Bristol hospital moves to new site

The Bristol Homeopathic Hospital (BHH) has moved to a new location in the city. Since the beginning of January the hospital has been operating from the South Bristol Community Hospital in Hengrove.

The move was necessary because the building in Cotham Hill – from where the hospital has operated since 1992 – was not owned by the NHS but by Bristol University, and it was now needed to meet the university’s expansion plans. A public consultation conducted by the University Hospitals’ Bristol Foundation Trust (UHB) found there was considerable opposition to the move from patients and hospital staff, who were concerned that the more clinical surroundings at the South Bristol Community Hospital were not so amenable to the practice of homeopathic medicine. Despite this strength of feeling the last clinic was held at Cotham Hill on 20th December.

New era
A new era in the history of the BHH began on 2nd January 2013, when it received patients at its new premises for the first time. The hospital trust should by now have written to all current patients of the BHH informing them of the move.

"It was sad to move from our Cotham Hill site where the Bristol Homeopathic Hospital had functioned as a busy outpatient service since 1992," said Dr Elizabeth Thompson, Lead Clinician at the BHH.

"Nevertheless, we are moving in a positive frame of mind with a view to networking with commissioning groups across the south west and developing our services. We are also pleased that the department of health has funded the next step of developing a social enterprise so that the homeopathic service can be delivered as a not-for-profit organisation, which may even see us move back into the centre of Bristol."

Clive Oakley on behalf of the Friends of Bristol Homeopathic Hospital said: “Our fight to keep the hospital in Cotham may have failed, but the hospital trust has agreed to make the ambience in the new hospital as pleasant as possible bearing in mind that it is in a very clinical setting.”

The trust has also offered to support the Friends organisation in any way it can in its efforts to secure future funding from Primary Care Trusts and Clinical Commissioning Groups.

“It also recognised,” continued Mr Oakley, “the importance of the service to many patients and the very high regard they have for the clinicians who provide the service at the Bristol Homeopathic Hospital.”

Homeopathic heritage
Homeopathic medicine has been available in Bristol since 1852, when a homeopathic physician, Dr Black, first started dispensing from premises in the Triangle, in the Clifton part of the city.

Prince Edward, who was later to be crowned King Edward VIII, opened the BHH in 1921. The large hospital in Cotham was originally funded by the Wills tobacco family, who were generous benefactors to the city of Bristol.

The hospital’s new address is: Bristol Homeopathic Hospital South Bristol Community Hospital Hengrove Promenade Bristol BS14 0DE.
As we say in Scotland, “A Guid New Year to you all!”

Now the festivities are over it’s time to think about what 2013 will bring. If the refreshing and upbeat comments I heard at the British Homeopathic Congress are anything to go by, we should be in for a less bruising time...

...this year. Several speakers were of the opinion that we must be due some positive news and it is to be hoped that this proves to be true.

The Bristol Congress was very successful featuring excellent lectures. I particularly liked the contribution by Bob Leckridge who explored the link between two of his patients’ body tattoos and their conditions and personalities. Research has indicated a large number of reasons for men and women having tattoos, among which are: desires to create individuality, to express personal experiences, to demonstrate physical endurance and test one’s pain threshold, to demonstrate a resistance to authority and to be part of a “tribal group”. Many of these may be found in the drug pictures of certain remedies, so I suppose it is reasonable to expect that there would be a link, but this was the first time I had seen it demonstrated. My first patient when I got home told me she had a tattoo of a tortoise “somewhere on her body” but was too embarrassed to say where. Was she slow and methodical, I wondered? The next was thinking about having a Chinese dragon on her ankle. Is there a link between where the tattoos are, as well as the subject of the tattoo? Fascinating stuff!

Dr Anita Davies phoned me recently to say that in my last editorial I inadvertently spelt Dr Margery Blackie’s first name with a “)” instead of a “g”. I am pleased to put that right now and express my apologies. In my defence, I should say there are no fewer than 19 variations of the name. I will stick to just using her initial in future so I do not get caught out again.

The Scottish Universities Medical Journal published online in October carries two articles expressing opposite views of complementary medicine. Professor David Colquhoun repeats his oft stated concerns regarding the availability of CAM and the “potential dangers and problems” he perceives this may cause to patients and consumers. His point, which only emerges in the last few lines of the rambling piece, is that the regulation of “alternative medicine”, as he calls it, is inadequate. This could very well be the case for some complementary therapies – and may indeed be worthy of some support, but not for the spurious reasons that Professor Colquhoun gives. For once he does not have a go directly at homeopathy. Disappointingly, Professor Colquhoun constantly feels the need to use unprofessional (and perhaps even offensive) language including words such as “quackery”, “fraud” and “barm-pottery”. The opinion of the patient apparently does not count. But then Professor Colquhoun is a scientist, not a clinician.

The second article, by Russell Malcolm (who certainly is a clinician), is presented in altogether different style. In a well written and well referenced piece entitled “Small but intriguing – the unfolding story of homeopathic medicine”, Russell clearly outlines the developing story and background of homeopathic medicine and suggests that the medical and scientific communities should be less resistant to these interventions. He raises serious questions about what is motivating the movement towards regulatory changes that restrict access to homeopathy when patients have found it to be safe and effective.

I’ve received an email flyer advertising the Joint American Homeopathic Conference taking place in Virginia in April. The event, entitled “Meeting the Challenge – Successful Outcomes in Homeopathy Practice”, is being organised by the National Center for Homeopathy (NCH), membership of which is open to all. The NCH is a non-profit, grassroots organisation with the important mission of protecting and promoting homeopathy in the U.S. The programme features well respected international speakers and is well worth considering if you are of a mind to indulge yourself next year. After all, the next British Homeopathic Congress is not until 2014.

I was thinking that it would be an interesting idea if we followed this American model and took on the task of organising a joint conference for all UK homeopathic practitioners, whatever their background. It would be a wonderful opportunity to bring the community together and allow us to speak with one voice. Possibly go even further – one governing body? A step too far for many of you, I’m sure; although some might think it inevitable.

Sadly, this is my last editorial and I would like to thank all those colleagues over the years who took the trouble to contribute or comment on the content of simile since I took on the role of editor in October 2006. For me this will mark the end of an active involvement with the Faculty going back almost 40 years. However, I am pleased to say that the Kayne family connection is still very much alive in the Faculty. And I was proud and honoured that both my son Lee and I were speakers at LIGA in Japan last September, perhaps the first father and son to do this.

Goodbye dear readers and I wish you all well.

Steven Kayne
simile@facultyofhomeopathy.org
NHS Lothian encounters strong support for homeopathy service

If NHS Lothian were looking for a barometer to gauge the strength of support for the continuation of its homeopathy service, it certainly found it at a public meeting in Edinburgh, which was organised as part of the health board’s consultation process.

The audience appeared exclusively pro-homeopathy and was made up of patients, GPs and other clinicians, and representatives from stakeholder organisations including the Faculty and the British Homeopathic Association (BHA).

The meeting was opened by Paul Currie, Strategic Project Manager for NHS Lothian, who outlined the background of the consultation, reiterating that any decision would be made on the cost efficiency of the service.

John Cook, Chairman of the BHA, pointed out that the health board’s annual expenditure was £1,648 per head of population and that the homeopathy service accounted for just 22p of that total. He stressed that the impact of closing the service on the total population would be negligible, while the impact on the users of the service would be huge. He went on to dismiss the House of Commons Science and Technology report on homeopathy, which had triggered the initial review of the service, explaining it was rejected by the Westminster government and that it is not UK or Scottish government policy to stop NHS funding for homeopathy. Mr Cook also said he had reservations about the consultation process which he feels had not properly involved the users and potential users of the service.

The validity of the consultation was also questioned by other members of the audience. Retired GP Dr Michael Wilson raised concerns about the email sent to GPs to survey their opinion of the service, saying it had such a misleading title that many GPs deleted it. (Since the meeting the health board has resent the email to GPs.) He also questioned the comment in the consultation document that stated clinics only attracted people from “better off” areas and criticised NHS Lothian’s failure to advertise homeopathy as a secret from the public and GPs.

The problem of high profile anti-homeopathy campaigners encouraging their thousands of supporters to complete the health board’s online survey in an attempt to get the service closed was also highlighted.

Another GP, Dr Guy Johnson, spoke of the holistic and integrative nature of homeopathy and how it can help patients with complex symptoms. He concluded that it was important for doctors and patients that a choice of treatments is available. Several patients endorsed this idea by speaking passionately of the remarkable improvement in health they’d experienced following homeopathic treatment.

Addressing the meeting, Faculty Dean, Dr Russell Malcolm, called on those making the decision to set aside ideological principles and focus on the patients, stressing that the decision should be taken by clinicians who would make the well-being of patients their central concern.

Following the meeting on 29 October, NHS Lothian extended the deadline for the public consultation by one month to 10th December. Also, as a result of John Cook’s intervention, the homeopathic service is now on NHS Lothian’s website of services. The BHA has written to the health board explaining in detail its concerns about how the consultation was conducted.

CAM meeting for Swindon councillors proposed

Campaigners fighting to reinstate NHS homeopathy and other CAM services in the Swindon area have invited local councillors to an exploratory meeting so that they gain a greater understanding of the therapies.

The invitation was made to members of Swindon Borough Council’s Health Overview and Scrutiny Council, who have complementary medicine as an item for discussion on their agenda for 2013. Campaigners believe that by attending such a meeting, the council will be transparently fulfilling its policy of reaching out and listening to all communities, as well as gaining a better insight into the therapies they are planning to discuss.

Councillor Wayne Crabble supported the idea as he believes it would be informative and highlight the cost-effectiveness of CAM and how it could be used to increase patient choice within the NHS. Several members of the public also spoke in favour of CAM, with one querying the local PCT’s policy of not commissioning osteopathy, chiropractic and acupuncture for the treatment of lower back pain, which is counter to NICE guidelines.

The committee’s chair responded to the invitation by suggesting details of the meeting and invitation be sent to the agenda secretary, who would then pass them on to the committee members.

PCT extends contract for homeopathy service

The people of Liverpool can access NHS homeopathy for another year at least. The Liverpool Medical Homeopathy Service (LMHS) has heard its contract to provide homeopathy treatment with Liverpool PCT has been extended to 31 October 2013.

A Community Interest Company – a limited company created to provide a service for the benefit of the community and not solely for profit – the LMHS was set up in 2011, and continues a long tradition of homeopathic healthcare in the city that goes back more than a hundred years. The service is run by Clinical Director Dr Hugh Nielsen and operates from the Old Swan Health Centre, Old Swan, Liverpool. Patients can receive NHS homeopathic treatment through a letter of referral from their GP.

John Cook, BHA Chairman
Scientists discuss latest research in ultra-dilutions

Many of the world’s leading researchers into the effects of very high dilutions have attended the GIRI (Groupe International de Recherche sur l’Infinimentimal) conference in Florence to discuss their latest findings.

A number of research groups are now using state of the art genetic techniques to investigate the effects of homeopathic remedies – a telling sign that homeopathy research is thriving. These techniques provided us with a front row view of the intimate changes occurring at the level of the genome upon exposure to homeopathic remedies. Exciting results examining the changes of gene expression in wheat upon exposure to homeopathic preparations were presented by Dr Dinelli. An investigation into the changes in gene expression of stressed cells by Dr Marzotto showed that Gelsemium 30CH reduced the activity of 45 genes, while increasing that of seven others.

Dr Khuda-Bukhsh also used genetic techniques, this time to investigate the effect of homeopathy in preventing virus infections in E-Coli. Dr Pierre Dorfman presented results from treating Metabolic Syndrome with a combination remedy, using gene expression profiling to show that the combination remedy had regulating effects on various genes. Finally, Dr Mazzoli presented her positive results using a homeopathic preparation to treat genital HPV viral infections (linked to development of cervical cancer), using genetic techniques to detect the presence of the different cancer-causing viruses.

Another presentation featured the wide array of physical techniques, from conductometry to fluorescence microscopy, which Dr Elia has brought to bear on the problem of homeopathy. Delegates also heard of Dr Grimaldi’s new experiments on the electromagnetic properties of water.

Multiple teams worldwide are working on the key issue of finding the most reproducible methods for basic research experiments investigating homeopathic dilutions. Prof Endler presented the results of a replication study by his team, confirming that potentised Gibberellic Acid (GA 30c) influences wheat stalk growth. They also detected an interesting phenomenon whereby the effect of GA 30c was dependent on the season during which the experiment was carried out, with the strongest effects being observed in autumn.

The groups of Dr Betti and Dr Baumgartner, as well as Dr Borisovna, presented a promising new method for measuring effects of homeopathic medicines on the crystallisation of samples and analysis of the complexity of the ensuing patterns. These methods are showing promising results in terms of reproducibility and could provide a reliable readout of homeopathic effects in the future. Dr Baumgartner also presented his review of the basic research in homeopathy, stressing the need for adequate controls and reproduction of results once in different labs.

The intensive work to continually improve methods used in basic science research of homeopathy being carried out by these various teams, bodes well for future developments in the field.

A version of this report by Alex Tournier first appeared on the Homeopathic Research Institute’s website.

Homeopathy is a hit at midwives conference

As part of its recruitment strategy the Faculty took exhibition space at the Royal College of Midwives annual conference in Brighton. Over a thousand delegates attended the two-day conference last November, many of whom were student midwives who had their own conference running parallel with the main conference on the first day.

Over the two days, the Faculty’s stand attracted huge numbers of delegates expressing interest in homeopathy and the Faculty’s courses. Many said their patients used homeopathy and that they’d like to have a greater understanding of it. More than 300 fliers advertising a taster day for midwives, to be held in January at the Royal London Hospital for Integrated Medicine, were handed out.

Leaflets promoting Faculty courses and the teaching centres were also distributed, along with copies of a two-page summary of the evidence for homeopathy.

Pharmacist Evelyn Liddell, who was helping to man the stand, said: “The vast majority of midwives and midwifery students I spoke to were interested in the Faculty of Homeopathy and what it has to offer. I had a generic sheet that described four homeopathic options to deal with colic, and these were snapped up straight away.”

Also helping to deal with inquiries was Jenny Carter, Research Midwife at Guy’s and St Thomas’ Hospital, London. “It was really exciting to be at the RCM conference and talk to so many interested midwives. One even came back to the stand to say that she’d already booked the day off in January to come to the RLHIM midwives’ taster day.”

The Faculty would like to thank Evelyn Liddell, Jenny Carter, Sara Eames and Clare Willocks for giving up their time to man the exhibition stand and making the two days so successful.

The taster day “Practical homeopathy for midwives” is taking place on 25 January, at the Royal London Hospital for Integrated Medicine. Members are requested to publicise this event to any colleagues that may be interested. Further details are available in the “Events” section of the Faculty website. Alternatively call 0203 448 2310/11.

Should simile only be available online?

The Faculty is considering publishing simile exclusively online. At present the quarterly newsletter appears in both print and digital format. Making the publication available only through the “Members’ Area” of the Faculty’s website would be in line with current trends in publishing and save the Faculty the cost of printing the paper edition. However, before any decision is made we are seeking your views.

If you support this move or have any strong objections to changing how simile is currently published, please contact John Burry at jburry@facultyofhomeopathy.org or telephone 01582 408682.

simile is your newsletter and we would not want to initiate any change to how it is published without your support.
BHA research

Our two papers that categorise the world literatures of randomised controlled trials (RCTs) of homeopathy in veterinary and in human medicine have now been published: the former in October 2012, the latter in January 2013 (both in Homeopathy). Ongoing work on these two systematic review programmes aims to complete and then publish the assessments of quality of the eligible RCTs. The veterinary review work was presented at Faculty Congress in October 2012.

Robert Mathie, Research Development Adviser

From the journals

Novel mechanisms of action proposed for homeopathic medicines in-vivo

This paper proposes a novel model for homeopathic remedy action on living systems. Research indicates that homeopathic remedies (a) contain measurable source and silica nanoparticles heterogeneously dispersed in colloidal solution; (b) act by modulating biological function of the allostatic stress response network; (c) evoke biphasic actions on living systems via organism-dependent adaptive and endogenously amplified effects; (d) improve systemic resilience.

The proposed active components of homeopathic remedies are nanoparticles of source substance in water-based colloidal solution, not bulk-form drugs. Nanoparticles have unique biological and physico-chemical properties, including increased catalytic reactivity, protein and DNA adsorption, bioavailability, dose-sparing, electromagnetic, and quantum effects different from bulk-form materials. Titration and/or liquid succussions during classical remedy preparation create "top-down" nanostructures. Nanoparticles stimulate hormesis, a beneficial low-dose adaptive response. Homeopathic remedies prescribed in low doses, spaced intermittently over time, may act as biological signals that stimulate the organism’s allostatic biological stress response network, evoking non-linear modulatory, self-organising, change. Potential mechanisms include time-dependent sensitisation (TDS), a type of adaptive plasticity/metalplasticity involving progressive amplification of host responses, which reverse direction and oscillate at physiological limits. To mobilise hormesis and TDS, the remedy must be appraised as a salient, but low level, novel threat, stressor, or homeostatic disruption for the whole organism. Silica nanoparticles adsorb remedy source and amplify effects. Properly-timed remedy dosing elicits disease-primed compensatory reversal in direction of maladaptive dynamics of the allostatic network, thus promoting resilience and recovery from disease.

In summary, homeopathic remedies are proposed as source nanoparticles that mobilise hormesis and time-dependent sensitisation via non-pharmacological effects on specific biological adaptive and amplification mechanisms. The nanoparticle nature of remedies would distinguish them from conventional bulk drugs in structure, morphology, and functional properties. Outcomes would depend upon the ability of the organism to respond to the remedy as a novel stressor or heterotypic biological threat, initiating reversals of cumulative, cross-adapted biological maladaptations underlying disease in the allostatic stress response network. Systemic resilience would improve. This model provides a foundation for theory-driven research on the role of nanomaterials in living systems, mechanisms of homeopathic remedy actions and translational uses in nanomedicine.


Cost-effectiveness of complementary and integrative medicine

The objective of the study was a comprehensive systematic review of economic evaluations of complementary and integrative medicine (CIM), to establish the value of these therapies to health reform efforts. PubMed, CINAHL, AMED, PsychInfo, Web of Science and EMBASE were searched from inception up to and including 2010; in addition, bibliographies of found articles and reviews were searched. All studies of CIM reporting economic outcomes were included. All recent full economic evaluations published in the period 2001–2010 were subjected to several measures of quality. Detailed results of higher-quality studies are reported. A total of 338 economic evaluations of CIM were identified, of which 204, covering a wide variety of CIM for different patient samples, were published in the period 2001–2010; a total of 114 of these were full economic evaluations, and 90% of these articles covered studies of single CIM therapies. 31 (27%) met five study-quality criteria, and 22 of these also met the minimum criterion for study transferability (”generalisability”).

Of the 56 comparisons made in the higher-quality studies, 16 (29%) showed a health improvement with cost savings for the CIM therapy versus usual care. Study quality of the cost-utility analyses (CUAs) of CIM was generally comparable to that seen in CUAs across all medicine according to several measures, and the quality of the cost-saving studies was slightly, but not significantly, lower than those showing cost increases (85% vs 88%, p=0.460).

This comprehensive review identified many CIM economic evaluations missed by previous reviews. The authors conclude that there is emerging evidence of cost-effectiveness and possible cost savings of CIM in at least a few clinical populations.

At the beginning of October our homeopathic community came together in the idyllic Cotswold countryside for the British Homeopathic Congress. The theme over the three days focused on empowering ourselves, colleagues and the individuals we meet in our daily practice. A rich and varied programme had been put together enabling delegates to share homeopathic knowledge and experience, learn about the latest research, but most of all become inspired to practice the art and science of homeopathy in the best way we can. As always there was a strong social element to the Congress with old friends getting reacquainted and new friendships being made, all in a convivial and relaxing atmosphere.

The venue was the Tortworth Court Hotel, a listed Victorian mansion that featured a beautiful arboretum and luxurious spa facility. Between the stimulating lectures delegates could catch some rays of early autumn sunshine while enjoying refreshments on the large sun terrace. Alternatively, they could take to the swimming pool for some exercise or let the lectures sink in while relaxing in the spa and sauna. In fact I saw some colleagues almost levitating out of the spa after a rejuvenating body treatment.

A varied programme
Limited space prevents me from covering all the presentations; nevertheless I will try to provide a synopsis of some of them to highlight the variety of the programme on offer.

Jonathan Hardy gave a truly inspiring lecture about remedies from the second row in the periodic table. Jonathan led us through the themes of these remedies, comparing them to the mammal remedies from the Animal kingdom, the Malvales family (chocolate, Kola) from the Plant kingdom and the Matridonal remedies (placenta, umbilical cord etc). He then beautifully illustrated his theme with four cases, all responding well to 2nd row remedies: Lithium carbonicum, Polystyrene (a Carbon remedy), Nitrogen and Ozone.

Another Congress favourite, Bob Leckridge, infected us with his unbridled enthusiasm for homeopathy while sharing two fascinating cases of women he had seen in his practice who had extensive and artistic tattoos. The energy of the cases became apparent as the women talked about their tattoos. This led Bob to prescribe Corvus corax in one case and Lac lupinum in the other. His presentation illustrated that wherever the passion and energy of the patient is evoked, whether it be a tattoo or anything else, it can lead us to a deeper understanding of the person in front of us and the key to the case.

Modern medicine, ethics and the media
The role homeopathy can play in modern medicine and its current crisis was explored by Jeremy Swayne. He stated that even voices within mainstream medicine question the way healthcare is going in the western world. Jeremy believes that our community can and should actively contribute to this debate, as we have a lot to offer modern healthcare. He drew attention to the fact that empowering the patient is at the heart of what we do. We therefore have a great opportunity to promote a better model of medicine, as well as good healthcare, and that it is our responsibility to do so.

Kate Chatfield teaches ethics, the philosophy of science and research methods at the University of Central Lancashire. Her presentation looked at the ethical standing of homeopathy and introduced us to the basic principles of ethics. By referring to several critical papers from Ernst et al that asserted homeopathy and the way it is practised is unethical, Kate introduced the “ethical matrix”, a bioethical methodology and tool for analysing ethical issues. And although homeopathy fared well from an ethical perspective overall, Kate did draw our attention to some homeopathic research that might be considered unethical, which was very thought provoking.

On the Saturday, delegates packed into one of the conference rooms to hear Faculty President, Sara Eames, offer advice on how to deal with the media. Drawing on her own experiences and media training she gave practical tips and guidance that if followed should make talking to even the most hostile journalist less intimidating. The advice offered could also be effectively employed when speaking to other audiences about homeopathy.

Research
It is in the scientific arena where homeopathy is debated most fiercely, so there was plenty to digest from speakers on this subject. Peter Fisher delivered a presentation on the developments in homeopathic research since the Shang et al meta-analysis in 2005. This included clinical research in homeopathy, the results of veterinary trials, “provings” and basic science. Rachel Roberts, Chief Executive of the Homeopathy Research Institute (HRI), demonstrated point by point how we can deal with certain questions or critical statements about homeopathy by referring to the evidence base.
He demonstrated what role they can play in homeopathy and how to choose them by referring to the themes of the rows within the periodic table as well as the columns across.

The consultation
Congress was delighted to welcome Alastair Gray, a homeopathic practitioner and educator from Australia. His lecture covered contemporary case management in which he stressed the importance of the relationship between the patient and practitioner in the treatment process. He encouraged us to make sure that our expectations are congruent with those of our patients, emphasizing that patients will follow us if we inspire them with a clear goal: a very practical session with a lot of valuable tips that we could use in our consultations.

The weekend ended with a wonderful presentation from the Bristol team, Liz Thompson, Helen Beaumont and Julie Geraghty. They each presented a case illustrating the empowering qualities of a consultation that goes to the heart of the case and experience of the patient. The three presentations featured a Glonoinum case, a Hydrogen case and a case of Rajania subsamarata, a rarer remedy from the Dioscorea family. It became clear how the consultation process made it possible for the patient to make connections and understand themselves, to feel empowered by having been really heard. It also became apparent that this process is empowering for the homeopath, not getting lost in the vast amount of information we receive, but becoming clearer about which kingdom, which family and which miasm the patient’s remedy lies in.

Let’s socialise
Congress is also a social event and on the Friday night delegates travelled to a harbourside hostelry in Bristol where they took part in an uproarious version of the television quiz *Family Fortunes* that saw the teams getting more questions wrong than right. On Saturday evening the traditional Gala dinner took place, which this year adopted the theme of a masked ball. In the candlelit ballroom, friends and colleagues assumed an air of mystery as they arrived with their faces disguised by an assortment of masks that ranged from the decorative to the absurd.

This was not my first Congress, but once again I found the whole event extremely interesting and fun – and I can’t wait for the next one in two years’ time.

Dr Andrea Wiessner
State Exam Med 1989 MFHom*

Other scientific contributions came from Helmut Roniger, who looked at the science of water as a liquid crystal; and Alex Tournier, Executive Director at the HRI, who spoke about nano particles and electromagnetic shielding and presented experiments from conventional research that might help us to formulate a physical theory for how homeopathy works. Robert Mathie presented the positive results from his systematic review of RCT’s in veterinary homeopathy.

Veterinary homeopathy
Peter Gregory led us into the fascinating world of animals and their owners. He illustrated this with photographs of animals and their owners, along with interesting stories to make it an enthralling journey into the dynamic of the consultation, as well as highlighting the dynamic between the pets and their owners. He based this on the Organon and Hahinemann’s emphasis on observation. Psychodynamic tools were mentioned as aids in determining a prescription in veterinary consultations. For me this was a real eye opener into the homeopathic world of animals.

Veterinary homeopath Geoff Johnson introduced us to the Lanthanides remedies from the 6th row of the periodic table. Geoff explained that Lanthanide metals are rare metals essential to 21st century life and used in the manufacture of components for computers, mobile phones, etc. He demonstrated what role they can play in homeopathy and how to choose them by referring to the themes of the rows within the periodic table as well as the columns across.
It appears the medical profession is beginning to take seriously the complex and inter-related problem of chronic illness, multiple morbidity and polypharmacy; and of course their financial and social cost.

It is not generally understood by those who have not studied and practised it, that homeopathy treats the totality of the symptoms and the whole evolution of the illness: the biography and the biology. Multiple morbidity and chronic illness, with mental well-being as a prerequisite, are not a problem for us; a challenge certainly, but not a problem. They are conditions that we expect to mitigate or resolve; and when confronted early enough, to prevent. You might think a Secretary of State for Health would lick his or her lips at such a prospect.

Many of you will have read the recent editions of the BMJ that have focused on multiple morbidity. Here are some quotes from the editorialists:

*By middle age, multimorbidity is the new normal*. … When the mix of conditions experienced includes both physical and mental health problems, the poorly stitched seams of professional care are at their most threadbare. … Policy must seek to address multimorbidity by applying the idea that there is “no health without mental health”. … Healthcare systems that have a single disease led focus are no longer affordable. … Research into multimorbidity requires shifts in design, funding, and outcomes of interest. … Research on patients with broader multimorbidity is in its infancy. … Practice needs to develop new approaches to caring holistically for patients with mental-physical multimorbidity. … Professionals need to be mindful of the potential burden on patients when treating multiple problems. … Such enabling care requires empathy, trust, and a therapeutic alliance with healthcare professionals who have sufficient time, training and support.

I think we have something to say about all of that.

One paper on this theme introduces an interesting concept: “synergistic” management strategies or interventions.¹ This means the interaction of different activities towards a common outcome. It suggests that some types of morbidity are appropriate for an integrated approach of this kind because there is a perceived overlap of the physiological or pathological states, whereas others are not because they do not have that degree of “concordance”. What it does not conceive of is the possibility, which for us is a certainty, that all co-morbidity actually has that degree of concordance. Nor does it conceive the possibility of stimulating that synergistic action through the patient’s own resources for self-regulation and self-healing; which of course is our aim and expectation – and our empirical experience – whatever the permutations of co-morbidity.

We have a story to tell about multimorbidity. And we must tell it, which is when the hard work begins!

But – and everything I am saying is of course qualified by a huge “but” – we cannot just say these things, however robustly, and expect them to be taken at face value. We have to have evidence. But it is a very different kind of evidence from the clinical trials that are such a problem. It is more like epidemiology. “Salutogenology” perhaps? And it is not difficult to do. Here’s a brief outline of how we could go about acquiring this evidence in the future.

Take the problem of multimorbidity. All it requires is a simple form on your desk in your clinic, on which you record the barest minimum of data whenever you see a patient who has responded to treatment with change in more than one syndrome, simultaneously or over time – the atopic child whose asthma and eczema are both ameliorated is an obvious example. Then once a week you send the form to a coordinating centre, which could be overseen by our Research Development Adviser, Robert Mathie. At the end of the year we would have a portfolio of empirical clinical data which demands to be taken seriously. And then the new health secretary Jeremy Hunt, who to his embarrassment we know to be sympathetic, might have something to smile about.

Dr Jeremy Swayne
BA BM BCh MRCS LRCP DObstRCOG MRCGP FFHom*

Promoting homeopathy to the wider medical community in Scotland

Dr Moira McGuigan gets to grips with her new role as Specialty Adviser in Homeopathy to the Chief Medical Officer in Scotland

In February 2012, I received a letter from Mareike Bethge, the Policy Officer to professional committees in the office of the Chief Medical Officer in Scotland, asking if I would take up the post of Specialty Adviser in Homeopathy to Scotland’s Chief Medical Officer. Each NHS specialty has such an adviser. The post runs for three years and can be renewed for a second term. The adviser is asked to produce an annual report on their specialty in Scotland to the Scottish Medical and Scientific Advisory Committee (SMASAC) and to attend the September annual meeting with the members of the committee. Advisers are also asked to give their opinion on how various proposed government policies may impact on their specialty at various times throughout the year.

I pointed out that there was inequality of access to homeopathic treatment in Scotland

Integrative care
I produced a report stressing our patient-centred, holistic approach to long-term chronic conditions and those patients with multiple co-morbidities. I noted that at a recent redesign of the NHS Centre for Integrative Care at Glasgow Homeopathic Hospital we had a 100% positive patient feedback on the existing service, the first time that had occurred in a redesign of a service in the Greater Glasgow and Clyde Trust area. The report emphasised that the homeopathic and integrative care approach closely mirrors the core ideas and values of the Scottish Government’s Healthcare Quality Strategy for the NHS.

I pointed out that there was that the annual report is the main way of putting forward concerns. The Chair of the committee said that there have been comments that the specialty advisers’ reports change very little year on year and that the committee is looking for suggestions of ways to improve communication between specialties and the Scottish Government.

Mixed reception
This first meeting gave me an opportunity to see who was representing other specialties and to ascertain the possibilities for networking. We all had badges announcing our specialty and although I had emphasised that the report was on homeopathy and integrative medicine, my badge stated “Specialty Adviser on Homeopathy”. I certainly felt that some of the doctors there were avoiding me at the pre-meeting reception. However, the Rehabilitation Medicine Specialty Adviser, Douglas Gentleman, was quite positive about integrative medicine and had come across patients who had benefitted from homeopathy, natural bio-identical progesterone for head injury and Mindfulness based cognitive therapy. I also made contact with the NHS Education Scotland (NES) representative, Diane Kelly, who said she was keen to have staff from the Centre for Integrative Care give CPD “awareness” talks to GPs to outline the various therapies available at the Centre and the types of patients who might benefit from referral to the service.

Bob Leckridge recently gave a presentation to GPs in the Loch Lomond Area and I will be giving a presentation in Clydebank later in November. We may be able to liaise with the NES to arrange further talks to GPs and other healthcare professions.

Scotland is now in an uncertain phase in the build-up to the referendum on independence. It may be that certain policies will be put on ice until the future of the country is decided. How that will impact on the specialty and on the NHS generally is an unknown factor.

The specialty advisers’ group is one way that we are included in mainstream decision making and it gives us an opportunity to put our views to the wider medical community. Whether they will listen to our concerns, we will have to wait and see. Watch this space!

Dr Moira McGuigan
MBChB DRCOG MFHom*
I first saw this lady with multiple health problems in June 2003, and I’ve learned a lot through managing her case over many years. This is what she’d written about her current and past medical history:

“I have severe depression at the moment and am on Citalopram. I’ve had many periods of quite severe illness and hospitalisation during the last several years. I react badly to stressful situations and have episodes of high temperatures. I have:

- severe tinnitus and periods of giddiness
- painful joints particularly on waking
- recurring skin rashes, allergy related eye problems
- asthma requiring hospitalisation during attacks
- anxiety attacks
- obesity, thyroiditis, PCOS (Polycystic Ovary Syndrome), ovarian cysts removed
- many episodes of infection, in particular throat, larynx, bronchial infections. Appendicectomy age 10 with subsequent infection, two caesarean sections with subsequent infections.”

She was very friendly, smiling woman who was very overweight. She said: “I feel rotten. I’m so tired – I’ve put on a lot of weight. I was 89kg but now 106kg. All my lymph nodes are huge in my neck and groin. I had a temperature of 42 degrees for a week. Sometimes when I eat or have a sweet drink or beer, I go all flushed.” Gesture – suddenly raises arms out.

“You can see it happening. I feel insects crawling. I get a red line across my neck, from here up I go completely scarlet. I have difficulty breathing, not to the extent of panicking, but I can’t cool down. I feel claustrophobic. The heat is from the inside, like a burning. Sometimes I go the opposite of hot. I go completely white (gesture) completely drained, all the colour goes.

“I was a language teacher and had a very stressful job in a poor area. Once while doing a big production at school I woke up vomiting. I couldn’t walk – I kept going over to one side. It made me panic, I was over-breathing. I thought I’d never walk properly again. Breathing exercises helped. I’m no longer able to work. When I think of going back in front of a class I completely lose it. The last seven years have been horrendous. I lived in America with my husband and two children. He had an affair – the woman was awful. She was phoning the house, following me, sending me letters to say she would like to kill me; she said that she’d shoot me.

“…”

We arrived back here with no job, nowhere to live, no money. Then I managed to get a job, a house – why can’t I do these things now? I married when I was 19, I was naive. I tend to do things to placate others. My ex-husband was domineering, he brought this woman home. I was 40 and she was 60. They were having an affair in my own house. I was petrified. She persecuted me, she even came here to meet my parents to see what would be inherited if I died. She sent me a dried lizard in the post. There was a note saying, ‘When you least expect it!’ My stomach was in a knot all the time. I bashed my head against the wall just to feel the pain. I wanted to explode (gesture), I felt violently sick, I wanted to howl … my husband just laughed at me.”

What do you mean explode?

“The pressure … I couldn’t see properly, there was pounding in my head. I couldn’t sit. I’d walk around the house making guttural noises to relieve myself, howling in my throat, a low moaning – it was very scary. I did that all the time in the car, I needed motion, or I’d go for a walk. I was obsessed

“I bashed my head against the wall just to feel the pain. I wanted to explode…”

The predictive power of Belladonna

Homeopathy does not always provide a “quick fix”. In this harrowing case, Dr Julie Geraghty illustrates the difficulty all practitioners will encounter from time to time in identifying the correct remedy, but how, with perseverance, they can eventually achieve truly remarkable results.
with finding out all the details about my husband and this woman, but it was only hurting me more. I am such a sucker.”

Describe the high fevers

“With a high temperature, my skin is creeping. I feel there are insects crawling in my hair. Once I had to take a knife off a girl in school and I walked straight into the wall. I went completely white and then I went red. I haven’t been back to school since. I get panicky, I can’t control my breathing. I get flushes, burst into tears.”

“I had a big goitre on my neck, which grew overnight.”

Tell me about your childhood?

“I had good parents but I was always fat and teased for it. I was always laughing and joking, you’d never know what was going on underneath. My mother has always taken tablets. She’s obsessed with them; she’s taken three overdoses. I don’t want to end up like her.”

Describe your dreams

“I dream about getting really huge, swollen up like a balloon. I have a recurring dream about driving along a country road in a car, going over the brow of a hill, rocks on one side. You can’t see where the road goes. You go off the edge of the road ... floating. It’s beautiful, falling slowly, but you know that you’ll die. I won’t see the kids again. A slow sinking feeling ... this is it ... panic, we’re going to die. Then I wake up, so we never hit the ground.”

The patient dreams of driving off the edge of the road

The hot flushes are not lasting as long, but they still make me feel sick. My headaches are related to anxiety, but they’re a bit less. I’m getting a lot of heartburn. The depression comes in hills and troughs.”

“I advise her to reduce Stramonium LM6 to alternate days as she is improving overall.”

August 2003: “Some things have got better. I’m not as anxious – definitely calmer. I’m healing quicker. I used to get infections very easily. I still have the feeling of something crawling on me, like an ant. I’m still getting a lot of problems with fluid retention, swollen feet. My liver enzymes are high, so I need more tests. When I eat I never feel satisfied; I could eat two meals.

October 2003: “I’m getting a lot of joint pains. I’ve been taken off Citalopram and have gained a lot of weight. But I’m not getting as many infections. I seem to be fighting them off better. The flushes are much easier and I’m only getting one a day. I’m definitely not as panicky, whereas before I was on the verge of passing out with panic. I can sit my way through a hot flush. I can sort things out in my head. I’ve had a lot more heartburn and taking Rennies every day. Every time I turn over it wakes me up.”

As things are mostly moving in the right direction I recommend she continues Stramonium LM6 alternate days.

May 2004: “There’s not much change, but the tablets for the hiatus hernia (Omeprazole) are fantastic. I still get very panicky, trembling all over, like when you’ve had a fight. I make an awful noise, it comes from my abdomen, like an animal noise – like someone punched you and you want to run. It’s a mixture of fear and anger. I have a very overactive imagination. I had a dream that my partner was a murderer and I was taking him back in saying it was OK. I feel stupid. I do
February 2005: "I’m sure it’s helped a lot. I’ve been much calmer than I should be. The dizziness has improved a lot, the headaches and flushes are the same as with Stramonium. The fluid retention problem is much better. When my illness started four years ago, I was in such a weak state, if anyone told me what to do, I did it. My partner doesn’t let me have an opinion, he barks at me. I’m a softy.

“I dream about walking down a very narrow ledge, it’s very difficult, there’s a huge drop, but I don’t fall. I want to look at the rock face on the side, but something forces me to look at the drop.”

Belladonna seems to be working well. It’s interesting that the recurrent dream has changed to a less frightening version.

May 2005: “They think I had a septic arthritis in my left shoulder, my ESR was 180. I was in hospital for ten days with oodles of intravenous antibiotics. I had a low grade fever, vomiting and felt very unwell, with an incredible pain in front of my shoulder and down my arm. I still can’t move it properly, but I was getting better before the arthritis. The flushes were better and the headaches are not as bad as they were. The remedy definitely lifted my mood initially, but it’s not having an effect now. I’ve been such a doormat, but I’ve decided to stop the anti-depressants. Now it’s coming out as anger instead of being droopy and silly. Before, when I got angry, I’d never let it out, so it would turn into headaches. Now I’m screaming! I’ve never felt this angry in my whole life. It’s so alien to me, but at last I’m starting to fight back.”

I am disappointed to hear about the septic arthritis, and that she didn’t contact me at the time. I feel the 200c monthly is not a high enough potency or frequent enough dose for her, although the emergence of anger instead of fear and passivity is a very good sign, and very commonly seen during the healing process in chronic Solanaceae cases. I prescribe Belladonna 1M monthly, and 12c three times a week.
She is getting much stronger mentally and improving physically, so I advise she continues the treatment as before.

May 2006: “I stood my ground and told my partner to leave and he’s gone. I’m still having problem sleeping, but the remedy definitely helps calm me, and helps the headaches. It stimulates me in a positive way. I’m still having panic attacks twice a week, which affect my heart rate and makes me panic more, like a vicious circle. My imagination is too vivid. The 1M powders are much better than the 12c when I feel I can’t cope. The headaches definitely come with stress, and I broke out in stress eczema on my feet; my toes were like raw liver, bleeding, worse under my shoes. There were blisters, the skin peeled and the toe was red and bleeding. The remedy stopped the headaches but it didn’t stop the rash. My son had glandular fever and hepatitis and was hospitalised. He’s still drinking a lot – it makes me panic. I still have the dream of driving over the cliff in the red car. The dizziness is still there but less frequent. The flushes are 50% better, but worse when I panic.”

I’m concerned that daily 12c is over-stimulating her system, with development of the eczema. I change to LM6, 3 drops Monday, Wednesday and Friday, and 1M pm for panic or acute infection.

September 2006: “I’m so much better. This remedy has brought colour into my life. I have a new partner. He’s so good to me, so much more caring. I stopped taking anti-depressants four months ago, as I don’t need them any more. My face still gets puffy, but in general the fluid retention is better, and I’ve continued to lose weight. My headaches are much, much better; my memory is much better; my mind is active again. I still get the flushes but nothing as bad as they used to be. I’m a million times better. The LM6 is much better than the 12c, it works more quickly. I take it 2-3 times a week. It stimulates me but calms me at the same time, makes me more balanced. I don’t have the dream at all any more of the road and the car. I’ve been working in my garden and I’ve done an advanced level computing course. It’s amazing to have mental clarity. I’ve applied for a job as a counsellor with the college three mornings a week. I don’t cry like I used to – it’s amazing!”

She brought me a painting she’d done to show what life was like before Belladonna (see picture). Note the psychedelic colours, the extreme expression on her face, the representation of herself as a doormat, the winding black road from which she dreams she drives over the cliff, the Greek (hence the black olives) ex-boyfriend who treated her badly, and the Belladonna berries. The text “There’s a very thin line between love and …” disappears behind her body, leaving the rest to the imagination.

In retrospect I should have used an LM potency much sooner as it suited her very well. I have seen her intermittently over the last six years, during which time she was able to stop the LM6, but continued to respond well to Belladonna 1M as required. Her condition has remained very much more stable physically and mentally, but she is still stressed by her mother’s very manipulative behaviour (she hoards tablets, feigns symptoms, and takes overdoses) and her son’s drinking. Without these obstacles to cure, I think her health would have improved more quickly and smoothly.

Dr Julie Geraghty
MBChB DCH FFHom*
examinations calendar 2013

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Members-only area

Valuable new information is now available in the Members’ area of the Faculty website.

- Guidance for promoting your website
- Peer appraisal forms and information
- Congress presentations for review
- Media toolkit

To access the Members’ area you will need your user name and password to login – for a login reminder email: info@facultyofhomeopathy.org
Regular meetings

W Surrey & W Sussex Homeopathic Group
15/01/2013; 19/02/2013; 19/03/2013; 16/04/2013 – Event Time: 20:00 until 22:00
Members include doctors, vets, dentists and pharmacists. The aim of the group is to act as a forum for ongoing learning and support, covering all aspects of homeopathy and medical practice.
The Punch Bowl, Oakwood Hill, nr Ockley, Surrey RH5 5PU.
- Charles Forsyth on 01737 226338 (office), 01737 248605 (home), 07802 293006 (mobile) or charles@dr-forsyth.com

Leeds Homeopathic Group
Regular meetings in the Ramada Jarvis Hotel, Adel, north Leeds.
- Jutta Prekow on 0113 203 7329 or at jutta.prekow@bradford.nhs.uk

Practical Homeopathy for Midwives
Event Date: 25/01/2013. 10:30 until 15:30
The day will cover some basic principles of homeopathy, safety issues in pregnancy, information about common, simple to use medicines, how to access further training and much more.
The course will be held at the Royal London Hospital for Integrated Medicine.
Course Fee: £25 including refreshments.
- For further details on all courses, please contact amy.bowrin@uclh.nhs.uk or janet.joseph@uclh.nhs.uk

6th Children’s Complementary Therapy Network (CCTN) conference
Event Date: 18/05/2013
Venue: Birmingham Children’s Hospital
This conference will bring together a wide range of professionals interested in learning about and advancing the field of complementarity therapies and integrated medicine in children. Presentations on paediatric CAM will be complemented with interactive workshops to enhance delegates’ skills and knowledge.
Delegates will include complementary therapists, doctors, nurses, physiotherapists, OTs, researchers, teachers, service developers, etc. The CCTN (www.freshwinds.org.uk/cctn) is a UK based international network that provides a common platform for conventional and complementary therapy professionals.
- For more information please contact: Dr Pankaj Shah at cctn@freshwinds.org.uk

1st HRI International Homeopathy Research Conference in Barcelona
Event Date: 31/05/2013 – 02/06/2013
This landmark event will bring together both active researchers and those with an interest in homeopathy research. They will hear from world experts about the latest findings in this rapidly developing field. Confirmed keynote speakers include: Dr Gustavo Bracho, Dr Peter Fisher, Dr Stephen Baumgartner, Dr Elio Rossi and Professor Chris Endler.
- For more information visit www.homeoinst.org/conference

Insect Remedies
Event Date: 26/01/2013; 10:00 until 16:30
This event suits all levels of experience, students are welcome. Cut-off date: 16th January 2013. CPD: 4 hours 50 min.
Investment: £65 (lunch and refreshments included) concessions available.
- For more details or to book a place e-mail: Renata at renata.sopiarz@uhbristol.nhs.uk or phone 0117 9466087.

Mental Health Congress
Event Date: 08/03/2013 - 10/03/2013; 09:00 until 17:00
Among the speakers will be Dr Jonathan Hardy who will share detailed information about treating addictions and eating disorders with mammal remedies, a remedy group especially important in the treatment of mental disorders.
- For more information about the event visit: www.narayana-publishers.com/mental_health_congress_2013.php
- Or contact Narayana Publishers
Tel: +49 7626 974 970-0
Email:info@narayana-publishers.com

The 8th Annual ICCMR Congress
Event Date: 11/04/2013 - 13/04/2013
8th International Congress of Complementary Medicine Research – ICCMR 2013 – will focus on the global sustainability of healthcare for long-term conditions such as diabetes, chronic pain, cardiovascular disease, psychological problems, neurodegenerative conditions and arthritis. Venue: Institute of Education, London
- For more information or to book visit www.ICCMR2013.org

The 8th Annual Joint American Homeopathic Conference
Event Date: 19/04/2013 – 21/04/2013
- For more information call the National Center for Homeopathy Tel: +(703) 548-7790
- Email: office@nationalcenterforhomeopathy.org
- www.nationalcenterforhomeopathy.org

Veterinary Congress 2013 in Badenweiler, Germany
Event Date: 19/04/2013 - 21/04/2013
This is going to be a real highlight for animal homeopaths, with a raft of experts and leaders in the field – a unique chance to hear and engage with such a selection of top homeopaths in this field. Among the speakers will be the well-known British vets Tim Couzens, Sue Armstrong and John Saxton.
- For more information visit www.narayana-publishers.com/veterinary_congress_2013.php

Academy of Veterinary Homeopathy (AVH) Annual Conference in Tampa, Florida, USA
Event Date: 26/04/2013 - 28/04/2013
- For more information contact Tel & Fax: +1866652-1590
Email: avhsupport@gmail.com
Website: www.theavh.org

The 8th Annual American Academy of Homeopathy Congress
Event Date: 26/04/2013 – 28/04/2013
- For more information contact Tel & Fax: +(866)652-1590
Email: avhsupport@gmail.com
Website: www.theavh.org

International Congress on Naturopathic Medicine (ICNM)
Event Date: 07/07/2013 – 09/07/2013
This event will attract many of the most inspiring and influential multi-disciplinary Naturopathic physicians, therapists and healthcare professionals from around the world, who are dedicated to improving patient care and defining the future of alternative healthcare.
- For more information visit www.icnmcongress.com

Volunteers needed!
The Faculty is looking for volunteers to help man its exhibition stand at healthcare conferences later this year.
If you can spare some time to promote the Faculty of Homeopathy at these important events, please contact Chris Connolly for more details on 01582 408680 or email cconnolly@facultyofhomeopathy.org
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