



Homeopathy and metaphysical commitments: Implications for faith-based organisations

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Abstract

Homeopathy is growing rapidly worldwide, with government-backed integration into primary healthcare in India, Brazil, and other low- and middle-income countries. In many of these settings, Christian communities and faith-based health providers are among the contexts where homeopathy circulates most readily. This commentary argues that the most pressing question homeopathy raises for Christians in global health is not primarily whether its remedies outperform placebos, but what homeopathy asks its users to believe about reality. Classical homeopathy, as articulated by its founder Samuel Hahnemann, is grounded in a vitalist ontology — a “spiritual vital force,” water imbued with non-material memory, matter activated by ritual procedure — that sits in tension with Christian doctrines of creation, providence, and the personal agency of God. The commentary sets out homeopathy’s core claims and engages the evidential debate. It examines the metaphysical foundations of the practice in relation to Christian theology and considers why the syncretistic risk may be greatest precisely where the underlying culture is sympathetic to homeopathy’s vitalist assumptions. It concludes that church communities engaged in health promotion — particularly faith-based organisations delivering healthcare in resource-constrained settings — have both a theological and a stewardship obligation to engage these questions with honesty and care.

Keywords: homeopathy, Christian theology, vitalism

Introduction

Homeopathy, often framed as a natural and effective alternative to conventional medicine, is growing worldwide. The global product market was valued at approximately USD 9.4 billion in 2023, with projections reaching USD 29.5 billion by 2033.¹ In countries around the world, homeopathic products sit on pharmacy shelves alongside evidence-based medicines. Indeed, the practice’s greatest uptake is in low- and middle-income countries. India is the global epicentre: with over 300,000 registered

practitioners,² more than 180 homeopathic medical colleges, and integration within government ministries (the Ministry of AYUSH). In addition, homeopathy is integrated into primary healthcare delivery through the national network of Health and Wellness Centres.³ If one travels westward, homeopathy is used in at least seventeen nations across Sub-Saharan Africa; in South Africa, it is formally regulated as an allied health profession. Brazil, Mexico, and Cuba have each incorporated homeopathy into public health systems to varying degrees.

The World Health Organisation's Global Traditional Medicine Strategy 2025-2034 defines Traditional, Complementary and Integrative Medicine (TCIM) broadly enough to encompass practices such as homeopathy and advocates for integrating TCIM into national health systems at the primary care level.⁴ In many of these contexts, Christian communities and faith-based health providers have to engage with homeopathy and its claims as a gentle, natural, and spiritually compatible alternative to other forms of treatment.

When homeopathy is discussed in Christian health settings, the conversation typically centres on evidence: does it work? That question matters, and this commentary selectively engages it. However, treating evidence as the only question worth asking can obscure a more fundamental one. Classical homeopathy, as articulated by its founder Samuel Hahnemann in the *Organon of Medicine*, describes disease and cure in terms of a “spiritual vital force” governing the body^{5,6} — a framework with greater affinity to the vitalism of traditional energy-healing systems than to either Christian theology or modern biomedical science. The question this commentary foregrounds is, therefore, not primarily whether homeopathy works, but what homeopathy asks its users to believe about reality. As such, this commentary examines homeopathy at the intersection of evidence-based health practice and Christian theological reflection: setting out what homeopathy actually claims (since these claims are widely misunderstood), engaging honestly with the evidential debate, considering why individuals report genuine improvement from treatments that may lack pharmacological content, examining how homeopathy's foundational metaphysics relate to Christian doctrines of creation, providence, and truthfulness, and considering how church communities engaged in health promotion might respond with both intellectual integrity and pastoral care.

What homeopathy claims

Homeopathy is frequently grouped with herbal medicine or traditional remedies. This is a category error. Herbal medicine claims that

plant compounds exert physiological effects at measurable doses, claims that are, in principle, tested by the same scientific methods as other drugs. Homeopathy makes a fundamentally different set of claims, and understanding them is a prerequisite for evaluating the practice either scientifically or theologically.

Although homeopathy encompasses many schools and variations, three propositions sit near the centre of the system as Hahnemann articulated it in the *Organon of Medicine* (first published in 1810).⁵

“Like cures like” or *Similia similibus curentur*

The first claim is that a substance capable of producing symptoms in a healthy person can, when prepared homeopathically, treat those same symptoms in an ill person. This is the principle of *similia similibus curentur* (“let like be cured by like”), from which the system takes its name. The principle is not derived from controlled observation; it is an axiom posited by Hahnemann and accepted within the tradition as foundational.⁵

Extreme dilution

The second claim concerns the preparation of remedies. A starting substance is repeatedly diluted, typically in steps of one part in one hundred (the “C” or centesimal scale). A label such as “30C” denotes thirty sequential rounds of 1:100 dilution, each followed by vigorous shaking. The cumulative dilution factor at 30C is 10^{60} .

The chemical significance of this is straightforward. Any substance comprises a finite number of molecules. The relevant threshold is Avogadro's number, approximately 6×10^{23} , which describes the number of molecules in one mole of a substance. A 12C dilution corresponds to a factor of 10^{24} , exceeding this number. Beyond approximately 12C, one would not expect even a single molecule of the original substance to remain in a typical dose.⁷ Yet 30C is a standard commercial potency, and higher potencies are routinely available. At standard homeopathic potencies, the original substance is absent; the question is no longer whether the dose is sufficient, but

whether the solvent itself has acquired therapeutic properties during the preparation process.

Succussion and the claim of “water memory”

Homeopathy’s answer to that question constitutes its third core claim. Between each dilution step, the vessel is vigorously shaken (a process termed *succussion*). In conventional chemistry, shaking mixes what is already present; it cannot generate new molecules. Homeopathy, however, asserts that succussion transfers non-material “information” from the original substance into the solvent, and that the remedy becomes *more potent* as it becomes *more dilute*.⁵ This claim — sometimes described as “water memory” — is a radical departure from the principles underpinning conventional pharmacology (or indeed, basic chemistry).^{8,9}

The three claims are logically cumulative. Without extreme dilution, homeopathy would be a variant of low-dose pharmacology. Without succussion and the water memory thesis, extreme dilution would simply produce an inert solvent. It is this combination — *like cures like*, diluted past the molecular threshold, activated by ritual shaking — that constitutes homeopathy as a distinct system. Any evaluation of the practice, whether scientific or theological, must engage with this combination rather than with a softened version that treats homeopathy as merely “gentle” or “natural” medicine.

What the evidence shows

The empirical question — whether homeopathic remedies produce clinical effects superior to those of placebos — has been addressed by major institutional evidence reviews, which are broadly consistent in their conclusions.

Australia’s National Health and Medical Research Council (NHMRC) published an information paper in 2015 after systematically assessing the evidence base, concluding: “there are no health conditions for which there is reliable evidence that homeopathy is effective.”⁷ The review also drew attention to indirect harm: patients may be placed at risk if homeopathy is

used to replace or delay treatments for which good evidence exists.

Similarly, the UK House of Commons Science and Technology Committee concluded in 2010 that homeopathic remedies perform no better than placebos and recommended that the NHS cease funding homeopathic treatments.⁸ The NHS’s own guidance reflects this position.¹⁰ In 2017, the European Academies’ Science Advisory Council (EASAC) called for consistent application of evidence standards to homeopathic products.⁹ The Royal Australian College of General Practitioners has published a similar position statement.¹¹ The pattern across these reviews is notable for its consistency: each was conducted independently, by bodies with differing mandates, in different national contexts, and each reached substantially the same conclusion.

In much of the world, however, government policy has moved in the opposite direction. India’s Ministry of AYUSH integrates homeopathy into primary healthcare delivery through Ayushman Bharat Health and Wellness Centres.³ This institutional divergence is significant. It means that the evidential question alone is not settling the global policy debate. Where the state itself endorses homeopathy, appeals to evidence-base carry limited practical weight. It is precisely this gap — between what systematic evidence reviews conclude and what governments nonetheless promote — that makes the worldview analysis in the following sections more consequential, not less.

The worldview question: homeopathy and Christian theology

Homeopathy is regularly marketed as spiritually neutral, as a matter of personal health preference rather than metaphysical commitment, that is, a claim about the underlying nature of reality. The founding literature of the system, however, complicates this characterisation considerably.

Hahnemann’s vitalism

Vitalism is the view that living organisms are governed by a special life-energy



ontologically distinct from the physical body and its biochemical processes. Modern biology does not employ vitalist categories. Classical homeopathy, however, is explicitly vitalist. Hahnemann's *Organon* describes health and disease in terms of a "spiritual vital force" (*geistartige Lebenskraft*) that "animates the material body" and acts as an invisible governing dynamis.⁵ Aphorism 15 elaborates: the "spirit-like dynamis (vital force)" animates the body "in the invisible interior."⁶ These are not incidental metaphors; in its classical formulation, homeopathy is a theory of sickness and cure grounded in the postulation of invisible forces operating beneath and beyond the material order.

This vitalist framework extends to the remedies themselves. Once a substance has been diluted beyond the molecular threshold, the system must account for the remedy's purported action in non-material terms. The concepts invoked — "water memory," "information transfer," "energetic imprints" — function as claims about matter's capacity to retain and transmit non-physical properties through ritual action. Even where contemporary advocates avoid overtly spiritual language, the underlying logic presupposes what might be termed an enchanted view of matter.

Hahnemann's broader intellectual commitments reinforce this reading. In a published letter of 1827, he praises Confucius as one who led people "to God" without "miracle-fables and without superstition," and anticipates embracing him among "blessed spirits."¹³ The Christian Medical Fellowship has noted that Hahnemann was a freemason and a hypnotist, though reportedly a well-educated and empathetic practitioner.¹² The point is not to construct an argument from biographical association; it is that homeopathy, in its own self-understanding, has never been merely a clinical technique. It emerged from, and remains embedded in, a metaphysical framework that its founder understood in explicitly spiritual terms.

Creation: the de-enchantment of nature

The opening chapters of Genesis describe GOD creating a material world and declaring it good (Genesis 1:31). The created order is real, substantive, and governed by regularities established by GOD. Theologians across multiple traditions have observed that the biblical doctrine of creation effects a "de-enchantment" of nature: not a demotion of the created order, but a clarification that creation is not itself a locus of autonomous spiritual power.^{14,15} As C.S. Lewis argued, the expectation of law in nature arose precisely because the biblical tradition posited a rational Legislator behind it.¹⁴

Homeopathy's vitalism and its claim of water memory push in the opposite direction. They re-enchant matter, attributing to water the capacity to retain meaningful spiritual or quasi-spiritual imprints activated by ritual procedure. This picture is structurally closer to animism than to Christian theism, which locates agency in a personal God who acts through, but is ontologically distinct from, the material order he sustains.¹⁶

Providence: personal agency, not impersonal energy

Christian theology affirms that God sustains the world through ordinary means (e.g., rainfall, nutrition, immune function, the skill of physicians) and, on rare occasions, through miracles understood as direct personal acts of God. In Christian theology, the knowledge discoverable by all people, including in medicine, is described as a gift of "common grace," insisting that truth discovered by non-believers is nonetheless from the Spirit of God.¹⁷

Homeopathy's "vital force" does not fit these categories. It is not ordinary chemistry (the molecules are absent), nor a miracle from God (it is described as an impersonal dynamis inherent in the organism rather than an act of divine will). What remains is a spiritual energy that the practitioner learns to manipulate through correct procedure, a concept closer to the *qi* of ancient Chinese medical tradition or the *prana* of Hindu thought than to anything in Christian Scripture or systematic theology.

The biblical concern with source

Scripture addresses the broader question of seeking healing through hidden spiritual forces. In the confrontation between Moses and Pharaoh's sorcerers (Exodus 7–8), the Egyptian magicians replicated certain signs, yet the narrative insists that the source of the power was decisive.¹⁸ In Acts 19:18–20, new converts at Ephesus publicly burned their scrolls of magical practices, recognising the operative framework as incompatible with allegiance to Christ. Paul's warning in Colossians 2:8, 20–23 cautions against “hollow and deceptive philosophy” dependent on “the elemental spiritual forces of this world rather than on Christ.”

The relevance of these texts is not that homeopathy is identical to first-century sorcery. It is that Scripture consistently treats the question of *source and framework* as theologically significant, even when outcomes are ambiguous or apparently beneficial. A practice need not be overtly anti-Christian to be problematic; it is sufficient that it operates within a framework of causation incompatible with the Christian account of God, creation, and healing.

Homeopathy among the world's energy-healing systems

These tensions sharpen when homeopathy is placed alongside other healing systems that most Christian communities already regard with caution. Reiki posits a “universal life energy” channelled through a practitioner's hands; traditional Chinese medicine attributes health to the balanced flow of *qi*; Hindu healing traditions invoke *prana*. In each case, an impersonal spiritual energy is posited as the operative mechanism, and a trained practitioner claims to detect and correct disturbances in that energy.

Homeopathy's “vital force” shares this basic structure. Most churches would raise questions if a member began promoting a Reiki practitioner. Consistency requires the same scrutiny when the same metaphysical architecture appears under homeopathy's more familiar, pharmacy-shelf packaging.¹⁶

Vitalism in contexts where it is culturally familiar

An objection may arise from readers working in low- and middle-income settings: that homeopathy's vitalism is not experienced as foreign where analogous concepts already structure health-seeking behaviour. In much of Sub-Saharan Africa, traditional healing operates within what scholars describe as *dynamism* — the conviction that invisible forces pervade the material world, with no sharp demarcation between curing illness and practising religion.¹⁹ In South Asia, homeopathy's vital force maps readily onto the *prana* of Ayurvedic tradition. Homeopathy was introduced to India in 1839 and has been effectively indigenised.

The argument of this commentary, however, is not that vitalism is problematic because it is non-Western; it is that vitalism is problematic because it is non-Christian. The theological analysis set out above applies regardless of whether the surrounding culture finds vitalism natural or foreign. Indeed, where the local culture is sympathetic to the vitalist assumptions, the risk of absorbing incompatible beliefs is *greater*, not lesser, because the pressure to absorb incompatible metaphysical commitments operates below the threshold of conscious decision.

A related objection frames resistance to homeopathy in Low- and Middle-Income Country (LMIC) settings as a form of Western intellectual imposition. This does not withstand scrutiny: homeopathy is itself a European export, invented by a German physician in 1796, and the theological critique advanced here is rooted not in Enlightenment rationalism but in the confession of the global church.

It should be acknowledged, however, that contemporary homeopathy is not monolithic. Hahnemann grounded the system in an explicitly vitalist worldview, but contemporary practitioners hold diverse views: some retain robust vitalism, others work with informational or energy-based models, and still others describe the “vital force” in purely phenomenological terms, as a heuristic for observed patterns of health and disease rather than an ontological



commitment. This heterogeneity matters, not least because it means the theological concerns articulated in this commentary apply most directly where the vitalist framework is actively taught and endorsed by a practitioner. In resource-constrained settings where evidence-based alternatives may be limited and homeopathy is freely available, a Christian engaging the practice would do well to ask their practitioner directly: do you understand the vital force as a real causal power, or as a descriptive model? The answer substantially affects the theological assessment and, arguably, determines whether the practice sits closer to an inert but harmless ritual or to the metaphysically laden system this commentary has described.

Responding with integrity and pastoral care

The preceding sections have argued that homeopathy's foundational beliefs — at least in their classical vitalist form — sit in tension with central Christian doctrines, regardless of how the evidential debate is resolved. The remaining question is practical: how should church communities engaged in health promotion respond, particularly when the person involved is sincere, vulnerable, or both?

The costs of apparent harmlessness

Homeopathic remedies at standard potencies contain no pharmacologically active ingredient, and in a narrow toxicological sense they are “harmless.” That is not to say that they carry no cost. The risk most consistently emphasised by public health bodies is delay and displacement: patients may reject or postpone evidence-based treatments in favour of homeopathic alternatives, with potentially serious consequences in progressive or life-threatening conditions.⁷ In high-income settings, this typically means inconvenience. In low- and middle-income countries, the calculus is different. The World Health Organization has explicitly warned that homeopathy should not be used to treat HIV, tuberculosis, malaria, influenza, or infant diarrhoea.²⁰ Organisations such as Homeopaths Without Borders have

distributed homeopathic preparations in post-disaster Haiti and in several African countries.²¹ When a patient in rural sub-Saharan Africa delays antimalarial treatment in favour of a homeopathic alternative, the risk is not inconvenience; it is a potentially fatal outcome.

A second cost is financial and emotional: families may invest significant resources in consultations that produce no benefit, and homeopathy's explanatory structure can shift responsibility onto the patient when improvement does not occur.²³ A third cost — the one most directly relevant to the concerns of this journal — is formational. Practices that habituate participants to trust in impersonal forces and quasi-magical causation can gradually reshape the plausibility structures within which a person evaluates claims about the world.

Why individuals report improvement

Any pastoral engagement must reckon with the fact that many sincere people report genuine improvement after homeopathic treatment. Several well-characterised mechanisms account for this, none of which require the remedy to possess specific therapeutic properties.

Many of the conditions for which homeopathy is commonly sought — eczema, hay fever, chronic pain, anxiety, digestive complaints — follow a fluctuating course. Symptoms wax and wane independently of treatment. Individuals are most likely to seek a new remedy when symptoms are at their most severe. If the condition subsequently eases, as fluctuating conditions tend to do, the temporal sequence invites a causal inference that the remedy produced the improvement. This is a normal feature of human pattern recognition operating in the absence of controlled comparison. The statistical phenomenon of regression to the mean reinforces the effect: extreme values in any variable tend to be followed by values closer to the average, so improvement after a particularly bad episode is statistically expected regardless of intervention.²⁴

The placebo effect is frequently mischaracterised as self-deception. In fact, it encompasses a range of well-documented

psychophysiological responses — including measurable changes in pain perception, stress hormones, and subjective symptom reporting — triggered by expectation, reassurance, and the experience of receiving care.²⁵ Homeopathic consultations are typically lengthy and highly personalised, often lasting an hour or more; the practitioner elicits a detailed history, attends to emotional and biographical context, and offers an individualised prescription. This consultation model contrasts sharply with the time constraints of many primary care settings (average general practice consultations in Australia, for instance, are frequently cited at approximately seven minutes).²⁷ The critical distinction is that these benefits are attributable to the therapeutic encounter, not to the pharmacological content of the remedy (as we have already established, this content is absent at standard homeopathic potencies).

Research on open-label placebos adds a further dimension. Studies have demonstrated that placebos can produce symptomatic improvement even when patients are explicitly informed that the pill contains no active ingredient, suggesting that the ritual of treatment itself carries therapeutic weight.²⁶ As such, much of what patients experience as “the remedy working” may be attributable to the structured ritual of consultation, prescription, and administration rather than to any property of the preparation. Communities also naturally amplify success stories and attenuate failures, whilst homeopathy’s explanatory structure accommodates negative outcomes by attributing them to incorrect remedy selection or patient non-compliance (cf., Popper’s discussion on non-falsifiability.²⁸)

Addressing common counter-arguments

Four arguments recur in Christian discussions of homeopathy, each deserving a concise response. Some appeal to personal testimony — “it worked for me” — yet personal testimony, whilst valuable as testimony, is not a reliable method for establishing medical causation. Christians normally recognise this principle in other domains: devotees of Hindu healing traditions report relief; users of healing crystals describe feeling calmer; in neither case

would most Christians treat the testimony as sufficient evidence that the system’s underlying claims are true. The improvement may be real whilst the explanation for it is wrong. Others invoke Christian freedom of conscience, yet Christian tradition takes conscience seriously precisely because conscience is not self-validating; it requires formation by truth. Paul’s discussion of disputable matters in Romans 14 concerns practices — dietary customs, observance of days — where the underlying action is genuinely neutral, and it does not extend blanket permission to adopt any practice about which a believer feels at peace (Paul himself drew firm boundaries where a practice entailed alignment with a false spiritual framework, as in 1 Corinthians 10:20–22). The test of consistency is instructive: if a church member reported feeling at peace about consulting an astrologer, most pastors would not treat that testimony as settling the question. Still others note that there are medicines we do not fully understand, and whilst this is true, established medicines were demonstrated through controlled trials before their mechanisms were elucidated; homeopathy’s proposed mechanism does not merely remain unexplained — at standard potencies it directly contradicts established chemistry. Finally, some appeal to divine providence with the argument that “God can use anything,” yet providence is a statement about God’s sovereign power, not a retrospective endorsement of whatever a person happened to be doing when circumstances improved.

Affirming the goodness of evidence-based medicine

A constructive response begins with affirmation rather than prohibition. Evidence-based medicine is not a rival to faith; it is one of the ordinary means through which God sustains a world marked by suffering. Christians can affirm that the skill of a surgeon, the properties of a drug, and the slow accumulation of medical knowledge are gifts of God distributed to believers and unbelievers alike. This obligation takes on particular weight in global health contexts, where Christian mission hospitals deliver a substantial



share of healthcare.²² Where resources are scarce, fidelity to evidence-based medicine is a concrete act of stewardship: every dollar allocated to homeopathic preparations is a dollar not spent on artemisinin-based combination therapies for malaria, oral rehydration salts for infant diarrhoea, or basic antibiotics.

Offering what homeopathy imitates

Part of homeopathy's appeal lies not in its remedies but in its consultation model. Churches are well positioned to provide what homeopathy mimics but cannot ultimately deliver: sustained, attentive relationships; genuine community in which suffering is acknowledged rather than managed; and prayer that names pain honestly before a personal God rather than channelling an impersonal energy.

Conclusion

This commentary has argued that the most pressing question homeopathy raises for Christians in global health is not primarily whether its remedies outperform placebos, but what homeopathy asks its users to believe about reality. Its underlying beliefs presuppose a vitalist ontology — a “spiritual vital force,” water imbued with non-material memory, matter enchanted by ritual procedure — that sits in tension with Christian doctrines of creation, providence, and the personal agency of God, and that places homeopathy in the same family as energy-healing systems most churches already regard with caution.

For church communities engaged in health promotion, there are grounds for considered caution on two fronts: a question of formation (practices built around impersonal forces can, over time, reshape habits of trust in directions that pull against the faith) and a question of integrity (where church leaders become aware of these tensions, open conversation is preferable to tacit endorsement). This is not to say that every Christian who uses homeopathy is committing a theological error, reasonable believers may weigh these considerations differently, and pastoral wisdom will rightly vary across contexts. Nevertheless, the concerns

are especially acute in low- and middle-income settings, where the diseases at stake are life-threatening and where Christian health organisations bear significant responsibility for the care available to vulnerable populations.

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