What is left for the practitioners to do if there is no longer anything for them to profess? There is an interesting contradiction here that I want to touch upon: while homeopaths emphatically deny that there is anything mysterious to homeopathy, that it is "obviously" concrete and scientific, they are equally protective of their specialized knowledge, which, like it or not, is a kind of sacred, mystic knowledge of which they are the keepers and priests. If industry succeeds in removing the liturgies of healing from homeopathy, traditional homeopathic healers will be rendered moot, powerless.

Back in Strasbourg, homeopathic pediatrician Georges told me that the rate of homeopathic product consumption is up, as are clinical homeopathic consultations. These consultations are not, however, with traditional homeopaths. Instead, they are with biomedical doctors who have received cursory training, often from industry, on how to deliver homeopathic clinical services to a public increasingly aware and demanding of industry's revised version of homeopathy. It is not comprehensive homeopathic care that is being delivered. Rather, it is allopathic care accompanied by prescriptions for homeopathic remedies.

I do not know if you have been aware of it, but the concern of industry is that the true, and I quote here, 'the real, real homeopaths are fewer and fewer, so what they would like is that all allopaths practice a bit of homeopathy, which in terms of volume of prescriptions is very good. – Maddo, homeopath-psychiatrist.

As Maddo spoke to me at her house in Aix-en-Provence, I saw great disappointment and sadness in her face. It was painful to be with her in that moment. She was deeply passionate about her work and her patients. She published a new article online at least once a month, and she is the author of three books on homeopathic psychiatry. The writing on the wall, so to speak, is that no one will read her work because it will have been made irrelevant. It was not the first time, nor would it be the last, that my interviews forced my interlocutors to face some unpleasant truths, and it never got easier for me to be in that moment.

Corporate Researchers

Colin, the retired physician and former industry researcher who had had me to dinner in Rennes, parted ways with industry in 2006 because the research he wanted to do there had no utility for marketing strategies. Colin was not the only scientist who ran afoul of the "anti-scientific," corporatist values of the industry's younger generation of leaders. In vitro research largely disappeared to be replaced by in vivo research at the request of newer, younger leaders. For many traditional homeopathic physicians and researchers, including Colin, identifying homeopathy's mechanism of biochemical action through basic science is homeopathy's Holy Grail. This is because, they argue, it is "more objective" than studying the effects of homeopathy

in living, breathing patients, who can only provide the subjective evidence of their own experience. Industry's leadership today, according to Colin, has "no scientific vision" or interest. Rather, it is now narrowly focused on expansion, not innovation. In Colin's estimation, they are technocrats and autocrats with business degrees, which translates into a lack of scientific credibility, about which company executives are acutely insecure.

As part of the reshaping of the priorities of the company, today's industry executives have installed a number of young, compliant professionals in positions of leadership to help them execute their vision. Odile was one of them. With a background in marketing, she was, to the bewilderment of many (though perhaps not so surprising in light of the company's new direction and leadership), put into a key research position in the company. This appointment contributed to Colin's eventual departure. It was a rare moment of levity in my conversation with Colin when he described Odile's pitiable comprehension of the scientific discourse that characterized the division of which she was now in charge. "Elle a entendu braire dans une étable," which means basically that for Odile, the language of science may as well have been "braying in the cowshed." Colin further characterized Odile as an "imposter" whose words were "just wind."

I mentioned to Colin the stilted and uncomfortable conversation I had had with Odile and he surmised that she was probably on the defensive with me because she was insecure. In Colin's estimation, Odile had been hired because she was young, eager, and a non-scientist who could be controlled by industry executives. As he continued to destroy the industry by way of Odile's character, he told me that while he had over fifty publications under his belt, Odile had no more than three in the years since she had been hired. On one occasion, quite some time after Colin's exit from the company, they had invited him back to speak on his research. He said he gave a paper on genetics, but the scientific culture within industry had deteriorated so much since his departure that scarcely anyone could understand him, least of all Odile.

When you're an oak tree, you like having reeds at your feet. But you don't like Sequoia trees because they prevent you from developing.

Colin metaphorized industry, and said that since the passing of the old-guard leaders, the company has at best “reached the height of moss.” Any “real” scientists still employed within industry, he says, are afraid to speak and instead just follow the dictates of the business types now in charge. Others, including medical historian, Julien, were equally disparaging of Odile, characterizing her as a simpleton, a lackey there to do the bidding of her bosses.

Colin further argued that the company is hampered by the arrogance of its leadership, thinking themselves “des grands,” or very important people, able to dismiss as “absurd” questions about science.

My sense in the interviews with the corporate researchers was that they were not very happy about meeting me. My conversation with Odile was stiff and awkward. I was made to feel like the impious despoiler who had been granted temporary access to the sanctum sanctorum of industry. I was very glad when the conversation was over. It had been a dry, question-and-answer exchange, rather like conversing with an automated teller machine. I sat across a round table from Odile in her office, fidgeting with my digital recorder to find the “record” button. As I clumsily pawed the little device, I could feel her glaring impatiently at me. Her face was preternaturally tanned. She barely hid her own discomfort behind her strained expressions of greeting.

Ultimately, I worked the strange tension in the air to my advantage. I wanted to ask some difficult questions and had decided that I had nothing to lose. I was aware that Colin’s account of Odile was from the perspective of a disaffected former industry worker who would not, or could not, adapt to a changing business climate, however accurate and entertaining his portrayals may have been. I wanted to give industry and its people the same airtime I had given everyone else. The problem was they did not seem to want it.

I began by asking Odile how the industry reconciled the fact that it makes products that are clearly in conflict with Hahnemann's key tenets of individualized treatment and the position of the clinician's expertise as the linchpin of homeopathy's efficacy. Without taking any time to pause and consider my question, she told me that the industry sees no contradiction; that both standardized, market-ready products and doctor-prescribed, patient-specific combinations of remedies fit into the industry's business strategy. It was clear that was all I was going to get on that question. I was very curious to understand how, and if, industry leaders had even questioned whether their corporatist agenda was in conflict with homeopathy's founding principles. I came to the conclusion that if they had questioned this, it did not matter. Odile had already given me the answer anyway—the "business strategy."

As I reflected on this, I thought of how the more traditional homeopaths had said something similar, which struck me as a part of an instrumental logic that conveniently adapts to the political demands of the moment—by turns professing homeopathy's timelessness and transcendent truths while also invoking its ability to stay modern and relevant in the face of scientific advances. Traditional homeopaths see no inconsistency here, but the company does. For the company, there is only the task of staying modern, relevant, and profitable. Odile pointed out that if homeopathy develops at the margins of medicine, it is dead. This is not in question. What is in question is whether industry should be the one to lead homeopathy out of the shadows and toward the center. Traditional homeopaths seem to be in denial about the fact that even if the company does rescue homeopathy from the margins, it will no longer be theirs. They have given a great deal of power to industry over their way of life, but they have not questioned whether they can safely entrust that way of life to it.

I also asked Odile how research figured into the mission of the industry and what that research might be. She explained that there are two big objectives with respect to research and development: to pose questions and then answer them, either with new medications applied to

pathologies or with existing medications applied to pathologies in new ways. The focus, she said, is on clinical research, pharmacoepidemiology, which is the study of drug utilization and effects in large, well-defined populations. The aim of this approach, she explained, is to better understand the nature of pharmacologic action of the homeopathic dilution. They are also looking into preclinical evaluations to establish whether homeopathic medications can have effects on pathologies not previously considered.

Mindful of Jacques Benveniste's unsuccessful attempts at using lab science to discover homeopathy's mechanism of action, I asked Odile her opinion on theories that might explain it. She said that there is a problem with all phenomena that one cannot explain. At this stage of my research, utterly sensitized to homeospeak, I thought to myself: Had she been "ventriloquated" (Bakhtin 1981) by industry message controllers? She said there are many theories and hypotheses about why it works and that one must triage and be open in looking at all the hypotheses or theories, and then choose among those that seem the most plausible. Odile said she prefers to talk about hypotheses rather than theories. She told me that she believes that "theory" is regarded as politically damaging whereas "hypothesis" has a ring of scientificity to it. This would make sense since anything scientific adds to the luster of the industry's larger project.

I also heard from Odile that industry players are sponsoring clinical trials at teaching hospitals and at public and private research centers. I was not surprised when she told me that she was unable to share any information with me on these trials. She did say, however, that the research is being conducted all over France, in Italy, and in the US. Research projects are initiated with industry players approaching willing doctors. Up until recently, most doctors refused to cooperate with the company. Now, she said, things are changing as doctors realize that people in homeopathy are "normal people." Odile said that the industry now does five to ten times as much research as it did in previous years. Colin and Stephan, another former

industry researcher, balked at this assertion, arguing that the research that Odile refers to is not scientific research but rather fodder for corporate propaganda.

Odile mildly derided the research done in the era of the old guard by the likes of people I got to know, including Colin, Stephan, and Sabine. She said that much of that research was “defensive,” aimed at showing that the effect of homeopathy was different from placebo. Moreover, this research was not in “service to the patient.” Now, however, Odile told me that their research aims to develop new medications and assure that what they sell is effective and useful. If in the process new knowledge is produced, that is an added benefit, but it is not their objective. As you might here in any standard business pitch, Odile was liberal in her use of the word “solutions” to describe what the industry now offers to patients. “Solution” clearly means two very different things to Odile and to the former researchers. For Odile, “solution” means a market solution to an issue of consumer choice, but for Colin and the others, it means a scientific solution to a medical issue. After she explained how the research agenda had changed under the new leadership, Odile said something so surprisingly ironic that it reverberates with me to this day. She said “we’re no longer in defensive research, but proactive research for the patient.” Julien, Colin, Stephan, and others, had told me that the industry had become myopic, unable to see its own shortcomings; that it was focused too narrowly on profit and that since the death of the old guard it had lost its moral footing as well as its ability to honestly evaluate itself. After hearing Odile, I had to agree: the industry players I appeared remarkably defensive. I make this assertion based on my own experience in talking with them as well as their media presence. Industry routinely portrays itself as a victim of prejudice and conspiracy.

While I sympathized with the position of the former corporate researchers and their traditionalist brethren, is there really anything out of the ordinary about what is happening in industry? Can it really be faulted for “going with the flow” of global business culture? From the perspective of

pure corporate logic, most certainly not. But the homeopathic remedy industry is no ordinary business venture. It is a producer of homeopathic remedies, and according to traditionalist rationale, homeopathy is supposed to be “different.” It is supposed to be above crude materialism and epistemological arrogance. Indeed, Hahnemann founded homeopathy as a critique of those very things. That is why the company represents such a grave and corrosive transgression against homeopathy’s traditional ontology, and against the deeply engrained moral and philosophical values espoused and enacted by its traditional practitioners. I choose the word “ontology” here because what industry is doing is no mere facelift of homeopathy’s identity; it is a fundamental and comprehensive reimagining of homeopathy’s very being.

I asked Odile what she thought about the documentary film on homeopathy that had appeared on national television. The thing that irritated her most about the film was that it came at its subject from a perspective of “for or against homeopathy.” She was happy, however, that the film did not assume from the beginning that homeopathy was nonsense and did an admirable job of trying to balance perspectives. I found this curious since in speaking with others I had formed the impression that the film had angered industry leadership. Was I wrong? Or was I perhaps seeing Odile speak for herself? I told Odile that a handful of homeopaths I had spoken with felt that the film belittled them. She was surprised at this. She told me that as soon as the director started asking her questions about being “for or against,” she tried to shut him down. “Why are you asking me these questions,” she asked him. “Because it interests people,” he responded. Before Odile came to work for the company in 2003, if accounts about her are true, she knew nothing about scientific research and nothing about homeopathy. It seemed, then, like she was reading a script when she recited her response to the film’s director: “what, you’re telling me that allopathy is a form of treatment with hundreds of medications that treat millions of patients, and homeo is what? It’s the same thing.”

My conversation with Odile was ultimately quite dull, but I did get some basic information and I

thanked Odile earnestly for her time. I must say that during my conversation with her, I sensed that she was speaking someone else's words. I presumed that what she had told me was what everyone else from "outside" heard – the same canned responses that had been script-doctored and approved by both the legal and public relations departments.

Another researcher I spoke with in the industry was Loïc. Loïc was a physician and I had hopes that I might get a less robotic interview from him than I had had with Odile. My hopes were in vain. It was an equally brittle and uncomfortable conversation, if not more so, because Loïc was a much more confident and inscrutable figure than Odile. I wondered if this was perhaps due to the obvious power differential between us in medical knowledge. Odile did not have the luxury of specialized knowledge in our interview. Indeed, it felt like I knew as much about homeopathy as she did. I wondered also whether Loïc's hauteur had to do with the fact that his medical knowledge also gave him a certain power over his business-trained bosses. Where Odile seemed irritated at being forced to speak with me, exhibiting a mixture of aggression and helplessness, Loïc was all confidence. He was excruciatingly polite, but icy. His speech was formal, precise and no less carefully scripted than Odile's. As with Odile, however, the interview was ultimately interesting and helpful, and I conveyed my sincere thanks to him as warmly as I could.

From Loïc I gained a considerable amount of detail about industry research. For example, he told me that at the time there were nearly 100 research projects underway through contract research organizations (CRO), which handle most of the industry's research initiatives outside of France in countries like Spain, Italy, Portugal, Poland, Russia, and the US. I ask him if they ever conduct their research on "naïve bodies" (Petryna 2005), which are patient research subjects, usually in resource-poor settings, whose biologies have not been "contaminated" (my quotes) by other drugs that might prevent researchers from obtaining "clean" study data. He asserted that the company conducted its trials only in developed locales.

Loïc cited recent industry studies from the early 2000s. They gathered data from all across France on physician attitudes toward homeopathy and their clinical practices. They also involved more than 5000 patients. While industry and the homeopathic community frequently hold the studies up as incontrovertible evidence of homeopathy's efficacy, they are unlikely to garner much attention from the scientific community because of what type of study these studies were: examinations of homeopathy's popularity. Among the findings of the studies, for example, was that many biomedical doctors administer homeopathy as part of their standard treatment plans. What I find interesting here is that homeopathy's popularity is being made to do the work of traditional scientific evidence.

Loïc was tired of hearing that there are no scientific studies on homeopathy. He said there are many such studies, but there is no point in continuing them because, he is sure, homeopathy's detractors are going to stay detractors despite what any scientific study might prove. That is why he said it is not worth industry's time to do studies using placebo. Rather, industry is banking on pharmacoepidemiological studies. He said "They are perhaps more interesting to advance the spirits, reflection."

This quote from Loïc was emblematic for me of my conversation with him. After our discussion, I found it very difficult to take seriously Odile's assertion that industry research is all for the patient. Of course the issue of profit went without saying, but I felt there was something revealed in Loïc's words that had been absent in Odile's. With Loïc, I got the sense that industry research was not so much for the patient, or for medicine or science, or even direct profit. Rather, it was my strong impression that the entire enterprise of industry research was a single act of rhetoric aimed at building out its own version of homeopathy—a homeopathic universe constituted not by people and ideas, but by products.

Sylvie

Although Odile and Loïc did not give me many details about the industry's research initiatives, I was able to get from Odile the contact information for Sylvie, an oncologist who was running an industry-sponsored study on cancer. When I first contacted Sylvie, I was anticipating another stilted conversation, but I was happily surprised to be welcomed into her office at a teaching hospital in Lille with warmth and collegiality. She was very interested in my work and we spent a fair amount of time talking about our favorite philosophers. Sylvie was very open and honest with her opinions on homeopathy, and I was grateful for her generosity.

Whenever Sylvie makes her patient rounds, she frequently sees little plastic tubes of homeopathic products at the bedsides of patients. This is fine, she says, because "what harm can it do?" I asked Sylvie her opinion of homeopathy.

Do I think that homeopathy works? Sincerely, I think not, but I think that it can have...in certain cases...

What are those certain cases and what kinds of effects "can it have?" The answer, as it turns out, has nothing to do with changes in tumor growth, but rather with quality of life. For Sylvie, homeopathy is too quickly dismissed as the work of charlatans, but she believes it has an interesting social and historical story. The problem is that it has only been studied according to a biological model, something that she and industry are trying to remedy by exploring homeopathy on a clinical model.

When she began the study, she said that one might have expected to encounter resistance from patients, but she found them to be quite receptive, which came as little surprise to her given that up to 50% of her patients take alternative therapies of some sort. So far in the study, she has seen not a single change in tumor growth associated with homeopathy; there has not been a single biological response to the introduction of homeopathic remedies.

In Treatment

In oncology, the primary indication for homeopathy is as supportive care. Sylvie said there is absolutely no pretense of treating cancer. Rather, she directed homeopathy toward the side effects of chemotherapy. The benefit of homeopathy for cancer patients, she claimed, is psychological. In terminal and chronic illness, depression and hopelessness are common, and homeopathy allows Sylvie to provide her patients with something to act against these feelings.

I want to take a brief detour here from talking about industry to consider the clinical implications of Sylvie' research on homeopathy in oncology. It almost goes without saying that the industry would not be the least bit interested in the following thoughts, but perhaps if it is truly interested in the welfare of its customer-patients, we might do some thinking on its behalf.

Sylvie told me that there a common problem in oncology is a sort of “d’acharnement thérapeutique inversé,” which means the inversion of prolonging life. This mirrors anthropology’s conception of the “biotechnical embrace” (Good 2001), which describes how technological possibility translates, often harmfully, into treatment imperative. Sylvie called this a “space of illusion” where unrealistic desires drive clinicians and patients to try every possible treatment in the hope of cure. Part of the problem, she said, is that patients who have recovered from cancer want ongoing treatment because they fear their cancer will return in the absence of prophylaxis. Because of this, she continued, doctors feel pressure to treat them. Since treatments are basically free in France, there is virtually no obstacle to getting them. In order to respond to the demands of her patients, she gives them homeopathy. In doing this, she is giving something that she believes is nothing more than a placebo, but because homeopathy has some measure of popular legitimacy insofar as it is still partially reimbursed by the Sécu and widely known by consumers. For Sylvie, it is a medical “nothing” that plays the role of a therapeutic “something.”

The therapeutic “something” gives hope and reassurance to patients, but it also adds to the luster of the company’s image insofar as it can claim that its products are “in” the hospital, “in” cancer wards, and “in” patient care. Industry is not in the business of selling hope and reassurance; those are, in this case, byproducts of context that are recycled as marketing messages and units of virtue capital. This reality is not lost on Sylvie, but she sees happier patients with homeopathy and for her that is enough to justify its use.

Homeopathy here can be seen as a lever of hope, which echoes Petryna’s (2013) work on the right of recovery. I would argue that the right of recovery as it relates to homeopathy is the right to exercise one’s rights to forms of hope that science refuses to recognize as legitimate. In this sense, homeopathy’s role completely short-circuits attempts to control it by the scientific community while at the same time also short-circuiting attempts by the homeopathic community to situate homeopathy within a scientific paradigm in order to gain medico-social legitimacy. Homeopathy has become a buoy for people in need of belief when science has run out of things to offer them. But, as Sylvie made clear, patients often have the impression that what they are receiving with homeopathy is another intervention from “science” proper. For Sylvie, this is just as well, if not even better. But for those who remain skeptical of homeopathy, it still provides some measure of hope precisely because this hope resides in what is unknowable about homeopathy.

In her work on the right of recovery, Petryna identifies that the right to access expensive treatments and the right to health also imply, in some sense, a right to heal from disease. Importantly, she asks what social and political arrangements optimize recovery. I would argue that within the social and political arrangements of homeopathy, at least in oncology, the right of recovery is the right to hope. Of course we are faced with the ugly specter of not only allowing, but also engendering false hope. There is no easy answer in the politics of hope, but I believe

any ethical evaluation of it must take into account the impact of hope on quality of life, however short it may be.

I very much appreciate Petryna's (2013) phrase "harnessing a therapeutic potential." What this phrase means to me is that we need to consider a science of hope, a science of producing and maintaining hope for those for whom biomedical science has run out of answers. This would mean that hope is not an effect of innovation, heroism, or revelation, but rather itself becomes a matter of research, a metric, a key index of treatment. Petryna calls for a re-imagining of the ways we see and think about recovery. I think that in the case of Sylvie and her cancer patients we see an instance of this re-imagining. Whether or not homeopathy actually plays a role in traditional clinical signs of recovery, it does seem to play a role for people who are in search of a reason to stay alive. This implies that homeopathy is a deeply moral object. It stands to create hope where there is none, exploit and prey on those in need, and bilk a health system already stretched to its limits, but it might also provide some with a reason not to give up. Scientifically, it is just as complicated, if not more so. There is no known mechanism of homeopathy's action, but its role in a science of hope bears investigation for what it might make possible, if anything, for patients over and above the benefits associated with "placebo." Petryna's phrase, "harnessing a therapeutic potential," also means to me is that we must take seriously her call to expand our understanding of what might be considered therapeutic in settings such as cancer wards, and to take novelty in that domain seriously, even at the risk of scientific heresy. It is clear that Sylvie is already there. She is a clearly a very capable clinician who can talk social science and philosophy as easily as she talks medicine. I suspect that because of her larger worldview, she is not so wedded to the idea of protecting the sanctity of science or of homeopathy. In this sense, she is a homeopathic "hero." From the perspective of traditional biomedicine, she is a heretic.

In clinical trials of homeopathy said Sylvie, **one will never get proof of efficacy**, only avenues for reflection. This reminds me of what Loïc (above) had said to me. For Sylvie, these avenues

of reflection were as important to her patients as they were for her research. She made a distinction between a therapy for life and a therapy for the body. The latter denotes the material body, but the former speaks to one's experience of that body. She believed that although there may not be an observable benefit to the body, there may still benefit for the way one experiences it. She once had a patient who refused chemotherapy, knowing he would soon die, but he asked to continue his homeopathic treatment because it made him feel good.

Ethical Workaround

Homeopathy is not just a helpful tool in cancer treatment. For Sylvie, it was also a workaround for an ethical dilemma. Sylvie said that in clinical trials for cancer treatments, it is unethical to use placebo because this prioritizes the needs of the study over the patient's right to care. Because homeopathy is nothing more than a placebo to her but is perceived by the patient as "real" medicine, she is able to use homeopathy in place of placebo in her studies and thus avoid the ethical quagmire. Perhaps she was also validating the placebo effect as a relevant scientific fact that should not be rooted out as a noise-inducing nuisance. Sylvie's real problem is not with *using* placebo, but rather being *seen to use* placebo in trials. I would argue further that while homeopathy may be nothing more than a placebo in chemical terms, it is possible, if not likely, that it is much more than a placebo in social and symbolic terms. That is, in the mind of the patient, the homeopathic remedy can be "more than" or "less than" an actual placebo, and it carries with it all kinds of cultural and historical baggage that can activate psychological, and thus physical, responses in the patient that far exceed what might be associated with placebo usage. There is an incalculable element here, but it has been shown that the commercial aspects of a placebo can affect the magnitude of the placebo response (Waber, et al. 2008). It stands to reason, therefore, that an industry-branded homeopathic remedy, given its cultural identity, might have a qualitatively and quantitatively effect different from that of a "standard" placebo. The implication, then, is that while homeopathy-as-placebo may be an acceptable workaround on moral grounds (though I do not believe it is), it is methodologically nebulous and potentially

dangerous to the patient. To me, this unknown quantum and distribution of danger in research echoes an “ethical variability” (Petryna 2005), which refers to how an ethics can be instrumentally adapted to suit particular scientific, economic, and political needs. In this case, this adaptation is about renaming a problem in order to ease conscience over the perils that homeopathy—just like any other drug, tested or untested—raises.

Conflict of Interest

As with many of my interview subjects, I wanted to know Sylvie’s thoughts on potential conflicts of interest among researchers, caregivers, and industry. At the time, “L’Affaire Mediator” was still fresh in the public’s memory. This was a national scandal that erupted when it surfaced that French pharmaceutical giant Servier had been aggressively pushing its drug Mediator (benfluorex), a weight-loss drug marketed to diabetics “at odds with its medical properties,” while papering over the 500 to 2000 deaths thought to be associated with its use over the 33 years it was on the market (Mullard 2011). The affair was cynically seen as a windfall of good luck by industry, which saw in the scandal a chance to tout the safety of its own remedies and (with no small amount of schadenfreude) point the finger at “big pharma.” Sylvie’s response was one of mild resignation. “Dysfunction” is everywhere, she said, and “dysfunction” in medicine and pharmaceutical research is no different. Sylvie had begun her answer by using the word “corruption” but soon switched to “dysfunction.” She parroted what I had heard from other homeopaths—that without corporate sponsorship, there would be no research in homeopathy, so one’s choice is either to do the will of the company or go extinct. Where would treatments for HIV, cholesterol, and cancer be with industry support, she asked. Besides, she said

None of my patients ask me if there are conflicts of interest. They say ‘give me the medication I need.’

I winced when she said this. I had only asked her what her thoughts were on conflicts of interest, but I seemed to have touched a nerve because I sensed her bristling. Perhaps it was naïve of me to think that such a question would be anything but provocative. Still, I wanted to know and I

did not regret asking. She stated emphatically that she is only a “scientific partner” with industry and takes no money from it. For its part, however, the company reaps considerable benefit from its relationship with Sylvie:

I believe in terms of image, the company has a certain interest in having my collaboration.

Sylvie told me that she has a personal relationship with corporate leaders. I suspect this is why I was allowed to speak with Sylvie; she was an ally of the company and could be trusted to say the “right” things to me. As I had heard from others, Sylvie used the example of Boeing and Airbus to illustrate how partnerships between industry players and government are necessary. Fair enough. But I did not hear her say that medicine and illness are not airplanes, and that a different logic is called for in medical ethics. I was quite surprised throughout my research how seldom concerns about conflicts of interest came up. Sylvie told me that one can take one of two positions on issue of conflicts of interest: one can either have a morality based on solicitude (i.e. a “gentleman’s agreement”) or one can have a morale that is more “Anglo-Saxon,” which is procedural and legalistic. I am not sure what she meant by Anglo-Saxon specifically, but her larger point was to highlight that the burdensome regulations that had come to characterize medicine in France were not of French origin; they were from unwelcome interlopers from elsewhere (the implication being the US). She argued that if you develop relationships with people, you do not simply dismiss them because of their occasional lapses in judgment or their “dysfunctions.” She seemed to be quite bitter about the regulation and surveillance of her work by various authorities. Her rebellious outlook fit hand-in-glove with the anti-establishment ethos of homeopathy (i.e. against the scientific establishment), and it made sense to me why she and corporate leaders might get along.

As with many of the actors I spoke to, I had mixed feelings about Sylvie. On the one hand, I applauded Sylvie for championing the right of the patients to access forms of care that, while not scientifically validated, can nevertheless provide a source of meaning, and perhaps even healing

(I had to take her on her word as I didn't speak to her patients). On the other hand, however, I found her instrumental logic around the use of homeopathy as a placebo in cancer treatment trials unsettling. Sylvie kindly invited me to a talk she was to give at an industry-sponsored event a few months hence on her interim study results, however Odile (above) rejected my request to attend.

Nature of Homeopathy Research

In 2005 (Shang, et al.), an article appeared in the *Lancet* that presented results from a meta-analysis of 110 homeopathy clinical trials and 110 clinical trials for conventional biomedicines, concluding that homeopathy was a placebo. Reaction within the international homeopathic community was "Confusion, gradually turning into outrage..." (Peters 2005) as homeopaths reeled at what they interpreted as an unscientific, prejudiced, character assassination of their method (Bell 2005; Fisher 2006). Ever since Benveniste, research in homeopathy has been trying to regain its footing, and the *Lancet* article exacerbated the rancor around it. Research in homeopathy had become a politically dangerous business.

In my lengthy conversation with Sabine on the Memory of Water Affair, she reflected a great deal on her former employer. Of particular concern to her was how corporate interests threatened the wellbeing of homeopathy by strangling "proper" research, trying to control the homeopath community, exercising dangerous levels of influence on regulation, and courting controversy with sensationalism.

Once, while Sabine was still employed by the company, a journalist from a homeopathy periodical interviewed her about a study that had recently been published. She told the journalist that the study was interesting, but that they would have to reproduce the study to make sure its results were reliable. For Sabine, who seemed to present herself as a champion for epistemologically virtuous science, replicability was a "critère de choix" ["criterion of choice"], the thing that can

make or break scientific progress. Replicability, however, was not a virtue for her bosses. The next day, her boss called her into his office and reprimanded her, saying that a shareholder had complained and that she was not allowed to say such things to the press: "Our shareholders don't want to see that! It's dangerous, that. It's dangerous."

One of the problems with current research in homeopathy is that negative results are often suppressed: "We have to be able to publish negative results if we have them, and not have them quashed by the study sponsor." Sabine's lobbying for the importance of publishing negative results, as well as positive ones, was part of why she and Colin fell into disfavor with the company's leadership. But the problem is not just with industry. Sabine said that it is a problem within the homeopathic community more generally. The response of her peers to her pleas to publish both negative and positive results was that homeopathy has special evidential burdens that biomedicine does not have and that homeopathy's research has to fight prejudice in a way that biomedicine does not.

Lamenting the demise of what she believed to be the true but neglected nature of the homeopathic community, where "real" research and cooperation were held up as ideal moral and scientific principles, Sabine said that since the passing of the old guard, homeopathy in France had largely become only about "selling the granules."

Sabine said that the company does not want to do new research or confirm studies by replication -- "Ils n'ont pas envie de le faire" ["they don't want to do it"]. As Sabine spoke, she paused to reiterate, "I weigh my words carefully." As she recollected her days at the company, it was clearly emotionally difficult for her. She also feared saying anything on record that might trigger the company's ire. She said that what she has written and what she has said on television is that homeopathy prefers to keep 25-year-old studies that are positive but that have not been reproduced, and that homeopathy dwells on them rather than taking the risk of redoing studies

and possibly encountering problems. She said that industry refuses to take any “intelligent risks” with regard to research. Sabine was thinking like the scientist not like a CEO. I believe this is a blind spot in Sabine’s reasoning – her vision of “pure” science is noble, but as even she admitted, heartbreakingly naïve. It seems that she cannot grasp the realities of corporate science, ugly as they may be to an idealist.

That shocks me. That shocks me fundamentally...even if I understand...and I do want to clearly understand someone in industry who says 'yes, but the image...' I want to understand. And when I say that shocks me, I don't single out any company, I want to say...the context that we have created is bad. Because...uh...for reasons related to having put into the hands of the media fodder [for sensationalism] that will condition, as a result, the financial situation of homeopathy [i.e. reimbursement]."

According to Sabine, industry could do basic research on topics such as homeopathy’s effect on viruses, but it chooses not to. Instead, the company exploits risky unknowns like cancer research in search of blockbuster results. The incremental research projects that might lead to understanding how, and if, homeopathy “works,” do not have obvious and immediate translatability to market strategies and are therefore not a priority. For Sabine and for Colin, incrementality is the only possible pathway to scientific commensurability with traditional biomedicine.

Industry Control of Homeopathy

Among the things that trouble Sabine about the company’s activities is its growing control of the homeopathic physician community. In addition to providing funding for its selective research agenda, industry exercises its influence on physician training. According to Sabine, the company effectively killed off many of the publicly funded homeopathic certification and training programs in medical schools as it slowly took over and privatized training centers. The French Order of Physicians denounced this takeover in a report in 1996. Sabine believes that it is one thing to be sponsored by industry at a conference or to take money for a research project, but it is a different matter when industry takes over a publicly funded university training program. I might disagree

with Sabine on this issue; the homeopathy training programs in public medical schools probably would have waned even without industry's influence. But I believe it is the case that by controlling physician training, the company can and does reach out to biomedical physicians to extend homeopathy's presence into biomedical clinical spaces. Training non-homeopathic physicians on the rudiments of homeopathic care creates an entirely new population of prescribers and recommenders. This leads traditional homeopaths to complain that the care these newly trained biomedical doctors are delivering is not "true" homeopathy because it lacks homeopathy's traditional "thickness"; it is a simplified, "thinned out" version of homeopathy.

Sabine said that industry should tread lightly in trying to control the physician community because when there is a "revolt" against homeopathy, it will be against industry, not against the physicians. The "revolt" she referred to is the potential for backlash that the company is courting with its reach for blockbuster discoveries (discussed below in the next section). The control of physicians is, I believe, not quite as visible to her fellow homeopaths as it is to Sabine. Sabine sees the dangers of depending on the company, but she too sees it as a necessary evil. In the days of the old guard, Sabine wistfully recalled, one would not have had to worry about such things; it was the "golden age" when there was more trust in the small community of homeopaths; it was before Benveniste; and it was before the dominance of the "homeo-industrial complex" (my term).

Fear of Backlash

Throughout my long conversation with Sabine, I could tell that the trauma of the events at Clamart had left its mark on her in the form of a heightened sensitivity to possible controversy. Sabine was frightened by the company's flirtation with sensationalism. Conducting homeopathy trials on cancer worried her, but more alarming to her still was industry's daring with the H1N1 virus. As soon as the news of H1N1 hit the media, industry leadership convened a panel of

experts to discuss the flu and offered hundreds of thousands of Euros for research on it. According to Sabine, the committee came from all over the world. Most of the research money, she says, did not actually go to research, but rather to covering the costs of bringing everyone together. It was, apparently, a kind of publicity stunt. At the time, not a great deal was known about H1N1, which meant that the company could colonize and capitalize on the many unknowns. Sabine told me the company saw in H1N1 enormous potential for profit: "We're going to find a solution to this. We're going to appropriate it." This kind of thinking was a source of "fear" for Sabine because it can easily invite harsh rebuke on scientific and moral grounds, which would ultimately do harm to homeopathy. Moreover, the constant quest for "the next big thing" means that there are "few innovations in homeopathy" because the goal is not discovery, but profit. There is "no intelligence in action," she said, which "can structure the future" of homeopathy for the worse; "it impoverishes the base."

This begs the question of how sustainable this modus operandi actually is. Sabine would argue that it is not at all sustainable, at least not for traditional homeopathy. Again, I believe Sabine's ideological convictions are fundamentally at odds with the basic principles of running a corporation and keeping shareholders happy. I must confess to some degree of sympathy for Sabine, however. I got a sense of how homeopathy used to be, or at least how she imagines it used to be, and I wished for her sake and for the sake of her colleagues that the future of homeopathy could be other than what it probably will be.

For Sabine, the "thickness" that is being taken out of homeopathy is not so much its therapeutic particularities as it is its moral compass. Homeopathy is supposed to be "better," more morally upstanding than its Other. For Sabine, the moral aspersions that her colleagues cast at official science and medicine are hypocritical and neglectful of a more fundamental danger, which is that industry can take from homeopathy its ability to make any moral claims at all. That is, an overt logic of profitmaking is precluded from having any say on moral issues, especially those that have

been part of homeopathy's traditional ontology. Sabine said that homeopathy's force comes from a certain modesty, a modesty that the company does not possess.

Unlike in the US, it is illegal to advertise drugs on television in France. Because of the special nature of homeopathy (non-toxic, natural), however, the company is allowed to advertise some homeopathic remedies on television. This infuriates the biomedical pharmaceutical industry. The homeopathic industry is a chimeric beast, billing itself as pharmaceutical giants like Sanofi and demanding that its remedies be reimbursed by the Sécu like traditional biomedical pharmaceuticals, while also demanding special dispensations like the right to advertise and the rubber-stamp regulatory approval of its products. The more the company demands these dispensations, the more, Sabine fears, it draws the ire of the biopharmaceutical sector. Biopharmaceutical interests could pressure authorities to clamp down on homeopathy's special privileges, which would bring harm to homeopathy as a whole. Sabine seemed quite certain that some crisis of backlash against homeopathy looms on the horizon. I am torn, however, between seeing her concerns as sage prophecies and projections of lingering hurt and humiliation. I suspect they are both.

Reimbursement and Regulation

Because homeopathic remedies are "natural" and "non-toxic," there is a special regulatory approval process for granting them an "Autorisation de Mise sur le Marché" (AMM), or approval to go on the market. I met with an official at the Agence Nationale de Sécurité du Médicament et des Produits de Santé (ANSM), France's version of the FDA. I was not allowed to record my conversation with the official, but I was able to gain a rudimentary understanding of how homeopathic remedies make it to the market. ANSM approval of standard biomedical pharmaceuticals requires that new drugs demonstrate both efficacy and safety. Homeopathic remedies, however, need only demonstrate safety; they are exempted from demonstrating

efficacy because, as is frequently argued, it is impossible to show homeopathy's efficacy using the standard methods of scientific and statistical verification. The expedited approval process for homeopathic products is especially irritating to traditional pharmaceutical companies because while industry touts the scientificity of its products, it invokes the inability of science to account for its efficacy.

Furthermore, many of the company's products are marketed directly to consumers for specific illness conditions, just like traditional pharmaceutical OTC remedies. Not only does this go against the homeopathic doctrine of a patient-specific treatment regime, it is also forbidden by law. Homeopathic remedies cannot, as a condition of being awarded an AMM, make claims to treat any specific condition (MEDICAMENTS.GOUV.FR 2013). Industry, however, has gotten around this stipulation with products such as HomeoSys, which claims to boost the immune system. An agent from the Sécurité Sociale once asked Sabine why she prescribed so many generic homeopathic products. Industry so dominates homeopathy in France that, Sabine believes, few, even an agent from the Sécu, know that the whole of the homeopathic materia medica is, and always has been, generic.

Over the past decade, the company has aggressively challenged reductions in the Sécu reimbursement rate for homeopathic products. Not all homeopathic remedies are reimbursed. Only generic homeopathic substances included in the French pharmacopeia are eligible for reimbursement (ANSM 2015). Proprietary products, such as HomeoSys, are not reimbursable. In 2004, the reimbursement rate fell from 65% to 35%, and in 2011 the rate was further reduced to 30% (Hermal 2013). This has clear implications for the company's bottom line as well as homeopathy's standing as "real" medicine. Sabine told me that when the rate first fell in 2004, industry mounted a petition to protest the reduction, gathering as many as 600,000 signatures.

Sabine had some “very heavy” things to say about the ANSM. In her estimation, the ANSM is “gangrenous” because of its “unhealthy” relationship with industry, which she calls a “creeping mafia.” Industry controls the committee that approves new homeopathic remedies for the market, which means in addition to securing expedited processing of its AMM applications, it can also suppress foreign competition. Stephan, a homeopath colleague of Sabine’s and Colin’s and former ANSM employee, invited me for dinner one evening. He shared his experiences of working at ANSM and corroborated Sabine’s accounts. Industry had kept Stephan from participating on the AMM review committee, and Sabine’s application to serve on the committee was rejected, ironically because she had worked for the company. Sabine said that she and Stephan were victims of “obscure scheming.” “What we didn’t understand at the time,” says Sabine, “was that we didn’t know the rules of the game. I think I am perhaps hugely naïve.”

Reflecting on their stories, I had to remember that they simply could have been the resentment of former ANSM and company employees. Still, one has to wonder how a product like HomeoSys actually made it to market. Technically it should not even exist. First, all homeopathic remedies are by definition generic. They are dilutions of animal, vegetable, or mineral matter whose nomenclature and preparation process are clearly outlined in the French pharmacopeia (Sergent 1995). Second, homeopathic remedies must list their contents on the product’s packaging. Third, homeopathic remedies may not be indicated for any specific illness or disorder (MEDICAMENTS.GOUV.FR 2013). Fourth, non-homeopathic medications may not be advertised on television. HomeoSys is a curious product, and raises questions about its AMM, because it is not a generic product. Rather, it is a proprietary product invented by industry, which only it can legally produce, which is marketed on television and elsewhere as an immune system booster, and which does not include a list of its ingredients on its packaging. Although the base matter for HomeoSys (pig brains) is produced according to traditional homeopathic preparation processes and is administered like other homeopathic remedies, the sentiment among my group of interlocutors was that HomeoSys is not a homeopathic remedy. I present HomeoSys specifically

because it symbolizes industry's willingness to break with homeopathic tradition to capitalize on the symbolic capital of that tradition, applying its connotations of "natural," "gentle," and "safe" to new products and new product categories (e.g. "homeopathic" toothpaste, "homeopathic" lip balm) that have nothing to do with homeopathy's core principles of individualization ("globalité"), similitude, or infinitesimal doses. The company's effort to create or convert homeopathic remedies as standard OTC treatments is what I call the "allopathization" of homeopathy.

When Sabine was still in industry, she organized a colloquium and invited Guillaume, a homeopath and philosopher, to present on his work. After the colloquium, corporate executives were furious with Sabine, telling her never to invite Guillaume back, saying, "we should think about these structures, but we shouldn't think too much. Only the chiefs have the right to think!"

CHAPTER 5 — HOMEOPATHY THROUGH THICK AND THIN: WHAT IS AT STAKE

As much as homeopathy is a therapeutic system centered on experience, it is also a philosophy and ideology (Pinet 1998). Philosophy and medicine are not such strange bedfellows as one might suppose. Indeed, my homeopath interlocutors would argue that conventional biomedicine is philosophically impoverished. The great philosopher of medicine Georges Canguilhem (Canguilhem 2008a) reminds us that health is not a neat object of scientific judgment. Invoking Kant, he tells us

“He can feel well (to judge by his comfortable feelings of vitality), but he can never know that he is healthy... Hence if he does not feel ill, he is entitled to express his well-being only by saying that he is apparently in good health” (Kant 1979:181). These remarks by Kant are important, in spite of their apparent simplicity, because they make health an object outside the field of knowledge. Let us bolster the Kantian statement: there is no science of health. Let us accept this for the moment. Health is not a scientific concept; it is a crude concept. Which is not to say that it is trivial or out of reach, but simply rough and inexact” (2008a:469).

Health is indeed a crude concept, and medicine, that sphere of knowledge brought to bear on its amelioration, must be able to take this crudeness into account if it is to do its job properly. This is why Martin, a homeopath, believes that the physician is not a scientist: medicine is not a rigorous science like physics or chemistry; one works with human beings, which are more complex and require intelligences and sensitivities that lie outside the realm of science. Martin alluded to the idea that science proper can tell the physician only so much about the patient, and that a certain art and intuition must accompany scientific knowledge. Martin’s point here, and the larger philosophical basis of homeopathy, is that finding ways to talk about health and illness that lie beyond science in its strict sense might make for better medicine. These new ways of talking should attend to the experience of illness, including its psychological and social dimensions.

In the sense that traditional homeopathic practice echoes Canguilhem and Martin, homeopaths are all philosophers. They build upon the scientific foundations of their training, incorporating the vagaries of human experience into their therapeutic gaze. Hahnemann’s original concept for

homeopathy was not so encompassing, but over the centuries the method has surpassed the boundaries of therapeutics to articulate a larger philosophy of life. Critics charge that homeopathy undoes itself by reaching too far, laying claim to too much territory outside of medicine (Stalker and Glymour 1989), but for homeopaths, one cannot disentangle illness from life itself; they must be approached as a whole.

I believe that the thickness at stake in the industrial transformation of homeopathy is precisely this philosophical orientation, and this chapter is dedicated to “thickening” our understanding of the thickness. For industry, a “crude” concept of health cannot be translated into catchy marketing messages and concise product claims. For these priorities, a “tidy” conception of health is required, one which has been **de-constellated** from its thick surround of illness experience, and homeopathic ideology, and history and **re-constellated** within a thin market matrix of discrete, branded definitions of health. For the consumer, the pursuit of health is recast as shopping.

I was fortunate enough to speak with two individuals who have formal training in philosophy in addition to their medical training. They helped me to gain a deeper understanding of homeopathy’s philosophical-therapeutic thickness. In the first section of what follows, I let the voices of the philosopher-doctors describe what philosophy means to homeopathy. Later, I explore other kinds of thicknesses: Thick Experience, Thicker than Rationalism, Rejected Thickness, Philosophical Vitalism, and Care and the Caregiver.

Philosopher-Doctors

While not all homeopaths are able to quote philosophers at will, a general awareness of France’s colossal contributions to Western philosophy runs deep in all of French culture, including medical culture. Physicians of any political or ideological stripe will invariably be able to tell you which philosophers are influential in their thinking and work. Two physicians I spoke with, Georges and Guillaume, are homeopathic doctors, one a pediatrician, the other a general practitioner, who

received formal academic training in philosophy. I found this combination of training fascinating and looked to them to see what they might have to say beyond the hagiographies of homeopathy's mythic founders and champions, the recitation of homeopathy's endless virtues, and the equally endless complaints and recriminations against biomedicine. It turns out that they had a lot to say, and while many others had warned me of the impending doom of their traditional way of practicing homeopathy, few outside of Georges and Guillaume were able to move beyond the common refrains, and none were able to do it as powerfully.

I arrived in Georges's clinic in Strasbourg on a hot afternoon. The neighborhood was sleepy. I mounted the stairs to his office above a travel agency and as I opened the door, I scanned the room and noticed his enormous desk facing me against the window looking out onto the street. It was flanked on either side by children's toy sets and colorful books. It was my first time in a homeopathic clinic for children and I was surprised by how awkward I felt. I realized I had never given much thought to homeopathy for children as all of my time had been spent talking with adults about other adults (patients, allies, adversaries, etc.). In almost every respect it was just another private pediatric practice. The one exception was that the clinic's physician was a homeopathic pediatrician who studied philosophy. Georges greeted me warmly and quickly put me at ease. My immediate thought was that he had gained this skill while working with anxious children and (projecting a bit) I was grateful that he had.

My undergraduate degree is in philosophy, and I was eager to hear his thoughts on the relationship between homeopathy and philosophy. For Georges, philosophical awareness is central to homeopathic practice. And, as he spoke, I gathered that with this increased intellectual sensitivity came equally increased moral and affective sensitivities. Both dispirited and resolute, he told me of his belief that the loss of traditional, clinical homeopathy is a condition of our increasingly secular and materialistic world. It is a world where we have lost certain wisdoms and values, where we have forgotten that "that which has value has no price."

...In our material world...which is to say a world without God, a world without spirit where everything is for sale, everything was thought, but there is nothing left that has value, that is to say dignity.

Georges's indictment of the modern world echoes that of homeopathy: modern medicine has become a pernicious form of materialism that alienates the patient from the meaning of her own bodily experience. I did not find this statement surprising, but I did find it extraordinarily eloquent compared to other formulations I had heard from homeopaths. Neither was I surprised to hear Georges mention God. Indeed, a number of those I spoke to, especially Julien and his coterie of friends and colleagues, explicitly wove their Christian beliefs and their commitments to homeopathy together. For Julien, homeopathy's notions of purity, authenticity, and naturalness aligned with his conception of God's wishes for an orderly and just world. This included conceptions of the body, which are inscribed in a hybrid rationale of modern medicine and Christian faith.

Homeopathy for Georges is not just something he does in his clinic; it is a social-political-philosophical project of trying to restore a sense of appreciation for the value of certain things, particularly the inherent dignity of life and the body. He told me that homeopathy is uniquely qualified to achieve this because it is

...A form of wisdom that exists outside of time...it has a dignity.

Homeopathy, then, seems to be a form of conjuration, a type of medicinal incantation that removes the contamination of modernity (technological enchantment, commodity fetishism), and aims to restore essence to things that are out of balance internally and with one another: the body, the psyche, and social relationships. For Georges, Nature bestows us with inherent balance, which is our authentic, default state of being. Through negative influences (e.g. biological contagion, poor self-esteem, social discord, misplaced desires, anxieties, disagreement between one's internal "systems," disagreement with one's internal systems and external forces), authenticity and balance are compromised. Homeopathy restores authenticity by putting the self

back in tune with itself. Homeopathic practitioners are the bearers of this message of restoration, as well as the agents of its performance. As we will see below, the notion of balance and re-tuning the self are critical components of homeopathy's thickness.

Moments into our spirited discussion of philosophy and homeopathy, Georges invoked the founding prophet of homeopathy, Samuel Hahnemann:

Hahnemann gave us something. We received it and now we seek to give it back. "The Three Graces": the given, the received, the returned. That is, now the old guard like me, we teach, we transmit the knowledge and knowing that does not belong to us...[we are] the messengers of the gods, but not just of the gods, of men too...[we are] "psychoponts" ["psychological bridges"], that of messages, mediators.

In Georges' estimation, homeopathy *is* the capacity for rendering visible, the inherent dignity of the world bestowed by Nature or God via the body, a dignity which modernity, materialism, and science had diminished. I had heard this word "dignity" before. Why was it so important to him and to homeopathy? What was its starting point? Where did it come from? Some had mentioned it in the same breath as religion, but that was the exception not the rule. More commonly there seemed to be a secular-spiritual *a priori* assumption that some value adhered in human existence that transcended not only the ways of scientific seeing but also the modern world's ways of reckoning value and meaning. For Georges, and for homeopathy more generally, the dignity of human existence was a self-evident first principle as incontestable as the laws of gravity and motion. As he spoke about dignity, my momentary exasperation gave way to a realization—I had already heard the answers to my questions about dignity many times without realizing it. I had overlooked it because I was being "too rational", looking for a *reason* for dignity's existence; it does not have one; it simply is. If I had followed the admonitions of the homeopathic "gospel" to let go of my "hyper-rationalism," I would have discovered sooner that such things as dignity, meaning, and value (*a fortiori* wellness and illness) cannot be always encountered through reason and must be accepted as universal truths.

... Today there is a global inversion of all values. We walk on our heads, actually! And the word technê has become "technique," so we only see the appearance of clinical research called Evidence Based Medicine, but Evidence Based Medicine is not the

original technique. For example, EBM is based on 4 pillars, not only clinical, but also the life of the patient, medical ethics and circumstances. So there is clinical research, circumstances, physician ethics, patient's opinion, therefore [with] EBM, since the American term "Evidence Based Medicine" has become the norm, everyone thinks that Evidence is [the same as] "l'évidence" ["an obvious fact"], but these ideas are "faux amis" ["false friends"]. [...] So, I want [a] science very much in the sense of technê, ancient Greek, that does not describe technique, but rather talks about "the medical arts," but "art" in the generic sense, which is to say with the ensemble of its components, including technical components, that is with clinical research, double-blind studies, randomized control trials with placebo, etc. [...] For medicine not to be determined by technique.

Georges's point here is well taken. Medicine's enchantment with technological achievement has occasioned the emergence of a sometimes-harmful moral logic of treatment where possibility is reconfigured as imperative (Good 2001). In the study of Greek philosophy, technê is often contrasted with êpistemê (not to be confused with Foucault's formulation). The latter refers to knowledge, while the former refers to art or craft. Over time, technê has mistakenly come to be seen as "practice," the province of facts, when it is actually more accurately the province of "how things should be" (Parry 2014). In an ideal world, this should be a domain off limits to science proper (e.g. Beauvais 2007b; Benveniste 2005; Fottorino 1997a; Fottorino 1997b; Fottorino 1997c; Picart 1994). What we think of as orthodox scientific knowledge is closer to êpistemê. Georges wants a medicine that is both technê and êpistemê, that is art, craft, and knowledge, but which also is able to articulate a moral position that calls out the neglect of what is essentially the secular divinity of human life.

So a human being by its nature... I say... I don't take care of Airbuses or Boeings, I don't take care of animals; I care for humans. Yet a human has dignity, the dignity of humanity, the dignitas of the Latins and the dignity of the Greeks, and voilà. This is simply evidence, but this time not 'evidence' as in proof, but something that is in front of our eyes, you know? One cannot deny that!

The notion of an inherent human dignity in homeopathy is an explicit argument against biological reductionism and physicalism. For homeopathy, there is always a soul that underlies the self, though it may be called by other names (e.g. essence, nature, spirit). It is a lived-soul in communication with the lived-body. This is the "whole person" that is the object of homeopathic thickness.

Guillaume is the other philosopher-doctor I met. He and his wife graciously welcomed me for the weekend into their beautiful home which was nestled on a hill overlooking a picturesque village at in the Jura Mountains. I was weary from my long trip from Paris, which had involved both air and car travel, and I was grateful for the serenity of the setting. I barely had time to sit down when Guillaume started enthusiastically asking me questions about my work and how he could help me. A late-middle-aged man, he had the energy and enthusiasm of someone half his age. He beamed with an optimism that was unusual among the usually forlorn community of homeopaths. I was touched by his curiosity and deeply flattered by his questions and comments about the larger implications for anthropology of my research on homeopathy. Our interactions that weekend ended up being the high point of my entire sojourn in France. It was a supremely stimulating weekend after which I felt like I had learned more about homeopathy than I had in the previous six months. Guillaume was remarkably generous with his thoughts and opinions and made sure to hold my hand as he gave me a guided tour of his perspective on homeopathy, particularly its philosophical dimensions. He was not just an interview subject; he was also a teacher and friend. Below, I quote Guillaume at length because he represents himself much better than I could try to distill him.

Guillaume wanted to make sure I understood that despite our ascendance into the exalted realms of philosophical reverie, our discussion was nonetheless absolutely grounded in the concrete. I had the sense that having to justify and ground his philosophical musings in “the real” was a reflex acquired from earlier encounters with skeptics and would-be converts. Homeopaths are accomplished rhetors. It comes with the territory. And while just decades ago such rhetoric might have been targeted toward potential new patients and clinical settings, it is more often today directed internally, at homeopathy itself, as activists like Guillaume struggle to corral opinion among his colleagues, a necessary precondition for hope.

...All this is not a theoretical, abstract discussion of the real. All this is a theoretical discussion starting from the real... No, that's what is important, finally it seems important to me... It is not the theoretical plated on the concrete; it's the theoretical extracted from

the concrete. [...] What Husserl says, or I think a lot in Merleau-Ponty, but it's that... returning to things in-themselves means returning to a world before knowledge in which knowledge always comes from, let's say, geography, to define what a river and landscapes were... This means that scientific abstraction starts from the concrete and from the world of life... and that the world of life is not a kind of little superfluous thing; it's the basis of everything. When we practice homeopathy, we stick to the disease as the sick person experiences it and this can't be devalued because the disease as the patient feels is the basis of everything. It's even the basis of what the scan, the MRI, and the rest show... And if today we can do without the experience of the disease by the patient it's because yesterday the patient's experience of the disease allowed the development of techniques that today allow us to do without it. That is, if today we can detect a coronary problem due to the ultrasound without you having cardiac symptoms, this is a type of progress and it's so much better, but this does not devalue the symptomatology that has long since been at the origin of all these discoveries. So what the patient experiences, the fidelity to the experience of the patient can never be ignored...except by positivism in the bad sense of the word. Really extreme I mean, ideological, dogmatic. It cannot be devalued; the vital field is the field of all fields... And homeopathy sticks to the vital field.

Guillaume's comments here are a call to allow the illness experience to serve as a diagnostic tool that is as epistemically "hefty" as an MRI scan. For him, patient experience is no less informative an instrument of diagnosis than any other tool. Indeed, in this sense patient experience can be seen as a homeopathic diagnostic technology. And, importantly, there is nothing "less real" about this experience. For homeopathy, it is no less concrete than one's flesh and blood. As such, experience is thus established as an infallible basis for subsequent reasoning, i.e. diagnosis and treatment planning.

Guillaume also wanted to impress upon me the different philosophical orientations that distinguish homeopathy from allopathy, or biomedicine: biomedicine is ideal for treating the "conditions of life," but homeopathy is ideal for treating "life."

[Homeopathy's] field is everything that troubles the living since allopathy, I would say, deals with the troubles of survival. Allopathy is the rule for treating the conditions for living -- your heart, your coronary arteries that are almost clogged; they must be unclogged. Fine. You get a brain hematoma; the blood should be drained out. You have a tumor; it must be removed. It's magic. It's extraordinary. But once this is done, you have to live and you can have many difficulties. Not only existential ones, meaning suffering in your body, not being well at all, it's not psychological. [...] And that will not necessarily be in allopathy; homeopathy will be much better. Precisely because allopathy is the therapeutic side, in my opinion, the queen of the infrastructural dimension of the human being, infrastructural – the arteries, the lungs, the gas exchanges, etc. Blood pressure, if it's too high it must be lowered by force. But a lot of people have rotten, completely destroyed, completely wasted lives because... This is it. If I take the metaphor of the musical instrument...if the instrument needs a change of strings, it's allopathy, or you

have to remake the wood frame, it's allopathy, you need to change the keys, it's allopathy. But once it's out of tune, this instrument is useless and so it's homeopathy's thing. An instrument whose infrastructure is bad is useless. It has to get an allopathic intervention, but an instrument with perfect infrastructure, but which is completely out of tune, is completely useless too. And I believe that homeopathy intervenes. It's as if we took to another register the metaphor of diplomacy or the recourse to armed force. **Diplomacy is homeopathy.** It's remaking the balances that have to be made, making relations healthy again, bringing harmony in the global, and overall functioning. If you used armed force when the trouble is rather diplomatic you don't solve anything and without controversy we can see a little that international situations can be of this order. [...] I'm trying to say... a dialectic... the structural/functional... The doctor must be a philosopher doctor, meaning he must ask himself... "There, what do I have to do? Homeopathy, allopathy, or other things?" There is no "should I practice homeopathy or should I practice allopathy?" This question has no sense. In front of this particular patient, at this point in his history, what's better for him? And in fact, it's this entire dialectic that intervenes...

A key reason why I enjoyed Guillaume's company so much and learned so much from him is that he is a master rhetor. He helped me to understand homeopathy in a way no one else could. His perspective was a welcome departure from the tired refrains of homeospeak, which is a rote litany of homeopathy's "fabulous" virtues followed by bitter grouching about biomedicine's arrogance, prejudices, and moral and epistemological failings. Guillaume was a compelling character because he employed what I see as a "rhetorical poetics." This term is certainly not without some definitional problems, especially "poetics." Both words in the term are rather labile and scholars from different academic disciplines will have different conceptions of what they mean (e.g. literary scholars, sociolinguists, classicists, rhetoricians, etc.). The sense in which I am using the term to describe Guillaume's style of speaking draws on Aristotle's conceptions of them. According to the Oxford English Dictionary (2015), the word "poet" comes from the Greek root *ποιεῖν* or *ποιεῖν*, which means to make, create, produce, to compose, or write. This is the sense in which I am using "poetic." And for "rhetorical," I mean "persuasion." Scholar of rhetoric and writing, Jeffrey Walker, argues that

A persistent tradition in modern Western culture tends to regard rhetorical and poetic discourse as virtual opposites that may, however, exert some influence on each other. [...] Another way of viewing the rhetoric-poetic relation is to regard rhetorical and poetic (or "literary") discourse as intimately related to each other, as sister arts, or even to view one as a subset of the other: poetic discourse as a particular type of rhetoric, or rhetoric as a particular ("applied") type of poetic discourse. [...] There are, for example, well-known connections between Aristotle's Rhetoric and Poetics, suggesting that he views them as "counterparts"... Notably, Aristotle insists that poetry must represent a "plot"

(mythos) that is a probable and logically coherent sequence of events – that is, a persuasive, cause-and-effect portrayal of how things probably would happen in a given set of circumstances – thereby revealing “universal” truths, leading the audience to insight, and provoking emotion (pity and fear, in tragedy) (2008).

Walker’s explanation of the relationship between rhetoric and poetics accurately expresses my feeling towards Guillaume’s linguistic talent: he used creative ideas and language to make his case. Toward the end of Guillaume’s above quote, I bolded the phrase “diplomacy is homeopathy” because it is beautifully precise, yet it is bursting with explanatory potential. Homeopathy is indeed diplomacy, a vast range of negotiations big and small between the caregiver and the patient, between the patient and the physical and social circumstances of her illness, between the patient and possibilities for life with illness, and so on. There is much for us to learn here because it stands to help us, patients and caregivers alike, to more productively confront the limitations of our bodies and the limitations of what the medicine can do for our “infrastructure.” It is a powerful idea, indeed. I would appropriate Guillaume’s idea of diplomacy and say that this particular dimension of homeopathy’s thickness is a lesson for all of medicine, not just homeopathy. It is somewhat curious, then, that the idea of diplomacy used to explain what homeopathy *is* is not extended to what homeopathy *does*. That is, if diplomacy is a functional component of homeopathy, why does this functionality not extend to its relationship with allopathy? Homeopathy is just as inflexible and doctrinaire as it accuses allopathy of being. Unable to make the “tuning” explicit to those on the “outside,” and perhaps even to those on the “inside,” it seems homeopaths expect their interlocutors to take a great deal on faith, though they would (and did) vehemently deny that homeopathy has anything to do with faith. Again, “homeopathy is about the concrete!” If it is not faith, can we call it conviction? How do homeopaths come to a place of certainty where they feel competent to engage in “tuning?” How do they recognize each patient’s ideal harmony?

I raised these and other questions over dinner one evening with Colin, his wife, and their young son in Rennes. Colin is a well-published former physician and researcher for the company. Colin is now retired, but he does stay in contact with his former colleagues and keeps his finger on the

pulse of politics in homeopathy. Between mouthfuls of red wine and roast duck, I asked him to help me understand the role, if there were one, of faith in homeopathy. He told me that conviction and certainty are very difficult to arrive at, but faith is something entirely different. For most of his peers, he told me, homeopathy does not constitute a form of faith, though some measure of faith is necessary for homeopathy to work. The oft repeated claim that homeopathy is nothing more than a placebo immediately came to mind. For most of his colleagues, homeopathy is decidedly a science; it is just that the basic science that would make homeopathy legitimately scientific has yet to be developed and they are in search of it.

While we were talking, I found it interesting that Colin took time to point out that he is now a “non-believer,” a lapsed Catholic, and that he does not believe in religion for himself. And yet he clearly recognized the role of belief in patients’ healing. He told me that his allopathic colleagues would send him patients with severe, intractable dermatological problems which they could not cure. For example, he received one patient from another doctor who had a wart on her foot that her allopathic dermatologist had treated unsuccessfully for months. Colin was able to cure the wart with homeopathy. He says there were many such patients. He was able to cure them, he said, because they had been conditioned to believe that recourse to homeopathy was their last, greatest hope for cure. Aside from being a generous interview subject, a gracious host, and a fascinating raconteur, Colin was interesting because he was one of only a handful of homeopathic doctors who did not actually “believe” in homeopathy. For him, homeopathy is not diplomacy or a vital force. It is simply a very effective placebo.

Thickness or Placebo+

As I said, a patient’s illness experience is a homeopathic diagnostic technology. This has led Georges, Guillaume, and others to think of homeopathy as a phenomenology. Indeed, François,

a homeopathic physician and author, calls homeopathy “a phenomenology with medications as support” and a “pharmacological phenomenology.”

I want to take the opportunity here to briefly introduce phenomenology and describe its difference from other philosophical “systems.” To begin, it is not a system at all. Rather, it is a “radical” method of doing philosophy, a “practice” that explores the nature and structures of human experience. What makes phenomenology radical is its rejection of “misconstructions and impositions placed on experience in advance,” including those of science. According to phenomenology, there is an assumed “within-ness” (my term) to human experience, an interiority of greater truth that we must seek to understand. This within-ness of the illness experience is what homeopathy seeks to discern and treat, and is precisely what is denoted by homeopathy’s thickness. The thickness of homeopathy is a phenomenology, a method of philosophizing through language and practice about the structures of the illness experience. Phenomenology is also a rejection of dogmas (including those of science) which is very much in line with homeopathy’s politics. Finally, phenomenology calls for a renewal of philosophy through a “return to concrete, lived human experience in all its richness” (Moran 2000:4-5).

Phenomenology, then, accords with homeopathy’s focus on the lived-body, as well as its firm declaration of being a concrete method for treating concrete illness. I remember vividly one particularly uncomfortable conversation I had with Alexandre, a prominent and somewhat imperious homeopath, which I tried to steer toward discussing homeopathy as a political discourse. I was politely but firmly reproached for having tried to do so. “Je suis médecin! On est dans le concret!” [“I’m a doctor! We deal in the concrete!”]. I found his reaction disingenuous given that he had appeared in nationally televised debates on the politics of homeopathy. As we talked, I felt very uncomfortable, as if I was somehow an enemy there to gather secrets. Apparently, I later became that enemy when I politely declined to co-author a paper with him on homeopathy. He threw a tantrum and proclaimed that he would never help any student ever again. In the moment, however, I sensed a very strategic awareness in his choice of words and

got the sense that I was being given an extraordinarily selective sketch of homeopathy. I would see it again in subsequent interviews: the desire to be seen as “real.”

But, notions of “real” concreteness do not always accord with notions of homeopathic thickness insofar as concreteness is understood as replicable, “objective” evidence à la biomedicine. The thickness of homeopathy, which cannot be accounted for at a laboratory bench, is what Georges referred to as “le regard phénoménologique” [“the phenomenological gaze”], a mode of observation that takes into account all the life experience of the patient in diagnosis. In attending to this gaze, one must never, let the “regard analytique” [“analytical gaze”] of biomedicine suffer. Both are necessary and one is incomplete without the other. This also plays into homeopathy’s theme of balance—if there is too much emphasis on either, care itself suffers. François clarified this for me:

[If a patient] is bent over in pain like this [gesturing], then we don’t examine him. He complains of pain in his right iliac fossa...and in our phenomenological-pharmacological reasoning, we would prescribe a treatment, which would be Ignatia Amara [indicated for abdominal spasms and pain]...unless it is acute appendicitis, in which case it is necessary to send him to a surgeon immediately! Thus, the homeopathic doctor has to have at the same time this analytical rigor with the data of the science and then moreover, because there is more, he has a particular eye, which is this phenomenological eye, which is especially global. The term “holistic” is a little worn out, but to treat people in their global nature with all the...homeopathic medicine helps us there because the medicine has a “thickness,” it has a “thickness” from top to bottom, a depth towards the surface etc. And thus automatically when we argue to find the right medicine which corresponds to the patient, we have necessarily a global view on this patient.

I have to thank for the wonderful idea of homeopathic “thickness.” For me, this suggests not only a globality to the patient, but also to the remedy itself, which is able to respond in kind to the “constitutional wholeness” of the patient by having a corresponding “curative wholeness.”

Homeopathy is often criticized for being nothing more than a placebo, but François’s description seems to configure homeopathy as more than the straightforward psychological lever of the generic placebo. Rather, he seems to suggest a sort of “placebo+” with what I call an “**adaptive ontology**,” capable of actuating person-specific healing responses. François believes that homeopathy should be integrated into all of medical care, even oncology. Indeed, he treats many

cancer patients, but he is very quick to emphasize that he does not treat cancer per se. He treats "the ensemble" of the cancer patient—her morale, physical and spiritual fatigue, existential woes, etc., otherwise known as the thickness of homeopathy.

Related to the idea of the placebo+, it seems that here too something is new or additive, a "diagnosis+," if you will, for which biomedicine does not yet have an ontological/diagnostic category. What I mean by this is that homeopathy recognizes through its "phenomenological gaze" a mode of illness experience that is above and beyond the symptomatology or diagnostic categories of psychiatry, pain medicine, or any other branch of clinical biomedicine. It is as if existential suffering is itself a distinct diagnostic category for homeopathy, or at least one's existential suffering is included as part of the larger "global" picture of the patient. Homeopathy's thickness, its phenomenological gaze, brings the soma and psyche together as a unitary object of investigation and treatment, attempting to right history's wrong of separating them in the first place (i.e. Cartesian dualism) (Wright and Potter 2003). As Guillaume explained,

...I believe that it is important to understand that in homeopathy, firstly, there is no distinction between the physical and the psychological. They are completely woven together; it's not possible to separate them... The body, as we discuss it, is the "corps vécu" ["lived-body"]. It is not at all the objectified body, and when we address the psychological aspect, what we address is in fact a psyche, which is very incarnated, rooted in homeopathy. And which, by the way, corresponds to reality, because the homeopathic semiology is a phenomenological semiology...in the Husserlian sense of the term, or in that of Merleau-Ponty, in the strict sense. And that, if we go to the end of the thought, that allows us to understand that, that the reality which the body takes with homeopathy, opens up to another dimension of what is a human being, particularly in this psyche-soma relationship.

Guillaume's words are noteworthy here because they stake a claim of knowledge on what it means, according to homeopathy, to be human. He continued:

I use this term "tissage" ["woven"]. If we consider that we are woven of body and mind, you have something like a fabric, which is always two-sided. You look at the body side and you have a "corps vécu," you look at the psychological side, you have a psyche, which is embodied, but what is fundamental, is the weft-weaving of the two. [...] This means the proper development of the body is not possible without the psychological and there is no psychological development without anchorage in the body. [...] Pseudo-objective, that's what I call an objectified body. It is the *objectifiable* of the body; it is not the *objective* body; it is the objectifiable part.

Interesting here is the implicit critique of biomedicine that it fundamentally misrecognizes the very nature of its object – the erroneous assumption that the “objectified body” stands for the whole.

What is given from the start is the duality, let us say, the structural-relational, but there are two functions. It's not a duality of function any more, but a duality of entities. [...] It's a “structuring functional coupling.” The expression of [Francisco] Varela is that there is a “structuring functional coupling.” The structure is made through a functional coupling.

Thin Biomedicine

Relative to homeopathy, biomedicine would be considered “thin” because its knowledge privileges rationality over all else, and it is about knowledge, not life as a whole. What homeopathy contributes to medicine is a perspective that claims to transcend the constraints of rationality. Rationality is good and necessary, but for homeopathy, it is insufficient.

The asymmetry between homeopathy and biomedicine is not just one of political and social power. There is also, according to Guillaume, a fundamental and critical difference between their respective gazes.

So on the one side there's a medicine that seeks to know but which wants to keep its object of observation at any price. And if we start to try medicines without knowing too much about what we are doing, we risk influencing the course of the disease and spoiling the purity of our objective observation.

On the one hand, biomedicine treats an object (i.e. the body, a discrete disease condition, etc.), while on the other hand homeopathy sees and treats a process (i.e. the process of human experience of illness). In this sense, homeopathy has quite a bit to offer contemporary biomedicine. Homeopathy's “thick” gaze includes psychological and phenomenological dimensions of illness processes (i.e. experience), which biomedicine's gaze does not. The problem, however, is that this important message is not being articulated in a way that biomedicine can recognize. This is because the valuable message of therapeutic thickness is lost

in the noise of homeopathy's polemics of knowledge, about which biomedicine could hardly care less. Guillaume is well aware of the controversy surrounding homeopathy's theoretical orientations, but offered that there is still something important to be learned from homeopathy despite the liabilities of its legacy of vitalism if it can be heard through the noise. Alluding to the advent of homeopathy in the 18th century, he said:

And this is really very philosophical; it's not at all something else. At the same time, homeopathy is born! How come? Because, what does Hahnemann see? What is the rationale, the scientific logic that leads to this development? There was all the dressing of the age...the vitalism thing and all that stuff. It's not very interesting. So what is it? [...] The discovery of homeopathy is that Hahnemann searched for "Ariadne's thread." [...] That is, what did Hahnemann observe? That in 1800, although allopathy was not very efficient, it worked from time to time. However, at that time, one prescribed 10 drugs at a time. He said to himself "that is not possible." He took the same rational and objective approach that classical doctors did but on the side of the drug. [...] He sought to heal and he put knowledge aside completely.

Guillaume's intent here is that the "truth" of the individual patient matters, even if it sometimes negates a more general, established "truth."

You have on one side a medicine that focuses on knowledge and which sets the therapeutic completely aside... Hahnemann, he seeks to know. And so he observes that conventional medicines work. He says to himself, "look, arsenic works on this," and "quinine works on fevers...yet it can cause fever." So he came upon an idea and said to himself "perhaps it's an analogy." What you need to understand [is that] Hahnemann didn't discover a new therapeutic arsenal, he revisited the classic arsenal. Everything is in there...so he wanted to rationalize the therapeutic and he did it. Classical doctors, allopathy, wanted to rationalize the knowledge..

Although it would be fascinating, it is beyond the scope of this work to explore the distinction between the objects of rationalization that Guillaume proposes. This distinction, however, is important because it is often the blueprint for a common contradiction within homeopathic critique: it argues for a need to rationalize therapy yet it strains that need with its caricatures of a biomedicine that fetishizes rationality. Guillaume's allusion to homeopathy's founder is not just a mention. He uses Hahnemann to explicate some of the epistemological underpinnings of homeopathy.

But what if [at that time] one had been interested in healing? What would have happened to homeopathy? That would have created confusion in what was happening among the allopaths who were building knowledge, and so what I say is that there was an

epistemological necessity for repressing homeopathy. If they [the allopathic physicians who controlled medicine] had recognized homeopathy at that time, they would have lost the right and legitimacy of doing purely objective knowledge and science.

With Guillaume, as with others I interviewed, there seems to be a somewhat narrow conception of how they are “othered” by their Other. That is, homeopaths appear to believe that their place at the margins of medicine is a result of personal prejudice and active repression, and that “objectivity” is one of allopathy’s many instruments of subjugation. I was puzzled that no one expressed to me the possibility that rather than objectivity being an instrument for the ideological suppression of homeopathy, perhaps objectivity itself was the ideology (Daston and Galison 2010), from which science’s prejudices and political instruments may have emerged. In other words, my impression was that homeopaths seem to think that science is more interested in getting rid of homeopathy than it is in doing science. This strikes me as a “dialogue of the deaf” in which homeopathy is talking epistemology while biomedicine is talking ontology—homeopathy sees the conflict with biomedicine as one of irreconcilably different approaches to knowledge, whereas biomedicine sees homeopathy as the *kind of thing* whose very nature (including its knowledge claims) is fundamentally incompatible with science.

Canguilhem’s (2008b:63) suggestion that our level of technical achievement is no more than Hegel’s “ruse of reason” is a sobering counterbalance to an exuberant infatuation with “progress,” but homeopathy’s fierce condemnations of biomedicine often seem crude and Manichean, lacking any subtlety. The people that I spoke with, had dinner with, stayed with, and came to know were exceptionally passionate people who care deeply for their patients and their professions. They are gifted clinicians and communicators, and very nimble thinkers. However, I often found it difficult to reconcile their poise and grace with their overheated rhetoric on official medicine and science. I had the strong sense that for them the time for polite discourse with biomedicine had come and gone; outrage seemed the default tone for homeopathy’s interaction with its Other.

Guillaume explained to me that a chief drawback of rational medicine is that it is too “preoccupied” with knowledge. He advocates a more intuitionist, improvisational approach to

care. He critiques the privileging of “proper” knowledge over clinical intuition, but does clinical intuition not presuppose some foundationalist notion of rational-operational knowledge (Fumerton and Hasan 2010)? Guillaume’s logic is strained here, and I would argue that for physicians of any variety, good medicine is a balance of sound clinical judgment and knowledge.

There are scientific areas where we have some basic, fundamental knowledge, from which we build things that are applications, such as a car... For centuries we attempted to fly, **but it didn't work**. Since then, engineers have worked; they've made planes that do not at all resemble a bird and yet they work. So knowledge preceded the applications. That is very true, but in the field of life, this does not work. In the field of biology it does not work, because the human being is a subject, it is not an object, and this does not work. And so what happens is that medicine has two components: its preoccupation with knowledge and its therapeutic necessity to relieve the patient. Both are much more independent than we believe.

But it does work. Again, I believe that the distinction Guillaume makes here, intentional or not, is more about propping up homeopathy and caricaturing biomedicine than it is about enriching medical understanding. Still, this distinction is a logical needle with which the moral politics of “life” are sutured into homeopathic philosophy and practice to become its distinguishing therapeutic thickness.

A Difficult but Necessary Philosophical Thickness

Championing a deeper and more nuanced understanding of homeopathy’s thickness among both peers and critics is not an easy task. I learned that homeopaths have a profound intuitive awareness of the ways in which homeopathy is “thick,” yet this awareness is seldom done justice, by the tried-and-true sound bites declaring homeopathy’s clinical and existential virtues. A growing number of homeopaths in France are looking to Guillaume to help them articulate this awareness, but for many years this was not the case.

...All my thinking over the years was about getting out of the controversy, because at the beginning I was locked up in it. [...] For 23 years I've been saying this. For 23 years I've been saying and repeating it to [my colleagues]...In the end, yes, it's still very isolated. ...For a long time I think that I was preaching in the desert...

When Guillaume told me this, I immediately recognized his reference to John the Baptist from the New Testament book of Matthew. The idea, of course, is that he was speaker without an audience. But Guillaume has an audience now, even if it does not always understand him.

Here, there, people listen to me and invite me, and I believe they listen very readily to what I'm talking about. They understand that it's interesting but I believe that they still have difficulty in seeing, in assimilating it. I think that basically they underestimate the real revolutionary character, the really deeply innovative character of homeopathy. Profoundly innovative. [...] I think all those whom you've mentioned [other homeopaths I interviewed] appreciate what I do. It's precisely this perspective that allows us to rethink the articulation with classical medicine and beyond classical medicine to the classical representation of what a human being is. This allows us not be in critique in the bad sense of the term, just in differentiation. We are not similar; we are on the side of globality, the whole. And we do this by keeping this body and this mind together. We say "I take the physical, the psychological symptoms...this works, it's much better, we're happy." But from an intellectual point of view, if we want to do something, if we want to understand something, because it's of a great breadth, which I never stop telling my colleagues about, we have a discipline that is very, very holistic, very rich in potential knowledge...

For Guillaume, a bellicose homeopathy is a hindered one. I came to see him as a conciliator wishing to find a way to peace with biomedical discourse. And with his pedagogy comes an admonition for his community:

We have remained too much in antagonism. The question is really about going beyond this [antagonism] towards something which is much more subtle, much more open, much more complex, much more about dialogue. [...] I think that for the majority of homeopaths, they have not thought of doing, of problematizing homeopathy as philosophical or current problem. [...] It's a medical and political and social problem but in order to advance in this area, you must walk back and take deeper perspectives in the structures of the thought on this method of healing, and then to remake it and then relaunch it in this rhetorical sphere. [...] The idea is that the theoretical issues at stake depend also on a practical orientation between allopathy and homeopathy, but it's very interesting for human beings in general and for anthropology in my opinion.

Vitalism by Any Other Name

Some conception of vitalism remains resident in homeopathic thought, whether it is Guillaume's notion of philosophical vitalism (see below), some sacred or secular conception of the soul, or even Hahnemann's original notion of "vital force." The rhetorical force of vitalism's contemporary incarnations militates against what Georges calls "une vision matérialiste du corps" ["a materialist vision of the body"]. Ironically, homeopathy has a decidedly materialist conception of the body,

which is formulated not as “le corps qu’on a” [“the body that one has”] but rather “le corps qu’on est” [“the body that one is”].

The body that one *has* is the body that one sees through medical imagery, on radiographs and under microscopes, but one does not [provide medical] care for representations in this medicine of the body that one *has*. That is only caring for matter. And it is matter that has no spirit! Whereas in the other view, one cares for the body and the spirit, which is to say the body that one *is* and that expresses the spirit through the vital energy between things... [Hahnemann said] “the vital, immaterial energy, that reigns in the body and creates the link between the ensemble of all the organs.” That is one of the laws of homeopathy, which is that of globality.

The “thick” homeopathic body that Georges describes, a combined duality of body and spirit, gestures toward an important point about technologies of modern medicine – those technologies have transformed our notions of how, what, and whom we see and symbolically construct (Dumit 2004; Saunders 2008). While some aspects of homeopathy such as its legacy of vitalism may be controversial within the movement, the notion of globality, or the “whole” person, is professed by homeopaths of all stripes. It is central to homeopathic doctrine and practice. I asked Georges if he could tell me more about this notion of globality.

...It is inherent in the practice of homeopathy. If you take out the idea, take out globality, and you add another word, such as totality... If you confuse globality with totality you're dead. This means to say that you have materialized the body, you have despiritualized it and you return, like the allopaths, to the body that one has, and you leave the idea of the body that one is, which is the expression of being. So, it is homeopathy as ontology, as phenomenology, not as a liberated science, which is to say the misconception of technê, or technique.

It remains unclear how “globality” and “totality” are as fundamentally different as Georges argues, but I nevertheless find his point here fascinating: the body is not aspectual to humanness; it is part of its ontology. This aligns beautifully with what some in anthropology have long argued for as they attempt to collapse the Cartesian divide between mind and body (Lock and Farquhar 2007). For Georges, the vital force articulated by Hahnemann is an important part of his understanding of homeopathy. Georges made no secret of his spiritual leanings. He told me that he is influenced by the work of 20th-century spiritualist Karlfried Graf Dürckheim (1996). He said that it serves as a “vector for exposing [his] own ideas...practical, in fact.” He is one of the few I encountered for whom overt spirituality is critical to his practice. As clinical homeopathy gives way

to self-treatment via over-the-counter remedies and alignment with “official science” gains appeal as the route to homeopathic legitimacy, allusions to “vital energy” have become less common among practitioners. This is one of the key components of homeopathy’s thickness that is fading away. Indeed, some (including Guillaume) see the idea of “vital energy” as the Achilles’ heel of homeopathy.

Guillaume was not one to dwell on victimhood or blaming. Indeed, he calls for a reinterpretation of vitalism that is compatible with both homeopathy and modern science. He calls this new vitalism a “philosophical vitalism,” which he contrasts with “biological vitalism,” or the traditional and politically ruinous conception of vitalism associated with mysticism. He explains:

And where homeopathy is problematic is in this somewhat mythical vision. It needs to get past the myth. Homeopathy is the treatment that works without solid knowledge bases, without knowing too much specific stuff on the disease. This is really heresy! It’s the absolute counter-model. I think that this is a very important engine of the rejection of homeopathy by all the people who have a scientific polish. It is that it comes to run up against [the idea of] “you need to know in order to act.” ...I tell myself “I’m not good in pulmonology. I’m not a lung specialist. I’m a general practitioner, I have the weakness of thinking that I am better than the best professor of pulmonology in treating asthma.” [...] But you understand the problem posed by this? The epistemological problem posed by it? The philosophical problem posed by it?”

While Guillaume critiques homeopathy’s continued adherence to mysticism, he also critiques the arrogance of some of his colleagues who behave as if homeopathy is “better” than official medicine at certain clinical specialties. He explained that this wrongheaded belief is nonsensical and harmful to homeopathy. I had witnessed this behavior myself. As Guillaume spoke, he affirmed my earlier speculation that such behavior was a grave strategic misstep for the homeopathy movement. In contrast to non-vitalist homeopaths, practitioners who adhere to a more mystical vitalism seem to derive from it the authority to morally and epistemologically impugn biomedicine for its ontological “shortcoming—its denial of an “obvious” and inherent dignity of the lived-body that transcends the physical. In other words, homeopaths (especially vitalists), hold that the lived-body is sacred, and it is inhabited by some kind of force that is, if not an actual soul, something akin to it. In contrast, the biomedical lived-body is temporal, secular,

“merely” physical, and therefore inherently incomplete. I had come to view this understanding on my own after a number of conversations with practicing homeopaths, but my extended interactions with Guillaume brought my perception into much sharper focus, and confirmed that I was not merely imagining what I had seen and heard.

Guillaume was dazzlingly articulate and engaging as he spoke. I sat rapt as his wife kept my wine glass full of the most exquisite Burgundy and I sank ever deeper into the down cushions of their monstrous linen sofa. It was like a philosophy lecture by a brilliant professor in the lobby of a Four Seasons hotel. Guillaume spoke with such passion. He was so animated. Surely it was the Burgundy, but he never lost his clarity, and I struggled mightily to hang on to mine. The wine kept coming as I listened and occasionally spoke. It seemed so profoundly important to him that I understood the difference between philosophical vitalism and biological vitalism, as if I were a messenger who would carry his word to a world that was forbidden to homeopathy and sat in judgment. And his word was that “they,” the vitalists, are wrong. Months later, I would hear him give a more formal version of this lecture at a conference, where it became clear that it was his mission to disabuse homeopathy of its tendency toward mystical thinking.

This is a very important distinction...this is epistemologically, ontologically distinguished and differently positioned in human practice, in medical practice also... [...] Being a student of Bachelard, to stay in medicine and biology, what did he distinguish? He showed that we couldn't think of life as we think of inanimate objects. [...] This is a philosophical vitalism. [...] [Biological vitalism] is the mistake of homeopathic doctors in general. That is, they confuse the two. And this is a serious mistake. “Biological vitalism,” this means no matter what science says about life, it's always less than what life is; it is always reductive.

What I take Guillaume to be saying here is that biological vitalism sets up a binary between materialist and non-materialist conceptions of life, and the non-materialist conception gives way to a mystical form of vitalism (which non-vitalist homeopaths like Guillaume would characterize simply as “experience”). For Guillaume, this binary is artificial and harmful. Not only is it a political misstep for homeopathy, it also misrecognizes homeopathy's relationship with official science. He believes that homeopathy does both itself and biomedicine harm when it refuses to

acknowledge the way that they occupy the same plane, not as two sides of the same coin but, borrowing from mathematics, more like single-sided Möbius band: “A continuous flat loop with one twist in it. Between any two points on it, a continuous line can be drawn on the surface without crossing an edge. Thus the band has only one surface and likewise only one edge” (Figure 6) (Nicholson 2014).

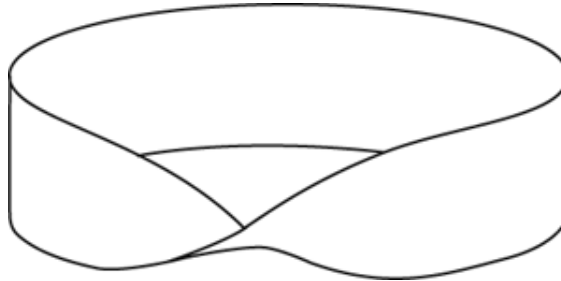


Figure 2: Möbius band (Nicholson 2014)

On a Möbius band, it is not obvious that its two sides are actually one, but careful study of the band can reveal its single plane. For Guillaume, careful study of the relationship between homeopathy and official science can show how they are on the same plane, and that there is a logic to their relationship that can allow for them to coexist fully and peacefully without recourse to the mystical and adversarial rhetoric of biological vitalism. Guillaume explained his logic to me:

And the discourse of science being...life should not be assessed according to the discourse of science. It's the discourse of science that must be evaluated based on the horizon of life. You see? What does “the desire to know and the will to heal” mean? The desire to heal fits in the field, in the horizon of life. What the patient is interested in is not that you know many things about pulmonology, it's that his asthma gets better. So it is in the logic of life. And so this poses a big problem because the pulmonology professor is in the logic of knowledge. More knowledge means more official power in the sense of the power to acting, but it is also more power *tout court* [“full-stop”]. You see? It's commentary on the nature of knowledge, which presumes the existence of knowledge will naturally lead to good care.

So more medical knowledge does not necessarily translate into better care, but what does?

Again, we are faced with the challenge of how homeopathy envisions making explicit this “horizon of life” that picks up where knowledge alone leaves off. The answer, of course, is that it will not and cannot make this explicit because it is an appreciation, an admixture of the moral, the

epistemological, and the existential, that is part of “le feeling” that defies rational explanation and explicitness and is visible only if one knows how to “let go” of one’s hyper-rationality. This is an intriguing notion of a mysterious, higher awareness hiding in the shadows of rationality, but it is antithetical to hopes of scientific legitimacy. It seems that an inherent cost of homeopathic thickness is a sort of blindness to the inherent incompatibilities of this thickness with the scientific legitimacy homeopathy seeks. Yet, Guillaume remains sanguine about a way forward.

With philosophical vitalism, according to Guillaume, there is no need for homeopaths to act out their insecurities for what they “lack” by shaming biomedicine; there is no need to resort to mysticism. Philosophical vitalism, as I understand Guillaume, is simply the privileging of lived experience and meaning over the supposed supremacy of scientific knowledge, and that science should ultimately serve this experience and meaning, not the other way around. I should mention that this, again, feels to me rather like another exaggerated “othering” of science in order to vilify biomedicine and demonstrate what homeopathy brings to the table (i.e. a spirituality, a warmth, a certain artistry, a poetics of care, “higher” meaning, subjectivity, etc.), but ultimately I think Guillaume’s argument makes sense from the perspective of homeopathy’s political aspirations. His philosophical vitalism “saves” vitalism, if perhaps in name only, and takes it out of the realm of superstition, voiding it of its traditional epistemological content (i.e. that there is a “vital force” underlying life that transcends what science can account for) and instead positions it as a moral statement on the uses of science (i.e. that there is an inherent sanctity to life to which science must answer). Guillaume continued:

...Instead of supporting this “philosophical vitalism” that Mr. Canguilhem calls a “biological philosophy,” meaning a philosophy which is really a philosophy of life, he [the homeopathic doctor] talks nonstop about acting on vital energy. And so there he falls into what is called “scientific vitalism,” which means he claims to explain their [therapeutic] actions by an intervention of an energy that they are unable to define. I never stop saying to them “tell me more about this vital energy. It’s always a kind of black box...vital energy.” We don’t know what that is! Therefore the vital energy is bullshit...well, in my opinion we can throw it in the trash. However, we have an interest in putting forward “philosophical vitalism.” But if we confuse the two, we are discredited by the “scientific vitalism” and we are not able to assert the legitimacy [of philosophical vitalism]. But [homeopaths] are so inhibited by [the notion of vitalism in general] that they don’t even

think about the other. They are not aware that the other exists. And here I will say a little word about Bachelard, and this is very important because this, this made me think about...you know that Bachelard wrote the little book *The Formation of the Scientific Spirit*...

It is worth considering whether the problem of asserting legitimacy in terms of vitalism, of any sort, only arises if one insists on asserting homeopathic legitimacy in terms of official science.

There are those in homeopathy, such as Julien, who believe that trying to establish scientific legitimacy is not only unlikely, but also unnecessary. He believes that homeopathy should create for itself a new therapeutic universe outside of science and outside the desperation to become part of it. For Guillaume, however, it is not so much that legitimacy for homeopathy should be sought in terms of official science, but that it should be sought through a relationship with it, understanding, of course, that science must broaden its outlook to move beyond its own epistemic priorities and attend first to promoting “life.” Of Bachelard, the French philosopher of science, Guillaume said:

He says by definition science must become disinterested in life. You see? Therefore the interest in life is harmful to the interests of the mind. However what this book shows, if we knew how to conceptualize homeopathy, how to make people perceive its subtleties, this genealogical aspect, this woven side, the complexity, all of these things, we would see that the interest...it's the interest in life alone which is harmful [as opposed to scientific knowledge alone]. Which also proves that in 1800 if there had been only homeopathy that would have been harmful. Because if there had been only homeopathy, that would have prevented scientific discoveries and that would have prevented tomorrow's heart transplants, because it's not with homeopathy that we will do a heart transplant. [...] But interest solely in the mind...in line with Bachelard, is doubly harmful. Firstly, because it sacrifices many people, as Foucault says, except that he said “and, well, that was the price to pay.” No, this is the price that we have been obliged to pay; it was not necessarily the price “to pay!” It's not quite the same. We have constructed [this price] and afterwards we present it as if it was inevitable.

Guillaume makes a critical point here. He is saying that abstraction is inherent to science, and it is inimical to life. For myself, I have long pondered what I think of as “the violence of abstraction” (cf. Comaroff and Comaroff 1999; Sayer 1987), which is the destruction of granular, but critical, meaning through abstraction. This violence happens when the shorthand of hypernymy stands in for and eventually erases the detail of hyponymy. An example of this would be when the hyponyms “red,” “green,” and “blue” are replaced with the hypernym “color,” or, in medicine, when the hyponyms “anguish,” “neuropathy,” and “depression” are erased and replaced by the

hypernym “negative treatment outcomes.” In the latter example, the abstraction effaces all meaning of the illness experience, all significance for life (e.g. suffering, affect, memory, sacrifice). What this significance might actually be is another matter, but it nevertheless speaks to a dimension of the illness experience that is beyond the classificatory schemes of science proper. This, I believe, is what Guillaume was ultimately arguing for: the recognition within official science of the ontological supremacy of the moral and existential dimensions of our *experience* of our biologies over the supposed superiority of the *knowledge* of our biologies. Is this perhaps as explicit as a “horizon of life” can get?

This is a noble sentiment but besides the exaggerated distinctions presented between homeopathy and biomedicine, there are at least two problems with Guillaume’s proposition. First, how would a reorientation of medicine’s priorities actually be accomplished? How could official science possibly operationalize such an idea? Second, even if it were possible, would science still be “scientific?” Would it not fundamentally alter the moral economy of science (Daston 1995) and indeed the very nature of epistemology? As Guillaume spoke, I felt for him, and I felt with him. But his radical ideas about transforming both official science and homeopathy, however brilliant and articulate, struck me as somewhat fantasist insofar as he envisions an oncologist treating the remorse of a former smoker or a radiologist trying to locate post-traumatic stress disorder in a broken limb. But as Guillaume spoke, I learned that this is not at what he envisions. Although it was not clear at the outset, I was persuaded that Guillaume sees specialization in medicine as necessary and good (unlike many of his peers) and that there is a middle ground between privileging knowledge and privileging “life;” that they need not be opposed. Indeed, he cautions against extremism in homeopathy that emphasizes “life” at the expense of necessary scientific knowledge. He said that too often homeopathy over-privileges life, and this is because “life” is where its epistemology terminates. There are others in his tribe who push homeopathy’s limited epistemology into science, and shoehorn science into homeopathy, and in the process they contaminate both. These epistemologies are antithetical to one another; they are different moral

economies of knowledge. Indeed they are different species of knowledge: one is decidedly intuitionist and improvisational, while the other is evidential and systematic.

A clear understanding of what this intuition is actually about remains elusive. When pressed, homeopaths told me that it was a sense, what many referred to as “le feeling.” I wondered, however, if this intuition could ever be made explicit. I wondered also how one acquired “le feeling.” Does it come with experience? Reading? Or is it a “gift” that some people have or are able to tap into? What is it that is being intuited? I never got clear answers to these questions because responses always circled back to explanations that “le feeling” is inherently non-explicit and that only one who knows homeopathy can recognize and act on it. My conclusion was that unless I became a homeopath myself, some of the deeper dimensions of homeopathy’s thickness would remain unknown to me. Of course this mystery is precisely what makes homeopathy such an interesting object for anthropology, but it is also what makes it incommensurable to science.

How does one measure “le feeling?” As Guillaume spoke, standing in the middle of the luxuriously appointed room and gesturing with his hands (a wine glass in one of them), his exasperation visibly mounted as he talked to me about how his fellow homeopaths need to stop engaging in “unnecessary polemics,” stop talking about “vital energy,” and ask themselves what they really mean by “globality and totality,” “body and mind.” “Where is the totality,” he asks. “How is it made? What does it refer to?” He reminded me of Luc Montagnier, the famous French Nobel Laureate and co-discover of the HIV who is now doing research to salvage the work of Benveniste on water memory. It is clear that Guillaume is deeply frustrated by his vitalist peers and wants his community to come to some agreement on the limits of its knowledge claims. I gathered that what Guillaume identified as the limits of homeopathic knowledge were not always compatible with what his fellow homeopaths envisioned as “success” for their method. Moreover, his arguments were the intricate reasonings of an academic philosopher, which some of his colleagues would have difficulty deciphering. Again, as Alexandre had curtly reminded me in

Paris when I asked him a theoretical question, “Je suis médecin. On est dans le concret!” [“I’m a doctor! We deal in the concrete!”]. Guillaume’s ideas were beautifully complex, but, as such, they may not be the most effective rhetorical formulations of a politics of change.

What was missing from Guillaume’s ideas was a translation of his ideas into expressions and steps for action that are comprehensible to a homeopathic physician in “le concret.” When I later heard him make his case for philosophical vitalism at a conference, the crowd responded very enthusiastically. It was, to be sure, a fascinating talk, but it was highly theoretical and made no mention of how the non-philosopher audience might translate his message into practice or faithfully convey it to others. In other words, as a work of philosophy it was very compelling, but as a rhetorical how-to for enacting cultural change within homeopathy, it was inert.

Care and the Caregiver

I asked Georges about playing the dual role of clinician and published philosopher. He told me that there is no duality to it:

...It is a single role. In fact it is not even the role when you are sincere. You do not play a role. You are yourself.

I cite this quote because it aligns so well with how homeopathy “unifies” its patients’ “body and spirit.” Georges is pointing out that he as a physician is also “unified” in a way that brings together his role as caregiver to the body with his role as caregiver to the soul.

What are the implications of homeopathy-as-philosophy for care delivery? How does a “horizon of life,” the “thickness” of homeopathy make its way off the soapbox and into the clinical setting? Should not all medicine put the patient at the center of care? What is different about homeopathy? With Guillaume, I had gained a level of comfort and mutual respect that allowed me to ask questions that would have offended the less secure of some of my interlocutors. I was quite direct with him, thanks in part to the wine, because I had grown frustrated by the endless

repetition of the same cartoonish vilifications of biomedicine as an unfeeling, immoral monster. I had grown tired of homeopathy's claim to a monopoly on compassionate care and Guillaume was gracious enough to let me express this frustration which I had not been able to voice elsewhere.

With the arguments of globality, of respect for the patient and everything... Yes of course... and in fact, in my opinion, if medicine is a good medicine, all medicine must respect the patient, must take the patient in his globality, as a whole, so what's different about homeopathy? ...I think they are wrong there... They [fellow homeopaths] undoubtedly caricature allopathic medicine, which is not as mechanistic as [they] believe. No, no, there I think [they] caricature. [But] this reflection of the ways, this genealogy, this weaving, this unity, are indeed missing, and then... and this integration of data, really a good understanding of homeopathy... the scientific underpinnings of homeopathy are really the most modern aspects of medicine... While in the discourse that homeopath doctors usually have, they are still a bit anachronistic or on the defensive.

To hear Guillaume call others within homeopathy anachronistic and defensive was surprising, but my experience within the community up to that point led me to agree with him. And, like Guillaume, I felt that the defensiveness within homeopathy was an impediment to the movement's progress. Moreover, I felt that the arguments against biomedicine failed to take into account changes that have occurred not just in technology, but also in the awareness of the need for more humane care delivery. Homeopathy's Other is not the biomedicine of today, but the biomedicine of thirty or forty years ago when the doctor-god figure was more prevalent in medicine. Even then, the doctor-god was largely an imagined figure, one whose shortcomings, numerous and glaring as they were and are, had become essentialized as biomedicine's defining characteristics. This anachronism serves a very important political purpose. It is important that no change within biomedicine be recognized because homeopathy's Other and adversary must remain an ontological constant in order for one of the pillars of homeopathy's universe, the negative ontologization of biomedicine, to remain true. Furthermore, homeopathy understands itself as the expression of universal truths about the body and human experience, derived from Nature (or in some cases God), which are believed to transcend time and scientific "progress." Therefore, homeopathy is constitutionally ill equipped to recognize and respond to change in its Other as well as change within itself. Homeopathy's challenges lie not so much in recognizing which

changes might result in greater acceptance, but rather in imagining that such changes are actually possible, given how rooted homeopathy is in its history.

There is no shortage of internal dissent on what is wrong with homeopathy and what it might take to change its image, but letting go of the past is difficult, especially when the present does not want you. What Guillaume has done in making this particular criticism of his fellow homeopaths is to complicate the way homeopathy talks about itself. In listening to reports of treatments and cures, and in reading studies of homeopathic medications, I was struck by how glowing the reports always were—there is, apparently, almost nothing that homeopathy cannot treat, it is virtually the perfect medicine. I found this difficult to swallow, especially from highly qualified physicians. Homeopathy calls out biomedicine for its certainty, its dogma. Guillaume is asking his fellow homeopaths to recognize this same tendency in themselves, especially in their characterizations of biomedicine. Julien called allopathy a “closed system,” incapable of incorporating other points of view. Again this is a caricature of biomedicine. It is difficult to imagine biomedicine actually being “closed,” even in settings where other, more traditional healing ways are practiced. We know, for example, that even with the introduction of Western biomedicine in Botswana (Haram 1991) and Zaire (Janzen 1982) local populations still move seamlessly between indigenous healing ways and healing ways transplanted from outside of Africa in multi-tiered hierarchies of resort. The homeopathic movement might consider exploring the wisdom of these local populations to learn how they have creatively negotiated the different healing modalities available to them.

Guillaume recognized that homeopathy can be “closed” and doctrinaire too, and he wants to disabuse homeopathy of what he calls its “retro-garde.” On the quality of care issue, Guillaume said that just putting yourself at the level of the patient in terms of lived experience does not make you a good doctor. The challenge for the doctor is to understand how the patient’s experiences have thrown him “out of balance,” and to find the right medications to restore balance.

Homeopathy owes much to Hippocratic medicine, including the idea of balance. In ancient Greek

medicine, the idea of balance refers to the natural equilibrium in the healthy person of the four humors—blood, yellow bile, black bile, and phlegm (Giordan and Raichvarg 2000). While humeral theory was already waning by the 16th century, the publication of William Harvey's *De Motu Cordis, or On the Motion of the Heart and Blood in Animals* in 1628 showed how blood circulates around the body via the heart and brought about a radical shift in understanding of human biology (Porter 1999:10). While humeral theory had long since been abandoned by Hahnemann's time, he nevertheless incorporated the notion of balance into his healing system. But what precisely was out of balance that homeopathy could put right? If it was not the humors that needed to be put back in balance with one another, what in the patient, or about the patient, was out of balance? I put this question to Guillaume.

...If I give Arsenicum Album [a dilution of aqueous arsenic trioxide], it's going to treat anxiety, insomnia. He will be less cold and he'll not have diarrhea anymore...Eventually he'll be better, even if the family does not come. If the family comes he'll be even better. He will be happy. What this does better is that it rebalances the patient in his being. [...] What homeopathy does is that it "retunes" you.

The fact that homeopathy works on two things at the same time or three things at the same time...ideally...let's say, an ulcer, an anguish and heu... I say anything, asthma, in a patient, at the same time with a single drug, this clearly shows that it's not one that causes the other, that they are manifestations of the same field and this is what I use in general as an example to people. I tell them, here you have many farmers. We are in the countryside: On a plot of land, you have ten different plants that grow. These ten different plants do not make each other grow, they reflect the same field, and you know as a farmer that when there's this or that, it's because the ground. I say no matter what, it is acidic or the land is like that, or that it lacks water, or that there's too much clay. Someone who knows this, when he sees it, adds water, various traces of flowers...and in homoeopathy it is similar. Your asthma...your stomach ulcer and your anxiety, it's not one which causes the other. Those are three manifestation of an underlying imbalance, and in this case, what is health? It becomes, it's a meta-stable balance. It's never a static equilibrium...we are not taking people only to [a standard] balance...

Sometimes I tell people "You know, I won't normalize you, I'll try to balance you in your imbalance." Because in fact, we are all unbalanced in the sense that, at least, we all have a singular balance.

It is the homeopathic physician's job to identify what each patient's balance is. The idea of "balance" brings me back to the difficulty of pinning down the meaning "le feeling." Is it possible to make someone's "balance" explicit? How does one develop "le feeling" in order to know what each person's balance should be? Locating one's "natural" balance, with the necessary

facilitation of the homeopath, is certainly something lost through self-treatment with commercial homeo products. Guillaume continued:

So the purpose is to bring you back to your own balance. So if there's someone who's very anxious, instead of being panicked, you'll stay a little stressed, a bit lively, a bit this, a bit that. The goal is also to reconcile them, if I may say, with their tendencies, with their signs, with what they could live with, like their excesses or insufficiencies or their defects, but to tell them: This is you, however, in this moment you suffer because it's 'too much' you. We will try to bring you back you to yourself... Often it's, in fact, you have a way of being a bit singular, unique, that if it was less exacerbated quantitatively...

It is very interesting, and radical from a biomedical perspective, that “balance” is a distinct category of medical understanding. It stands to reason that something so amorphous and subjective could be a site of incommensurability between homeopathy and biomedicine. Also interesting is the notion that being “too much” oneself is a kind of treatable homeopathic pathology. Guillaume’s observation that each of us has a singular balance is key to understanding the patient’s “globality,” which is not just the sum of a her life experiences and biological conditions, but is also the person-specific faculties (psychological, somatic, social, etc.) that manage the relationships between them. Guillaume contrasts the notion of one’s singularity with the idea of the “normal,” which calls to mind Canguilhem’s (2007) formulation of the “normal” as a matter of statistics rather than actual health. And I believe this is precisely what Guillaume had in mind. For Guillaume, “balance” of one’s “singularity” is as valid and rigorous a category of medical understanding as “normal” is for biomedicine. For homeopathy, balance is no less concrete a clinical reality than elevated white cell levels or lesions. And it is concrete because homeopathic physicians observe it; it is not theoretical. But does observation of something make it “real” or “authentic?” Does a particular way of explaining reality change reality so that it fits the explanation?

In a material sense, no, but there is a sense in which describing the world in a certain way conjures into existence particular configurations of meaning that give the impression that physical reality and one’s conception of it mirror one another. In other words, describing the world in a certain way conjures a world that fits its description. I am not referring here to the famous and

misnamed Sapir-Whorf Hypothesis, which suggests that our language shapes the way we view the world (Hill and Mannheim 1992; Whorf 1956). Rather, I refer to something related, but different, what linguistic anthropologist Michael Silverstein calls Whorfian effects, which are the ways in which language mediates between thought and thing, and conjures into existence a “habitual thought world” that is “a complex, emergent, partly analogically driven conceptual orientation that is absolutely ‘real’ to the people to whom it emerges” (2000:125). Put another way, we might say that the metaphor of balance has been “enregistered” (Agha 2005; 2007) as a technical term denoting an aspect of clinical, diagnostic reality. Despite how ‘real’ the idea of balance may be for Guillaume and his colleagues, it remains an obstacle to homeopathy’s scientific acceptance insofar as the idea does not denote a distinct biomedical object or category.

It is important to make clear that homeopathy’s notion of balance is not the same as homeostasis as biomedicine understands it. First articulated by the founder of modern physiology, Claude Bernard, as the “milieu intérieur” (Bernard 2013; Gross 1998), homeostasis, according to the Oxford Medical Dictionary (2010) is “the physiological process by which the internal systems of the body (e.g. blood pressure, body temperature, acid-base balance) are maintained at equilibrium, despite variations in the external conditions.” Where homeostasis refers to equilibrium within human physiology, the idea of homeopathic balance refers to the mutually affecting interactions between the lived-body and the world outside of it (e.g. family life, work life, sources of stress, the environment, the weather, etc.). There is a sense in which homeopathy interposes between itself and its patient an a priori conception of the patient through existential language that frames the patient as an Aristotelian essence which precedes her existence (Cohen 1978). This is perhaps not surprising when one considers that the essences of the cures discovered by Hahnemann are believed to have existed in nature before he gave them material form. To paraphrase Léon Vannier, “God would not create diseases without providing the means for curing them.” This parallels the œuvre of William Coles (1968), a 17th-century English botanist who was a proponent of doctrine of signatures, which holds that certain plants resemble parts of

the body and bodily ailments and can thus be used to treat those body parts and ailments. The doctrine of signatures originates in ancient Greek and Galenic medicine, and was later developed by Paracelsus in the 16th century (Bennett 2007). The doctrine figures into the larger notions of “resemblance,” which, up until the end of the 16th century, played a constructive role in the knowledge and symbolism of Western culture (Foucault 1973).

As Guillaume and I talked, negotiating the meaning of what he was trying to tell me, I suggested the idea of a “constellation” to describe the assemblage of the patient, the sensible world and its forces and objects, and their interrelationships as they relate to throwing a patient “out of balance.” Guillaume’s eyes lit up when I said this. It was as if he had gotten through to me, and I believe he had.

It’s rather the fact that, if you rebalance the patient, he will change the constellation. [...] With allopathy the constellation does not change even if the patient is cured.

What Guillaume is trying to say above is that homeopathic treatment, because it treats the “globality” of the patient, which includes the patient’s contextualization within the lived world, will have a material impact upon that lived world—the lived-body is transformed and, by extension, so to is its social and material context. Effects on the patient’s lived world are not understood as probable secondary benefits of treatment, such as we might consider someone’s improved ability to function in a stressful work environment after successful treatment with anxiolytics. Rather, continuing with this example, problems in the workplace are viewed as first-order components of the pathology under treatment, along with whatever may be felt by the patient herself.

Furthermore, homeopathic treatment of the patient necessarily includes treating “problems” of the workplace, or the home, or wherever and however the demands of daily life (past, present, or future) impact negatively upon the lived-body, including the psyche. For example, if a patient is experiencing stomachache as a result of worry over a stressful relationship, it is not the stomach that is diagnosed and treated; it is the relationship. The stomachache and the stressful relationship are seen as a single clinical entity, with emphasis on the relationship, in need of treatment. Treatment probably will include medicines for the abdominal discomfort as well as

medicines to treat obsessive behaviors, fears, and one's ability to manage conflict. Guillaume continues:

We each have our singular vision of reality, and we each have our singular vision of our relationship with others. And the relationship with others is not that objective. And therefore...globality also means taking into account this singular perception...

It is in this sense that homeopathy is not just a treatment modality for physical ailments; it is also a way of making sense of and doing something about existential ills, the pathologies of being, or, more precisely, the illness of being-in-the-world (Guignon and Pereboom 2001; Heidegger 2010).

I would say that in homeopathy, if the patient is really much better, he will make the constellation change. And it's much more pertinent and it's the truth. You have homeopathic doctors who use an expression, which is, I think, an awkward in formulation, but very pertinent, they say: "the disorder of the patient," there are multiple levels of disorders. You can treat a subject at the level of the fact, of the rough symptom, meaning if I hit you with a hammer on the hand, you have a hematoma. I give you Arnica for the hematoma, and if I hit myself with a hammer, I have to take the same thing. Here, we don't react too individually. You then have a level of sensation, of emotion that is in a situation of stress we're going to be all more or less, well, stressed, but with the... Here things begin to be individualized, there are some who will be very afraid, others will be very excited, and there are some who are going to be somewhat inhibited, there are some who will be agitated a bit... it's a little different...

Here, Guillaume is teasing apart the fibers of treatment, disentangling that which is "universal" from that which is unique to each patient. In homeopathy, there are two simultaneous registers of diagnosis and treatment. There is the universality of treating the symptom with a standard homeopathic treatment that would be the same, more or less, for each patient, and then there are the accompanying person-specific disorders that present along with the other symptoms. It is the latter that is the individualized object of homeopathic treatment. Said Guillaume:

If a patient lives in constant fear of being abandoned, he needs people around him all the time. [...] If you take care of the patient and you greatly attenuate this fundamental perception, you no longer need to worry whether he is stressed or in need of someone to care for him at night...when you consult them, it's astonishing.

Instilling hope in the patient is a critical part of the homeopathic treatment process. This is not always the case with biomedicine. Homeopathy sees access to hope as a right and a rite of care. As Sandoz (2001) discusses at length, when biomedicine has often made clear to patients that nothing more can be done or that one must "wait and see," homeopathy provides a method for

doing something, anything, to avoid being inactive and passive in the face of uncertainty and fear. Homeopathy provides behavioral, psychological, and affective scripts for acting against illness, against the unknown. Hope is mediated not only by the words of the caregiver, but also by the granules of homeopathic remedies. They are “blank canvas” material-semiotic actors (Haraway 1997): symbolic vehicles of the hopes and expectations conjured during the clinical encounter; and, as such, the material object believed to actuate healing in the body.

I told Guillaume that I had previously worked for three years in palliative care, which pays special attention to how the patient is experiencing her illness, and which makes a point of including psychosocial support as part of the treatment plan. I asked him what makes homeopathy different from palliative care. He told me that while there are overlaps, there are also key differences:

...We put [the patient] there and do something for him. And in homeopathy we would do the same. If we were in palliative care: we put him there, do something for him, we say to ourselves: why does he need this stuff at all? Well if he feels horribly bad, he needs morphine. It's normal. Do you agree? But if he needs to have someone next to him 10 hours a day, is this so normal? If you give him an effective homeopathic treatment, we will see that in this constellation, if there were 10 necessary elements, there will perhaps be no more than 3 or 4. And I swear to you, there are people, sometimes, they can no longer bear other people. They get so sick they can no longer see someone. When you give the right treatment... I had a patient like that. She had big problems with her sister, whom she hadn't seen in years. You give her the treatment, you see her three months after that, and she tells you: “In fact, I invited her for Christmas!” You see what I mean? It's not a problem anymore.

I am not sure Guillaume and I understood palliative care in the same way, but it did not matter.

No palliative care program I know of repairs sibling relationships as an express goal of treatment.

But homeopathy does. Guillaume explained to me how homeopathy conceptualizes “normal”:

...What is characteristic of the being, of the living, is that it's capable of inventing new norms of life. Thus, the disease is a new norm of life. Let us say I'm asthmatic and I feel very bad as soon as weather gets very wet. I feel very bad. It's concrete. You see? [...] I breathe well at night. However, in the morning I need Ventoline, alright? And well, this is a new balance that I found. It's less optimal than if I were well regardless of the weather, than if I am well even if I am stressed. [...] It's an autonormativity...an individual normativity. And so there, there is a new dialectic, it's always dialectical.

The “normal” would be the maximum adaptability. It's the standard. [...] I can take everything and anything. I get fired? It doesn't matter so much. I get divorced? It doesn't matter so much. It's been raining for 15 days? It doesn't do anything to my morale. I can eat anything. I digest everything, that's it. After I eat too much mutton I'm sick all night. It's

not pathological in itself but it's a restriction of my life capacities. [...] What is my norm? [...] Very often, you know when I give a homeopathic treatment and it works very well, there is a typical phrase people say: "Man, it's been 20 years since I've felt like this! I found myself!" People say: "I found myself! I am myself again." In very philosophical terms, [people are returned] to their "harmonious being-in-the-world," if we were discussing in Heidegger's terms."

Again, how does the practitioner learn what the "self" is really like for each patient? How does the practitioner know when she or he has arrived at the correct "feeling" for each patient? This seems to isolate a pre-environmental, or social, essentialist self or a kind of individual essentialism or fetishization. The notion of returning to an "authentic" self is a theme of homeopathic existential healing if there ever were one. Issues of a medically mediated "authentic self" were brought to prominence when Peter Kramer (1997) questioned antidepressant-mediated notions of selfhood in his book *Listening to Prozac*. For Guillaume, restoring the authentic self is unproblematic because illness constitutes a form of alienation from one's true self, which must be overcome. III, one becomes someone else. Homeopathy alleviates illness and thus restores one's true self.

[With illness] there is an alteration, in the sense of otherness/alterity, you are no longer yourself. [...] I often discuss a little philosophy and stuff with my patients. I believe that it's very important to talk about other things than medicine, to make them understand that they have resources too, that they have also their sheet music to play. If we see that someone repeats for 10 years exactly the same problem: uh..."I always fall in love with someone and then after 6 months we fight, I separate from that person, I fall in love again, after six months we fight, I separate from that person, I fall in love again, in 6 months..." Perhaps he should ask himself two or three things. So we can suggest to him: "If you want, we will perhaps think about it rather than seek an antidepressant or homeopathy, we'll maybe look... where do you think this stuff is coming from? Don't you have the impression that...?" So there's that.

Guillaume seems to engage in a form of psychotherapeutic life counseling that goes beyond what one might imagine in a visit to one's general practitioner.

I think that for doctors, before, but also nowadays, the examinations come first. And thus, the objectification raised to the rank of ultimate truth, instead of not being assumed otherwise than as it is, namely a construction with a lot of rigor, but which finally still has its limits, becomes the criterion. "Sir, you may feel well but you should feel bad." That's it. "So you are not well. You, you... Let's look at your record" - 'Doppler' of the legs, you know, we measure with the ultrasound if the artery is blocked, it's not well at all and yet the guy he can walk 3 km a day. It's not ok. It's not well at all. If he can walk 3 km, who cares about that, he's not well at all. Do you understand what I mean? You have 20-25% of people, of all the population, who have a herniated disc...

Or there also, homeopathy doesn't have to evade an evaluation but, if we define our logic, if we define our observation, if we define our object, a certain instrument to

evaluate its results, which is not the current instrument. You see, because if it's a nail, a hammer is necessary, if it's a screw it's useless, a hammer doesn't work, a screwdriver is necessary. So it's not a question of escaping evaluation but about daring to say: 'As we are an approach to the singularity and unity of the patient, which means whole/globality, it is not globality whose sense we don't know, it's because there is unity that there's globality, because...it's necessary to define our object, and our object is a living individual, and who is thus unique, whose manifestations are not divided, but interdependent, we could say.

Homeopathy is not escaping or evading regimes of truth making (i.e. scientific truth), but rather it is trying to define its object correctly. For Guillaume, the human, which includes the body, is homeopathy's object. As such, the proper instrument for evaluating that object comes into view. He believes that science and its methods and tools are only part of that instrument. The object requires also evaluation by psychological, social, spiritual means. This is the essence of "thickness."

What interests me is, what interests me, that's no doubt why I studied philosophy, what interests me is the human being in general and therefore what interests me regarding homeopathy is the original view that it gives on human beings...This "being in the world" and this way of being with others can be profoundly changed by the fact of having taken a homeopathic treatment. I swear to you! It's not that it happens every day and that it happens very often, but it indisputably happens and it's not a placebo.

In other words, homeopathy heals the existential ills related to one's "being in the world." I provide a lengthy monologue from Guillaume below because it gives us a rich account of homeopathy's unique "perspectivism," a term I borrow from Nietzsche. In determining the truth conditions for synthetic *a priori* judgments, Nietzsche holds that "Only...the *belief* [my emphasis] in their truth is necessary, as a foreground belief and visual evidence belonging to the perspective optics of life" (1989:19). Nietzsche draws his assertion from Kant's notion of synthetic *a priori* knowledge, which locates knowledge "in the subjective capacities of the knower" (Buroker 2006:9). "Nietzsche talks about 'perspective' when he is relating beliefs to our values (and hence our instincts). He uses the word 'interpretation' to mean a belief about something as if it is like this or that. An interpretation is an understanding of the world from a particular perspective, and so interpretations, like perspectives, relate back to our values" (Lacewing 2014:207). The perspectivism of homeopathy, then, is a value-laden, moralized "optics of life" that comprises not

just the conditions of life, but also life itself. Perspectivism is “the basic condition of all life”

(Nietzsche 1989:2) and Guillaume gives us a sense of the perspectivism of the homeopathic life:

So there was a picture of Peter Bruegel the elder, *Winter Painting*. We could see a bird, a hunter, a dog... So we saw pretty quickly in close-up that there were dogs, animals, people, we understood, and then at the end we could see that it was the return of hunters from hunting in winter. After the close-up [of the Bruegel], the same thing with the Rouen train station, drawn and painted by Monet. Then you see close-ups and you don't recognize anything in these close-ups, you see black, yellow, red, and when you see it from afar it's a train station with the locomotive and passengers, as if there was fog. But in the close-ups you understand NOTHING! This is very interesting. With the global view and a trick, it's obvious. So... Why do I tell you this? So here it is! We think about human beings, humans today! But why will a certain medicine made of animal matter work on Mr. Joiner to the point of transforming him in a moment if he's not feeling well, or a certain medicine made of plants or one made of minerals? But the thing is that here, our structure here, has integrated everything else. What I say is not esoteric; it's very scientific! [...] And this is why, in my opinion, these medicines work so well because...it's going to shock you, as a dog would perceive it, as a cat would perceive it, as a reptile would perceive it, as a plant, a rhododendron would perceive it... A rhododendron has a being in the world. A rose has a particular way of being in the world. A snake has particular being in the world. A bird has a particular being in the world. A fish has a particular being in the world. So the fish live in a bank and there aren't any interpersonal relationships between fish, do you agree? There is no sexuality among fish, practically none, no contacts. Do you agree? Medicines made of fish, fish medicines which we've been using in homeopathy for two centuries, what I tell you is a personal idea, it is not the idea of homeopathy, will be used primarily in people who have trouble in relationships, who have a problem with sexuality, etc. with relationships etc., do you agree? Interpersonal relationships, and people who need a fairly uniform and homogeneous environment, I want to say the ocean, where everywhere you go it's pretty much the same thing, the temperature might change a little... It's not for nothing that it works. It works because the human is built the like that... It is built on fish, reptiles, on other things... Or for me, it may be the bird that dominates and for you it may be the snake, in the case of someone else it's the rose. But it's not so idiotic an idea because now that we do research, this has been very well demonstrated, from a fundamental point of view ... meaning that...homeopathy is always nourished from science. I make a sort of mix of the two because I don't believe that we can think about homeopathy in its own sphere. In the end, it has things that it brings itself, but to be really fertile it needs contributions that come from elsewhere, you see?

Anyway, this is the infrastructure of the plant and the animal. Do you follow this? Thus that a human being X... I'll give you a very concrete example of homeopathy. You have a homeopathic medicine that is called Satiera. It's a plant that works extremely well on people. I prescribed it even earlier today. I prescribe it every week for people who experience great disorder from a very big narcissistic wound, meaning they are idealistic people who have a high opinion of themselves and...the moment they are broken...this very makes them suffer physically. This makes them very sick...we say to ourselves 'it's nevertheless weird that this thing works. It's still weird that this plant works on these people!' But it's an extremely slender plant that needs to dominate others in order to survive. That is, it's in a biotope where it doesn't dominate the others. The plant is very slim, it is very fragile, and it breaks regularly! So this may seem wacky, but if we think, you see there is an analogy, which is not all esoteric, not at all in the sense of the “theory of signatures” of Paracelsus, it's really in the sense of “being in the world.” You have

people who consider themselves, let's say, less than nothing, like dogs, and if you prescribe them medicines based on a dog, they'll feel better. With people who have a cat side, you see, I swear to you, you talk to them... It sounds crazy; it's why I don't talk too much about this, because it seems crazy! People who have alternating periods of needing hugs of tenderness with periods of great independence, like a cat. Very specific food tastes, they like some stuff and other stuff they don't want at all. A whole bunch of things like that. People who are going to easily climb high but who are afraid at the time of getting down, like cats, do you agree? A whole bunch of symptoms like that, and you give them the medicine called Lac Felinum, which is based on that. If they come for migraines, they are going to get better...you say to yourself "it's funny, this guy, he behaves, he perceives the world in a very animal and very feline way." It's very astonishing. When you start listening to people, they tell you very astonishing stuff, I swear to you. We are hyper-rationalized. You have people who tell you "I felt I was falling to pieces." There, the question that must be asked, as a homeopathic doctor, is "does he use a metaphor here or is he expressing exactly how he feels?" [...] These people, it's almost sure that they will need a mineral as a medicine...because this is a typically mineral thing. [...] Then, after that, we have to find the mineral... In the perception that everyone has a world and a self, there is something that really turns us back to very, very archaic things... And what I say is not esoteric at all; it's very scientific and very empirical. I listen to people...and it's very interesting and, however, lacking any mysticism...we listen to people and we are surprised, amazed, surprised...

If someone tells me that he falls to pieces...I'm looking for a mineral...Very concrete... What's a plant? What are its characteristics? It perceives, it endures the environment, it must adapt; it can't go anywhere. An animal can bugger off. It can "fight-or-flight." Thus plants have a huge capacity to adapt and their ability to adapt also comes with an enormous sensitivity to the environment. You'll have patients who speak to you in terms of sensibility. This means, they say "this did that to me. I felt that." Then let's say, "Ah yes, then, what did this ultrasound do to you, what did it give you?" "Ah, well this ultrasound, if you knew what it did to me, really it made me, it made me feel bad..." Instead of telling you about the ultrasound he talks about what he felt about the ultrasound, while a mineral [in contrast] is going to be very structured. I had a patient once when he came to me, the first time when he saw me, he gave me a 15-page typed account of his story. It was the story of his life, his story... "I was born there. I did that..." He was very structured; he's not at all a plant. He's not at all an animal. He had the structuring, like a crystal...it's very interesting. On this, in general, I don't speak too much because it's sure that...

I think this is very, very true. But precisely what is interesting is that some homeopathic doctors have had the intuition of this, but they left esotericism behind somewhat, meaning they remained [instead] in the metaphor. What seems important to me, precisely, is to effectively put the metaphor to the test of today's knowledge.

I believe that homeopathy, from the point of view of medicine and biology, contributes this processual story because, earlier I was telling you, there is no time in conventional medicine. [...] That means that time [in biomedicine] is spatialized while in homeopathy space is temporalized. So what is, classically, chronic bronchitis? It's a disease localized in the bronchi identical to itself, which perdures, and over time gets worse. Time is an aggravating factor in the local problem. This is how classical medicine sees it. In homeopathy, you have a chronic bronchitis, you have high blood pressure, and you have a nervous breakdown, let's say. There are three pathologies that become three moments of your pathological evolution. Therefore these three spatialities, these three spaces, these three geographical locations become three moments of a history so there is a temporalisation of space there, that count as the [disease] process.

Anyway the key word is the patient. What I find interesting is that in homeopathy you can't ignore the patient. You can't. In allopathy you can. [...] I have peritonitis. The surgeon operates on me. He's not going to give a damn about what I am, about what I experienced. He doesn't care. If he is nice, he listens to me a bit... "Uh, yeah, ok, so you had a fight with your mother-in-law. Uh ok." But he doesn't care. It changes nothing for him that I've been fighting with my mother-in-law, that I received a leg kick in the belly. It's not his problem. He operates and removes the thing causing the problem. End of story. While if we take a less acute example that relates to surgery, a very violent digestive disorder, very violent... In homeopathy if you are fighting with your mother-in-law, there will be a certain medication. If you are intoxicated and you ate something, it will be another. If you were very cold in the belly area two days ago because you left home in a T-shirt when the weather was fine and then it rained on you at 4 in the afternoon, if you've got a coagulation problem, it will be yet a third one... But this will change completely. So you have a methodical need to understand how it happens. Into what story does [the illness] fit? The story will not be listened to in a psychological sense, but rather globally.

I think that all allopathic doctors are aware of this, but they do not know what to do about it. If you talk with any allopathic practitioner, he is aware of this. He simply doesn't know what to do. Meaning that he will know that the social conditions...uh...there are plenty of people to whom I say "actually what you need is a job. This is not a medical question. You should find a job. Things should work better between you and your wife. Things should go better with your children. Your home should be finished. After this, you should have no worries." But the morality as a doctor, I need to do something for them. [But] I can't find a job for them, so I should...

Guillaume is a doctor of life, not just medicine. Or, put another way, Guillaume is a doctor of a kind of medicine that takes all of human life as its object. He was expressing what other homeopathic doctors told me about how they diagnose and treat. Homeopathic doctors see themselves as physicians of existence and experience, as experts of being, of which one's biology is only a component. Treatment includes remedies for bodily, psychological, and existential injuries that result being human. In other words, we might think of homeopathy as a kind of clinical ontology.

A Survivor's Perspective on Thickness

Sabine is survivor. She endured the Benveniste scandal and being fired from the company. These experiences left their mark on her perspective of homeopathy – she was wary, troubled by the risks to homeopathy's reputation by the cavalier claims of some of her colleagues that homeopathy is "all powerful." She had serious reservations about what homeopathy is actually

capable of treating. This is because, as she explained, we live in a very different time now than when Hahnemann first developed homeopathy. Today, she said, we have environmental illnesses, iatrogenic illnesses, and overuse of antibiotics, corticosteroids, and so on. I find this very interesting because this says that the 18th-century body is very different from the 21st-century body. The truths of homeopathy are understood to be timeless—they operate within and because of deeper truths believed to obtain between the lived-body and its natural equilibrium. Homeopathy describes itself an approach to healing that seeks to restore the natural internal harmony of the body. But does this internal harmony exist? And is biomedicine more adaptive to changes in lived realities?

This internal equilibrium is said to be unique to each individual, but it is taken as universal fact that every lived-body has such an equilibrium, which, if properly identified and diagnosed by the homeopathic physician, can be reestablished with the correct treatment or combination of treatments. But what Sabine seems to be saying is that the ancient wisdom of homeopathy may not be able to account for pathologies of modernity. The atemporal homeopathic lived-body is reimagined as a historically and environmentally contingent object that may exceed the grasp of homeopathic understanding. It is not so much that we now have pathologies that Hahnemann, with his 18th-century understanding of medicine, could not have imagined, though that is certainly true, it is more that the 21st-century lived-body is a biologically and phenomenologically different object than it was centuries ago. We are, as she says, “des terrains modifies” [“modified terrains”].

Sabine knows the placebo effect very well, but the efficacy of homeopathy, she said, is in the faith of the physician (“sa foi”) that it will work. One would imagine that it is this faith that she through her authority and expertise as a doctor is to instill that same confidence in the patient, without which the homeopathic remedy would be truly useless. For homeopathy to work, it requires faith in its ability to work, unlike, say, an antibiotic. But there is no homeopathy without the little white

granules. It is not just faith healing; it is faith healing that must be mediated by the white granules. Faith cannot be free-floating. There is no “laying on of hands,” as in Christian fundamentalism. The material aspect of this faith is the granules (not the hands), and without them, there is no healing, there is no homeopathy. Julien told me that “c’est le médicament qui fait l’homéopathie” [“it’s the medication that makes homeopathy”]. This is one of the main reasons why homeopathy has been likened to a religion or a cult (Faure 2002). The nexus of care is relational, not purely material and not purely social, cognitive or psychological. This rationality is found in the mediation between the granules and faith in their ability to heal, and also in the relationship between the homeopathic physician and her patient. While the granules mediate the relationship between the faith in healing and any healing that make take place, they also mediate the relationship between the patient and the caregiver. Indeed, the granules are the primary mediator of all therapeutic arrangements in homeopathy. The granules’ status (medical, legal, conceptual) as a placebo is unclear, yet some belief in their efficacy is critical. Whether one believes that antibiotics will “work” is immaterial to whether they actually do. This is not the case for homeopathic granules. For the homeopathic patient, skepticism is not a doxastic position; it is an anti-medical, political position.

Sabine agrees with Guillaume that homeopathy is fundamentally "a phenomenology." For Sabine, each lived-body is a unique "responder" ("répondeur") to homeopathic medicine. And this is precisely why, she said, homeopathic research is so difficult. How can one locate scientific truth in the endless variations of patient experience? Sabine remains in her small town by the sea, but she has a thriving private practice now. Patients come from far away to seek her care. This shocks her, she told me. (Does this really shock her or is she just being “modest” again?) They come in search of the homeopathic thickness -- individualized care and safe medicines that might allow them to stop taking their other medications. She believes that her patients are a reflection of who she is as a caregiver. There is clearly some population of patients that can look past, or either does not know about, the scandal at Clamart. Her battle scars have made her wiser and more cautious. But despite her popularity among her patients, she remains haunted by

his past. When I asked her if her patients are more informed now about homeopathy, given what the information the Internet has made available to patients, she said that it depends on how they think about information. She said that if your thoughts are structured well then you will be better informed and if your thoughts are poorly structured then you will not know how to parse and separate information and how to assess the value of ideas, which could be very dangerous.

CONCLUSION

The confidence people have in their beliefs is not a measure of the quality of evidence but of the coherence of the story that the mind has managed to construct.

— Daniel Kahneman

When I first embarked on the research for this dissertation, I was very taken with the idea of evidence. I wanted to look at how homeopathy's forms of evidence squared off with those of science. As I began talking to people, however, I learned that evidence was but one of a number of battlefronts in homeopathy's war for survival and legitimacy. I asked myself "For what and for whom are the troops actually fighting? If there were a ticker-tape parade welcoming the troops home from their victory, what would the poster boards held by people lining the streets say?" I think the signs would express gratitude for the troops' protection of a way of life. This way of life is a grammar of illness experience, complete with its own lexicon, syntax, and semantics, which constitute the "givens" of illness meaning and conjure the homeopathic "form of life," to borrow from Wittgenstein, into existence (Kishik 2008).

But this grammar is not evidential in nature; it is philosophical and ideological. As Wittgenstein tells us, "Sometimes the voice of a philosophical thought is so soft that the noise of spoken words is enough to drown it and prevent it from being heard" (Wittgenstein 1967:72). Homeopathy's soft grammar of illness experience is drowned out by the noise of "real" scientific evidence. I found that homeopathy's chief stumbling block is not its lack of scientific evidence or even the prejudices of its Other. It is what Kahneman describes in the epigraph above: it mistakes the coherence of its story for self-evident, transcendent truth. And in spite of the transformations this story has undergone over the past 200 years, it remains remarkably coherent. Indeed, this long history is put forward as key to the story's concreteness. As a story, however, its ontology is one of subjectivity, not objectivity. It is thus relegated to culture and society, outside of the world of science and the objective "culture of no-culture" (Shapin & Schaffer 2011). The mythology of homeopathy's founding, the Memory of Water scandal, the professional shame lamented by

Maddo, the sin of “mauvaise fois,” the dwindling number of its traditional practitioners, the tragic figure of Sabine, the dark lords of official science and medicine, and the industrial traitor in its midst are but plot twists and character profiles in a tale of chaos and calamity.

Homeopathy is often referred to as “*médecine douce*,” or “soft medicine.” Homeopathy’s soft voice of philosophy is no match for the “hard” voice of science, Woolgar’s (1988) “hardest case’ or ‘hardened self’ that covertly guarantees the truth of representation, which ceases magically to have the status of a representation and emerges simply as a matter of fact” (Haraway 1996:436). Neither is traditional homeopathy fit to do battle with the hard “facts” of the market. In his classic text on the philosophy of pharmacy, François Dagognet (1964), disciple of Bachelard and former student of Canguilhem, explores the history of the pharmacopeia to argue that medicines of today still carry the historical baggage of their genealogies (Faure 2002). It is precisely this baggage that industry wants removed from homeopathic remedies for their safe passage into the marketplace.

Using the example of Robert Boyle’s creation of the air pump in 17th-century England, authors Shapin and Schaffer (2011) show how the scientific fact of a vacuum was created by Boyle using particular material (the air-pump) along with literary technologies (published accounts) and social technologies (witnesses). Their work helps us to understand how the company goes about making the “fact” of homeopathy as a “clean” market commodity, free of the historical baggage of controversy and conflict. Industry is able to remake homeopathy because it is able to wield technologies that exploit the inherent weaknesses of the very thing that constitutes homeopathy’s thickness: its philosophy, a non-durable artifact of language and thought. In this sense, then, the very thing that makes homeopathy what it is makes it vulnerable to manipulation and appropriation.

Industry’s chief advantage is that it controls the material technologies of homeopathy: the granules. It can make of these granules whatever it wishes, including making ersatz products

that are not even truly homeopathic, like HomeoSys. It also controls the literary technologies that add to the facticity of the granules – packaging, advertising messages, and research. Finally, it also controls the social technologies: the homeopaths themselves, the witnesses who prescribe the company's products and accept its financial support for their research and professional conferences.

The technologies that traditional, clinical homeopathy marshals to establish its “facts” (observation, ideology, testimony) lack the rhetorical concreteness to establish facts in the moral economies of science and commerce. Social technologies were key to Boyle's success at creating the fact of the vacuum, particularly the credibility of the witnesses who could vouch for the effectiveness of the air pump. Homeopathy has no credible witnesses; homeopaths and their patients are their own witnesses. The air pump had the “stunning power to establish matters of fact independent of the endless contentions of politics and religion” (Haraway 1996:430). Similarly, industry seeks to erase the “contentions of politics and religion” that beset traditional homeopathy, inside and out from homeopathic remedies in order to establish new “facts” about them in the marketplace. The homeopathic granules are the figure in a figure-ground scenario, which, in their traditional incarnation, are positioned within the ground of clinical practice, philosophy, ideology, and history (Kockelman 2006). The company's transformation of homeopathy extracts this figure from its traditional ground and places it within a new ground, the marketplace. In both cases, the identity of the figure is conditioned by the “facticity” of its ground (Flynn 2013). That is, the linguistic, symbolic, and social “givens” of its contextual surround. On the shelf in a pharmacy, the granules take on a different “factness” that is devoid of historical “baggage” of traditional homeopathy.

The technologies that industry uses are those of commerce, which are endowed with tremendous powers to reconfigure homeopathy's ontology in order to make it an icon of fact that draws on the incontestable “factness” of the marketplace. Indeed, the logic of business is its own form of

objectivity, every bit as “hard” as that of science, which easily tramples a soft and unstable tradition like “le feeling.” Market objectivity has the power to turn traditional homeopathic objectivity into mere opinion. Haraway (430) notes that the air pump effected a “separation of expert knowledge from mere opinion, as the legitimating knowledge for ways of life, without appeal to transcendent authority or to abstract certainty of any kind...” (1996:430). The problem for homeopathy is that it does appeal to transcendent authority and abstract certainty, forms of authority that cannot compete with statistical analyses, sales data, and shareholder priorities. The transformation of homeopathy into commodity and the erasure of its philosophy “is the founding gesture of separation of the technical and the political” (Haraway 1996:430).

The “objectivity” of the market works in industry’s favor. “Each of Boyle’s three technologies worked to achieve the appearance of matters of fact as *given* items. That is to say, each technology functioned as an *objectifying resource*. [...] The machine [the air pump] constitutes a resource that may be used to factor out human agency in the product: as if it were said ‘it is not I who says this; it is the machine...’ (Shapin and Schaffer 2011:77). Similarly, the company is able to evade accountability for the remaking of homeopathy by invoking the dictates of commerce: “it is not we who transform homeopathy; it is simply the objective machinery of the market, which necessitates the deployment of certain rhetorical technologies.” Haraway adds to the story of the air pump by saying, “The world of subjects and objects was in place and the scientist was on the side of the objects. As men whose only visible trait was their limpid modesty, they inhabited the culture of no-culture. Everybody else was left in the domain of culture and society” (1996:431). The company has come down on the side of objects (minus the modesty), and traditional homeopathy is left in the domain of culture and society. The “experimental way of life” of Boyle and his circle is not unlike the way Sabine imagines an ideal science, modest, cautious, restrained. A modest homeopathic way of life, however, is no match for the business way of life.

If Benveniste had heeded Sabine's sermons on modesty, things might have turned out differently at Clamart. But in the moral economy of business, hubris and aggression are seen as virtues, modesty a weakness, and science a profit lever. This is why the tactics that Sabine considers daring, like clinical trials on cancer and the appropriation of H1N1, are in some sense precisely what might be expected of a pharmaceutical company. Seeing industry's conduct as incommensurable with homeopathy is to deny the new thing that homeopathy is becoming along with the actual stakes of the company's position in the world of homeopathy.

The transformation of homeopathy is not only the vitiation of a philosophy; it is also the remaking of value. The traditional homeopathic "soft" moral values of clinical wisdom, expertise, and guidance are replaced by the "hard" use value of a discrete treatment commodity, which cherry-picks "soft" descriptors and objectifies them as "hard," stable traits of the commodity ("natural," "gentle," "side effect-free"). The "cleaner" homeopathy is free from the "utter metaphoricity, the discrediting entrapments of troping. If language could become immaterial, in all senses of the term, figures and narratives could give way to explanations and facts" (Haraway 1996:432).

The company is not, as Sabine would prefer, interested in getting Nature to reveal her secrets. Neither is it interested in the search for the great secrets of homeopathy. On the contrary, homeopathy-as-commodity must be seen to be stable and formed, representing success at having mastered nature. This is key to the coherence of the narrative that substitutes for scientific fact in industry's new homeopathy. This formedness serves as a repertoire for possible statements and position-takings relative to the commodity. In Haraway's meditation on the story of Boyle's air pump, she says, "science made was nature undone" (1996:435). For homeopathy, its commodity formation is its orthodoxy undone.

For Dagognet (2009) pharmacology makes for a fascinating, and necessary, philosophical object. My group of homeopaths would certainly agree, but the words of a philosopher are cold comfort

when one sees one's grammar of healing crudely condensed and translated into market-speak. Guillaume's formulation of philosophical vitalism, the artistry and poetics of healing spoken of by Georges and Martin, the modesty preached by Sabine, the unshakable conviction of Claudine, the method's focus on the patient and her "globality," its deep philosophy—these represent the virtues by which homeopathy wishes to be represented. However, homeopathy's internal conflict over its representations of its history, its confidence, its knowledge claims, and its social and political aspirations seem to overshadow these virtues. The virtues and stakes that seem so important to traditional homeopaths are of little interest to the company, which means that unless traditional homeopathy can challenge its relationship with industry, it will remain complicit in its own decline and transform its "form of life" into a soft, barely audible grammar of loss and lament.

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