Antibiotic resistance discussed at Holyrood

An invited audience attended a presentation at the Scottish Parliament in March to hear how homeopathy could help reduce the over reliance of antibiotics in livestock farming. The event was organised by the British Homeopathic Association and hosted by Scottish Nationalist MSP Jim Eadie.

Under the heading “Cleaning Up The Food Chain – The Role Homeopathy Could Play”, veterinary surgeon Geoff Johnson explained how he and other vets have integrated homeopathy into veterinary practice and highlighted the benefits it can bring to livestock farmers. The audience heard how homeopathic vets are successfully treating a range of conditions and, despite limited research into veterinary homeopathy, of the positive RCT evidence in six clinical conditions affecting farm animals: infertility in cattle, mastitis in cattle, infectious diseases in pigs, neonatal weight loss in pigs, helminth parasitism in sheep and salmonella in chickens. Evidence supporting the efficacy of homeopathy in the treatment of humans was also presented.

The event was attended by several MSPs, farmers, the Scottish farming press and members of the homeopathic community. Following his informative and thought-provoking presentation Mr Johnson answered a broad spectrum of questions from the floor.

Political interest in this issue is growing following the EU’s decision late last year to fund a €2 million research project to investigate how homeopathy can be used to treat farm animals and reduce the use of antibiotics. Health experts are becoming increasingly worried about the growing resistance to antibiotics among humans, which many scientists believe is caused by the overuse of these drugs in farming. At a recent conference of infectious disease experts in Copenhagen, Margaret Chan, director general of WHO, called for action to restrict the use of antibiotics in food production: “Worldwide, the fact that greater quantities of antibiotics are used in healthy animals than in unhealthy humans is a cause for great concern.”

MSPs who attended the event confirmed their strong commitment to working with the British Homeopathic Association in assuring the European Parliament’s Agriculture Committee’s €2m research funding is appropriately targeted towards localised research projects in homeopathy and phytotherapy that will benefit Scotland and Scottish farmers.

Special thanks must be given to a number of people who made the event such a success: speaker Geoff Johnson; Jim Eadie MSP; Diane Goodwin, parliamentary aide to Dennis Robertson MSP and member of the Society of Homeopaths; Christine Lees from Homeopathy at Wellie Level; and event sponsors Freeman’s Pharmacy and Saltire Books.
My good friend and colleague Francis Hunter, now enjoying retirement from his veterinary practice in Sussex, visited me recently. After two conducted tours – the first at the Glasgow Homeopathic Hospital, looking splendid in the spring sunshine, to satisfy our clinical needs...

…and the second at a local distillery to satisfy our “spiritual” needs – we were sitting, dram in hand, chatting about homeopathy.

Francis, normally such a mild mannered man, became riled by the mention of the criticism being levelled at homeopathy in recent months. “See that lot who call themselves ‘Nonsense about Science’ – many of these critics have never seen a patient in their lives. I have seen single animals and even mentors of the criticism being levelled at homeopathy.

He was of course referring to Edzard Ernst, who has made yet another attack on homeopathy this time in The Biologist. In an article entitled “Testing the Water”, the author sets out to analyse the arguments for homeopathy. Analyse or denigrate? Well you don’t have to read the article to answer that. There is little in relation to science that we’ve not heard before, but interestingly the article does offer an insight into the motivations of our long-time adversary. Professor Ernst is quoted as saying that his first job after studying medicine was in a German homeopathic hospital. “Later I did a PhD in a basic science area, and my outlook changed. I still had a keen interest in homeopathy, but now I wanted to understand it in a scientific sense. When I became professor of complementary medicine at Exeter in 1993, that was precisely what I set out to achieve.”

So now we know! No mention of helping patients or of studying patients’ views about homeopathy. Just a personal need to understand it scientifically!

I recently attended the Society of Homeopaths Spring Conference in York as an interested onlooker and was heartened to hear from several delegates that patient numbers seemed to be rising over the last few months. It was difficult to gauge whether this was a local effect or in relation to NHS supplies being choked off, but the delegates to whom I spoke were pretty upbeat.

The Annual Report of the European Coalition on Homeopathic and Anthroposophical Medicinal Products (ECHAMP) highlights problems with regulatory affairs and the supply of these products. It states that the EU Market exceeded the €1bn for the third year in a row, demonstrating a significant growth over the last 15 years. However, in 2010 total sales were down by 2% although some of the smaller individual markets improved. The sector represents just 0.7% of the value of the pharmaceutical industry. Despite this low proportion a large number of European citizens continue to use homeopathy. A positive development from Brussels is the new European Parliament Interest Group on Complementary and Alternative Medicine that aims to promote the value of a more holistic approach to health. It’s encouraging to hear that some 35 MEPs have already expressed support.

I read a very interesting contribution to the discussion on reportery reliability (and interpretation) in the last edition of Homeopathy. This was in relation to the way in which Hahmemann’s original “fear of frightful imaginary images” in the Lycopodium drug picture had become “fear of ghosts” in some modern materia medica. The authors conclude that current homeopathic information may be distant from its primary sources and from Hahmemann’s ideal of a symptom-lexicon. Perhaps it is time to produce new repertories that use primary sources and re-provings, as well as more accurate translations!

2012 is a rich year for notable anniversaries and the media has gone into overdrive in covering these events. The Queen is celebrating her Diamond Jubilee and has already set off on an exhausting round of royal visits. This year also marks the bicentenary of the birth of Charles Dickens. Dickens was an advocate of homeopathy and consulted Frederick Hervey Foster Quin, the first British physician to practise homeopathy in England. The two men became good friends and Quin acted as godfather to one of the great writer’s children. And it can’t have escaped your attention that one hundred years ago the Titanic sank with the loss of almost 1,500 lives, in what still remains one of the world’s worst maritime disasters.

The anniversary of another tragedy is, however, unlikely to attract the same media interest, but is no less poignant for that. The Staines’ air disaster in 1972 killed all 118 people on board, including many doctors from the Royal London Homeopathic Hospital and other leading figures from the homeopathic community, who were travelling to Brussels for a conference. In June there is to be a special memorial service to mark the 40th anniversary of this tragic event and to remember those who died. Unfortunately, I will be unable to attend but my thoughts will be with you all.

Steven Kayne
simile@facultyofhomeopathy.org
Marathon woman

On reaching a milestone birthday last year, the Faculty’s Chief Executive, Cristal Sumner, decided it was time to fulfil a long-standing ambition and run a marathon. Recognising her athletic endeavour as an opportunity to raise funds for her favourite charity, the British Homeopathic Association, she also sought sponsorship from family, friends and colleagues, with the aim of reaching a target of £2,000.

Cristal is a keen runner but had never before attempted anything close to the 26.2 miles marathon distance. She embarked on a rigorous training programme and with race day approaching was confident she could complete the course in under five hours. But with only weeks to go before the event she suffered a knee injury which hampered her final preparations, and then just days before the race she went down with a heavy cold.

Despite not feeling on top form, on 1st April Cristal lined up with 1,000 other athletes and fun runners at the start of the Sussex marathon.

“The course featured a series of very steep inclines and was much tougher than I expected,” says Cristal. “After seven miles my lungs were burning from the effects of the cold I had and I seriously doubted whether I could continue for another 19 miles.”

But with the dogged determination and indomitable spirit for which Cristal is well known, she did complete the gruelling course, crossing the finishing line in just over five hours. Although exhausted by the effort, she was delighted to learn she had exceeded her fund raising target with the total amount currently standing at just under £3,000.

“I would like to thank everyone for their donations and support,” says Cristal. “It certainly made running every painful mile and the aching muscles worth it.”

The money Cristal has raised will help fund some of the important work the BHA does for homeopathy, including informational videos, public events, awareness campaigns, homoeopathic clinics, educational support and research.

If you didn’t get around to sponsoring Cristal but would like to make a donation, please visit the BHA’s page on the Just Giving website at www.justgiving.com/csumer

Help us with our recruitment

To attract more students to our accredited teaching courses, the Faculty has decided to attend more conferences serving the different medical disciplines.

The first such event is the Primary Care 2012 Conference to be held at the NEC Centre, Birmingham from May 23-24. The Faculty will have an exhibition space there on both days which will be manned by Nanci Fawcett, the Faculty’s Education Manager and Dr Sara Eames, Faculty President.

Members are invited to come along and speak to fellow attendees about how they use homeopathy.

The conference is free for all registered healthcare professionals and in 2011 attracted more than 5,800 visitors, so it’s an opportunity for us to make a big impact.

For more information, please contact Nanci Fawcett on nafawcett@facultyofhomeopathy.org or call her on 01582 408679.

Campaigners out to call PCT to account

Patient groups and supporters of NHS homeopathy in Bath and North East Somerset (BANES) have come together to get their local PCT’s decision to stop funding homeopathy treatment overturned.

In a statement issued in February Dr Simon Douglass, GP, member of the Commissioning Board of the BANES Primary Care Trust, said: "We have taken some very careful and difficult decisions around looking at the evidence behind homeopathic care and medicine. The evidence is that it is not effective, it doesn’t have a clear evidence base and we’ve got plenty of papers and so forth that bear that in mind."

He continued: “We have to be very clear in our commissioning intentions that with restricted and finite healthcare resources we should be investing our resources in services that bear a clear evidence base and a benefit to patients.”

To support the PCT’s stance Dr Douglass goes on to quote the conclusions from the discredited House of Commons’ Science and Technology Committee’s report on homeopathy. This once again illustrates how those responsible for healthcare provision use poor evidence to formulate health policy.

Working closely with the British Homeopathic Association (BHA), campaigners have written to the PCT to highlight the distress their decision has caused patients and the weakness of the evidence on which they have based their decision. Moreover, they have pointed out that, contrary to guidance issued by the Department of Health in relation to working with people to improve NHS services, no public consultation appears to have taken place before the decision was made.

The PCT’s statement provoked keen media interest which saw Cristal Sumner, Chief Executive of the Faculty of Homeopathy and the BHA, stoutly defend the continued funding of NHS homeopathy in interviews with two local commercial radio stations. She also took part in a debate with leading anti-homeopathy campaigner Simon Singh on BBC Radio Bristol.

New Fellow elected

The Faculty is delighted to announce that Dr Andrew Sikorski has been elected a Fellow in recognition of his indefatigable efforts in promoting homeopathy in the medical press. “I am particularly pleased to welcome Andrew as a Fellow of the Faculty,” says President Sara Eames. “I have long been an admirer of his energy and inimitable style in promoting homeopathy and look forward to working more closely with him in the future.”
CAM talk succeeds despite pathetic protest

A small protest by anti-homeopathy campaigners outside Wokingham town hall was ignored by people attending a lecture by Faculty member Dr Jayne Donegan.

Dr Donegan was invited to give the talk by the Thames Valley Homeopaths whose chairman, Margaret Kincaid, said the aim was to empower parents with more information on treatment methods. In her talk “Nursing Your Child Supportively Through Acute Illness” Dr Donegan offered constructive advice on childhood illnesses, fevers and infections.

Protest leader Michael Agg from the Berkshire Skeptics Society said: “Dr Donegan advocates the use of homeopathy, a pre-scientific belief that has been proven to have no benefit beyond that of sugar pills.”

The local press covered the report and the Faculty has received reports that critics even pressured the local council to try to get the talk stopped.

After handing out leaflets, the six protesters dispersed and Dr Donegan delivered her talk to an appreciative audience of seventy. Mrs Kincaid said that the talk was “inspiring, reassuring and very relevant to parents”, stressing that it did not encourage parents to ignore conventional medicine.

Making it easier for patients to find you

In addition to the BHA listing, Faculty members on our public directory can now be found on a new website launched to make it easier for patients to find a homeopath. All homeopathic practitioners listed on www.findahomeopath.org.uk are members of one of the organisations that regulate professional standards in homeopathic practice and training in the UK.

The website allows visitors to search by location, postcode or by using a particular homeopath’s name.

Practitioners can enhance their listing by paying just £15 per year, which allows them to add further information to their page including a biography and a photograph. The first 30 Faculty members who ask for an upgrade will receive one free.

A product of the collaborative work being undertaken by the 4Homeopathy group, the website shows the public that homeopathy is an ethical, professional, safe and caring profession that puts the patient first.

All practitioners listed on the website belong to one of the following organisations: the Faculty of Homeopathy, Society of Homeopaths, Alliance of Registered Homeopaths and the Homeopathic Medical Association.

Spreading the message “Homeopathy Works”

Public support is essential in defending homeopathy against its critics and in promoting its health benefits to a wider audience. In this digital age, social media has become a powerful tool for delivering messages to vast numbers of people, and one which the Faculty and its sister organisation the British Homeopathic Association (BHA) is keen to exploit.

To achieve this, a series of postcards has been produced to encourage people to visit the BHA’s Facebook and Twitter pages. The cards deliver a simple message “Homeopathy Works”, and encourage the reader to use social media to voice their support for homeopathy. Available in four bright colour schemes: orange/yellow; green/blue; red/black and pink/lilac, the cards are already being distributed to patients by some Faculty members and through several of the homeopathic pharmacies.

To aid patients and practitioners in their discussions on the efficacy of homeopathy a “Homeopathy Works” Z-card has also been produced. The size of a credit card, the Z-card opens out concertina-fashion with each section displaying the nine most common criticisms levelled at homeopathy along with a succinct and cogent rebuttal to each.

Postcards and Z-cards can be obtained by contacting John Burry at jburry@facultyofhomeopathy.org

Staines air disaster Memorial Service

A Memorial Service will be held on Monday, 18th June at 1:30pm at the church of St George the Martyr, Queen Square, London to mark the 40th anniversary of the Staines air crash that claimed the lives of a number of leading figures from the homeopathic community.

On Sunday 18 June 1972, a flight from Heathrow to Brussels crashed near Staines, Middlesex killing all 118 passengers and crew on board. Among those who perished were a group of doctors and senior staff from the homeopathic hospitals, clinics and pharmacies, travelling to Brussels for the annual international homeopathic medical conference.

Please notify Sato Liu on 020 3448 8930 or email sato.liu@uclh.nhs.uk if you would like to attend the service.

Faculty AGM endorses President for life

April fool! But it could happen if you don’t participate and attend future Faculty AGMs. Far from dull, these events are a great opportunity to catch up with friends and colleagues and find out what the Faculty is doing on your behalf.

In February, members braved arctic winter conditions to attend this year’s AGM in London and despite the weather there was a good turn-out from all over the UK. One change was announced to the Faculty Council with Dr Ralf Schmalhorst being elected as NHS Primary Care Representative, taking over from Dr Graham Jagger who has decided to step down.

Faculty President, Dr Sara Eames, welcomed two new members personally to the Faculty by presenting MFHom certificates to vet Vivian Swift and pharmacist Evelyn Liddell, who is the first pharmacist to gain the MFHom through examination.

The AGM was followed by the Richard Hughes Memorial Lecture which was given by the Faculty’s Veterinary Dean, Chris Day. Chris drew on his vast experience to deliver an intellectually stimulating and entertaining talk on “Antibiotics and Opportunity”, which looked at how homeopathy could be used to reduce the industrial-scale use of antibiotics in livestock farming.
In the eye of a media storm

An article written by Edzard Ernst for The Biologist generated a welter of negative press coverage for homeopathy in March. Under the title “Testing the Water” the article purported to analyse the arguments for homeopathy. In truth, it was little more than a rehash of earlier attacks made by the same author that have appeared in other publications, with his usual ill-informed analysis, inaccuracies and misrepresentations of research evidence very much evident.

Unfortunately, science writers from many of our national newspapers appear to accept without question the views of the monomaniacal professor and stories appeared in The Independent, Daily Mail and Daily Telegraph calling for the end of NHS funding for homeopathy. Although these stories did very little to promote the principles of balanced journalism, they were positively impartial compared to the febrile rants against NHS homeopathy that appeared as opinion pieces in the London Evening Standard, Sun and The Sunday Times; the last two publications carrying articles by that doyen of shallow, narcissistic, egotistical “journalism”, Rod Liddle.

Lack of balance
Although reactive media efforts are time consuming and, more often than not, fruitless, attempts were made to get a right of reply in these publications but we were refused. We know of several supporters who have written to the newspapers protesting the lack of balance in their reporting of the homeopathy debate, but to date, as far as we are aware, not one letter has been published.

The most flagrant of the inaccuracies and misrepresentations in Ernst’s article were pointed out to the editor of The Biologist, as the Faculty sought an opportunity to present an opposing view to the magazine’s readership. Once again the chance to create a meaningful, intellectual debate on the subject of homeopathy was shunned. An email from the publication explained their reasons. “It would be unprecedented for us to run a full article based entirely on a previous article, and we are satisfied that the conclusions Professor Ernst came to were based on sound research.”

However, the editor has said he will publish a letter from the British Homeopathic Association’s Research Development Adviser, Dr Robert Mathie, in the April issue of the magazine. We must wait and see if he stays true to his word.

Positive news
Despite this negative coverage opportunities did arise for the Faculty to put the case for homeopathy. Faculty President, Dr Sara Eames, was interviewed by an extremely hostile presenter on London’s LBC radio and succeeded in getting across our key media messages. In reporting this latest broadside from the anti-homeopathy campaign The Huffington Post did include a statement from Faculty Chief Executive, Cristal Summer, in which she launched a withering attack on Professor Ernst who she said had made his name “spreading misinformation and fear mongering of a form of medicine that helps millions worldwide”.

She continued: “Professor Ernst, who is not a biologist, or involved in advanced microbiologic research, or for that matter a qualified homeopath, is hard to take seriously when quoted as saying homeopathy is not biologically possible. “That is ignorance speaking not knowledge. I would point out that Nobel Laureate Professor Luc Montagnier, who is involved in advanced research into the properties of water, has been quoted as saying, ‘High dilutions are not nothing. They are structures which mimic the original molecules. It’s not pseudo-science. It’s not quackery. These are real phenomena which deserve further study’.”

Future activity
In April, Time Out magazine’s “Face Off” feature will also be looking at NHS funded homeopathy where the case for continued funding will again be presented by Dr Eames. We have also been cooperating with a journalist from the Press Association who is writing a positive story about homeopathy which will be distributed to the editors of regional newspapers all over the UK that have a combined readership of over 800,000.

Lifestyle magazines have always been far more favourable in their coverage of homeopathy and Woman and Home will be covering the subject in its June edition. Column inches have been secured in professional publications too. Several members from the dental Faculty are continuing to contribute a monthly article to The Probe magazine. Pulse recently requested an article from the Faculty, which Dr Ralf Schmalhorst is currently writing, and the British Journal of General Practice has also said it will consider an article on homeopathy and work on this is currently in progress.

Natural Pharmacy, a new magazine serving the independent pharmacy sector, is to be published later in the spring with the first edition featuring an article from Faculty pharmacist Eoghan O’Brien.

We also hope to report soon on the publication dates of articles written for the Royal College of Midwifery’s magazine Midwives and The British Journal of Nursing. Furthermore, several papers have been submitted for review by Dr Robert Mathie, including an assessment of model validity in homeopathy RCTs in humans; a major undertaking which took a long time to complete, but early signs suggest Dr Mathie’s efforts look likely to produce significant results as the work has received glowing praise from independent reviewers. Additionally, the BHA is working closely with a PR firm on a celebrity focussed campaign planned for the summer.

It’s understandable that members feel upset and angry after reading the ill-informed and prejudiced attacks on homeopathy that have appeared in the national press, as well as frustrated at the failure of newspaper editors to allow the counter argument to be printed. Turning this tide of negative reporting will take time but efforts are ongoing to achieve this. In the meantime, we should all follow the advice that seems to have become a mantra for our times: “Keep Calm and Don’t Panic.”

John Burry
Communications Officer
BHA research

The veterinary review work reached its first milestone in February, with the submission for publication of the paper that describes and categorises the entire world literature on randomised controlled trials (RCTs) in this area. This work could not have been achieved without the superb collaboration of Jürgen Clausen and Daniela Hacke at the Carstens Foundation in Germany. February also saw the submission for publication of three other important papers: (1) periodontal outcomes study [with Sue Farrer and Liz Baitson]; (2) assessment of model validity of homeopathy RCTs in humans [with the International Scientific Committee on Homeopathic Investigations]; (3) Cochrane review of Oscillococcinum for influenza [with Peter Fisher and Joyce Frye].

Robert Mathie
BHA Research Development Adviser

From the journals

In 2009, scientists from systems biology, psychology and the social sciences were invited to attend a workshop with CAM scientists, with the following objectives: (a) to identify and discuss analytical techniques that can be used to study phenomena from a complex/nonlinear dynamical sciences perspective; (b) to establish working relationships with these researchers; and (c) to develop working research projects/protocols collaboratively to study patient-centred responses to CAM treatments. Arising from that workshop, two intellectually demanding papers by Iris Bell and her colleagues have been published in a special issue of Forschende Komplementärmedizin. The second paper is relevant to BHA/Faculty research on model validity of RCTs in homeopathy (paper 2 above).


Whole systems complementary and alternative medicine (WS-CAM) approaches share a basic worldview that embraces the following: interconnectedness; emergent, non-linear outcomes to treatment that include both local and global changes in the human condition; a contextual view of human beings that are inseparable from and responsive to their environments; and interventions that are complex, synergistic, and inter-dependent. These fundamental beliefs and principles run counter to the assumptions of reductionism and conventional biomedical research methods that presuppose uni-dimensional simple causes and thus dismantle and individually test various interventions that comprise only single aspects of the WS-CAM system. This paper demonstrates the superior fit and practical advantages of using complex adaptive systems (CAS) and related modelling approaches to develop the scientific basis for WS-CAM. Furthermore, the details of these CAS models can be used to provide working hypotheses to explain clinical phenomena such as: (a) persistence of changes for weeks to months between treatments and/or after cessation of treatment; (b) non-local and whole systems changes resulting from therapy; (c) Hering’s law; and (d) healing crises. Finally, complex systems science can be used to offer an alternative perspective on cause, beyond the simple reductionism of mainstream mechanistic ontology and more parsimonious than the historical vitalism of WS-CAM. Rather, complex systems science provides a scientifically rigorous, yet essentially holistic ontological perspective with which to conceptualise and empirically explore the development of disease and illness experiences, as well as experiences of healing and wellness.


This paper focuses on the worldview hypotheses and research design approaches from non-linear dynamical complex systems (NDS) science that can inform future studies of whole systems of complementary and alternative medicine (WS-CAM), e.g., Ayurveda, traditional Chinese medicine, and homeopathy. The worldview hypotheses that underlie NDS and WS-CAM (contextual, organismic, interactive-integrative – Pepper, 1942) overlap with each other, but differ fundamentally from those of biomedicine (formistic, mechanistic). Differing views on the nature of causality itself lead to different types of study designs. Biomedical efficacy studies assume a simple direct mechanistic cause-effect relationship between a specific intervention and a specific bodily outcome, an assumption less relevant to WS-CAM outcomes. WS-CAM practitioners do not necessarily treat a symptom directly. Rather, they intervene to modulate an intrinsic central imbalance of the person as a system and to create a more favourable environmental context for the emergence of health, e.g., with dietary changes compatible with the constitutional type. The rebalancing of the system thereby fosters the emergence of indirect, diffuse, complex effects throughout the person and the person’s interactions with his/her environment. NDS theory-driven study designs thus have the potential for greater external and model validity than biomedically-driven efficacy studies (e.g., clinical trials) for evaluating the indirect effects of WS-CAM practices. Potential applications of NDS analytic techniques to WS-CAM include characterising different constitutional types and documenting the evolution and dynamics of whole-person healing and well-being over time. Furthermore, NDS provides models and methods for examining interactions across organisational scales, from genomic/proteomic networks to individuals and social groups.
Defending your professional competence

With homeopathy coming under intense scrutiny from our opponents and the media, Dr Mollie Hunton, outgoing Chair of the Faculty’s Discipline and Professional Performance Committee, provides some valuable and timely advice on how to avoid complaints about your professional competence and the steps to take should you find yourself the subject of a formal complaint from a patient.

Complaints from patients are an inevitable part of modern medical practice; even the most highly respected of healthcare professionals can get them. Having said that, the Faculty very rarely gets complaints about its members – a testament to the high professional standards of its membership – but when we do we deal with them as they are in general practice, with an in-house complaints procedure.

The procedure is based on the GMC’s booklet, Good Medical Practice, but applies to all medical disciplines. Doctors should have a copy of the GMC booklet and can also view it on the GMC’s website. All members can access the Faculty’s complaints procedure in the members’ only area of the Faculty website.

Often complaints can arise due to simple things such as lack of good communication, managing expectations, explaining prices/costs and providing written documentation on agreed approaches to management. If you should receive a letter of complaint and have no back up from a practice based complaints procedure, the Faculty can help you as long as there is no need to involve your defence union. In the first instance you should contact Cristal Sumner at the Faculty.

Here are some simple measures that if carried out will help to protect you against unjustified complaints about your professional competence and conduct.

■ Any letter/e-mail of complaint you receive should be acknowledged by you within five working days.
■ If people ask over the phone before seeing you if you can treat their particular problems, be guarded in your response, particularly if asked to treat something you have never heard of before. Be careful about what you say on websites, leaflets and practice literature. Make no claims, especially about cancer.
■ Keep detailed notes, particularly about the advice you give to the patient, along with a record of any telephone calls and e-mails relating to the patient’s case.
■ Always check diagnoses. Homeopathic physicians should refer to the patient’s GP with a letter advising further tests where necessary.

■ Always tell people what you are prescribing, bearing in mind pharmaceutical rules for prescribing generally. If the patient wants to look the remedy up they may get considerable insight into their problems by doing so. It would then be an opportunity to discuss their condition with them.
■ Give patients written advice, particularly about how to take remedies. If you dispense yourself, label the remedies clearly.
■ If you get out of your depth with a patient ask for help from a colleague. 30% of people seen will not improve.

■ Do not discard any medical notes until at least three years after seeing the patient, especially when you retire.
■ If the patient is problematic and is not responding over a long period, discharge to another’s care who may adopt a different approach or therapy.

If the complaint is directed at you via the Faculty of Homeopathy, the Disciplinary and Professional Performance Committee will be in contact in order to, hopefully, resolve the issue. The committee comprises of experienced members from different disciplines of the Faculty who apply the procedure to the complaint. To view the Disciplinary, Capability and Complaints Procedure of the Faculty of Homeopathy in full, visit the members’ area on the Faculty’s website. This procedure applies to all Fellows, Members, Diplomates, Licenced Associates, Associates and Honorary Fellows of the Faculty of Homeopathy.

The procedure in place is to help the practitioners as well as patients. Remember that getting a complaint does not mean you are to blame or in the wrong necessarily, or that you are alone. I recall Dr Eric Asher once saying, “A doctor isn’t doing his or her job if they don’t receive at least one complaint.” It is a quote which has the ring of truth after decades working as a medical homeopath. The key thing is to respond appropriately and professionally to a complaint and seek assistance if needed.

These are challenging times for all medical homeopaths, but this should not prevent Faculty members from treating their patients with homeopathy when their clinical expertise and experience indicates this is the best course of treatment for the patient’s symptoms.

Dr Mollie Hunton
MBBS DObstRCOG FFHom*
One of the themes that often emerge when we are discussing cases with colleagues is the difficulty of analysing common symptoms. Even when those common symptoms are very severe in the presentation they often don’t subvert a clear prescribing focus for the patient. Over the past century “Strange, Rare and Peculiar” (SRP) symptoms have come to the fore in the methodologies of many post-Hahnemann writers. Hahnemann himself was fairly insistent on “perceiving what needed to be treated”, recognising that highly unusual features seen in a remedy proving might be more indicative of the prover, than a consistent or reliable idiosyncrasy of the remedy.

It is often quite a challenge to “tease” out a leading symptom from the history, and (more times than I care to remember) I have been tempted to hang my treatment decision on a tenuous or peripheral symptom, simply because it is sufficiently well characterised to be used as a guiding symptom for the purpose of repertorisation.

With this in mind, I have chosen to relate the case of Miss S G, whose presenting complaints are: exhaustion, “woolly-headedness”, dry mouth and a recurrent “drifting-away” sensation. In the following account, I hope to be able to demonstrate some of the ways we can build the argument for a specific, but often neglected remedy, even when we are faced with very diffuse and poorly characterised symptomatology.

First, I would like to introduce the patient as she presented to me twelve years previously.

Miss S.G.
A sophisticated, stylishly dressed woman, wearing a lot of “ethnic” silver jewellery. When I first saw her shortly after Easter in 1998, she was aged 37. She presented at that time seeking treatment of Post Viral Fatigue (confirmed Coxsackie B virus) which started within 10 weeks of the ending of a long-term relationship.

The patient had been a “gifted child” and always did very well at school. She was brought up in the US, in a difficult family setting. She suffered from anorexia as a child. Her mother suffered from depression, migraines and drug dependency and finally committed suicide aged 78. S believes that her mother had post-natal depression and, as a child, feels she was never nurtured by her mother. After her mother’s death her father remarried, but by this time S had moved to Britain where she worked for some years as a professional musician. She then changed her career twice, first becoming a graphic designer. (She says that her home-office “wouldn’t let her be a musician too”.)

Although she had enjoyed working with performers, she didn’t like working with amateur musicians (something that was often required of her – in order to make a living!) From graphic design she trained in counselling/psychotherapy. “Work has been my life. I have to be able to do everything really well.” At the time of her first visit she had a university teaching/research commitment.
moment in her life. “I have reached a level of contentment with myself.”

At that time she was negotiating with the authorities to set up a new counselling service for adolescents and in fact later worked intensely with counselling services within Strathclyde Schools.

Her first course of treatment involved a series of remedies. Each material involved an appraisal of her physical symptoms, within the context of her presentation and life context.

- **see fig 1 (below).**

A traditional totality search suggested Sepia officinalis, which was given as a split stat dose of 30 and 200c, and which yielded a short-term improvement in energy and well-being, with some reduction in her pelvic symptoms as well.

The specific nosode repertorisation (which factors-in a previous partial response to Sepia) is shown on page 10. The data is from Repertory of the Bowel Nosodes (Malcolm), but might also be achieved using a nosodes filter in conjunction with Synthesis or The Complete Repertory; or perhaps a paper analysis using Agrawal’s repertory of the Bowel Nosodes.

- **see fig 2 (page 10).**

Bacillus 10 yielded an excellent (and much more sustained) improvement in her inflammatory symptoms and energy.

However, she remained very over-compensated, both in her behaviour and in her relationship to work. She continued to attend for treatment: each time appearing stressed, over-worked, and in an increasingly uneasy relationship to her new partner (who she felt was pressing her to start a family).

A Scholten-style group analysis yielded Palladium mur (1M), which did not contribute meaningfully to her progress. This remedy was selected from silver series, since she was approaching the zenith of an ambitious professional process, together with the corollary themes of 2. Self-reliance to the point of isolation/self-denial; 3. denial of maternity (?) and 4. possibly compensating for previous lack of maternal love.

Following the failure of the Palladium mur to change any of her symptoms, or facilitate any new insight in the patient, I looked more closely at the prevailing physical symptoms. Her skin eruptions were now dominant among her complaints and she seemed to be diffusely sensitive to a number of foodstuffs.

An essence prescription was given on the following cluster of themes:

- “suppression” in childhood
- immune hypersensitivity (allergy)
- loss of immune insight
- loss of emotional/biological/maternal insight
- industrious to the point of self-denial
- denial of her own artistic abilities and heritage.

- **see fig 3 (page 10).**

The essence prescription given was Carcinosinum (Freeman’s) 30c which markedly improved her urticaria and appeared to significantly reduce her stress. I would have wished to follow her up further, but she did not feel she needed to return at that stage and I did not see her for more than 12 years.
case study

Return visit autumn 2011
S’s father died recently and she had travelled to the US for his funeral. Everyone gathering for the memorial service went down with a norovirus within a space of 36 hours. She herself was violently sick on two occasions then gradually improved over the course of two days. She drank a lot of ginger ale. She says she was just well enough to play the flute at his memorial service. The funeral took place ten days before she came to see me at the clinic.

In the days after the funeral she lived on ginger ale and Rice Crispies. But her “gut blew up” with flatulence. “I was belching as though I were full of air,” she said.

She gradually reverted to her normal diet, including fruit, but then started to experience what she described as a “disappearing sensation” as if she were “drifting away”.

“I feel as though I am going to die,” she said.

She started probiotics on her own volition and, within a day, she felt herself “coming back”. She took her final dose the day before her flight back to the UK. On the plane she ate an airline meal, got a “bitter nasty” taste in her mouth and her “gut blew up” straight away. She experienced palpitations during the rest of the flight. The “disappearing sensations” returned and she made it home with difficulty.

Now, five days later, she is eating vegetables again and has less bloating but she still has a horrible bitter taste in her mouth, which is becoming more like a “salty bitter taste” that doesn’t go away.

…” she wears a tired, expressionless mask, reminiscent of Meryl Streep in a neutral moment.”
– She has been quite “up and down”. There were two days of improved symptoms then everything came back by the following Tuesday.
– When she feels better, her stool takes the form of dark, round, hard balls.
– Paradoxically when she feels ill her stool has a normal consistency and appearance.
– Sometimes she feels so debilitated that she can’t think straight.
– She describes heaviness and a woolly-headed feeling, struggling to think and a sensation of being “slowed down”.
– She slept for 14 hours yesterday and woke feeling really awful.

She attended her GP who prescribed lactulose. She also went to speak to her “healer” who told her that her symptoms “were the expression of a deep emotional problem”.

In appearance she wears a tired, expressionless mask, reminiscent of Meryl Streep in a neutral moment.

When talking about her father she speaks with calm resignation. She had spoken with him on a visit to the States earlier in the year. They had communicated well, settling a number of previously unspoken issues. She feels reconciled to his death, but she is not reconciled to her own situation.

She is now living alone in a small cottage, remote from the city. She is post-menopausal. She never had children in any of her previous relationships. Much of her counselling work in schools has been withdrawn due to lack of funding. She maintains a small practice and some commissioned work, which provides enough to live on. She has no partner and is feeling socially isolated to the point of a deep and painful longing. Yet she is lacking the motivation to come into the city and take part in cultural and social activities. She sobbed convulsively for the first time since I have met her.

Impressions:

- possible displaced grief response, but more likely in a kind of crisis response to her own life situation
- feelings of vulnerability
- heightened awareness of fragility/mortality
- social isolation
- lovelorn
- disappointment with her own life’s work
- regret – in respect of lost/failed relationships
- loneliness
- fatigue

She is also in a post-acute state and has many features of bowel dysbiosis and therefore has indications for a homeopathic bowel nosode.

see fig 4.

The treatment given at the clinic was sequentially:

Faecalis 30/30/200, three stat doses in one day. This was provisionally meant to be followed after 7-10 days with Natrium carbonicum 1M stat.

see fig 5.

The patient emailed me to say that the effect of Faecalis was an almost instantaneous improvement in the abdominal symptoms; the bowel habit; her energy and well-being. She didn’t go on to take the Natrium carbonicum, but later contacted me to say that her energies were so good that she had joined a choir and was happily re-engaging with music and society again.

There is a growing dialogue in the literature concerning the relationship between the biology of the bowel and the prevailing mental/emotional state of the organism. The mind pictures for the bowel nosodes remain incomplete.

Dr Russell Malcolm
MBChB FFHom*
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Effectiveness, Appropriateness, Safety, Costs
Edited by Prof Peter Matthiessen and Dr Gudrun Bornhöft

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The Swiss Health Technology Assessment (HTA) was commissioned in January 2003 by the Swiss health authorities with the objective of informing decision-making in Switzerland about the continued inclusion of homeopathy in the services covered by statutory health insurance. The report, published in German in 2006, was re-published (with some revisions) in English in November 2011. It concludes: “There is sufficient evidence for the preclinical effectiveness and the clinical efficacy of homeopathy and for its safety and economy compared with conventional treatment”.

Although its conclusion refers to “clinical efficacy”, the approach in the HTA differs from that in a Cochrane-style systematic review, since it examines not only the efficacy of an intervention but also its “real-world effectiveness”. Thus, the HTA takes into consideration non-controlled clinical studies and all types of clinical trial (whether controlled by placebo or otherwise). The HTA also assesses the appropriateness, safety and costs of homeopathy, especially in the Swiss healthcare context. Importantly, this HTA appraises randomised controlled trials (RCTs) on criteria not only of internal validity (risk of bias) but also of external validity (generalisability); it also includes useful comments on model validity (“homeopathicity”).

Despite the report’s positive overall finding, the Swiss Federal Office of Public Health decided to withdraw homeopathy from its list of reimbursable services, but a national referendum in 2009 caused the Swiss authorities to rescind its decision and to reinstate homeopathy for a minimum of six further years from January 2012. Because of its positive message, the report has been greeted (5 years after its original publication in German) by much of the English-speaking homoeopathic community as the decisive answer to the negative conclusions of the House of Commons Science and Technology Committee¹ and of the infamous Lancet 2005 meta-analysis.² Here I examine the key content of the HTA report and the scientific grounds on which its diverse impact has been based.

The Swiss HTA is written by a group of authors who understand homeopathy and its research implications. Such clarity was already evident to the English-speaking world in 2006 in the group’s published summary and conclusion:³ “…effectiveness of homeopathy can be supported by clinical evidence and professional and adequate application be regarded as safe.” Compared with the full HTA report, the 2006 English summary conclusion on health economics was less positive: “Reliable statements of cost-effectiveness are not available at the moment.”

Some of the report’s most interesting sections are those now available for the first time in English: (1) a short summary of the research evidence in pre-clinical (experimental) science; (2) an excellent overview of the problems that are intrinsic to RCTs and their potential sources of bias, including critical comments on the Lancet 2005 meta-analysis; (3) the utilisation of CAM in Switzerland and internationally. However, the central component of the report – and the material that was summarised in English in 2006 – is devoted to the findings from available papers, published up to May 2003, of clinical research on upper respiratory tract infections and allergic reactions (URT/A) and of systematic reviews of homeopathy.

The main conclusions from the above are: (1) “quite a large number” of high-quality studies have shown that very high dilutions are able to induce specific effects in living organisms; (2) the Lancet 2005 paper did not prove the ineffectiveness of homeopathy; (3) a large majority of the Swiss population want CAM therapies included in the country’s health insurance scheme. The HTA report identified 29 trials on URT/A, 16 of them fully randomised and controlled: using a “vote counting” approach, positive findings were reported in 24 of the 29 trials overall; 12 of the 16 RCTs were positive (8 with statistical significance). Internal validity was reported as “good” in 10 trials; external
on URTI/A is notable, however, especially since it closely mirrors our own analysis of the RCT literature overall. It also supports the positive meta-analysis of 8 anonymous RCTs of URTI that was disregarded by the authors of the 2005 Lancet review. The HTA’s (and our own) “vote counting” approach is not without its flaws, and from all perspectives it is high time that a full and transparent meta-analysis on this URTI research is carried out, including the assessment of external and model validity. This focus can develop from our own ongoing comprehensive and up-to-date systematic review programme, whose progress remains necessary and important.

In summary, the English version of the Swiss HTA usefully extends its findings to a wide readership. Its constructive and broadly positive message is important and helpful in informing further clinical research development in homeopathy. But the disadvantages of the review method and the statistically equivocal nature of its detailed findings are reasons to be cautious in the interpretation of its overarching conclusion. The homeopathic community is right to value this report, but it is not the definitive answer to homeopathy’s detractors.

Robert T. Mathie
BHA Research Development Advisor

References:
Using homeopathy in dental practice

This short case study from dentist Sue Farrer illustrates how homeopathy has assisted her throughout her clinical career.

Homeopathic medicine has a place in modern dentistry and when applied with specific knowledge of timeline, patient phenotype, physiology and pharmaceutical properties of the prescribed drug, good results can be obtained. This conviction is born of years of experience during which I’ve used homeopathy as an adjunct to my dental training and in so doing achieved quite remarkable results.

An unusual case
One such case involved a twenty-two-year-old dental nurse who complained of having to wear fixed appliances. She said her orthodontist had monitored her unerupted upper canines for over six years. This was an extreme case of delayed tooth eruption. I used to work at our local hospital orthodontic clinic as a clinical assistant and had not experienced such a case. I saw plenty of late canine eruption patterns, which are usually treated between the ages of 11-17 years. Surgical excision and gold bracket placement of the upper left canine (23) had been achieved and re-implantation of upper right canine (13) had been discussed. On oral examination the upper permanent canines were palatally placed in the dental arch. Her skeletal classification was SK2, division 1. See fig 1.

Her medical history included a complicated premature birth, childhood eczema, asthma, food intolerances with teenage anorexia, bulimia, pernicious anaemia and resultant juvenile arthritis. Current medication included antidepressants, serotonin inhibitors and a contraceptive pill. Menses were absent with continuing amenorrhoea. Her social history was unstable.

After I explained how homeopathic intervention might help her predicament she said she was keen to “try anything” and gave her consent to the homeopathic treatment.

Working on the premise that the patient was experiencing delayed dentition due to long-term hypocalcemia, I prescribed the homeopathic medicine Calcarea carbonica 30c bd for ten days, giving her strict instructions on how to take homeopathic tablets. Calcarea carbonica is obtained from the finely ground inner layers of the oyster shell which contains trace elements such as iodine. The homeopathic medicine derived from this substance is prescribed to stimulate parathyroid and thyroid function and is an essential nutrient for cell mitosis.1,2 The homeopathic medicine Calcium phosphate is widely used to treat delayed dentition and rheumatic conditions and much to this lady’s delight, she commented that her arthritis had improved as well since taking the remedies.

Clinical outcome
Five weeks later the upper right canine (13) had erupted palatally. See fig 2. A second prescription of Calcarea carbonica 30c a.m. plus Calcium phosphate 30c p.m. for five days was then given. Calcium phosphate is found in several forms, the most well-known being calcium fluorapatite, which is the chief constituent in developing bones and teeth. Calcium phosphate coatings are used in dental and orthopaedic implants and have been shown to enhance periosteal bony growth.1,2

Ten weeks later the upper right canine (13) had been bracketed and the upper left canine (23) had progressed by 2mm. The lower appliance had been removed. See fig 3.

Within a four month period from the first homeopathic intervention the upper canine (13) had been rotated and aligned into the arch with the upper left canine (23) ready for ligation. See fig 4.

This lady had experienced delayed eruption of her canine teeth for six years but had seen and experienced the beneficial effects that homeopathic remedies can bring within a very short period of time.

Sue Farrer
BDS DPDS MFS Hom Dent BSc Hom

References:
2. Lessell C B 1995; A Textbook of Dental Homeopathy CW Daniel Co.UK, p.56-58,82

This article originally appeared in The Probe.
Dr Keith Souter recounts the story of a professional woman whose life had fallen apart with the onset of a whole range of anxiety related symptoms.

“I am at my wit’s end,” she said at our first consultation, almost as an opening gambit. “I have tried everything and you are my last hope. If you can’t sort me out, I don’t know what I can do.”

In my experience as a homeopathic doctor more people present this way than they do in general practice. I am realistic enough to know that it is not because I have any special ability, but rather because so many people come to homeopathy having been through the medical mill without gaining ease for their symptoms or their condition.

This 56-year-old female teacher came to see me in the autumn and she apologised as she drew out a notebook and catalogued her ailments.

“I used to be so fit and well, able to cope with work and home. I used to make people laugh. I used to joke all the time and now I’m just a gibbering wreck. I choke, my heart goes crazy and my tummy is all over the place. I panic, I am so scared that I jump all the time and I have no energy. Some days it takes me all my time to get up and then I just sit around and cry.”

So how did it all start?
Tears welled up in her eyes and then with a sigh she started. “With an Ofsted report – it was horrible. I knew it was coming and there was so much to do: so many things to go through with the kids, and so much pressure. It was a horrid report and afterwards I started to get panic attacks. Me! I’ve been in teaching for years, and I started to panic. The kids noticed it one day when I started to get palpitations. I had to sit down and I went all red.” The tears had started to flow as she talked.

What do you mean by palpitations?
“My heart races away. Boom, boom, boom. It can go on for ages and I have to sit down and calm myself, which isn’t easy. When it first started I thought I was going to die – to keel over then and there.

“My doctor did tests and said everything was fine. But it wasn’t! All the other things started. It was like my whole digestion started to rebel.”

Can you describe how your digestion seemed to have rebelled?
“I started having trouble swallowing and I got this annoying cough. I would get croaky, fill up with catarrh and then feel as if I would choke. Sometimes my voice would go husky. Then I got heartburn and my doctor said it was reflux. He gave me tablets (omeprazole), but they didn’t help. He sent me to a specialist and I had that tube down and a test for helicobacter. Everything came back normal.

“Then the specialist said I was anxious and that anxious people get reflux and that they get a spray of stomach acid that makes their throat sore and they have trouble swallowing and they cough. He basically said to keep taking the tablets. And after I had seen him my tummy started really playing up. That is awful, it has ruined my life. I never know where I am with it and I can’t eat.”

Dying inside
Tell me about the tummy symptoms?
"I get pains all over. Cramp pains that can double me up for a few moments. Sometimes it feels like bubbles are forming inside my bowel. Great big bubbles, as if something has gone bad inside and it is fermenting. It makes me feel as if I am decaying inside. Then I get bloated and I’m either running to the toilet or I can’t go. My doctor said it was IBS. I haven’t been able to work for months and it is causing all sorts of problems."

Tell me about the tiredness?
"It just hit me. I was tired all the time. I couldn’t go to work and my GP gave me a certificate. I asked if I had Chronic Fatigue, but he said he didn’t believe in it. He said all the tests were normal and that I had developed an anxiety state."

How did the anxiety affect your life?
"I got really scared about all sorts of things. I worried about the future, my marriage, about what would happen to them if I suddenly died. That’s a real worry. I think that I could just die. I worry that I am actually dying inside."

Tell me about the palpitations?
"It’s been a bit like a bereavement. And the way she tells her story, the feeling of loss, the fear of and the feeling that it will close up. I go tingly all over. It is as if things are creeping over me, then it’s like a tickle or a deep itch inside me, all over the place, but I can’t get at it. Sometimes it comes in waves, running up and down my legs. The other thing is that I shake when I am nervous and I go all dizzy. It is worse when I get the palpitations."

Case analysis
In taking a homeopathic case I aim to come to a conventional diagnosis at the same time as I try to determine whether a homeopathic remedy will help. In trying to build up a picture I will often let the patient talk and allow my questions to follow the history. I am being given rather than make the history fit into the systematic method of case-taking that I learned all those years ago in medical school. That is why the order of some of these questions and answers is out of the sequence that one may wish to know.

In effect, I try to be as much an unbiased observer, as Hahnemann advocated.

Yet it is extremely difficult to be unbiased. There is a tendency to operate heuristically. That is, to use unconscious mechanisms which bias our decision making and which potentially sway the direction that our questioning will take us. Here, for example, one can pick up on the colourful descriptions, the dramatic way she tells her story, the feeling of loss, the fear of and the feeling that she could be dying, as well as the sobbing and the sighing.

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Various remedies immediately come to mind: Ignatia, Asafoetida, Argentum, Nux vomica. This “coming to mind” is an example of both the availability heuristic and the recognition heuristic. The availability heuristic refers to judgements based on what comes easily to mind and the recognition heuristic is when one “glaringly obvious” feature sways your decision. It is easy to over-utilise these when one has just read up on a new remedy. You will “see” the symptoms and unconsciously try to make a remedy fit the case.

Another heuristic that we often use is the anchoring and adjustment heuristic. It is when we select a main grouping and then adjust up or down it until we get the best fit.

In this lady’s case, I anchored on a plant, and then adjusted until I selected Iberis amara. This remedy is prepared from a plant that has the common names of Bitter Candytuft or Clown’s Mustard. As a herb it is used for digestive problems.

The homeopathic remedy characteristically helps great anxiety, choking sensations, palpitations and rather like its herbal usage, all manner of motility problems.

I gave her Iberis amara 200c once a day for three days and reviewed her after four weeks. She had experienced a huge improvement in her mood and even joked with me in the consultation. Her physical symptoms improved, but had not gone. This was repeated monthly for two more courses of three days and she continued to lose her symptoms, and happily she returned to work, although her energy levels were still less than she would have wished.

Her appearance had changed quite dramatically on follow-up appointments from a strained, unhappy and anxious woman to a jolly, vivacious professional. She felt that she had returned to her usual jokey manner.

It made me think of one of the common names used for the plant, Clown’s Mustard. Rather like the Bach Flower Remedy “mustard”, which is indicated for the sudden descent of curtain of gloom, this remedy had helped the clown who was dying inside. This is not a feature that I found in the Materia Medica for the remedy, but it will undoubtedly affect my availability heuristic the next time I come across such a symptom.

Dr Keith Souter
MBChB FRCPG MFHom* DipMedAc
## examinations calendar 2012

### PRIMARY HEALTH CARE EXAM

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Regular meetings

W Surrey & W Sussex Homeopathic Group
Event Date: 15/05/2012; 19/06/2012 – 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 228338 (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

Friday Video Clinic with Dr Liz Thompson
Event Time: 13:30 until 15:30
Venue: Bristol Homeopathic Hospital, Cotham Hill, Bristol, BS6 6JU
This event will suit all levels of experience and is worth 2 hours of CPD time. Cost: £15
Please book your place by e-mailing BHH Academic Administrator at renata.sopiarz@ubristol.nhs.uk at least one week prior to the date.
● For more information please call 0117 9466087.

The Jerusalem International Conference on Integrative Medicine
Event Date: 13/05/2012 – 15/05/2012
Venue: ICC Jerusalem International Convention Center, PO 6001 Jerusalem 91060
Tel: (972) – 2-6558558
Web: http://www.iccjccer.co.il/en/
Who should attend: physicians (from all fields of expertise), therapists, nurses and pharmacists.
Topic: The conference will focus on various fields of Integrative Medicine including Homeopathy.
● For more information and to book visit: http://www.mediconvention.com/

International Research Congress on Integrative Medicine and Health and International Congress on Complementary Medicine Research
Event Date: 15/05/2012 – 18/05/2012
Location: Portland, Oregon, USA
Organised by the Consortium of Academic Health Centers for Integrative Medicine and sponsored by the International Society for Complementary Medicine Research (ISCMR).
● http://icmconsortium-congress2012.org
Email: ICRCIM@ConferenceSolutionsinc.com

Discovering Journey with Jan Schoften
Event Date: 17/05/2012 – 19/05/2012
Location: Geetekerk, Utrecht, The Netherlands
Language: English.
● Subscribe at: www.aloninnossos.org
Price: 290 euro for 3 days; 200 euro for 2 days; 110 euro for 1 day

Gradually Evolving and Mastering Sensation (GEMS)
Event Date: 18/05/2012
Event Time: 09:15 until 16:30
Venue: Penny Brohn Centre, Pill, BS20 0HH
Open to fully qualified and registered homeopaths. Each day will worth 5 hours 45 minutes CPD time. Cost: £85
Please book your place by e-mailing BHH Academic Administrator at renata.sopiarz@ubristol.nhs.uk at least one week prior to the date.
● For more information please call 0117 9466087.

Radioactive Remedies
Event Date: 19/05/2012
Event Time: 10:00 until 16:00
Venue: Penny Brohn Centre, Pill, BS20 0HH
Tutor: Mr Geoff Johnson
This masterclass will suit all levels of experience. Each day will be worth 5 hours 45 minutes CPD time. Cost: £65
Please book your place by e-mailing BHH Academic Administrator at renata.sopiarz@ubristol.nhs.uk at least one week prior to the date.
● For more information please call 0117 9466087.

Clinical meeting presented by Dr Julie Geraghty
Event Date: 21/05/2012
Event Time: 10:00 until 16:30
Venue: Bristol Homeopathic Hospital, Cotham Hill, Bristol, BS6 6JU
These meetings are free to attend and are open to homeopaths holding full membership of the Faculty of Homeopathy and to students of Year 3, 4 and 5 registered at Bristol Homeopathic Hospital teaching centre. Please book your place by e-mailing BHH Academic Administrator at renata.sopiarz@ubristol.nhs.uk at least one week prior to the date.
● For more information please call 0117 9466087.

The Spirit of Homeopathic remedies with Dr Didier Grandgeorge
Event Date: 26/05/2012
Event Time: 09:30 until 17:00, The Foresight Centre, University of Liverpool, 1 Brownlow Street, Liverpool L69 9GL
Topic: Insights into some homeopathic remedies; children’s psychological development and Hahnemannian miasm from pregnancy to adolescence.
Cost: £90 (including lunch and refreshments and free parking).
Register: Send cheque made payable to “Liverpool Homeopathic Medico-Chirurgical Society” to Dr E Metallidou, 74 Bramhall Row, Edinburg, EH3 5LR
For further information contact:
Dr Eftihia Metallidou

fmet@gmail.com; 0161 474 7301 or 07979 523201 (weekdays 12-5pm)

Sharing Gems and Treasures: A Master Class with Miranda Castro
Event Date: 26/05/2012 – 27/05/2012
Location: The School of Homeopathy at Hawkwood College, Stroud
In this 2-day master class Miranda Castro will share a glintering treasure trove of gems from more than 30 years in homeopathic practice. Course fee: £130.00; Lunches: £7.50 per day; Accommodation: Single £55 & £59, shared £27 per night available on Friday and Saturday.
● Course bookings: contact Semira at the School of Homeopathy – 01453 765 956
Please book your place by e-mailing BHH Academic Administrator at renata.sopiarz@ubristol.nhs.uk at least one week prior to the date.

Precision in Prescribing through the Botanical Family Perspective with Frans Vermeulen and Linda Johnston.
Event Date: 26/05/2012 – 27/05/2012
Venue: Royal Botanic Gardens, 20 Inverleith Row, Edinburgh, EH3 5LR
Cost: £175 including lunch and refreshments on both days.
● For further information contact: Diane Goodwin on 0131 557 2927 or seminars@saltirebooks.co.uk
First 30 registrants also receive £20 discount on Saltire publications.
Limited Space – register early!

Clinical meeting presented by Dr Clare Stanford
Event Date: 18/06/2012
Event Time: 20:00 until 19:30
Venue: Bristol Homeopathic Hospital, Cotham Hill, Bristol, BS6 6JU
These meetings are free to attend and are open to homeopaths holding full membership of the Faculty of Homeopathy and to students of Year 3, 4 and 5 registered at Bristol Homeopathic Hospital teaching centre. Please book your place by e-mailing BHH Academic Administrator at renata.sopiarz@ubristol.nhs.uk at least one week prior to the date.
● For more information please call 0117 9466087.

Masterclass – Homeopathy in Cancer and Palliative Care
Event Date: 23/06/2012
Event Time: 10:00 until 16:00
Venue: Penny Brohn Centre, Pill, BS20 0HH
Tutor: Dr Liz Thompson
This masterclass will suit all levels of experience. Each day will be worth 4 hours 50 minutes CPD time. Cost: £65
Please book your place by e-mailing BHH Academic Administrator at renata.sopiarz@ubristol.nhs.uk at least one week prior to the date.
● For more information please call 0117 9466087.

Bird remedies with Dr Jonathan Hardy
Event Date: 07/07/2012
Event Time: 09:30 until 16:30
In this seminar we will make an in-depth study of a fascinating and important animal family.
Venue: Blackthorn Trust, St Andrew’s Road, Maidstone, ME16 9AN. (5 min from junction 5 off M20)
● For more information contact:
DrSuppeit@HomeopathyKent.co.uk
Who to contact at the Faculty

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