The British Homeopathic Association was invited to provide oral evidence to the House of Commons Science and Technology select committee on Wednesday 25 November, in a review of the research evidence that could have implications for the future of NHS homeopathy.

Written submissions were also provided by both the Faculty of Homeopathy and the BHA, although a request for the Faculty of Homeopathy to be present at the oral hearing was not successful. In fact there were no organisations representing practitioners or patients called to give oral evidence, although both Robert Mathie, the BHA’s Research Development Adviser and RLHH Clinical Director Peter Fisher represented the Faculty’s arguments admirably.

Robert told the committee emphatically that there is evidence that homeopathy has an effect greater than placebo and that much more research is needed. Peter also made it plain to the committee that positive clinical trials do exist, despite remarks from other witnesses to the contrary. A number of homeopathy sceptics were invited to give evidence, including Guardian journalist and Bad Science blogger Ben Goldacre, Managing Director of Sense About Science, Tracey Brown, and James Thallon, the NHS medical director at West Kent Primary Care Trust who was responsible for cutting the funding for homeopathy that led to the closure of Tunbridge Wells Homeopathic Hospital.

This latest “evidence check” follows a previous request for information on the research in homeopathy by the Government Office for Science (GO-Science), headed by Professor John Beddington, Chief Scientific Adviser to the Government. The Faculty of Homeopathy and BHA together submitted key research evidence for that report in 2008. The resulting GO-Science review for the Department of Health made recommendations for a programme of further research in homeopathy. Beddington has repeatedly come under fire in the media from Evan Harris MP, a member of the Science and Technology select committee, for not denouncing NHS provision of homeopathy.

Despite this previous report from the Chief Scientific Adviser’s office that recommended further research, parties were invited via press release to make a written submission by 6 November. Only selected individuals were asked to provide oral evidence to the committee.

Robert Mathie comments: “A key point that the select committee has perhaps not fully taken on board is that the total number of randomised controlled trials (RCTs) in homeopathy is minuscule, especially when compared with research activity in most areas of conventional medicine. The fact that there are just 87 placebo-controlled (or “efficacy”) trials of homeopathic medicines in the total scientific literature, but that 37 of them have reported positive findings, is something that must be properly recognised. That this evidence exists seems to have escaped the notice of some commentators.” Robert continues: “And there needs to be far more RCTs of homeopathy as it is practised in the ‘real world’. That means comparing the effectiveness of normal, individualised, homeopathy with usual care”.

The President of the Faculty of Homeopathy, Sara Eames, appeared on BBC Breakfast news the day after the evidence session and George Lewith from the University of Southampton also appeared on BBC Breakfast the day after that, to defend homeopathy (see News page 3).
I cannot help but think how Hahnemann might have spent the festive season in the various German towns in which he lived. Wooden nutcrackers, arched candle-holders and even the Christmas tree were in evidence by the mid-eighteenth century. Did Sankt Nikolaus bring gifts for the children, I wonder? The Season of Good Cheer it may well be, but there has not been any cheer about the ill informed and biased attacks on homeopathy in the medical press. Early in December headlines in the BMJ declared that ‘Giving homeopathy on the NHS is unethical and unreliable, experts tell committee of MPs’ The parliamentary science and technology committee was holding a one-off session on homeopathy as part of an investigation of the scientific evidence that underpins the government’s existing policies (see lead article, page 1). In the BMJ report it is acknowledged that ‘Expert opinion about the effectiveness and worth of homeopathy is sharply divided’ but highlighting three negative opinions and only one positive do not reflect this.

Later on in the month the BMJ saw fit to publish an outrageous editorial by research pharmacologist David Colquhoun in which he cites Oliver Wendell Hughes as being the man who said ‘all that needs to be said (about homeopathy)’ in his essay entitled Homeopathy and its Kindred Delusions. (http://tinyurl.com/ylmy2e). The essay was presented as two lectures to the Boston Society for the Diffusion of Useful Knowledge in 1842. The author achieved prominence as a physician, poet, and humorist. Maybe it is the last which Professor Colquhoun has some affinity, for ‘avin a larf’ could be one appropriate description of his attacks. He goes on to quote the professional standards director of Boots that they sell homeopathic pills without knowing whether they work. Boots also sell some other items without knowing whether they work. Professor Colquhoun chides the Government’s Chief Scientific Advisor for uttering words that made no sense. Pots and kettles, I think. Not that the BMJ is alone. The Pharmacy Dean mentions in his annual report (see page 15) that The Pharmaceutical Journal is on the bandwagon too.

In one article it recommended that patients should be actively discouraged from visiting pharmacies where homeopathic medicines were available. In another article entitled ‘Homeopathy’s emerging credibility’ the same author with an equally uninformed colleague asks ‘Where is the public protection from charlatans and profiteers?’ In all cases vigorous responses were drawn from the homeopathic community. Faculty messages were on BBC TV two days running (see page 3) – brilliant! As the Promotion Convener says in his annual report (see page 16) it is heartening to see how better prepared we are in getting our counter arguments across. I have the feeling that we are going to need all our communication skills in 2010.

On pages 11-18 you will find the Annual Review with reports from the President, Deans, Conveners and shares our financial position as of 31 August 2009. Here is a quick highlight of some of the best bits – the Dean reports on the new teaching available in Northern Ireland, the Veterinary Dean pays tribute to Jack Hoare’s pilot study at Bristol Vet School, and the Podiatry Dean announces the first MFHom (Pod) intake in the New Year. The Nursing Dean has been to Kenya and an account of the trip is on page 6. The Pharmacy Dean sees no legal issues arising with the supply of homeopathic medicines and the Dental Dean sees a need for responding to a demand for education. It is a great shame that Sarah Buckingham has left the Simile team. Sarah started in the Publications and Communication role in 2005 and gradually her duties increased to managing all aspects of Simile. She oversaw its development to the current format and did a wonderful job. In addition to expressing our collective appreciation, I offer my personal thanks for all her help – and patience! We wish her well in the future.

Well one last sip and my glass will be empty. I am now feeling relaxed and mellow. Earlier outburst has subsided. So here’s wishing you and yours a Guid New Year. Cheers!

Steven Kayne
simile@facultyofhomeopathy.org

As I write this, a few nights before Christmas, a large glass of Madeira on my desk, the snowflakes are quietly falling outside. Sadly no roaring log fire to complete the scene – just a white radiator!
Faculty messages on BBC TV
two days running

The House of Commons evidence session (lead story) sparked plenty of interest in the media. After the first session on 25 November most national papers decided to focus on the comments made by the witness from Boots pharmacy, who implied that the company isn’t bothered about whether or not there is evidence for homeopathy and sell the medicines because people buy them. A comparison between this and Gerald Ratner’s infamous gaffe about the quality of a certain crystal decanter seemed to capture the media’s imagination (apologies to our overseas readers, who might not have heard of Gerald Ratner!). The widespread coverage ensured that the Faculty had an opportunity to get some messages across in the national media and Sara Eames did this excellently on BBC Breakfast TV on Friday 27 November, reinforcing the fact that there are over one hundred clinical trials and far more are positive than negative, while explaining to the audience that doctors are qualified in homeopathy. The next day, BBC Breakfast covered the story again, this time from the research perspective. Professor George Lewith from the University of Southampton put the case for homeopathy across well in a debate with Sarah Jarvis, the GP from the BBC’s The One Show and Radio 2. Jarvis, although taking an adversarial stance towards George’s point of view, mentioned the Faculty of Homeopathy’s policy on vaccination during the interview. BBC coverage also included a Live 5 interview with Sara Eames and with Robert Mathie on local radio.

Meanwhile, in professional circles there was plenty of debate on Pulse’s website and homeopathy became the most popular subject on their forum, with excellent contributions from Faculty members and other readers, as well as a healthy helping of sceptics, although the open-minded commentators certainly had the upper hand on this occasion!

New members

We have a number of new MFHom’s to welcome to the Faculty since the last issue of Simile. Congratulations to Stephen Caulfield from Glasgow, Olfat Ghoneim-Ismail from Essex, Renuka Kshiirsagar from Maharashtra in India and Christine Suppelt from Maidstone. We also welcome Helen Idle from East Sussex and Lynne Fish from Dorset, who have both recently attained the MFHom(Nurse).

Science and technology committee

The second evidence session which took place on 30 November was encouraging, with Health Minister Mike O’Brien saying there was no justification for cutting homeopathy out of the NHS and that there was an argument for further research. He told the committee there is a reputable body of people, including doctors, who believe that homeopathy works, that people get better after treatment, whatever the mode of action, and that it was not his place to tell clinicians what is best for their patients. It remains to be seen, however, how this commitment will translate in practice, because funding decisions remain devolved to individual PCTs.

You can read the Faculty’s full written submission to the Science and Technology select committee on our website at www.facultyofhomeopathy.org – search for ‘select committee’. Or view both recorded evidence sessions on the BBC’s Democracy Live website – search for ‘homeopathy’.

News, above; Comment, pages 8-9.
Fancy yourself a bit of a photographer?

Do you like to take pictures of:

Plants? People? Objects?

Would you like to win a prize for your talent and at the same time help us promote homeopathy?

The Faculty, Society of Homeopaths and Nelsons are looking for digital photos for promotional use as we have a shortage of new and original photos for leaflets, magazines and other important promotional needs.

Nelsons has kindly agreed to provide prizes for the best photos in three categories:

- Patients and practitioners (patients, students, practitioners, the consultation room)
- Original remedy sources (animal, mineral, plant)
- The remedy making process (pills, bottles etc)

The deadline for the contest will be end of June 2010. If you would like to find out more, go to the members only part of the website today to get details and the entry form. Alternatively, contact Lisa at lpeacock@facultyofhomeopathy.org
As you may be aware the Faculty is a member of both the European Committee for Homeopathy (ECH) and Liga Medicorum Homeopathica Internationalis (LMHI). The ECH represents medical homeopaths in Europe and is very active in the European Community, and LMHI does a similar job but on a worldwide stage. We feel membership is critically important in these organisations – to learn from other countries, share challenges and most importantly have representation as a profession on a European and global stage.

Since taking on the role of President for the Faculty, I have become involved in the politics of international homeopathy through the two organisations. I sit on the politics committee of ECH while Raymond Sevar sits on the education committee (the work of which he highlights in his report on page 12). I must say, I attended initial meetings with some trepidation, fearing that they might be more talk than action, but I have been very pleasantly surprised. The politics committee of ECH is currently grappling with the important matters of EU legislation which could have detrimental effects on the practice of homeopathy from supply of medicines to limits on practice. Dr Ton Nicolai, pushes forward the collective will of the committee as President of ECH, and represents the profession at meetings all over the EU and particularly in Brussels and lobbies for the profession and homeopathy more generally. Dr Ulrich Fischer does a similar job for LMHI.

I think the challenges to homeopathy have focused all of us on the key issues at hand and we need now more than ever before to be unified and fight for our beliefs and rights. Both the ECH and LMHI have been proactively supporting homeopathy wherever possible and are particularly keen to assist in our challenges here in the UK. Demonstrating their keenness to support us, both the ECH and LMHI each made submissions to the House of Commons Science and Technology committee restating to the committee the evidence for homeopathy as well as the European and world wide use of homeopathy.

I was pleased to hear from members of various committees and attendees at LMHI conferences the high regard in which the Faculty of Homeopathy is held worldwide and the amount of support and goodwill there is for us in the UK in our present struggles. The attacks here have been mimicked in other countries and it is important to work together, learn from one another and gain strength from one another as a community of professionals. That is one of the reasons I am so pleased to have Dr Ton Nicolai presenting the Richard Hughes Memorial Lecture entitled ‘Is there a future for homeopathy?’ on 4 February to share a European and worldwide perspective (see page 25). I am sure we will all learn from his experiences, feel camaraderie and I personally anticipate it will be an event not to miss. Hope you will attend.

Sara Eames
President

Effectiveness of Tamiflu questioned

Pulse reported in December that several leading respiratory experts have questioned the use of Tamiflu to prevent swine flu complications. A joint investigation by the BMJ and Channel 4 News has raised questions over the UK government’s response to the pandemic.

A review of the evidence has found that Tamiflu and other neuraminidase inhibitors have only “modest effectiveness” against the symptoms of influenza in otherwise healthy adults. It also found that there is a lack of good data and the authors have subsequently called into question the government’s strategy over swine flu and its decision to spend an estimated £500m on stockpiling antivirals.

The research team, which included Dr Tom Jefferson, a former GP and a researcher at the Cochrane acute respiratory infections group, analysed 20 randomised controlled trials. The efficacy of Tamiflu against symptomatic laboratory confirmed influenza was 61% at 75 mg daily and 73% at 150 mg daily. Oseltamivir for post exposure prophylaxis had an efficacy of between 58% and 94%. Relenza performed similarly. But the researchers were forced to disregard eight trials which were never fully published because they were unable to independently verify the results, and have accused Roche, the manufacturers of Tamiflu, of making “contradictory statements about the potential benefits of Tamiflu.” The Department of Health confirmed that they will continue with their current strategy. Faculty members are taking part in data collection work on swine flu to see what role homeopathy can play (Research, page 7).
I was very excited to be asked to go out to Kenya to assess this new course and to be an external examiner. As most of you will be aware, recruiting people onto Faculty courses has been quite difficult recently. So to have sixteen new homeopaths with a further sixteen qualifying each year at this college in Kwale and people desperate to get onto the course sounded wonderful and a potentially fruitful opportunity for the Faculty.

On meeting the students I wasn’t disappointed, they have so much enthusiasm and passion for learning that they were a joy to be among. The course was initially for two years but has now been increased to three to bring it into line with diploma courses throughout Kenya. The core curriculum of the course is taken from the Kenyan nursing course but has more hours devoted to all the core subjects, as well as the time spent on homeopathy.

The course needs to be registered with the ministry of Education and Health and they are awaiting inspections for licences to be granted. The students have recently been granted the licence to call themselves nurses. They also require a license to work on their own. At present they are able to work under the licence of the director of the college but after qualifying, will need their own.

The examinations went well and all the girls passed both their case studies and the oral exam and I was very impressed by their knowledge and understanding of homeopathy, the disease process and all the health information that they also give their clients.

This course is something new and completely different. The college has excellent teachers, especially in homeopathy but they always enjoy having external teachers who can bring different experiences and teaching methods to the college. With all that has already been achieved by the wonderful team working at the college, I can see no reason why they will not be able to achieve their goals.

If you would like to know more about the project visit www.4kenia.com or contact me at patriciadonnachie@blueyonder.co.uk

Polish doctor wins medical ethics case

A medical doctor who has been fighting for more than three years to practice homeopathy has won his case in Poznan, Poland. John Baranowski, who has been president of an association of doctors and pharmacists who practice homeopathy in the country since 2003, was accused of breaching the country’s code of medical ethics. According to Poland’s Supreme Medical Council homeopathy is not a recognized method of treatment, but Dr Baranowski argued that using the therapy does not breach medical ethics and that the medicines are freely available for patients to buy. He has repeatedly applied to the Ministry of Health for formal recognition of homeopathy. Dozens of supporters came to the court to back Dr Baranowski. Hopefully the outcome will have positive repercussions for the rest of the homeopathic medical community in Poland, where the situation is much less favourable than the climate in the UK and elsewhere.

Source: polskieradio.pl
First cost-effectiveness RCT has promising results

Sinfrontal®, a complex homeopathic medication, is popular in Germany for the treatment of ear, nose and throat and respiratory tract infections. Unlike many other homeopathic medications, the efficacy and safety of Sinfrontal® has been demonstrated in a number of clinical studies of patients with sinusitis. The objective of this study was to assess the cost-effectiveness of Sinfrontal® versus placebo in the treatment of adults with acute maxillary sinusitis (AMS) in Germany. A secondary objective was to assess the cost effectiveness of Sinfrontal® versus standard treatment with antibacterials.

It is a landmark piece of research, for it is the first randomised controlled trial (RCT) in homeopathy focusing on economic evaluation. Sinfrontal® was compared with placebo in a cost-utility analysis based on data from an RCT over 3 weeks (Sinfrontal® group: n = 57; placebo group: n = 56). Sinfrontal® led to average incremental savings of €275 per patient compared with placebo over 22 days, essentially due to the markedly reduced absenteeism from work (7.8 vs. 12.9 workdays). Incremental utility amounted on average to 0.0087 QALYs, or 3.2 quality-adjusted life-days (QALDs). Compared with antibacterials, Sinfrontal® had a significantly higher cure rate (11% vs 59%; P<0.001) at similar or lower costs. The results of this economic evaluation indicate that Sinfrontal® may be a cost-effective treatment for AMS in adults.


Small RCT offers limited conclusions in eczema

The effectiveness of homeopathic treatment in atopic eczema has never been proven by rigorously controlled clinical trials. This study was a single-centre, randomised, double-blind clinical trial comparing ‘homeopathic remedies’ with placebo in young adults (age 18–35) with atopic eczema. Homeopathic remedies were individually administered according to the principles of classical homeopathy. After an untreated baseline period of 4 weeks, all patients were treated and monitored for 32 weeks. Throughout the study, co-medication was allowed only with indifferent emollients. The main outcome parameter was disease severity as assessed by Costa and Saurat’s multi-parameter atopic dermatitis score (MP-score). Seven hundred and forty-four patients were screened, out of which 24 (10 verum, 14 placebo) were randomised and analysed. Treatment groups were balanced in most baseline parameters but MP-scores were significantly higher in verum patients (P=0.034). Ten patients (5 per group) dropped out of the study, mainly because the treatment was perceived as ineffective and co-medication was needed. The MP-score decreased from a mean of 54.5 to 40.7 in the verum group and from 45.9 to 32.7 in the placebo group, resulting in a non-significant group difference of 5.6 in favour of placebo. In this study, individualised homeopathic remedies did not prove to be superior to placebo in atopic dermatitis. The authors comment that ‘generalisability of results is limited due to the small number of patients and the high percentage of ineligible patients’, that is an understatement! Also, they have missed the point that generalisation of findings from an ‘efficacy’ trial of this nature is not usually possible in any case!


Faculty research

International clinical data collection in homeopathy for swine flu

Twenty Faculty of Homeopathy doctors are taking part in this study, which aims to find out about the homeopathic treatment of H1N1 influenza and its complications. The project is scheduled to take place until the end of March.

Clinical data collection in homeopathic dentistry, podiatry and veterinary medicine

Analysis of the data from the 18-month data collection project in periodontal homeopathy is nearly complete. An analysis of over 3,500 appointments for dogs is scheduled to take place until the end of March.

Homeopathic approach to adverse reactions of conventional immunisations

Early in 2010, we shall be conducting a survey of Faculty medical practitioners that seeks to gain insight into the use of homeopathy to treat adverse reactions to conventional immunisations of childhood. Look out for an e-mail request to complete and return the brief questionnaire!
Quotes taken from the House of Commons Science and Technology select committee evidence sessions on homeopathy last November. From uncorrected evidence at the time of writing, available at www.parliament.uk

From the evidence session on 25 November

Ben Goldacre:
“If you look at all of the trials in the whole, collectively, what you see when you look at the best quality trials is that homeopathy pills work no better than placebo pills. You can select individual trials and say: we have got this individual trial, or even ten individual trials, which show that it works, but if you cherry-pick your literature and pick out only the positive results and ignore the unfavourable results, you can make any treatment work, including ones that are known to be ineffective or even dangerous. That is just bad scholarship.”

Professor Jayne Lawrence, Royal Pharmaceutical Society:
“I agree there is no evidence on controlled trials. However, patients do feel benefit, and I think that may come from the fact that when they go to a homeopathy practitioner, often, they have a consultation and there are others things associated with treatment other than pills, in some cases.”

Tracey Brown, Sense About Science:
“I think there is the issue that even minor conditions can sometimes betray a more serious condition. For example, constipation. It sounds harmless to be taking sugar pills for constipation, but actually sometimes that is a symptom of a more serious condition and diagnosis is necessary. So there is the possibility of delayed diagnosis or people believing that they are seeking effective treatment when they are not. There is also a broader harm to the public, I think. If you think about the rows that have happened around things like the prescription of Alzheimer’s drugs on the NHS, on the one hand, you are expecting people to look at the evidence to understand why certain drugs are available for people with a condition and certain are not and, on the other, you throw the evidence up in the air and say that if people want it they should have it. We just lose, as a society, the dividing line, the ability to talk to people about the evidence behind their medicines, and I think that is a serious public health issue.”

James Thallon, West Kent PCT:
“Clearly there is something that perpetuates the notion that homeopathy is important which goes beyond purely the scientific debate because to my mind – and it can never be settled because you never know what might happen – the balance of the current research at the moment suggests to us, essentially scientifically trained but lay people, that the issue of the effectiveness of homeopathy is not in question.”

Peter Fisher, RLHH:
“I... am shocked, actually, by the statements that have repeatedly been made this morning that there is no evidence. You have, in fact, a submission before you that actually enumerates the meta-analyses and systematic reviews... to summarise: there have been five, comprehensive, global systematic reviews or meta-analyses of homeopathy which look at the whole thing, of which four were positive. If you look at the condition based systematic reviews and meta-analyses there are 24, of which nine are positive, five negative and ten inconclusive for various reasons, including the trials that were not large enough or they were heterogeneous – the trials were somewhat different and they could not really be compared. I say it is quite clear if you actually look at the evidence, and they are enumerated in a document you have before you.”
Robert Mathie, British Homeopathic Association:
“There are a substantial number of homeopathic medicines where there is molecular content. There seems to be an assumption that they are, to quote from an earlier commentator, “just sugar pills”; in fact, many are not just sugar pills and many of those have been investigated in randomised controlled trials, and some of those have shown clinical effectiveness beyond placebo, and some of those, in turn, have shown clinically relevant and meaningful effects of homeopathic medicines compared with placebo. So there are trials out there which are of good quality and of good design, with good sample sizes where positive evidence is available, and it is not cherry picking.”

Mike O’Brien, Health Minister:
“There is a level of public interest and controversy, and there is a strong medical lobby in favour of homeopathy, and there is also government funding. Okay, in terms of drugs it is £152,000 out of a massive £11 billion drugs budget, so therefore it is quite a small amount in that drugs budget but it is £152,000 nonetheless. Should we look into how that money is spent? I think there is an argument for doing that, yes. What your argument seems to be is because at the moment the generally settled view is that there is not an empirically peer group tested piece of research which justifies it, that therefore we should not do that research.

“...there is a significant lobby of people who are clinicians who are quite capable of looking at data and who take a view that [homeopathy] works, and to say, therefore, that we should stop funding because other clinicians, the majority, take a view that it does not work at all, and to say we are going with the vast majority of the scientific community who take a different view is a stance I have real problems with. I think there is an illiberality in saying that personal choice in an area of significant medical controversy should be completely denied”.

David Harper, Chief Scientist, Department of Health:
“... there is an evidence base but it is subject to different interpretation, and that is at the crux of the challenge we face on this. It is a very difficult evidence base to test... homeopathic practitioners would argue that the way randomised clinical trials are set up they do not lend themselves necessarily to the evaluation and demonstration of efficacy of homeopathic remedies, so to go down the track of having more randomised clinical trials, for the time being at least, does not seem to be a sensible way forward.”
JPSH celebrate ten years of growth

This year the Japanese Physicians Society for Homeopathy (JPSH) celebrates the tenth anniversary of its founding. In 2000 the Society started out with just 50 members. This number has grown to 456 over the last ten years and we now have 258 doctors, 114 vets, 35 dentists, and 49 pharmacists. As the best-qualified promoter of homeopathic medicine in Japan, we started a three-year homeopathic training course in 2001 for physicians who wanted to gain qualifications and train to a standard level. This course is accredited by the Faculty of Homeopathy. The JPSH has two examinations for those who attend the course. The course sets out the core knowledge required for the primary JPSH examination of certification. Successful candidates will become a Certified Member of the JPSH. Medical practitioners who, after becoming Certified Members, pass the Specialized Homeopathy Practitioner examination, are qualified as Fellows of the JPSH – we currently have 11 Fellows. We started the advanced course two years ago, for students who had finished the three year course. This course provides clinical practice for more difficult cases. We continue to see a good uptake to our courses and have recently started publishing a journal, Homeopathic Medicine.

The environment for homeopathy in Japan

In the last ten years, several homeopathic organisations have developed in Japan. JPSH is distinctive and significant because we are the only society that consists exclusively of professional medical practitioners who hold a state qualification. Homeopathy has a short history in Japan, and all of the homeopathic organisations, established almost at the same time, have since followed their own path. The current status of homeopathy in Japan is far from the situation in which patients can enjoy the benefit of homeopathic treatment with a feeling of security. There are two major reasons for this situation. Firstly, there is no solid legal framework established for homeopathy in Japan; in other words, there exist almost no regulations relevant to homeopathy. Even in a case where a practitioner with no medical knowledge or experience provides homeopathic “treatment”, he or she can easily evade the existing medical laws. It is not until an accident occurs that the conduct of such a person is perceived as a problem. In Japan, the Medical Practitioners Law allows only physicians who hold a state qualification to provide medical treatment to human patients. Provision of medical treatment by a person who does not hold a state qualification is defined as illegal. Similarly, the Veterinary License Law allows only the qualified veterinarians to provide medical treatment to animal patients.

The second problem is that homeopathic remedies are not uniformly approved as pharmaceutical products throughout the nation. Once the remedies are uniformly approved as pharmaceutical products, the environment surrounding homeopathy will surely change dramatically.

Educating the public

Recently, some media sources have become interested in homeopathy and have introduced it to many people. However, they do not recognize homeopathy as a proper medical treatment. The general public have started to pay attention a little more to homeopathy, so JPSH has started to run some seminars for them, to explain homeopathy as a medical treatment which can be offered by doctors.

Liga conference in Nara, 2012

The JPSH is honoured to be given the chance of holding the 67th Congress of the LMHI in Nara in 2012. Nara is a most beautiful and historical city near Kyoto in Japan and excellently appointed with a competitive range of high-class facilities for seminars, conferences and after conference entertainments, and offers remarkable convenience, safety and hospitality to visitors. We are looking forward to providing an excellent international environment conducive to a first class productive learning exchange experience in Nara. I hope to see you there.

Ronko Itamura
Senior Director and Dean, JPSH
Many of you will be aware of the recent House of Commons Science and Technology Committee hearings about homeopathy. Peter Fisher and Robert Mathie were called to give oral evidence and were both robust and clear in their statement of the true position. In planning for submissions to the Science and Technology Committee the Faculty was able to play a strategic role in co-ordinating the responses, which was very effective.

There have also been a number of positive developments in our education field which are explained in greater detail in the Dean’s report, but I am particularly pleased by the decision to adopt course-based assessment after the Primary Health Care exam. The old written part of the MFHom exam was becoming increasingly obsolete in modern educational practice and represented a deterrent for many good students. It has also been a wonderful help to have the new bursaries, offered jointly by The Blackie Foundation and the Arthritic Association, for first year students.

I know that revalidation is a serious concern to many doctor members, especially those who work solely in private practice. The GMC is still working on the actual mechanisms which makes it impossible for the Faculty to finalise its own plans. There are a group of members who are actively involved in keeping abreast of developments and the Faculty remains committed to supporting all members through this process.

On a sadder note we have recently had to bid farewell to Sarah Buckingham who has worked so hard for us all in the media and publication field. We will all miss her knowledge, support and friendship, but I would like to wish her all the best as she moves on to fresh pastures.

I have no doubt that the promotion of our message to all health professionals is the only way to achieve a stable future for the Faculty and homeopathy, so if any of you have an opportunity to speak to any groups, please don’t let that pass by, even if you are unable to do it yourself. If you contact either the Faculty or me we will either provide you with support or find someone to do the talk.

Over the last few years I have seen so many examples of the whole being greater than the individual parts – what might seem like a small contribution from one of us can set up all sorts of reactions, so never worry that what you are doing might seem insignificant. It is often a tiny push that finally opens a heavy door.

As I am sure you all know, 2010 is conference year, so pencil in the 11th – 14th November now for a trip to Cambridge. We have chosen the provocative title ‘Changing Perceptions: an integrated approach to serious illness’ as it was the feeling of the Academic Board and Council that we wanted to make a public statement about what homeopathy can responsibly achieve for our patients. We are hoping that members from all disciplines will feel able to present some of their cases where homeopathy, combined if necessary with conventional treatment, has benefited their patients. We will also have a session on the remedies of the Poppy Family on Remembrance Sunday.

I would like to thank the staff as I am constantly amazed by the amount of work that the team are able to get through. Thanks too to every Faculty member and may 2010 start a decade of positive news for homeopathy.

Sara Eames
President
The Faculty continues to promote the development of homeopathy as a clinical discipline, to set and maintain standards in education and practice of its members and to positively influence such standards internationally.

**The MFHom examination**

The MFHom examination pathway for doctors has been modernised this year after several years of painstaking work by the Academic Board, UK accredited teaching centres and Examiners’ Panel to introduce Course Based Assessment after the PHCE – a sensitive and creative blend including reflective portfolio, formative and summative assessment tools supplemented by tutor supervision by which the teaching centres directly assess readiness to sit the final Clinical MFHom examination.

The final Clinical Examination for doctors has been updated to include OSCEs (Objective Standardised Clinical Examinations). Interim arrangements are being made for those near the end of training and for teaching centres outside the UK.

Eight doctors have passed the MFHom examination in 2009 – congratulations to Stephen Caulfield, Olfat Ghoneim-Ismail, Nadja Gunneberg, Renuka Kshirsagar, Rachel Lee, Ralf Schmalhorst, Tagelbaha Bahnassi Sherif, and Christine Suppelt.

Congratulations to Jennifer Boyle, Leonora Coll, Jacqueline Mardon and Helmut Roniger who have been appointed as examiners this year.

Thirty eight doctors continue on their path of Specialist training.

**New teaching in the UK**

It was very pleasing to see the launch of a new teaching venture in Northern Ireland this autumn. This is the first time training has been delivered in Northern Ireland in a very long time. The opportunity arose after the interest generated by the enquiry by Department of Health in Northern Ireland and providing homeopathy on the NHS. Due to the tenaciousness of Dr Gary Smyth and discussions with Dr Sara Eames, the course launched with the Royal London Homeopathic Hospital delivering the teaching initially with the aim that teachers in Northern Ireland will take over in the next few years and have a fully accredited teaching centre in due course.

**British Homeopathic Congress 2010**

Arrangements for our Congress 11-14 November in Cambridge are well underway. The theme is “Changing Perceptions: an integrated approach to serious illness.” The programme is taking shape and critical to developing the programme is having a good selection of abstracts to choose from. Abstracts are not limited to the above theme and are welcomed from all members. Please consider submitting an abstract in January to Catherine Saunders (csaunders@facultyofhomeopathy.org).

**Accreditation of teaching centres**

The Dulcamara School of Homeopathy in Genova was successfully re-accredited for a further 4 years. UK e-accreditation visits are due in 2010.

**International Faculty-led teaching**

Our courses abroad have continued to develop over the last year with teachers from all the UK accredited teaching centres.

The Faculty international teaching course in Portugal began a new intake in 2009 in association with the University Fernando Pessoa & Observatorio De Medicina Integrativa in Porto and Lisbon for doctors, pharmacists and osteopaths.

In Russia, the Faculty core curriculum, supplemented by additional advanced seminars, continues to be delivered to 80 doctors and around 100 doctors attend the rolling programme of advanced seminars with the core teaching provided by Russian doctors with MFHom.

The teaching team have all shown great dedication, enthusiasm, reliance and flexibility. If you have an interest and experience of teaching and would like to take part in 2010 please do contact me.

**International accredited teaching and centre-led teaching**

International teaching continues in accredited teaching centres outside the UK with a total of 101 presenting for the PHCE exam in 2009. The Homeopathic Professionals Teaching Group continued its teaching for vets and other disciplines in Australia, Canada and South Africa.

**Working with ECH & LMHI**

Considerable efforts to combine educational guidelines from both the ECH (European Committee for Homeopathy) and LMHI (Liga Medicorum Homeopathica International) into a single document which reflects higher educational standards have been successful in gaining approval of both organisations.

**Revalidation**

All doctors who are Faculty members and engaged in clinical work will have received their License to Practice from the GMC in November. The Faculty’s revalidation working party has continued its efforts to assist our members with queries about the process of revalidation, has maintained contact with the Department of Health and GMC and continues to develop the Faculty’s role in re-certification.

**CPD**

Faculty CPD counts toward the CPD needed for revalidation. All members treating patients are expected to fulfill Faculty CPD requirements. Our annual CPD requirements remain: LFHom 6 hours attendance-based plus 10 self-directed learning; DFHom, MFHom and FFHom level 12 hours attendance-based plus 20 hours self-directed learning. The 2009 round of ensuring CPD requirements are being met has overall gone smoothly and successfully.

Raymond Sevar
Dean
UK student numbers continue to be disappointingly low, a consequence of the ongoing negative image of homeopathy that persists generally. This is in spite of the excellent research work that is being done by veterinary members of the Faculty under the direction of Robert Mathie. Particular mention must be made of Jack Hoare, whose involvement with the Bristol Veterinary School resulted in a highly successful (for homeopathy) pilot study involving atopic dermatitis. A paper on the study was published by the Veterinary Record in March 2009 and discussions are underway over the protocol for a full trial. A major change involving the examination structure of the Faculty is underway and this involves the veterinary profession as much as all the others. At present, these new arrangements apply only within the UK.

On the examination front, in 2009 six UK candidates were successful in the LFHom (vet) examination, which for vets has replaced the PCVH in use for other professions.

The HPTG course in Australia continues with preparations beginning for the LFHom (Vet) examination. The same course has been taken to Canada and is now in its second year, teaching both vets and veterinary nurses (known as ‘Vet Tec’s’ there). In addition it has been expanded into Latvia, and includes additional students from Estonia (2) and Lithuania (2). Currently three modules of the first year have been presented. It is to be hoped that these ventures will result in further extensions of Faculty membership.

Discussions are ongoing at national level for a revision of the Veterinary Surgeons Act, which could have repercussions for homeopathy. Various lay groups are campaigning for a liberalisation of the rules governing the homeopathic treatment of animals. This does not appear to be a major threat but representations have been made to the appropriate authorities and the situation is being monitored.

The hawk-eyed will have noticed that this report has not been written by the Veterinary Dean, Chris Day. After many years of devoted service to the Faculty Chris is taking a six-month sabbatical from his post, until the end of April. We wish him well and look forward to his resuming his duties in the spring.

John Saxton
Acting Veterinary Dean

2009 has been a fantastic year for development in homeopathic podiatry. We saw the first students take the DFHom(Pod) exam in September 2009 and my congratulations go to Colin Perry, Lorraine Epicheff, Penny Waters and Jane Greenwood, for successfully completing their studies. They have undergone some gruelling work over the past two years, which has included completing ten case studies in addition to the examination and viva. I was very impressed by the calibre of students that we have had on the courses and I am pleased to say that Jane and Lorraine were able to pass with distinction for the high standard and level they performed in their exams.

Last year we also saw the launch of the MFHom(Pod) syllabus, and the first intake is due in February 2010. This syllabus will replace the DFHom(Pod) and students will follow their initial diploma level work with a 20-30,000 word essay project at the end of their studies for MFHom(Pod). These changes are in line with the current trends taking place within the podiatric profession, where specialist recognition is of a Masters level, which allows people to further develop their skills and specialise in their own career pathway.

November saw the annual Society of Chiropodists and Podiatrists conference in Harrogate. This year, the Homeopathic Special Interest Group of the Society welcomed Sara Eames, President of the Faculty, to talk about homeopathy as part of their group. I presented my talk about the research basis of homeopathy in podiatric practice. On the second day, we had our four DFHom(Pod)ls presenting homeopathic cases carried out in their podiatric practice. There was much enthusiasm from the audience and the potential for new licentiates coming onto our courses looks very promising for 2010.

I hope the enthusiasm we have seen this year in the podiatric world towards homeopathy will continue to get stronger and my wish is that in 2010, we will be able to increase the number of LFHom coming out of the teaching centres around the country.

Success for 2010.

Tariq Khan
Podiatry Dean
It has been a mixed year in the field of dental homeopathy. Again this year we have been down on students as well as candidates for professional exams and further qualifications to sit the MFHom. I am disappointed that the introduction of the MFHom (Dent) hasn’t motivated dentists to improve their level of competence in the way we expected. I hope the reason is that potential candidates are waiting for the new examination system to be in place before they apply for the coming examining year’s MFHom sitting.

There is all round pressure on the whole dental profession, not only at the coal face but with PCTs and everything else that goes with the territory. There is the new contract to deal with that is soon to be “offered” by the PCTs. Hopefully when this is sorted out practitioners will be able to concentrate their efforts back onto homeopathic practice.

Added problems have been seen in low student numbers at the teaching hospitals because teaching has come under pressure due to lack of funding. Hopefully a solution will be found to this problem in the very near future.

BHDA symposium
There was tremendous enthusiasm for further education in dental homeopathy at last year’s British Homeopathic Dental Association conference in October and we must tap into this wealth of enthusiasm. This must be considered as essential if we are to motivate, enthuse and continue to provide education in dental homeopathy.

Dental data collection project
I would like to thank all the dentists that took part in the Faculty’s research project on periodontal conditions, which finished after 18 months of clinical data. We await eagerly the results and conclusions of the data set. I would like to thank Robert Mathie and Sue Farrer for all the work and effort that has been needed to bring this project to fruition.

Pete Darby
Dental Dean

“I would like to thank all the dentists that took part in the Faculty’s research project on periodontal conditions.”

It can’t believe that it’s now a year since my last report. Things have been very busy; the MFHom exam has now changed to incorporate course-based assessment. This will be carried out at the teaching centres. There will be a clinical day and the usual ten cases studies. The cases will be conducted throughout the training so that the students gain experience and case taking can be mapped. By changing to this new form of course-based assessment.

Congratulations to Elizabeth Baines and Denise Kendrew, who have both been successful in achieving their LFHom in the past year. Also my congratulations go to Lynne Fish and Helen Idle who passed their MFHom (Nurse) examinations last year. These are our first MFHom (Nurse)s in England and I would like to wish them all the best from myself and the rest of the nurse membership.

I went down to Bristol Homeopathic Hospital and met a few of the nurses who are training both in England and Scotland. It was nice to hear how the teaching centres compared to each other, and it gave the nurses a chance to get to know me and to ask all their questions. I had a lovely time and I’m looking forward to visiting next year.

You may well have read about my trip to Kenya and the training of homeopathic nurses there (see page 6). I would like to see nurses from the UK going out and helping to teach in Kenya. If you are interested please get in touch.

Our two member representatives Karen Hooton (Scotland) and Ilona Edmonds (England) continue to do an excellent job. I would like to take this opportunity to thank them both. They need your help by letting them know what support you require so please get in touch.

I am sure you are all aware that Congress is in November this year and that it will be held in Cambridge. If any nurses would like to submit an abstract please send to Catherine Saunders at the Faculty (csaunders@facultyofhomeopathy.org) before the end of January. Attending Congress can give you all the hours you require for your CPD and is a great opportunity to be around like minded people. I would love to see you all there. Last year four nurses attended and they all enjoyed the experience. It would be nice to see lots more in November!

Patricia Donnachie
Nursing Dean

Our two member representatives Karen Hooton (Scotland) and Ilona Edmonds (England) continue to do an excellent job. I would like to take this opportunity to thank them both. They need your help by letting them know what support you require so please get in touch.

I am sure you are all aware that Congress is in November this year and that it will be held in Cambridge. If any nurses would like to submit an abstract please send to Catherine Saunders at the Faculty (csaunders@facultyofhomeopathy.org) before the end of January. Attending Congress can give you all the hours you require for your CPD and is a great opportunity to be around like minded people. I would love to see you all there. Last year four nurses attended and they all enjoyed the experience. It would be nice to see lots more in November!
The Royal Pharmaceutical Society began the year by consulting with a number of healthcare professionals, including myself and several other Faculty members, on a variety of homeopathically related topics. It seems that in the wake of their publishing arm’s recent support for the complementary medicine sector, the RPSGB is gauging the need for the provision of some official guidance to pharmacists. Whether this will be in the form of an updated information sheet in the Pharmaceutical Journal, such as was produced with the help of the BHA some years ago, a new complementary medicine CPD module or in some other way is unknown at this stage. This exercise has undoubtedly been prompted by the increase in demand for homeopathy from the public, with more patients asking their pharmacists about homeopathy. While this is certainly encouraging for homeopathy as a whole and has led to an associated increase in requests for talks on homeopathy at Continuing Professional Development and Pharmaceutical Society Branch meetings up and down the country, it has also brought many critics from within our profession.

Last year, Professor Ernst used the pages of the Pharmaceutical Journal to attack homeopathy by accusing pharmacists involved in providing homeopathic services of acting unethically due to a perceived lack of evidence base. This point has been repeated by several other protagonists this year. On each occasion Faculty members have responded to point out that there is an evidence base, indeed more than for some allopathic drugs. In addition, as homeopathy is available on the NHS, pharmacists are obliged to have some knowledge in order to dispense a prescription presented to them — it could even be argued that it is unethical to have no training in homeopathy!

The availability of homeopathic medicines would appear to be, at least for the foreseeable future, assured in UK legislation with established registration, manufacturing and supply pathways for both human and veterinary medicines. In the last year, landmark registrations have been granted in both sectors – Arnica for human use was successfully licensed under the National Rules (2006) framework which allows homeopathic medicines to be labelled with limited indications of use. In veterinary homeopathy, Anxt-F became the first complex to be registered by the Veterinary Medicines Directorate (VMD).

Despite the best efforts of some of our high profile detractors, the Government appear committed to allowing continued access to homeopathy within the NHS at the specialist centres and on prescription. Homeopathic medicines are also available under the Minor Ailments Service in Scotland which allows pharmacists to issue NHS prescriptions for a range of medicines for certain patient groups.

LFHom(Pharm)

In the most recent academic year, seven pharmacists passed the PHCE in the UK, Japan and Italy – congratulations to all the successful candidates! I hope that some will consider progressing to a higher level of training. The new course in Belfast established by Dr Gary Smyth has attracted a large number of pharmacists and I look forward to contributing a specialist teaching session to the programme in 2010.

DFHom(Pharm)

This qualification level seeks to build on the clinical skills of the homeopathic pharmacist while also increasing their knowledge of homoeopathics. In the evolving UK healthcare environment, the issues discussed on this course such as manufacturing, source materials, pharmaceutical quality and relevant legislation are becoming increasingly important to the role of the pharmacist as the demand for information about homeopathy increases from the public and professional colleagues. A Pharmacy Diploma programme is currently offered by RLHH.

MFHom(Pharm)

This is the highest level of qualification within the Faculty and comprises a combination of distance learning, clinical and specialist pharmacy topics based around the existing MFHom courses offered at the Faculty teaching centres. The qualification works well within the framework of developing specialist clinical competencies which is being actively encouraged by the Royal Pharmaceutical Society and this is an opportunity for pharmacists to develop consultation and prescribing skills for the new roles in these areas that we are increasingly being asked to perform. There are currently three pharmacists working towards this advanced award and I wish them well as their studies progress.

Please do not hesitate to contact me with any questions or comments or if I can offer assistance with courses, CPD or any aspect of professional practice. I look forward to hearing from you.

Lee Kayne
Pharmacy Dean
The public debate about homeopathy continued to be very active last year. Critics remain adept at gaining media access for their opinions, and there’s no doubt the negativity has resulted in a more hostile environment for homeopathy. The closure of Tunbridge Wells Homeopathic Hospital was a sad loss.

However, it’s been a good year for getting the counter arguments across. There’s an old saying that it’s the irritation of the grit in the oyster shell, which stimulates the oyster to grow a pearl, and one of our pearls is the five page “We answer the critics” document which has recently been updated. It takes the commonest claims of the anti-homeopathy brigade and gives facts and references to counter them. The document can be downloaded at www.facultyofhomeopathy.org/media/news/vwe_answer_the_critics.html and becoming familiar with its contents has allowed a number of members to more effectively engage in debate, online, on the radio, and in print.

Over the last year a number of Faculty GPs have undertaken media training and are now armed with the tools to get our message out effectively. One of the key strands of our media strategy now is to promote homeopathy in primary care and this niche could be particularly fruitful for us. The publication, in Pulse, of Tim Robinson’s article about his use of homeopathy in a busy GP practice was a good example of managing to break through and have a more balanced, real life, practical counter to our critics, whilst promoting the fact that GPs are offering homeopathy in routine ten minute appointments and yes, getting results! Another of our GP media recruits Charlotte Mendes da Costa did well in an interview for London commercial radio after a story broke about a homeopath in Australia and a case of child neglect. Again we got the message across that GPs practice homeopathy and are regulated like any other doctors. Media opportunities almost always come about because there is something negative in the press about homeopathy, but we must take these opportunities to get our voice heard and get our positive points across while we can.

Two big news items not about homeopathy have also begun to change the environment for our promotions work. A very high profile libel case between journalist Simon Singh and the British Chiropractic Association produced a lot of discussion about libel laws and freedom to promote scientific research, even though the case was not about a scientific article, but against a piece of journalism in the mass media. An even more high profile case has been the sacking of Professor Nutt, as a government drugs advisor. This has also raised an intelligent debate about power and the place of science in our political policy making. Neither of these two cases are necessarily positive or negative for homeopathy but both widen the debate well beyond the territory of “my trial is bigger than your trial” and of “plausibility” (can those patients really be better?)

In the autumn, a group of students organised by Sense About Science sent a letter to WHO condemning the use of homeopathy and asking the organisation to state its policy on homeopathy in the treatment of several infections. The WHO responses were actually quite bland and non-committal but this was cleverly used by the group as “WHO condemns the use of homeopathy”, which, in fact, it doesn’t. The Sense About Science spin on the correspondence was accepted uncritically by the media, which is a further demonstration of their ability to have their message not only heard, but widely disseminated.

New media tools like Facebook are becoming increasingly useful in sharing our communications and supporting members who both need to defend homeopathy, and who are trying to put across a more positive story. The redesigned Faculty website, e-newsletter and Promotion Network email exchanges, which are increasingly connecting to other groups outwith the Faculty, have brought us to a higher level of active, effective promotion than we’ve ever managed to achieve before. The Faculty’s much improved website is at www.facultyofhomeopathy.org and will provide you with up to date information about what’s newsworthy in relation to homeopathy, as well as continuing to offer the best, most up to date, summary of the evidence base. The Facebook group “Focus on Homeopathy” is here – www.facebook.com/group.php?gid=8610841917. The Faculty’s “key messages” are now available to all members in the password protected area of the website, along with guidelines for how to handle media interviews. Click on the Promotion network link. We have managed to get some of our key messages across effectively on national TV and radio in the last year, including the vital message on research.

In summary, we are still in the midst of significant, organised hostility towards homeopathy. This continuing attack has forced us to clarify our messages to counter it and we are quickly learning how to use new methods of networking and dissemination of those messages. We need as many members as possible to participate actively in this area. The network works best when it facilitates sharing and community support, and our strength in the Faculty has always been the enthusiasm, belief and passion of the members. It’s not a positive experience to continually have to defend, and it’s not been clear just how the agenda might change, nor how we can play an active part in that change. Perhaps an increasing demand for personal, safe care, with increasing rights to make your own decisions about your healthcare will be part of a much improved environment in which to develop and promote homeopathy.

Bob Leckridge
Promotion Convener
The Members’ Committee has had another busy year. As always our objectives continue to be the protection of the interests and representation of our members. We also aim to maintain the current membership and encourage growth of future membership.

The Members’ Committee is composed of representatives from all regions of the UK as well as representatives from the dental, veterinary, nursing, pharmacy and podiatry professions. Faculty staff present are Chief Executive Cristal Sumner and Tracey Rignall, our Membership Officer. We meet ‘face to face’ twice a year at the Royal London Homeopathic Hospital as well as an ‘e-meeting’ each June. Members’ Committee meetings consist of a long agenda of issues ongoing as well as arising. One of the most important parts of the meeting is the regional feedback; this is the opportunity for grass roots Faculty members from any of the disciplines to have their concerns brought to the attention of the Faculty. This is an extremely important role of the Members’ Committee as it gives us the opportunity to consider your views and hopefully respond to your wishes. As convener, I sit on Faculty Council to represent the Members’ Committee and the Faculty members as a whole. Views, aspirations and concerns raised at our meetings are shared with Council members; this enables the dissemination of information directly to our President, Deans and other Faculty committees. Over the last year around the country local groups continue to meet, some more than others; the recurring constraint is still geographical which seems to be insoluble. There have been a series of seminars and clinical meetings in the teaching centres which have been well attended.

Membership numbers are currently 1205 which is slightly down on last year’s, due to lapsed members. Continued negative press and the current financial climate are contributing to this fall in membership. Despite these factors the existing membership seems positive as judged by the feedback following Faculty CPD events as well as from the reports from regional and professional representatives on the Members’ Committee. Whilst there is so much negative press and discrediting of homeopathy it is particularly important to be able to defend ourselves. Continued criticism could wear us down and defeat us. In order to resist this criticism we need to be strong and defend ourselves. I urge you to contact the Faculty or visit our website at www.facultyofhomeopathy.org for Robert Mathie’s research summary which sets out clearly the supportive evidence for homeopathy. Armed with this you can stand up to even the fiercest detractors and shoot them down with the truth. Defending our cause with pride and confidence is essential for our survival and the protection of our membership.

The Faculty’s website continues to gain visitor numbers each month. The members’ area with its notice board is particularly impressive. I encourage those of you who have not been there to ‘log-on’. We see it as a forum for debate as well as an educational function for those less experienced members who can access opinions from wise old sages!

The two key issues that constantly recur in the Members’ Committee meetings are recruitment and retention of Faculty members. Recruitment seems to result from word of mouth as well as advertising for courses. Personal effort of members to present at post-graduate centres would help to gain more interest. We would like to increase this activity; the Faculty has a selection of powerpoint presentations for this purpose (i.e. the difficult bit is done for you!)

Retention of membership is hopefully encouraged by the Faculty being seen as a proactive, professional and proud organization. Along with the impressive website as mentioned earlier, our journal Homeopathy continues to be respected and highly regarded within the academic establishment. Smiley, the Faculty newsletter, has evolved into an enjoyable read, as well as an extremely valuable information source. Planning of the 2010 Congress, to be held in Cambridge, is well underway. This event is always a valuable membership retention device, as well as an excellent educational experience and enjoyable social gathering.

I think you will agree it has been another busy year for the committee. We will continue to work hard for members. We welcome any suggestions, views and criticisms regarding the Faculty and its workings.

We will endeavour to convey information regarding developments that may affect you. Above all we hope that you will continue to feel proud of your membership of this worthy organization.

Tim Robinson
Members’ Committee Convener
This year we have performed well in the face of a challenging environment and have retained surplus funds for the coming year's activities. Our year end deficit was in line to what we had budgeted at the start of the 2008-09 budget year but this was only achieved because of tight controls on expenditure.

Due to the worldwide financial crisis over the year, income was adversely affected – the numbers of members renewing membership, enrolling for CPD events and coming forward for exams fell below projections. It also meant the British Homeopathic Association needed to reduce its annual grant toward our educational work from £84,000 in 2008 to £50,000 for the year ending August 31, 2009.

In the year we held our bi-annual Congress in Harrogate which accounts for the large increase in income and expenditure in related line items over 2008 when we did not hold a Congress. Overall operational costs decreased substantially from 2008 which reflects that certain staff posts in the Faculty were not replaced when they became vacant, or were replaced by part-time contract employees.

We anticipate the coming year will be full of opportunities and will be trying to maximise our income to support our members and aim to break even at the close of the year, retaining our surplus.

Andrew Sikorski
Treasurer

Draft income and expenditure – Year ended 31 August 2009

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Balance sheet as at 31 August 2009

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<td>68,943</td>
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Homeopathy

I’ve just come across a really interesting piece of work by a French researcher called Montagnier. He and his co-workers found that some bacterial DNA sequences are able to induce electromagnetic waves at high aqueous dilutions. At ‘dilutions’ as high as 18x \(10^{-18}\), they found that there were recognisable signals detectable. Agitation of the preparations (succussion in homoeopathic language) was found to be essential to the dilution process. The signals were obliterated by heating and freezing the solutions. Although homeopathy is not mentioned in the article, I thought this was pretty interesting research. Luc Montagnier is no backwater crackpot. He co-discovered a virus you may have heard of – HIV. And got a Nobel Prize for it in 2008.

This turned my mind to the incredible scepticism there is towards homeopathy. I often say to people that, in a way, I wish I’d never found it; my life would be so much simpler and I’d probably be a whole lot (monetarily) richer. But I did and am incredibly grateful that I did. But I still have to deal, daily, with articles in the press, reports on the BBC, and jibes from conventional colleagues at conferences. So the Montagnier paper, among others published recently, may be the first chink of light in the orthodox armour. A way to silence the sceptics and to allow professional communications between conventional and homoeopathic veterinary colleagues for the benefit of our patients. I hope so.

But why be sceptical? Veterinary homeopathy is alive and well and producing incredible results. They may be individual cases, not large double blind placebo controlled trials, they may be “miraculous” cures, but without before and after data, but they are happening every single day throughout the world. I began to reflect on some of the amazing cases I’ve seen over the years.

Pip, a 14 year-old New Forest pony, was an early homoeopathic miracle for me. He presented with what they call “sweet itch”, an allergy to midges. He’d had it all his life and would itch for ten months of the year. His grey, thickened, cracked skin by June would make him look like a rhino. No orthodox medicines seemed to work. Come to that, my first prescription of Arsenicum album and Culicoides (the midge in a nosode) didn’t touch him, either! I was gutted, as was the owner, Susan, who had put so much faith in the remedies.

I persuaded Susan to let me have another look. This time, on repertorisation, I concluded Sulphur. The change, when dosed daily with the Culicoides nosode, was almost instant. It was April, so he was itchy, without massive thickening yet. Within two weeks he was no longer itchy. Susan couldn’t believe it. To be honest, as a vet homoeopath in training, nor could I.

We continued dosing and managed to reduce to twice weekly dosing, but any less frequency would see breakthrough scratching. Susan forgot to re-order his remedies when his first prescription ran out. He started itching immediately, but when, after a week, the new remedies came through, he stopped again, right in the midst of the midge season. He’s been fine ever since.

Another lovely example of homeopathy saving the day was with Anja, a nervous 18 month-old Vizsla bitch. She hadn’t had her first season, unlike her four other sisters and her mum who’d all come in aged ten months or so. Since this sororal pheromone storm she’d been “not quite herself”; jumpy, hysterical and suspicious. Her vet had diagnosed “low progesterone”. He’d spoken to a specialist at Bristol University who...
predicted she’d never come into season, therefore. Her owner was not to be so lightly discouraged and gave me a ring. Having had a few years prescribing by this time I knew that homeopathy is fantastic for any hormonal condition. Cushing’s disease, hormonal alopecia and old age incontinence I’d seen all clear up beautifully, so I was keen to work on Anja.

We prescribed Nat mur as a constitutional for her in a 1M potency. I also used Folliculinum and Progesterone at a 30c potency for a more local, or pathological, prescription. I’ll often do this – treat the whole animal and support a particular organ or system at the same time. It seems to work for hormones, but also for liver, kidney or skin problems, to give just a few examples. Within two weeks, she became a little puffier around the vulva, a sure sign that something was happening. We thought this was it, but she calmed again.

What told me that we were definitely going in the right direction was that she was happier in her own skin; less jumpy with people entering the house and not sleeping in a tiny ball – content to lounge like a normal sleeping dog. She became clingier and began to worsen after her weekly Nat mur dose, so we switched to Pulsatilla. Within a month she had her first urination, so we switched to Nat mur. Her owner rang me to say the remedy was helping, but she was licking more! I sent her Staphysagria 50M and said dose as often as before. I decided to be a little more aggressive with my dosing and we went for twice daily dosing for two weeks. This did the trick. A two week check showed his coat to be slightly less bristly (with all the licking) and his behaviour had mellowed. He was actually retaliating toward his brother for the first time in his life, too!

I increased the potency of the Staphysagria to 1M and advised dosing just when he needed a boost. He continued to improve, showing a normal coat within a few months. He needed dosing every few weeks, once with the 1M. Six months later, his owner rang me to say the remedy seemed no longer to be working. I sent her Staphysagria 50M and said dose as before. All was well after this. Now he just needs a dose once in a blue moon. What is really interesting about this case, and his owner only told me this after we’d been consulting for a few months, is that she had been putting a drop of the liquid remedy on her finger to dose him every time and her sense of smell had returned. She’d lost it about 15 years previously when she was working in a very stressful office environment that she hated, or “resented” you could say...

There we go – another three cases to add to the mountain range of anecdotes of homeopathic miracles. No doubt the sceptics will sneer at these as well. Homeopathy is placebo, after all, isn’t it?

Reference:
2 Various:

Nick Thompson
nickthomson@holisticvet.co.uk
www.holisticvet.co.uk
Hysterical insomnia and osteoarthritis treated with Moschus moschus

In 1994 a man came for homeopathic treatment of rheumatoid arthritis and angina but before he told me anything about himself it was his “bounden duty” to tell me about his wife, “who is in a terrible state. She is terrified to go to sleep because she is convinced that if she does she will die. She gets completely hysterical – just terrified – she is utterly convinced that she will die in her sleep. She sits up and drinks coffee and watches TV and of course eventually she does fall asleep and wakes up OK in the morning, but the next night she is terrified and completely hysterical again.”

Reflective practice
How would you respond? The patient has a very clear and strong expectation. It would take great skill to say no without producing a stand-off situation. Is it appropriate to prescribe on only this information without seeing the patient? If you do prescribe, will you give Aconite or is there something very unusual about this presentation which merits repertorisation?

I was intrigued, firstly by his use of the words “bounden duty” which gave the first clue to his prescription of Kali carbonicum which resolved his rheumatoid arthritis in three months. I reached for my paper copy of the Complete Repertory by Van Zandvoort but which rubric? Is it FEAR sleep, go to, to – lest, die, he would? Is it HYSTERIA, sleeplessness with? I was struck by the force with which he said “completely hysterical” and prescribed Moschus moschus 200CH pills 8 grams, one if required and stop if she felt better.

Follow up from husband two months later: “She is great – She took the medicine and went to sleep OK the first night. She took it again whenever the fear came back and she has been going to sleep easily.” I forgot all about this when she came for treatment four years later and she didn’t mention it!

Consultation November 1998
Observation: J is an overweight attractive 51 year-old lady with grey hair, big soft brown eyes, flushed cheeks and greasy skin.

Observation: before I have a chance to ask her anything she just bursts out crying and continues weeping for several minutes.

I just keep bursting out crying all the time and its getting ridiculous – as soon as I start to speak I burst out crying – it happens with everyone… I don’t know why, there seems to be no reason… I feel better for a while after I have cried… If someone shows me sympathy I cry but I don’t like it… I just can’t cope with anything anymore – I panic if I think there is not enough time to get something done and my thoughts keep whizzing round and round in my head and then I get dizzy and feel as if I will fall… I am eating chocolate, sweets and biscuits for comfort all the time and can’t stop.

I feel as if my hair is being pulled… I feel as if someone has got hold of my hair and is pulling it off my scalp.

I don’t really feel well since I had a convulsion a year ago, my confidence has gone down… I have had epilepsy since 1969 and take Epantin 50mg twice a day… I know it’s a small dose but any more makes me feel awful… The convulsions start with an odd fuzzy feeling in my head, then there is jerking of my hands and arms while I am conscious and then I pass out and my husband says then I jerk and spasm.
and after I wake up and I have been incontinent.

I feel OK walking on the flat but I get very puffy and short of breath on hills... I am chilly but I overheat easily... I am just tired, energy 40/100... I am very scared of thunderstorms - I just hate them. I curl up in a ball and shudder with each flash of lightning... I get a sickly headache if I sit in the sun... I love the sea and feel better at the sea... I feel free... I absolutely hate oysters, mussels, cockles. I forced myself to try an oyster once but I could never eat another... I am really scared of spiders and heights and narrow close in places – even seeing someone pot-holing on TV I start gasping for air.

Analysis
Recognition heuristic leads to prescription of Calcarea carbonica – sensation as if hair pulled, anxiety, fears narrow, heights and thunderstorms, epilepsy, aversion oysters, overweight, comfort eating sweet carbohydrates – 30CH one dose, 200CH one dose then 12CH daily.

Outcome 1998 to 2001
The sensation as if her hair was being pulled resolved completely as did her weepiness, anxiety and comfort eating and she remained free of convulsions.

Consultation October 2001
I have been good till the last six weeks – I have been getting stiffness in the fingers of my right hand - mainly the middle and little fingers and it feels tight and stiff in the palm... worse in the morning when I wake but it is there all day and when I stop using my hand it stiffens up more.

On examination: palpable flexor tendon thickening, slightly tender. Heberden's nodes both index fingers

I have been getting panic attacks again. My husband is leaving for the north of Scotland because he has got a better job and I don’t want to go. I get panicky and can’t settle and can’t get my breath and break out in a sweat... it comes on in the evenings and gets worse till about 1am. I am afraid that I will go crazy. I have had to stop work... I have had to come back. I could not stand the isolation of living up there on the north coast of Scotland – it was dead, desolate, empty. There is nothing to see but the sea and nothing to do and nobody around... My epilepsy is still OK, no convolution... I have become exquisitely sensitive to certain perfumes and have to leave the room.

Treatment
Calcarea carbonica 30CH drops for three days then panic attacks plus 15CH pill daily produced no change in six weeks.

Consultation November 2001
I am terrified to go to sleep in case I die in my sleep. It is just like it was years ago when you gave my husband Moschus for me to take. It was wonderful, like a miracle and I have had none of this trouble for seven years... The fear is that I am terrified to suffocate and die while I sleep – it comes upon me just before I go to bed* and while I am lying there, so I can’t go to sleep and then I get the feeling that I can’t breathe.

* Gesture – her left hand goes to protect her throat/larynx with thumb on one side of larynx and fingers on the other – it is a fast but gentle protective gesture – and her right hand and arm make a ward-off gesture – and she looks at me with those big soft open brown eyes and I “see” the deer protecting her neck from a predator

Treatment
Moschus moschus 200CH drops in 30ml stock bottle, two drops daily for three days then when required with ten succussions before each dose.

Rubrics
At this point of recognition there is little need for repertorisation but relevant rubrics are given below (which all contain Moschus):
DEATH; conviction of
DELUSIONS; death; approaching
FEAR; suffocation, of; lying, while HYSTERIA; sleeplessness, with SENSITIVE, oversensitive; odors, to FEAR; sleep; go to, to; suffocation, of WEEPING; hysterical; involuntary STIFFNESS; fingers; hands; morning; rheumatic CONVULSIONS; spasms; tonic

Outcome
Her fear and insomnia began to settle on the second day and resolved completely in six weeks. The stiffness only began to settle after four weeks, when the frequency of dose was reduced to once a week, and there was objectively less thickening of her right middle flexor tendon at six weeks. The flexor tendon thickening and rheumatic pain completely resolved and her osteoarthritis of both index DIP joints stopped worsening and the joints became pain free. Her comfort eating stopped, she joined a gym, became the weight she wished to be and was able to move to the north of Scotland to live with her husband.

Raymond Sevar
Dean
raymond.sevar@gmail.com
www.raymondsevarhomeopathy.com

LMHI Congress 2010

65th LMHI Congress will be held 18-22 May 2010 in Redondo Beach, California. The title for the Congress is ‘A Homeopathic Odyssey’ – Celebrating the 200th Anniversary of the Organon of Medicine. The Congress will explore ways in which homeopathy can play a vital role in the future of medicine.

If you are interested in learning more about the event go to www.liga2010.org. There may be financial support available to doctors interested in attending, contact Cristal (csummer@facultyofhomeopathy.org) for more information. Sadly the abstract deadline has passed but it is never too early to think about submitting abstracts for 2011, which will be in Riga, Latvia with more details available at www.liga2011.org
REPORT:
The Silica series by Julie Geraghty
3 October, London

During my MFFHom training at Glasgow I have a distant memory of a lecture about Jan Scholten’s new way of looking at and understanding remedies. I bought a book, read it briefly and put it back on the shelf. So this seminar was designed to reawaken this subject in my dormant conscious. Having heard Julie talk previously I knew that I would be receiving some clear, well-presented material.

A large part of the day was spent looking at the remedies that are represented in row three of the table. To orientate us, Julie outlined briefly the main features of each row.

Row 1: Existence (do I even exist?)
Row 2: Separation (am I ready to separate from my mother-figure?)
Row 3: Identity
Row 4: Security (I must build my security)
Row 5: Creativity (new things, ideas, arts)
Row 6: Power and responsibility

The remedies of row 3 are often presented in patients and were used to illustrate the use of the periodic table, to make sense of the themes expressed. This row has many very frequently prescribed polychrests; a deeper understanding has to help the prescriber. Progressing from left to right the columns represent, at the left extreme, a complete lacking, to a peak of completeness at column 10, then falling away to the right.

The main themes of row three are individual identity, uniqueness, understanding and choice. If a child lacks these, dysfunction may develop as a child or later in life. Often parenting problems are the prime cause. Words in the history which are common to the row 3 remedies include all the above as well as nurture, care, warmth, love and appreciation; and as negatives, isolation, confusion, neglect, forsakenness, abandonment, disgrace and rejection.

Although these themes may be expressed in any row 3 remedy, particular elements have particular strong themes e.g. isolation in Natrum and Chlorum.

Julie referred repeatedly to the work of Scholten and Sankaran; she explained how the main sensations and symptoms relate to the core of each element. The themes of all the row 3 elements were discussed in detail and were illustrated with case histories. Salts of these elements were discussed and explored. In addition, salts of row 3 elements and other metals were discussed with reference to row 4 and 5 characteristics.

Julie talked about the way in which a history can be taken to follow the patient like a dance, ensuring the important points are brought out. She reminded us that gestures that a patient might make or tears mark very important parts of the patient’s story. “Tell me more about ….” is a useful phrase, as is “what would this be like if it was as bad as it could get?” She shared histories with us that had not been straightforward and which had been a learning opportunity for her.

In summary, the thirty or so delegates that attended enjoyed and became involved in the seminar. Her presentation and lecture notes were excellent and it was fun to be given some work to do as well. Her description of the themes of each of the remedies in row 3 were drummed into us and I can still remember a thing or two!

Roger Neville-Smith
rneville-smith@doctors.org.uk

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Homeopathic doctor needed for practice in Jersey

A homeopathic doctor is now required to continue a very busy private practice on the outskirts of St Helier in Jersey.

The practice currently runs four days a month, from Tuesday to Saturday. There are regular 35 minute flights to Jersey from Gatwick, Exeter, Bristol and Birmingham. Free parking on site.

If you are interested in continuing this practice, please get in touch with Max Deacon on 0207 6021 006 for further information.
REPORT:

Mistletoe and cancer – 2 October, Glasgow Homeopathic Hospital with Dr Maurice Orange and Dr Stephen Geider

This was the advertisement that went out, aiming to draw in people unfamiliar with mistletoe treatment:

‘A proportion of patients with a diagnosis of some form of cancer will want to try non-conventional therapies in addition to usual care. The growth in the internet has probably fuelled this wish, with therapies based on mistletoe often recommended. Mistletoe treatment has been available through the Glasgow Homeopathic Hospital for many years and patients often enquire about this form of treatment and it is frequently used. This course aims to de-mystify the use of mistle-toe in cancer, so that practitioners can answer their patient’s questions from a rational point of view. There is no charge for the day’.

Some oncologists came, along with many practitioners from GHH (nurses and doctors), practitioners from Liverpool and pharmacists.

Costs for the day were met from hospital endowments. This proved a very popular occasion (the seminar room was bursting). We have not had an exposition of how mistletoe came to be used in cancer, its safety and its modern treatment results and how it is now used, for many years.

Dr Orange has over 20 years experience in working with mistletoe therapy in the treatment of cancer. He is a GP principal and medical director at the Park Attwood clinic in Worcestershire, the flagship clinic of anthroposophical medicine in the UK and its integration with conventional care. He maintains active links and exchange with colleagues working in Europe. Park Attwood welcomes a wide range of diagnoses, but at least 300 people with cancer are seen there every year.

Dr Orange is particularly expert at communicating the role of the immune system in cancer and the benefits of mistletoe treatment. He went through treatments and discoveries in the early part of the 20th century, putting particular emphasis on Dr William Coley’s practice in USA of treating cancer with hyperpyrexia. Mistletoe, besides the anti-cancer properties of some of its constituents (lectins and viscotoxins), then is seen as a stimulator of the immune system and pyrexia is a very desirable effect. Before inventing mistletoe injections in the decade 1910–1920, Dr Orange discovered that Rudolph Steiner had suggested mistletoe drops in people with cancer to a Berlin homeopath as early as 1908.

A more down-to-earth approach was taken by the second speaker, who provided us with a wealth of experience in using mistletoe in cancer, in the context of an NHS general practice. Dr Geider went through his experiences at various anthroposophical hospitals in Germany, which inform his practice of medicine now. Dr Geider trained in Germany before doing his GP training in Aberdeen. He is a full-time principal in the practice, which provides anthroposophic medical care alongside conventional treatment as the only such NHS integrated GP practice in Scotland. He has recently taken a leading role in developing anthroposophic medicine in the UK, and has a special interest in anthroposophic cancer care and mistletoe treatment. The usual practice in the UK with mistletoe extracts involves quite small amounts injected subcutaneously to start with. Drs Geider and Orange discussed “off-label” uses, such as intravenous use and intratumoral injection. I don’t think we’re quite ready for these as routine practices in the NHS yet!

This was a thought-provoking day and will inform hospital practice here for a long time.

Tom Whitmarsh
tom.whitmarsh@virgin.net
REPORT:

New encounters with plants– September/October 2009
Four study days with Clare Watson and Ian Wiggle

This marvellous course developed themes which tie in exactly with current homeopathic thinking and practice about the essential nature of substances and how they relate to human use and how they exist in the world. This was an introductory course in the study of substances by the Goethean method, using plants as the example. The two facilitators are well-versed in the method, having given many workshops, sometimes from a medical perspective and to medical audiences and sometimes with non-medical participants. Both are pharmacists. Ian was pharmacist at Weleda for a number of years and has organised the latest review of procedures for treatment with Iscador (Weleda’s mistletoe product). He has also trained as an anthroposophical art therapist. Clare also trained in dramatic art. They helped us through the minefield of our preconceptions about, and our experiences with, plants.

The course was billed as “a creative blend of science and art exploring the mysteries of plants”. The handout opens with a quote from Rudolf Steiner: “Goethe wanted neither art nor science; he wanted the idea…..”. And so we searched. The garden at Glasgow Homeopathic Hospital, beautifully planned and maintained by Jane Kelly, provides an ideal place to experience the healing atmosphere plants can create and also provided homeopathically used plants that became the focus of study.

Clare and Ian eventually described the stages of Goethean methodology in the study of plants, but first, to illustrate the initial, first encounter with a plant, they brought us a specimen of hog weed in a pot. We made charcoal, quick drawings of our first impressions. We looked at the physical reality of hogweed, made drawings of it and even dissected it to be able to describe it fully and conjure it up in our minds as we returned to memories of it on our second day. That day, we said goodbye to the first plant and went down to the garden to be introduced to our study plants, which we concentrated on for the rest of the course. Half of the participants were directed towards milfoil, the other half towards bamboo.

Each day was concerned with a stage of the Goethean method and tried to ask various questions of the plant. Goethe enumerated seven stages and we only were able to go through the first four stages, which are to do with growth of a plant. The other stages are more concerned with decay and to some extent mirror what we managed to do, so we got a fairly good idea. The intuitive pre-conception step of preparation, which we did with the hogweed, asks of the plant “who might you be?”. The first stage, of establishing physical facts, asks “what are you?”. The second stage of exact sensorial fantasy asks “how have you become the way you are?” and required some imagination and a lot of supposition about possible development of a plant. The third stage looked at the plant gesture, mood and presumed character as we asked “what are you saying to me”. These stages all lead up to the final step, where we asked (and tried to answer) “who are you? What is your true nature?”. Goethe described this stage as “being at one with the being”.

What a journey it was. Themes came up from observation which were only later confirmed in a plant’s clinical uses. Much use was made of art materials (there was a “play table”) with plenty of drawing, painting and gluing. We often went back to the garden to see “our” plant growing there. We came away knowing some plants and remedies more deeply and wishing that all substances we use in homeopathy could be appreciated in this way.

Tom Whitmarsh
tom.whitmarsh@virgin.net

AGM announcement

An Annual General Meeting of the 66th Session of the Faculty of Homeopathy will be held at
Royal College of Physicians, 11 St Andrews Place, Regent’s Park, London NW1 4LE
On Thursday 4 February 2010 from 5.30pm
Following the AGM will be The Richard Hughes Memorial Lecture by Dr Ton Nicolai FFHom(Hon)

All members are welcome and please RSVP to Tracey at the Faculty trignall@facultyofhomeopathy.org or 01582 408681
See you there!
### Examinations Calendar 2010

#### Primary Health Care Exam

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<th>VENUE</th>
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<td>PHCE</td>
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<td>London</td>
<td>18 December 2009 (closed)</td>
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<td>6 February</td>
<td>Glasgow</td>
<td>8 January 2010</td>
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<td>Belfast</td>
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#### Podiatry Diploma – Open to Podiatrists Who Have Passed the PHCE

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<td>DFHom (Pod)</td>
<td>17 September</td>
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#### Veterinary Licenciate Exam – Open to Vets Who Have Completed Introductory Training

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<td>LFHom Vet</td>
<td>10 September</td>
<td>Leeds</td>
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#### Membership Exam – Open to Doctors, Nurses, Dentists & Podiatrists Who Have Passed the PHCE

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<td>17 September</td>
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<td>16 July</td>
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#### Veterinary Membership Exam – Open to Vets Who Have Passed the PCVH

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#### Specialist Registration – Open to Doctors Who Have Gained the MFHom

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<td>11 October</td>
<td>Glasgow</td>
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<td>18 October</td>
<td>Luton</td>
<td>13 August (cases and dissertation)</td>
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Regular meetings

**Leeds Homeopathic Group**
Regular meetings in Morley, Leeds.
- Pauline Price on 0113 252 8849 or at paulineprice@btinternet.com

**W Surrey & W Sussex Homeopathic Group**
Meetings on the third Tuesday of each month, 8.00-10.00pm. Group 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

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**Leeds Homeopathic Group**

- What’s on January – November 2010

- **Saturday 16 January**
  **Bristol Masterclass**
  Julie Geraghty: Row 3 of the Periodic Table
  Penny Brohn Cancer Care Centre, Pill. 10.00am-4.00pm
  - Renata Sopiarz at renata.sopiarz@uhbristol.nhs.uk or on 0117 9466087

- **Monday 18 January**
  **Bristol Clinical Meeting**
  Roy Welford. Bristol Homeopathic Hospital, 8.15-9.45pm
  - Renata Sopiarz at renata.sopiarz@uhbristol.nhs.uk or on 0117 9466087

- **Monday 1 February**
  **Brighton and Hove Group**
  Case discussion and the Silica series
  - 07930 563796 for more details

- **Friday 5 February**
  **Bristol Advanced Study Group**
  Penny Brohn Cancer Care Centre, Pill. 9.15am-4.30pm
  - Renata Sopiarz at renata.sopiarz@uhbristol.nhs.uk or on 0117 9466087

- **Monday 15 March**
  **Bristol Advanced Study Group**
  Penny Brohn Cancer Care Centre, Pill. 9.15am-4.30pm
  - Renata Sopiarz at renata.sopiarz@uhbristol.nhs.uk or on 0117 9466087

- **Saturday 20 March**
  **Bristol Masterclass**
  Helen Beaumont: Insects
  Penny Brohn Cancer Care Centre, Pill. 10.00am-4.00pm
  - Renata Sopiarz at renata.sopiarz@uhbristol.nhs.uk or on 0117 9466087

- **Monday 21 March**
  **Bristol Clinical Meeting**
  Claire Stanford. Bristol Homeopathic Hospital, 8.15-9.45pm
  - Renata Sopiarz at renata.sopiarz@uhbristol.nhs.uk or on 0117 9466087

- **Friday 11 June**
  **Bristol Advanced Study Group**
  Penny Brohn Cancer Care Centre, Pill. 9.15am-4.30pm
  - Renata Sopiarz at renata.sopiarz@uhbristol.nhs.uk or on 0117 9466087

- **Friday 25 to Sunday 27 June**
  **BAHV conference - Animal Energy 2010**
  The application of the ‘new methods’ in homeopathy in veterinary medicine, particularly the work of the Bombay Group and Jan Scholten.
  The Royal Victoria Hotel, Bristol.
  - Brian Teall on 01675 481535 or at brian.teall@talktalk.net

- **Saturday 30 October**
  **BHDA Symposium**
  Biological Dentistry for the 21st Century
  Birmingham Medical Institute, 36 Harborne Road, Edgbaston, Birmingham B15 3AF
  - Brian Teall on 01675 481535 or at brian.teall@talktalk.net

- **Thursday 11 to Sunday 14 November**
  **British Homeopathic Congress, Cambridge**
  See enclosed brochure for more details and to book.

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If you are organising an event and would like it to be included in future listings, please contact Lisa at lpeacock@facultyofhomeography.org
Join us in Cambridge for the 2010
British Homeopathic Congress
Thursday 11–Sunday 14 November

Changing Perceptions:
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