In July, homeopathy celebrated its 60th year in the National Health Service. The only complementary therapy to have been included in the NHS at its inception in 1948, it has remained as popular as ever with patients.

Aneurin Bevan himself gave a personal assurance on the future of homeopathy in the NHS:

“Obviously if they (the homeopathic hospitals) are brought into the scheme it must be regarded as a principle of fundamental importance that their special sectarian and individual character must be preserved… it must be the obligation of the Regional Boards in establishing their Management committees to see that these Management Committees are of a character which maintains the continuity of the characteristics of those Institutions. I think that I can give that absolute guarantee because otherwise it would be an emotional mutilation which nobody could possibly defend.”

At the beginning, many homeopathic doctors were sceptical about the NHS and homeopathy’s future within it. Past issues of the *British Homeopathic Journal* show a level of uneasiness – as this excerpt from a Faculty meeting address published in the October 1948 issue shows:

“…this is the last session in which we will be meeting as free agents to do what we like… in a very few days the majority of the profession will come under the rules and regulations of the National Health Service Act. It is of no use going back and having a post-mortem or trying to discuss what might have been…. But the Minister has recognized the Homeopathic Hospital (London), has given it the status of a group, with its own Board of Management, and that is a very great step…”

One contributor to the discussion worried that doctors would become “mere tools of the administrators” and this “boded ill for the future”. Some in the medical profession were very strongly opposed to the idea, and the British Medical Association (BMA) continued to withhold its support just months before the NHS Act of 1946 came into force, because of wrangles over responsibilities and pay.

In spite of initial misgivings from some quarters the NHS opened up homeopathy – a therapy so often thought of as the ‘rich man’s medicine’ – to the whole population. Results published over the years have justified homeopathy’s place in the health service, with on average 70% of follow-up patients reporting that they feel better, results that are hard to find elsewhere in the NHS. Yet despite assurances from governments and excellent patient outcomes, NHS homeopathy has had to weather a fair few storms. The fight at the moment seems to be centred on Tunbridge Wells (see p3).

What does the future hold for homeopathy in the NHS? Lord Darzi’s review of the health service published this month is encouraging. Darzi has proposed an NHS constitution which will include a ‘right to choice’ where patients would have the right to choose their treatment and its providers. There seems to be a definite shift away from the ‘target’ culture. Most significantly perhaps, under Darzi’s plans, measures of effectiveness would include patients’ own views on the success of their treatment and the quality of their experiences. The next stage of his review will see the development and publication of patient reported outcome measures, or PROMs, where patients’ opinions are sought before and after treatment – something the homeopathic hospitals have been doing for some time. The results of the Faculty’s own recent work in this area are summarized on page 2.

In a recent issue of the *BMJ*, the NHS’s Medical Director Sir Bruce Keogh commented: “There has been a lot of talk for a long time about quality, and now we need to move forward quite quickly in trying to measure clinical outcomes… I am keen to send a very clear message to the service that there is no going back on this. It is crazy that we are 60 years into the NHS and measuring outcomes on only a handful of things.” Keogh has started discussions within the health department on a research programme that could see new patient reported measures developed.

The importance of this shift in focus, towards reporting how the patient feels after treatment, is a big step in the right direction and affords considerable opportunities for homeopathy.
This issue we celebrate the 60th anniversary of the National Health Service – and of course with it 60 years of the availability of homeopathy in the NHS. Quite an achievement when one considers the huge change in circumstances that has taken place since 1948. Although much tinkering has taken place with the service it still sets out to achieve essentially the same goals. And as for homeopathy? ‘Good but could do better’ might be the appropriate school report.

‘Availability’ of homeopathy should not be equated with ‘delivery’ for despite statements from successive governments that they wish to expand access to medical services for patients, homeopathy has remained the poor relation. Access is restricted to a few areas around the country including the west of Scotland, Bristol, parts of Wales, London and Kent, while other areas are in the homeopathic wilderness. It is one thing saying homeopathy is available to all under the NHS but in practice there are insufficient GPs with the necessary training to provide it. It is surely time for the Faculty to actively promote training more vigorously, not just to GPs but to other health providers who form part of the new team approach to health care. Indeed this would be a good time to go on the offensive and promote homeopathy more vigorously to prospective patients – a theme I make no apology for returning to in these columns on a regular basis. The Faculty is not alone. Our colleagues in the Society of Homeopaths have an important part to play too. We do have problems – no one can deny – with a well orchestrated campaign aimed at rubbishing homeopathy and Bob Leckridge gives some examples in his piece (p4) – but we have the practical experience that patients do respond positively, and ultimately that is the most important outcome. So while we look back on the past 60 years with pride, let us use this anniversary as a springboard for renewed efforts to keep homeopathy in the NHS for the next 60 years. This would be a legacy of which we would all be proud.

Older colleagues will remember that ITMA stands for It’s that Man Again. Boots, the high street chemist, is becoming the country’s largest seller of quack medicine, according to Edzard Ernst. Speaking at the Hay literary festival he criticised the company for selling more than 50 homeopathic remedies, that he said ‘have been shown by clinical trials to be no more effective than sugar pills’. Not quite true Edzard! He also accused the company of breaching his interpretation of the ethical guidelines drawn up by the Royal Pharmaceutical Society of Great Britain, by failing to tell customers that its homeopathic medicines contain no active ingredients and are ineffective in clinical trials. He would have similar concerns about many over-the-counter cough mixtures (including expectorants) then? What a man!

I was saddened at the passing of Elizabeth Wincott whom I got to know when she was Chief Executive of the Faculty. She was busy… “It’s just that we have to fill out a lot of forms if you’re deid” and then he asked “what you need is some of that Arnica stuff!” I felt extremely touched then? “You’re no deid then?” he queried. When I assured him I was still very much alive he smiled. “It’s just that we have to fill out a lot of forms if you’re deid” and then he added “what you need is some of that Arnica stuff!” Again. Boots, the high street chemist, is becoming the country’s largest seller of quack medicine, according to Edzard Ernst. Speaking at the Hay literary festival he criticised the company for selling more than 50 homeopathic remedies, that he said ‘have been shown by clinical trials to be no more effective than sugar pills’. Not quite true Edzard! He also accused the company of breaching his interpretation of the ethical guidelines drawn up by the Royal Pharmaceutical Society of Great Britain, by failing to tell customers that its homeopathic medicines contain no active ingredients and are ineffective in clinical trials. He would have similar concerns about many over-the-counter cough mixtures (including expectorants) then? What a man!

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Have a good summer.

Steven Kayne
simile@trusthomeopathy.org

Patient-reported outcomes in the homeopathic hospitals

July has seen the publication of a paper that identifies the wide range and complexity of medical complaints that are treated in the homeopathic hospital setting. The current issue of Homeopathy reports the findings from our pilot data collection study that took place across all five homeopathic hospitals in the UK during the month of March 2007.1 Data were recorded from a cross-section of all the patients receiving homeopathic care – 195 first appointments and 1602 follow-up appointments. The most commonly treated complaints were eczema, chronic fatigue, menopausal disorder and osteoarthritis.

A high proportion of patients reported important comorbidity, especially in those individuals where homeopathic care had reached more than six appointments. Overall, nearly 60% of follow-up patients reported health improvement that affected their daily living. However, the most important element of the study was to explore the effect of duration of care on the outcomes reported. It was clear that the proportion of follow-up patients reporting major health improvement increased with appointment number, and that the magnitude of this effect varied considerably between the most frequently treated medical complaints. These pilot observations are informing a programme of standard setting for homeopathic care that we aim to establish across the hospitals.

Elizabeth Thompson
Robert Mathie

References:
Support for homeopathy turns tide at Wellcome debate

Homeopathy was voted one of the best ideas in medicine at a debate at the Wellcome Collection in June, after people rallied to support it on www.spiked-online.co.uk following its nomination as one of the worst ideas.

Wellcome’s ‘Best and Worst of Medicine’, two separate live debates on 26 June and 17 July, were promoted through the spiked website, where readers were asked to vote on topics for each debate. It is clear that a number of spiked contributors are anti-homeopathy and it wasn’t surprising when a nomination for homeopathy as the worst idea in medicine was put up by Edzard Ernst and Michael Baum. Thanks to some quick activity by the Faculty to alert people to the debate, an avalanche of posts in favour of homeopathy appeared on the site. As a result Wellcome decided to alter their programme and include homeopathy within the best of medicine category, as the ‘readers’ choice’.

Below, Hilary Clark shares her observations from the debate.

Homeopathy ‘jibes’ fail to quell support at live event

Faculty President Sara Eames spoke for homeopathy at the best of medicine debate at the Wellcome Collection on 26 June. Three other speakers also took part: Michael Worboys, Director of the Centre for the History of Science, Technology and Medicine at the University of Manchester, proposed vaccination, Guardian journalist Zoe Williams argued for family planning, and Raymond Tallis, Emeritus Professor of Geriatric Medicine also from the University of Manchester, spoke in favour of evidence-based medicine.

The debate was well chaired and balanced, with each presenter being given equal time to put their case. The presentations were followed by a short discussion between the presenters and then questions from the audience. Sara proposed that homeopathy was the best idea in medicine in the past, in the present and would be so in the future. She gave examples of how Hahnemann’s thinking – about infectious diseases, the pre-tendency to develop certain conditions, the importance of sanitation and psychological processes – was way ahead of his time.

She explained the homeopathic process: the importance of history taking in order to discover important details about the patient and – quoting from Leonardo da Vinci – the need to “study the science of art and the art of science”. Looking to the future, Sara spoke briefly about the potential of homeopathy to help control epidemics. She also suggested that we could not afford to share the benefits of developments in Western medicine in an equitable way – a point that was picked up by a member of the audience who disagreed with Michael Worboys (and Samuel Johnson) that the best medicine was that which gave the “greatest benefit to mankind” and proposed instead that the best medicine “was accessible and available to all”.

Given the nature of the debate about homeopathy in the media over the last few months, I anticipated a much more heated discussion. Yes, Raymond Tallis took every opportunity to have a sarcastic dig at homeopathy but his attempt to bring the debate down to the ya-boo politics of the House of Commons drew nothing from the other presenters and only a brief round of applause from his supporters.

There were lots of comments and questions about homeopathy, and the Chair’s policy of taking several questions before asking a presenter to respond gave Sara time to choose which to answer. Thus she had opportunity to explain in more detail the links between the emotions and the body, and to clarify the apparent “paradox” between prescribing for the individual and prescribing a group of remedies for alleviating the various symptoms of disease during an epidemic.

At the end of the debate the audience voted for what they thought was the best idea in medicine. Vaccination was the winner, but it was almost impossible from the show of hands to say which came second – evidence-based medicine or homeopathy!

New MFHom

Congratulations to Peter Miller from Devon, who gained his MFHom qualification in May.

Tunbridge Wells still open for business

TWHH consultants David Ratsey and Helmut Roniger are writing to their referring GPs to alert them to the fact that the hospital is still open and serving patients. GPs will be invited to a garden party planned for 20 September at the hospital. The aim is to generate discussion around the possibility of delivering services via practice-based commissioning and other routes. The legal action brought against West Kent PCT by two patients was withdrawn in June following advice from their solicitors. The PCT is currently concluding an Equality Impact Assessment before they make a final decision about the funding of homeopathic services.

The immediate focus for TWHH is on ensuring that a good number of supporters, GPs and local government officers are present at the open day in September.

Hilary Clark
Head of Education and Training
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No such thing as bad press?

Homeopathy has had a very high profile in the media over recent months. If it’s true that there is no such thing as bad publicity we are currently going through one of our best phases! However, it really doesn’t feel like that because the coverage is almost universally negative. It really is not being paranoid to believe that homeopathy is currently subject to a campaign. However, the campaigners are not an organisation or even a single group. For a while Ben Goldacre, through his Bad Science column in The Guardian and forum on the web, was the source of many of the attacks but the baton seems to have been handed on to one Professor Ernst. He has recently published a book, Trick or Treatment – alternative medicine on trial, with Simon Singh who is one of the main activists within Sense about Science. The amount of publicity this book has received is quite a wonder to behold! Whatever PR connections Ernst and Singh have, they are highly effective. Many newspapers, magazines and journals have covered their work, almost all uncritically, and it has even featured at the Hay Literary Festival which has brought more media attention. It was reviewed in the BMJ and given a four star rating. The line taken by Professor Ernst in particular is that homeopathy has been proven not to work, that it is only placebo and anyone prescribing it is consciously deceiving their patients. Alternative views to his are dismissed as lies. He has even attacked Boots for selling homeopathic remedies. Simon Singh has had very negative articles published in many places, including The New Statesman and The Times. His articles have included an attack on veterinary homeopathy in The Times and a group of vet members responded but their letter was not published. Well, if you’ve read this far, it all feels a bit depressing, doesn’t it? And we’re far from through this storm. There’s a lot more to come. Is this having an impact? Probably. Certainly, in England, PCT contracts seem to be shrinking significantly. What are we doing? Many members of the Promotion Network are responding to the challenges online, on radio and TV and in newspapers and magazines. But it’s all reactive and defensive so far.

I expect you’re wondering what the silver lining is in these rather dark clouds? Well, there’s something about how adversity can strengthen us. Our critics are really forcing us to be very focused and become more effective communicators. We have excellent, positive and strong messages to convey. There’s nothing to be afraid of. Melanie Oxley has joined us to help develop our media and communications work and has recently emailed the Promotion Network with extremely helpful guidance on dealing with the media. Robert Mathie, the BHA’s research lead, has produced a powerful, succinct, positive summary of the evidence.

Dickson Mabon

Politician and physician Dickson Mabon died on 10 April at the age of 82. He was best known as a long-serving Labour MP but he was also a homeopathic doctor and an influential supporter of homeopathy. He served as the first chairman of the NHS trust for the RLHH and was a key figure in saving the hospital from closure in 1991-92. He also served as President of the Faculty of Homeopathy between 1995-96. A full obituary is published in the July issue of Homeopathy.

Elizabeth Wincott

Elizabeth Wincott, chief executive of the Homeopathic Trust and Faculty of Homeopathy between 1994 and 1999, has died aged 67. She had been suffering from cancer for some time. BHA Chairman John Cook commented: “Elizabeth was a dynamic force for change when she arrived in 1994 and we benefited greatly from her drive and enthusiasm. On a personal note she had great charm, presence and persuasive powers. Her loss will be deeply felt by the many colleagues who worked with her.”

Homeopathic help for Burma

The Faculty received a communication from the Central Institute of Homoeopathic Medical Science (IHMS) in Myanmar (Burma), requesting donations for the treatment of patients affected by Cyclone Nargis. Details were circulated to the homeopathic pharmacies and both Freeman’s and Helios were quick to respond with parcels of first aid and acute remedies. The Faculty is now in regular email contact with the IHMS.
**New Faculty website coming soon!**

We will be launching a brand new website for the Faculty in the autumn. Members are encouraged to make good use of the new resources it will provide. There will be a password-protected area which will include a discussion forum and a full member database which will be searchable by postcode. Members will be able to edit their own details online and submit changes to the Faculty rather than sending in paper update forms. You will also be able to choose whether or not to be included in the public ‘find a practitioner’ search facility on the British Homeopathic Association’s brand new website, which is being launched at the same time. More information about how members can make the most of the new site will be made available in due course – watch this space!

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**Homeopathy Awareness Week**

Friends of the BHA and members of the Faculty distributed over 12,000 posters, flyers and leaflets between 14-21 June, more than doubling last year’s efforts. The BHA sent out a press release and a number of Faculty members were provided with a press release template to create their own publicity during the week. This year’s theme was allergy and the BHA ran a very successful event for friends and members of the public on 7 June. New promotional materials were launched for the week including a poster and flyer focussing on homeopathy for allergies and a handy wallet-sized “z-card” giving bite-sized information on how homeopathy can help a range of problems, which is proving very popular.

These new materials are available from the BHA alongside the usual range of leaflets – fill in the enclosed request form to order copies for your surgery.

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**BHA 2009 calendar on sale now**

The British Homeopathic Association has put together a calendar, Elements of Homeopathy, for 2009.

Buy a copy and help raise funds to support homeopathy!

Get yours for the discounted price of £5 if you purchase before the end of August (full price £8).

To order, fill in the the form enclosed with this issue and return it to the British Homeopathic Association, Hahnemann House, 29 Park Street West, Luton LU1 3BE.

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**BECOME A FRIEND OF THE BRITISH HOMEOPATHIC ASSOCIATION**

Have you thought about joining the BHA? The charity is continually looking for new friends to grow the supporter base. As a friend you will receive four issues of our popular magazine *Health and Homeopathy* a year. For a donation of £25 you will be helping the BHA to do vital promotion work and improve access for patients at a very critical time for homeopathy. Join today by filling in the form below. Thank you!

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**YES, please enrol me as a Friend of the BHA today!**

(PLEASE USE CAPITALS)

**Full Name (Dr, Mr, Mrs, Ms):** ________________________________________________

**Address:** ________________________________________________

_________________________________ Postcode: ______________________________

**Tel:** ___________________________ Fax: ______________________________

**E-mail:** ________________________________________________

Please tick:

- £25 (UK and Ireland)
- £30 (rest of world)

- £10
- £25
- £50
- £100
- £________

☐ I enclose a cheque made payable to: British Homeopathic Association

☐ I wish to pay by credit card: ☐ Visa ☐ Mastercard

**Name of Cardholder:** ________________________________

**Card Number:** ____________ Expiry: __/__

**Signature:** ________________________________ Date: __________________

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To: British Homeopathic Association, Hahnemann House, 29 Park Street West, Luton LU1 3BE

Tel: 0870 444 3950 Fax: 0870 444 3960 E-mail: info@trusthomeopathy.org
Faculty policy on vaccination

“Where there is no medical contraindication, immunisation should be carried out in the normal way using the conventional tested and approved vaccines. Where there is a medical contraindication and/or a patient would otherwise remain unprotected against a specific infectious disease, it may be appropriate to consider the use of the relevant homeoprophylactic preparation applicable to that disease”.

“In the case of veterinary vaccination protocols, in view of the current debate about the necessity for annual boosters and about the evidence supporting recommended booster frequency and safety, the Faculty advises veterinary surgeons carefully to review the published evidence, in order to form an opinion and, if necessary to consult other Veterinary Members of the Faculty. This advice notwithstanding, the Faculty cannot support leaving animals with no form of prophylactic cover against the major, potentially lethal infectious diseases”.

Faculty of Homeopathy Council, July 2005

OU survey asks for opinions on complementary medicine

Open2net, an online learning portal provided by The Open University and the BBC is conducting a survey into health choices people make in the UK. The survey is being run in conjunction with the Wellcome Trust and aims to explore conventional and complementary approaches to healthcare. To voice your opinion on homeopathy and complementary medicine in general go to www.open2.net/healtheducation/health_socialcare/healthsurvey.html

Parents should talk to their GPs about CAM

The Children’s Complementary Therapy Network (CCTN), a group developed by the Freshwinds charity based in Birmingham, is launching an initiative to encourage parents to tell their doctors if they are using complementary therapies in their children. The network, which aims to provide a common platform for medical and therapeutic professionals in the field of integrated medicine, is planning to distribute a poster to GP practices, hospitals, community clinics, health centres and other outlets to promote the initiative.

Members of the CCTN include complementary therapists, doctors, nurses, physiotherapists, occupational therapists, teachers, researchers and service developers. Membership is free. For more details contact Dr Shah, Medical Officer, Freshwinds on 0121 415 6670 or at cctn@freshwinds.org.uk

Blackie Foundation grants

For research
The Blackie Foundation has recently streamlined its approach for grant applications. In the first instance applicants must complete an application form which is fairly short and can be submitted at any time. If this initial stage is successful applicants will be invited to submit a full grant application form for which there will be twice yearly deadlines.

The Foundation is keen to receive all research proposals, but is particularly interested in those which build on already published research. For further information go to www.blackieft.org or contact Julia Potter, Trust Administrator on 0207 935 0856.

For Congress delegates
The Blackie Foundation has again kindly agreed to contribute towards the cost of certain delegates attending the Faculty Conference in Harrogate. If you would like to apply please contact Hilary Clark at the Faculty (hclark@trusthomeopathy.org). Priority will be given to those people on a low income, who are not eligible for a grant from their place of work and who have not previously received funding from the foundation for this purpose.

Calling all performers…
Wanted – male voices!
For an informal ensemble to add to the gaiety of nations at the October Congress.
• Operatic quality not required; just a liking for ensemble singing
• Good sense of humour essential and some sight-reading ability
We’ll need Top tenor, Second tenor, First bass (baritone), Second bass. Any offers? Please contact Jeremy Swayne at jem.swayne@btinternet.com

…and other entertainers
Musicians, singers, comedians, poets, magicians, jugglers, fire-eaters… wanted for Congress cabaret!
If you would like to perform either on Friday night at Ripley Castle or Saturday night at the gala dinner and dance – alone or with friends – please contact Hilary Clark, Congress organiser at hclark@trusthomeopathy.org or on 0870 444 3956.
The website www.doctors.net.uk is a free online network with a large selection of discussion forums and other interactive services. They claim to be the largest online medical networking site in the UK with a membership of 155,000 doctors. One of their forums is entitled “Complementary Medicine”. For the last number of years I have just been like many, a silent observer on these forums. Recently though I have started contributing. There is however a disgusting, unprofessional, unethical and highly inappropriate attitude by a number on the forums towards homeopathy. Some are interested to discuss, but some simply wish to denigrate the specialty in whatever way they can. There are a few doctors online who are supportive of homeopathy and a couple of Faculty members who I am aware of, but they are sadly in the minority. We could adopt an attitude of “leave well alone”, however this is a site visited on a daily basis by a huge number of doctors. It is therefore a good platform to propagate and promote homeopathy, or as is the case at present, to denigrate homeopathy.

The attitude being displayed towards medical homeopathy colleagues is not only deeply offensive and highly unprofessional, but also in direct breach of GMC guidance, “Good Medical Practice”, particularly the section, “Respect for colleagues” (Paragraphs 46–47).

I was disgusted a few weeks ago to discover a new thread had been started on the “General Practitioners” forum, entitled “Child Murdering Homeopaths”. It was started by a GP who was complaining about a local unregulated homeopath who was advocating “measles parties” rather than vaccinations for children. I eventually got the name of the homeopath and deduced that she was registered with the Alliance of Registered Homeopaths. Although I had always restricted my postings in the past to the Complementary Medicine forum, this headline really got me frustrated and energized and I decided to respond in the GP forum. I tried to point out the problems with unregulated practitioners and explain about the difference between them and regulated healthcare professionals working with the Faculty of Homeopathy. I pointed out the postgraduate training structure within the specialty of medical homeopathy and its place in the NHS etc. Well, the volley of criticism I received was staggering...

I contacted the management team at www.doctors.net.uk and explained firstly how offensive I found the thread, “Child Murdering Homeopaths”. By this point it had around 85 contributions from various people – mostly negative. After a lengthy discussion the team agreed to delete the thread completely from the site and place it in their archives for future reference. They promised to monitor for further offensive threads and discuss the situation with the medical team in charge of the site. The possibility of a future message from the management team was raised, something along the lines of maintaining respect for other colleagues in the specialty of homeopathic medicine. I was actually quite surprised with the positive outcome of the discussion, although things may change when the subject is broached with the medical team. In any case, the offensive thread in question has been deleted from general viewing.

I then raised the more general issue with regard to the attack on homeopathy and the constant vilification from many members. It was agreed this is something that will be difficult to address, but I was told the situation would be monitored. There are some forums on the site which are “closed” forums – in other words, you have to be “vetted” by a moderator to get into the forum. Some of these, such as the “Christian Medical Fellowship” and “Muslim Physicians” were created following similar inappropriate attacks. I suggested that while not ideal, the “Complementary Medicine” forum could be made “closed”. Apparently if there are 10 or more people, they would agree to this. I am confident that there would be many interested Faculty members who could contribute to a positive and stimulating discussion forum. If there was enough interest, the site could even create a separate “Homeopathy” forum. Of course closing this forum is not ideal, and does not address the attitude on the rest of the forums, particularly the GP forum.

Anyhow I thought I would inform other members of what is happening on www.doctors.net.uk in case they are unaware. Considering this site claims to be the largest medical networking site in the UK, I think it would be worth spending time and energy on this issue, both to promote the Faculty of Homeopathy and to defend homeopathy in general. I feel that this is the hot-bed of much of the anti-homeopathy propaganda that we have heard so much of recently. Every negative comment in the newspapers and media is posted online for everyone to gloat over and discuss.

Within these forums are the people who will try to close every NHS homeopathy hospital and clinic in the country. One posting even suggested that any doctor practising homeopathy should be reported to the GMC and struck off. These doctors will oppose every advance of homeopathy. This is an issue which involves all four regions of the UK and such negative publicity could be very damaging to us all. This is of particular danger to areas where members are working to develop new homeopathy services, such as is the case in Northern Ireland. Lots of these people are very vocal and I have no doubt that some of them carry their threats through and lobby various influential and people and groups.

This online battlefield is probably just as important (if not more important) within the medical profession as the newspapers are with the general public. I urge medical members to consider addressing this issue as a matter of urgency, by going online and contributing positive comments or by contacting the management team to discuss the unprofessional attitude being displayed on the site. To access the site you need to register to get a free account. To do this you need a GMC number, hence only doctors can access it. Any other non-medical members however should be able to contact the company directly via their contact details at www.doctors.net.uk.

Gary Smyth
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South African Faculty achieves statutory accreditation

In September 2007, the South African Faculty of Homeopathy achieved registration as a Private Higher Education Institute accredited by all the essential government, statutory bodies: Council for Higher Education, SA Qualifications Authority, Department of Education and the Allied Health Professions Council of SA (AHPCSA). The mandate for the Faculty is the homeopathic postgraduate training of registered medical doctors to diploma seven level, (Diploma of the Faculty of Homeopathy, DFHom), the highest level possible for a private institute, and to provide CPD education for professional homeopath who have graduated from the five-year, full-time homeopathic courses run by the University of Johannesburg and the Durban Technical University. On Friday 13 June 2008, the SA Faculty finally opened its doors to commence its first course as a registered institute; it was a momentous occasion. The venue was the Valkenberg psychiatric hospital in Cape Town. Sixteen medical doctors registered for the course. A doctor holding the French CEDH qualification, a Cape Town University medical student and two qualified professional homeopath also attended the weekend. Small numbers, indeed, but, given the difficult times homeopathy is experiencing, very gratifying.

The three year course is in modular form: eight modules per year, each module commencing 1.30pm Friday, and including Friday evening, all day Saturday, and Sunday until 4.00pm. A final pre-examination module tops the course up to 500 hours of didactic and experiential learning. Friday afternoons and evenings are devoted to clinical subjects and include clinical theory, case-taking and role-playing under the supervision of Cleve McIntosh; Saturdays and Sunday mornings, I lecture on materia medica, philosophy and miasmatic theory; Sunday afternoons are supervised by Ann Haw and Mike Clark and cover principles and practice with emphasis on experiential work: case-taking, live and paper cases. All supervisors are graduates of the British and SA Faculties. As in the past, we will also have the assistance of experienced professional homeopaths. We have found that this enriches the course with diverse experience, and encourages good relationships and mutual respect between our non-medical colleagues and ourselves. In South Africa, all professional homeopaths have achieved a standardised level of training and are registered with the AHPCSA.

The course venue will alternate between Cape Town and Johannesburg. The SA Faculty owes the British Faculty a huge debt of gratitude for the unfailing encouragement and invaluable academic and political assistance it has received from its British parent body.

The story began in 1993 when Berkeley Digby, a professional homeopath, invited me to assist him in providing homeopathic training for a small group of interested medical doctors in Johannesburg. The course was informal and did not include an assessment process or qualification. I enjoyed the experience and suggested to Berkeley that we should establish a formal course leading to a recognised qualification. He was enthusiastic, so I contacted Barry Rose, Dean of the Faculty, to establish whether our course could be accredited by the Faculty and lead to an MFHom qualification. With the assistance of Pharma-Natura, the South African pharmaceutical representatives for Weleda and Wala in South Africa, we were able to fly Barry out to evaluate and accredit the course. We were successful and a most productive and rewarding relationship with the British Faculty was established. For the first examination Barry and David Williams attended as external examiners and from 12 candidates we achieved 10 graduates. Since 1966 I had been the solitary MFHom in South Africa. Suddenly I was no longer alone and had colleagues beside me to carry the work forward. Berkeley decided to retire from lecturing, and I was joined by Ronald Boyer, a French doctor who had come to South Africa on behalf of Laboratory Boiron (France) to teach homeopathy to the CEDH level. Uniting our skills, we ran two successful courses concurrently in Johannesburg and Cape Town. During this period, I had met Bob Leckridge at the LIGA Congress in Amsterdam and Jeremy Swayne had taken over the reins of Dean from Barry Rose; two important and enduring friendships resulted. For the next examination, Jeremy appointed Bob and Mike Jenkins as external examiners. I found yet another friend, and Ronnie and I achieved a full complement of MFHoms from our 11 candidates. This was followed by another uplifting result when our next 10 candidates were examined by Mike and Anton van Rhijn; all passed, and another special person entered my life, indeed, our lives, because Paddy, my wife, had taken over the administrative work during these years.
South African homeopathic politics had by now changed. The professional homeopaths had achieved statutory rights and a homeopathic register had been created. All homeopathic practitioners, medical or non-medical, had to be qualified in homeopathy and registered with AHPCSA. In addition, any course in South Africa that led to a qualification had to be South African-based, independent of any overseas principal, and had to be registered as a teaching institute. Years of arduous, often frustrating, and exasperating, bureaucratic paperwork ensued. Paddy and Beatrix van der Westhuyzen (our course co-ordinator) bore the brunt of this difficult work. The new Dean, Raymond Sevar, gave his unstinted assistance and friendship, making it possible for the fledgling South African Faculty to set its own examinations and achieve independence, yet still retain MFHom reciprocity. Cristal Sumner was wonderfully supportive and encouraging through these demanding times. Our reciprocity and accreditation with the British Faculty led to the misconception by the authorities that we were a service provider for the Faculty. Further delays and disappointments resulted. I appealed to the Faculty for documentation to refute this. Raymond provided the necessary evidence. Fortunately, although having only provisional accreditation and registration, we were able to continue with the two courses. Ronnie had departed to the USA to help Boiron in that part of the world,所以我 gathered together a team of MFHom graduates to assist me in teaching. When Raymond joined Ann Haw, Jonathan Marchand and myself for the examination of our 15 candidates, we were still uncertain of our position. Goal posts seemed to shift and government departments and their advice often seemed at odds with one another. Despite this background, all our candidates passed and two attained distinction: Cleve McIntosh and Nav Purshotum.

Following these examinations conducted in January 2006, the South African Faculty went into recess to avoid jeopardising our chances of achieving registration. Time dragged by, punctuated by the receiving and dispatching of documents, and we had almost lost hope when in September 2007 a large official-looking envelope was delivered to my practice and moments later a most impressive certificate lay in my hands. We had arrived!

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Some facts about homeopathy in South Africa

- Homeopathy was introduced to South Africa in the late 1820s by missionaries from Europe, chiefly from Germany but many Dutch settlers also brought it with them.

- It is thought that the pioneers or ‘Voor-trekkers’ who moved into the interior of what is now South Africa in the 1830s and 1840s carried homeopathic first aid kits.

- Anyone wishing to prescribe or practice homeopathy in South Africa must be registered with the Allied Health Professions Council of South Africa. This includes medical practitioners who have dual registration with both the Health Professions Council (HPCSA) and the Allied Health Professions Council (AHPCSA).

- The University of Johannesburg and the Durban University of Technology offer a 5-year full-time Masters degree in homeopathy, the MTech(Hom), for those who are not medically qualified.

- Besides the Faculty Course for medical doctors, the MTech(Hom) is the only training recognised by the Allied Health Professions Council of SA (AHPCSA) for the purposes of registering as a homeopath in South Africa.
The BMJ discusses placebo

Forty-four percent of randomised controlled trials (RCTs) of homeopathy in the peer-reviewed research literature have been positive\(^1\). Most of those studies were placebo controlled. Good evidence exists therefore that homeopathy has health benefits greater than those of placebo.

Additional insight into the ‘placebo effect’ itself was provided on 3 May by the British Medical Journal. It published a clinical trial that looked specifically at this factor\(^2\), together with two other linked articles\(^3,4\). In the trial, patients with irritable bowel syndrome (IBS) were randomised into three groups:

- those who were merely observed,
- those who were given sham acupuncture, and
- those who were given sham acupuncture with an enhanced doctor-patient relationship.

Good improvements were reported by 3% of the first group, by 20% of the procedure alone group, and by 37% of the ‘augmented intervention’ group. Clearly the group with the greatest relief of symptoms was the one that received not only sham treatment but 45 minutes of quality contact with a clinician.

Of course the empathetic doctor-patient relationship is also paramount in homeopathic practice, and it is likely that this has a positive influence on health outcome. However the 57 positive trials tell us there is more to homeopathy than that and there is a growing volume of experimental research that shows that homeopathic dilutions can exert biological effects\(^5\).

Asthma primary care survey: better communication needed

Academic Unit of Primary Health Care, University of Bristol, and Bristol Homeopathic Hospital, United Bristol Healthcare Trust, UK

Asthma is the most common chronic disease in the UK and patients with chronic conditions are increasingly using complementary therapies, but there is little reliable quantitative evidence regarding the prevalence of complementary therapy use among asthma patients and predictors of use. A postal survey of complementary therapy use among asthma patients was therefore conducted via 27 general practices across seven PCTs within the South West Strategic Health Authority in England from August 2005 to May 2006. A total of 14,833 asthma patients were identified. A 1-in-4 random sample generated 3693 potential respondents, of whom 1320 (36%) returned questionnaires. Taking full account of the survey design, 14.5% (190/1308; 95% confidence interval 12.5% to 16.6%) had used complementary therapies for asthma; 54% of these patients had not disclosed their complementary therapy use to a health professional. The three therapies most commonly used were homeopathy, herbal medicine and relaxation. Just over half of those using complementary therapies for asthma reported that they usually or always helped; the most common reported benefits were symptom reduction, calming breathing and reducing panic. There was increased likelihood of use among women, those with educational qualifications, those not usually helped by asthma medication, and those who have difficulty sleeping because of asthma symptoms. Dissatisfaction with conventional care was not associated with complementary therapy use for asthma. Open communication between professionals and patients about complementary therapies may be valuable to give patients enhanced opportunities to discuss the impact of asthma on their quality of life and the effectiveness of their conventional treatment.

References:
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A case of Belladonna and Staphisagria

“S” is a 26 year-old policewoman with blue eyes, red hair and lots of freckles.

Consultation November 2001

…I’ve had severe migraine for two years and it’s getting worse. I was put on Amitryptiline – I put on weight and felt sleepy but it didn’t help so I stopped. Then I had Atenolol which made me very ill, and then codeine but that makes me vomit… The migraine is a terrible throbbing pain in my temples. I feel the blood surging through my head. The pain spreads to my eyes and cheeks and my face feels numb… It’s so very much worse from light, and any noise – even the sound of the TV, and it’s very bad if I take a misstep and jar my head. I just have to go and lie down in a dark room. My whole scalp hurts if it is touched. The pain goes on for days… It usually begins on the right side behind my eye and spreads behind both eyes. The pain seems behind my eye and comes piercing forwards through my eye. It is the right side of my face that goes numb for a couple of hours or it can last three whole days. Bright light is terrible but even normal daylight makes it worse. Loud noises pierce right through my head. I feel light-headed like drunk with the pain and my vision goes blurry and my legs are wobblly. It builds up from nothing to full pain in half an hour and then it is just steady pain for between two hours or two days. At most I can get them every other day… It comes on more if I get anxious. I worry about my mother who you are treating for lung cancer. I worry if I have upset my mum or dad… I get nausea with the pain but only vomit if I take a drug for the pain.

I moved out of my parent’s house a few months before the migraine started. My boyfriend was ill and upset with his divorce… I used to be very sporty and that used to boost my energy. After the migraine attack is over I feel completely exhausted. It is such an effort to do anything. I feel as if I am an old woman. Now I don’t get any buzz from exercise and I can’t be bothered.

When I was 16 I had glandular fever and was off school for four weeks and off games for a long time. My whole throat was swollen and I couldn’t drink. I’ve never really been so well since then. I’ve been more tired and I got lots of sore throats like glandular fever coming back till I was 20 or 21. Then in my 20s I had trouble with all four wisdom teeth and had an operation to remove them. I got a very high fever for two days after the operation and then I was OK.

My father is the boss of our family. He worked on the oil rigs till his accident – two weeks work and two weeks home. I’m still terrified of upsetting him and still jump if he shouts. He gave us everything he didn’t have as a child. I want him to be proud of me. I’m close to my mother. She always helps and encourages me, but since she has been so ill it has been difficult.

I overheat easily but feel chilly when I’m ill. I’m terrible if it is too hot and I couldn’t live in a hot country. I’m more like my father in looks and build. I’m the firstborn and I have a younger sister. I put on two stone with the drug treatment but lost it before my wedding. Everyone was so pleased that my mother lived to see the wedding… My energy is 25/100, very low in the morning and again from 4-6pm in the afternoon… I don’t like to drink liquids – water just seems to sit in my stomach and doesn’t go anywhere. I am never thirsty. I love bacon sandwiches and crisps and chips.

I have a tremendous fear of snakes just like my mother. I can’t even watch snakes on TV. I have dreams of snakes and I wake terrified. I am convinced they are under the bed. I can’t go back to sleep and I can’t put my feet out of the bed after the dreams.

Analysis 1 – this must be Belladonna – keynotes: right side, sudden onset < jar & totality – Rubrics 1

- HEAD PAIN: light, from; agg.; noise, from; PULSATING; jar, from any; sleep; agg.; after
- FACE; NUMBNESS
- EYE; PAIN; stitching
- PERSPIRATION; lips; upper
- ANXIETY; conscience, of
- Fear/dream/delusion (2) snakes

Treatment: Belladonna 30CH 30ml 2 drops when required for migraine.

Consultation January 2002

Each time I get migraine I take Belladonna and each time it helps. The attacks are getting milder, less intense and further apart – I am not having half as many. Each time I take the drops the migraine goes away within 30 minutes to an hour.

I am still having vivid dreams but no dreams of snakes… My energy has gone up to about 60/100 – and no slump in energy from 4-6pm. I have much more energy – I am doing overtime and mixed shifts and am still OK. I have gone back to the gym and started my sports again. It is much easier for me to get up in the morning. I don’t have any lethargy after a headache because they are less severe and so short. I sleep better – I’m asleep in seconds.

I’m getting better with people. I’m not irritable and snappy. I feel so much more sociable and am going out a lot and enjoy it. My appetite has gone up but my weight is OK because I am so active. I’m not so worried about my mother now… I’m getting more spots on my face and shoulders like the acne I had as a teenager.

Treatment: Continue Belladonna 30c drops when required for migraine.

Mother gave regular reports for three years afterwards – “S” remained well and Belladonna still helps if she gets migraine but she hardly ever gets an attack.

Four years later – consultation March 2006

The migraines are brilliant – very rare and relieved quickly by Belladonna.

I’ve had high blood pressure since I was pregnant. At 28 weeks my blood pressure shot up and I was admitted to hospital. My kidney function was decreased with pre-eclampsia so I was delivered at 31 weeks. I was on beta-blockers for six months then stopped and still have BP checks every six months. Recently my BP had gone up.

My husband has been having an affair and she works in the same police station as I do. I feel nauseas and an acid burning in my stomach whenever I see her. I’m always questioning whether he’s still seeing her and never at peace. I suspected my husband for the past year. I accused him and he lied. He is never at home… I feel so very angry. My parents and sister don’t know. When he told me I said Oh, Right, and the next day we talked a bit. The whole police station already knew. I hated him. I was furious. He didn’t tell me everyone else knew… I feel so utterly humiliated… As if I can never trust anyone ever again… I kept all the
anger and rage inside me and would lie awake all night with it all going around in my head... I wish he would just die... I cry a lot in private. I feel anger all the time. I feel like I'm going mad. I don't trust him. I don't know how to trust him. I hate him.

I've lost two stone in the last six months from all the emotion which is the only good thing about it. ... I work four days and have three days off with my son... My life was nothing. There is no time for me... I've been thinking about killing myself with pills. I always feel so alone.

He told me two weeks before my 30th birthday... I'd like to punch and kick him and her and pulverise them into a bloody pulp. I won't do it – I won't lose my credibility. I would never do that... I feel such huge anger, rage and hate. When I took my marriage vows I meant every word. I would never be unfaithful.

He told me he was going to bed with other women. I felt I should be shouting and screaming but instead I was trembling for hours. I told my sergeant the next day and he put a harassment order on her.

On examination: BP 138/98

Analysis

There has been a clear shift in symptoms provoked by her husband's infidelity:

- her honour is deeply wounded
- she feels rage & desires violent revenge
- suppresses emotions & restrains violent impulses
- expresses emotion in trembling, insomnia & arterial hypertension

Rubrics

- HONOR, wounded, agg. ***
- MORTIFICATION, humiliation, chagrin agg.; Indignation, with **
- DISAPPOINTMENT, deception agg. ***
- ANGER; Trembling, with **
- KILL, desire to **
- THOUGHTS; Rush, flow of; sleeplessness; with *
- Clinical; HYPERTENSION

Treatment: Staphisagria LM4 30 ml 2 drops daily

Consultation May 2006

I definitely feel different. I’m not lying awake as much mulling it all over in my mind. I’ve challenged my husband instead of sulking. I’ve been crying more and not trying to hide it. I feel a lot calmer. My mother is ill in hospital and I’m still a lot calmer... She has been diagnosed with an unusual heart arrhythmia – they are going to do an electrical ablation via a tube through her neck. Her cancer is still fine. She has check-ups every six months and is fine. It was December 2000 when she was only given weeks to live with lung cancer and you treated her.

I feel more focused, more confident and people have commented how I look and seem much better. I’m more my old self. I’m not a doormat any more. I told my husband I had been to see you and why and how I needed to take medicine for my blood pressure. We are easier together. I don’t know if I have a future with my husband – if yes, OK, if not, OK.

With the first dose I could taste the medicine and I felt it soaking into me... It was a taste I have never tasted before – a nice taste. I slept deeply that first night. I’ve never tasted the medicine since that first dose. I felt the improvement in myself within the first week... Yes, I’ve dyed my hair a different shade of red and have lost some more weight.

On examination: BP 132/82.

Treatment: Continue Staphisagria LM4 30 ml 2 drops daily

Consultation August 2006

I’m now a happy single woman. I told the lying, stinking, conniving shit to leave. I spat in his face and felt so much better. I’ve sold my house and bought another. I had chlamydia tests done and they’re negative. I’ve had professional photographs done of me and my son and we have been on holiday. I have lost weight and am training for a half marathon charity run. I feel so much better.

Some nights I still sit on the floor with a towel in my mouth screaming. I’m still full of hatred and would be glad if he dropped dead but I can be civil to his face. I’ve told my parents – that was hard – and they’ve been so supportive. It is my sister’s wedding next week so now she can have the burden of my parents’ desire for more grandchildren.

On examination: BP 115/75

Advised to continue Staphisagria LM4 2 drops daily till BP had been normal for six months and then till she forgets to take it.

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A case of flowing, changing and re-modifying

This is a case solved purely through using the Sensation level of experience of the patient. The patient’s spontaneous and fascinating descriptions of her deep inner experience lead to a clear perception of her remedy state.

Woman aged 26. She presents with a chief complaint of anxiety.

She writes on her questionnaire: “I worry a lot more than I used to. I am also very angry. I just feel angry a lot. I have coeliac disease. I struggle with anaemia. I have had so many symptoms. I have depression and nervousness. I hate to follow rules and have really struggled with following a gluten-free diet. I was diagnosed last year but I believe I have had it since childhood. I feel anxiety and anger in my chest and shoulders.”

In the consultation she says: “The main thing is anxiety. I worry about my husband, my children. I worry “Is the house locked up?” and I have to get up in the night to check. I worry if the children are on swings: rather than enjoying them having fun I’m worrying about their safety. I feel very nervous and on edge all the time. I’m withdrawing and have to shut off. I’m angry for very slight reasons.”

Describe the anger.
“It feels like a river. A red river which is constantly flowing. I think if I could get rid of this anger my coeliac disease would get better. I’m sure it’s a metaphor.”

What do you mean?
“Getting angry with things and people which aren’t harmful to me – wasting time or getting cross with them, I’m sure it’s translated into my bowels, I’m attacking myself with food which is not really harmful to me.

“I’m quite nervy, highly strung. I don’t have a lot of clarity in my thought. My head feels a bit messy – parts of my brain are not quite linking up as well as they used to.”

Say more about the anger, please.
“It’s since I was a child. My father was very violent and aggressive and not very nice. We spent a lot of time in women’s refuges. I feel that really deep inside me. If I shout that just doesn’t touch it, doesn’t get rid of it. It’s connected to authority. Quite a lot of my anger is directed to medical people when it doesn’t go right. Or with teachers at my children’s school. If I’m cross I pursue it. When I was young I was very ill and had lots of tests but never got a diagnosis. I was anaemic and sickly, maybe that’s why I’m angry with the medical profession.”

Describe this red river, please.
“It’s central in my body. A column, central to my being. Everything else is built around it. It feels like lava, volcanic. It doesn’t feel like it could erupt. It’s flat, not hot particularly. It’s slow moving – it doesn’t change.”

Just describe it again, please, don’t worry if you’re repeating yourself.
“It feels like a ribbon all the way through me. Like I’m a head stuck on it, like I’m hanging on it and it moves through me very slowly in a straight line downwards like a column from head to toe. It feels like it should go upwards not downwards, but it goes downwards. It’s not violent. It doesn’t jump, there’s no ripple, no jerky movements, not like a fire. It’s solid, liquidy and solid – like liquidy fire. It’s always been there, part of me. It’s like wax when it’s dripping down a candle. It’s not red actually, it’s orange-yellow, like lava, it glows. It’s not hot, it’s kind of wax-warm.”

Say more about the anxiety.
“It feels like a ribbon all the way through me. Like I’m a head stuck on it, like I’m hanging on it and it moves through me very slowly in a straight line downwards like a column from head to toe. It feels like it should go upwards not downwards, but it goes downwards. It’s not violent. It doesn’t jump, there’s no ripple, no jerky movements, not like a fire. It’s solid, liquidy and solid – like liquidy fire. It’s always been there, part of me. It’s like wax when it’s dripping down a candle. It’s not red actually, it’s orange-yellow, like lava, it glows. It’s not hot, it’s kind of wax-warm.”

What do you mean?
“The optimistic part of me which thinks good things, about myself which can rebuild. It’s good to be bendable, flexible, wobbly. I’m not myself. I’m a thin person normally. I’m heavy and slow. Clothes don’t fit so it’s difficult to express myself “clothes-wise”.

“I really believe in mothering and really want to give my whole self and my whole being for my first year, even to the detriment of myself. I’m not important. But I don’t believe in martyrship – then I want myself back. I’m happy to sacrifice for the first year.”

Say more about the anxiety.
“Keeping the family together and well.”

Say more.
“So that we’re a whole. They still feel part of me – a unit, a whole, a ball. And if a bit is missing, like a portion taken out and then the ball won’t spin or roll properly. I don’t like them being apart from each other or from me. When they’re in different places it feels like someone’s chopped off my hands or my feet. It feels like bits of me are in different places. My children become extremities of my body. I’m convinced that I’ll forget the fourth one and I’m forever checking, for example, that he’s in the car seat.”

Say more about the children being part of you.
“When we’re separated we’re not a whole anymore, we’re less strong, we’re broken. It feels stronger when I’m part of the family. I’m happy when they’re back home. It really scares me when we’re apart – it feels like dismembered hands and feet. I feel open, vulnerable.”

Describe this more.
“Completely spaced out. Rolling over, vulnerable, open to things which can harm me or the whole family. When they’re with me I feel less open, safer, a ball again, holding them to me.”
Describe this feeling of a ball more.
“IT’s enclosed and protected, like an armadillo.”

Describe it more.
“Grey and green and gooey. A cold creature, rolling, curled up with armour on. Shiny.”

Describe the ball a bit more.
“It’s like a liquid ball, cool, there’s a lot going on within it. It’s contained and moving as a whole, not fast. The colour is greeny-blue turquoise.”

Please describe yourself to me.
“I don’t ever want to be the same. I want to be different on different days. For example, optimistic or pessimistic on different days, on different hours in the day. I like to be variable. I like change. I’m unconventional. I like to have a rough plan, but I like to be able to change my mind.”

Say more about wanting to be different things on different days.
“You would feel constrained if you’re one thing all the time. I want to be different things on different days. Live for the moment. I like to change. I like to move forward.”

Describe that more.
“It’s that ball moving – improving, learning, moving.”

Describe the moving.

Describe the flowing more.
“The outside is liquid, but inside is metal.”

Describe the liquid.
“It’s like the sea. It’s moving as a whole, moving seamlessly.
“I don’t like to follow rules too much. I don’t like to conform except for safety. I follow safety rules rigidly but I hate stupid rules. I can’t deal with “must”, that makes me cross and angry.
“I love the sea. I feel very connected when I’m there. Very feminine.”

Say more about that, please.
“I like to be near the sea, the choppiness. I like the different colours on different days, different temperature and different places. I like the moon, the different light it gives on different days. I’m very connected to my ovaries, the womb, the effect it makes with the sea and the moon. It’s all the same thing, what can be life-giving fluid.”

Say more about that.
“It’s interchangeable, moving, different.”

Say more about that.
“I feel like the sea. I’m different colours on different days. Not see-through some days. See-through on others. Moving. You feel like you’ve lost yourself.”

Say more about that.
“I’m undergoing change, changing, learning, adapting, re-modification, a stronger person.”

Say more about the feeling you get when the family is in different places.
“I can’t function. Then I’m more with the parts than with my own self. There’s too much distance. When they’re back I become one again. When they’re back there are no lines or marks where they’ve been separated. I hold them in again.”

Case analysis
There is discussion in the homeopathic community at the moment about the value of “Sensation” material. Many patients spontaneously – or when taken deeper into their state – describe a level of experience which is beyond the mental and emotional realm but extremely real and significant to them. This sensation level of experience can sometimes point very clearly and directly to their remedy.

In this case there was no other way to find the remedy except through using this sort of data. I think many homeopaths have been using this kind of information for years in an almost instinctive fashion but are now much more consciously aware of what they are doing. Rajan Sankaran’s work has helped enormously to systematise and clarify this method.

This woman is describing several main sensations: changing – changeable – flowing – fluid – remodification – parts breaking away then reforming the whole.
Her remedy is made from a creature which is described as follows: single-celled animals that catch food and move around by extending finger – like projections of protoplasm. They have no definite shape. They have a single large tubular pseudopod at the anterior end and several secondary

ones branching to the sides. Early naturalists called them Proteus animalcule after the Greek god Proteus who could change his shape. In the nineteenth century they were called Amoebae from the Greek word amoibe meaning change, alternation.

Prescription: Amoeba 1M

Follow up at one month:
“I’ve been better. For three days immediately after the remedy it was difficult – I cried a great deal, it was hard, I was terribly negative, I felt suicidal and really low. Then there was a transformation. I had lots of dreams of doing things, and a lot about food. The dry skin on my hands cleared and I had no dandruff although this seems a little worse within the last few days. I’m much more positive. I’m much less anxious. My anger’s coming out – I’m so cross at the moment – I have a really low flashpoint. I’m taking responsibility for myself.”

Say about the anger.
“I’ve never been this cross before. I feel it in my head. It’s very hot, very extreme, for no reason. Just in the last two days. I want to shout really loud, a primal scream. I ate bread a week ago and I’ve had tummy pains and diarrhoea since.”

Prescription: Amoeba 1M

Follow up at two months:
“After the last appointment I became very focussed and energised. I got a lot done. It’s been amazing. The anxiety has been non-existent although very slightly again in the last few days. The anger just went away after the last appointment. I can drink water now whereas I really didn’t like it before. I’ve been eating gluten. I’ve had no pain and no diarrhoea.

“It’s funny. You know I talked about that column feeling? I can’t get in touch with it now. I can think about it but I can only look back on it. I can’t feel it like I used to.”

Prescription: Amoeba 1M

Follow up continues
This “absence” of the sensation following the remedy proves to me the reality and significance of the experience. This woman, I am sure, will continue to be hugely relieved of her psychological and physical suffering and do very well long-term.

Jonathan Hardy
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This year’s Liga Congress took place in Oostende. Like all conferences a lot of interesting discussion took place outside of lecture theatres and many friendships were renewed and new ones forged; but this was the first time that I had actually presented a paper. David Owen and I talked about “Managing Confused and Hidden Cases.” Fortunately, this was scheduled for the first day so nerves were quickly settled and we managed to get there on time despite Eurostar and French strikes, and David Owen hitching a lift with some Romanians!

It is impossible to attend all the sessions, so useful summaries were provided at the end of the day and much informal discussion took place in bars and restaurants. A CD of all the presentations was also included. Particularly noteworthy were Peter Fisher’s summary of homeopathic research in the real world, a Russian paediatric ENT consultant’s work with Homeovox, a compound preparation used with voice problems and clearly illustrated with superb video cases, and a paper on an RCT in Brazil of homeopathic treatment versus fluoxetine which shows a favourable outcome for homeopathy and which has been accepted for publication by the British Journal of Psychiatry. It was good to hear of so many pieces of good quality work supporting homeopathy in these difficult days of criticism.

Although the audiovisual equipment played up at the beginning, Jan Scholten and his team presented an excellent masterclass on the Lanthanides, the largest naturally occurring group of elements in the periodic table. They lie in the gold series and have a secret, special quality with power, self-control, and autonomy being key words. Some lovely cases were used to illustrate the remedies such as Samarium sulphuricum and Lanthanum phosphoricum.

Oostende is a strange mixture of fishing port, seaside destination and conference centre with added chocolate shops that works well most of the time and was especially attractive on this occasion as there were many tallships in port for the “Oostende at Anchor” event. This was a rare opportunity to come together with homeopaths, (medical, dental, veterinary and pharmaceutical among others), from all over the world, from different cultures and viewpoints but all appreciating the same core concepts. Time and again the expressed sensation was shown to tie in with the stage of progression of illness with the body screaming its symptoms and needs if we only but listen and understand.

The conference dinner on the Friday evening took place in the Bell Tower in Bruges and was excellent. Champagne and wine flowed, lubricating conversation and there was dancing to an enthusiastic swing band. We met fellow homeopaths with whom we know we will keep in touch and hopefully meet at future LIGA Congresses, next year’s being in Warsaw, 26-30 August. It is certainly worth venturing further afield to soak up the wealth of experience and approaches to a common goal that contribute to the world of homeopathy.

Patricia Ridsdale
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REPORT:
Faculty CPD seminar: Food and Moods with Anton van Rhijn – 29-31 May, Edinburgh

Twenty-nine Faculty members gathered in the elegant conference room of the Royal Scots Club to hear Anton van Rhijn. We had come from the far north of Scotland, from Northern Ireland, from Bristol, and from Surrey. We were there especially to hear how Anton uses knowledge of nutrition to improve clinical outcomes in homeopathic treatment. Most had heard Anton speak at other meetings and were drawn by certainty that he had valuable things to share.

The seminar was set out in three parts over two days; mood and nutrition, ADHD and autism. Anton, a consultant at the Royal London Homeopathic Hospital, has a research background in psychiatry and an MSc in nutritional medicine. He has a special interest in the treatment of children. In Part 1 Anton set out how foods through their effects on neurotransmitters affect mood and gave us a round up of current knowledge of the food intolerance problems associated with Leaky Gut Syndrome. He spoke of the adverse role of sugar, and of the common food allergens, milk and wheat; also of the beneficial foods that are able to stimulate appropriate production of neurotransmitters. He paid tribute to the pioneering work of Richard Mackarness (Not All in the Mind, 1976) and showed that Mackarness’s concepts are just a relevant today.

The involvement of food in the patient’s disease process is identified usually from the detailed history. Frequently repeated infection in childhood and the prescription of several courses of antibiotics are commonplace; a tale may emerge of cravings and restricted diet; excessive thirst; dark rings under the eyes or of IBS in adults; all these are clues that food factors may be a block to cure.

In Part 2 Anton led us swiftly through diagnosis co-morbidity and epidemiology of ADHD and variants of Pervasive Developmental Disorders. Then he explored with us the biological, endocrine, toxic and nutritional aetiological factors. Putting emphasis on toxicity he discussed the effects of food additives. Fussy eating is a feature of ADHD and autism resulting in deficiencies particularly in zinc, vitamin B6 and Essential Fatty Acids.

In Part 3 Anton took us through current treatment options for ADHD. He focussed on the problem of the stimulant drug therapies and in particular, on Ritalin “the chemical straight-jacket”! He reminded us that homeopathic treatment is as effective as Ritalin (BJH 2001, 90, 183-188 [Frei]).

On autism in Part 3 Anton took the same approach; i.e. through diagnosis, epidemiology and diagnostic features. Posing the question “ Autism – A Metabolic Disorder”, Anton refocused our attention on food deficiency, on toxicity, on the gastro-intestinal tract and once again on the leaky gut. The message came over: Remove (toxic substances), Repair (gut wall with glutamine and Replace (pathological flora with probiotics). Among measured nutritional deficiencies in these children Omega-3 oil and sulphur are among the worst and commonest.

I have not referred, so far, to the homeopathy of the seminar. This came in a series of well-illustrated and well-discussed cases throughout the two days. The clinical case presentations were of patients that Anton has seen, some of them over many years, at the Royal London Homeopathic Hospital. Anton’s cases in the RLHH, NHS hospital clinic setting were necessarily restricted in consultation length and follow-up. The case histories were selected to demonstrate that food was a factor in the illness under treatment.

One cornerstone of treatment of these difficult cases is elimination from diet of intolerance-addiction foods and intestinal support. A “Stone Age Diet” is sometimes necessary. This is accompanied by a homeopathic medicine prescribed according to the characteristics of the case. Occasionally there is a need to wait until the homeopathic picture clarifies following food elimination.

In Part 1, four adult patients respectively suffering from; multi-system disease, insomnia, depression and anxiety demonstrated the validity of this approach. In Parts 2 and 3, necessarily paediatric, clinical cures were achieved sometimes very rapidly indeed. It was no surprise that the indicated group medicines included Spiders, the Solanaceae, and Veratum album. However the final prescriptions were chosen from the groups on finely tuned classical grounds. Banya nitricum and Neon cases showed Anton’s facility with the work of Scholten. We discussed appropriate materia medica. The patients were treated and followed over many months, in some cases years, to confirm the clinical cures.

The relative contributions to clinical cure of dietary control and of homeopathy caused some discussion. Anton’s view seemed to be that food might be one block to cure but that homeopathic medicine is the curative agent. That view coincides with that of Dr Hahnemann!

In the cold light of prevailing medical antagonism in the UK towards homeopathy, the success that Anton has demonstrated provoked a strong debate about whether an ADHD/ Autism clinic should be established at RLHH.

There were a few sassenachs in the mostly Scottish, and mostly female, appreciative audience (what has happened to men in medicine and homeopathy in particular?). There was strong agreement that the Faculty, through Anton, had provided two very enlightening and useful-in-practice days.

David Williams
dthw@doctors.org.uk
### EXAMINATIONS CALENDAR 2008

#### PRIMARY HEALTH CARE EXAM/
PRELIMINARY CERTIFICATE IN VETERINARY HOMEOPATHY

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<td>PHCE/PCVH</td>
<td>19 September</td>
<td>London</td>
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#### PHARMACY DIPLOMA – OPEN TO PHARMACISTS WHO HAVE PASSED THE PHCE

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<tr>
<td>DFHom (Pharm)</td>
<td>TBA</td>
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#### MEMBERSHIP EXAM – OPEN TO DOCTORS AND NURSES WHO HAVE PASSED THE PHCE

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<td>24 October</td>
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<td>London (clinical exam)</td>
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<td></td>
<td>21 November</td>
<td>Glasgow (clinical exam)</td>
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<td>5 December</td>
<td>Bristol (clinical exam)</td>
<td>12 September</td>
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#### VETERINARY MEMBERSHIP EXAM – OPEN TO VETS WHO HAVE PASSED THE PCVH

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<td>Luton (written exam)</td>
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<tr>
<td>VetMFHom Part 2</td>
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<td>Oxfordshire (clinical exam)</td>
<td>15 August</td>
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#### SPECIALIST REGISTRATION – OPEN TO DOCTORS WHO HAVE GAINED THE MFHOM

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<tr>
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<td>Glasgow</td>
<td>15 August (cases and dissertation)</td>
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<td></td>
<td>22 October</td>
<td>Luton</td>
<td>15 August (cases and dissertation)</td>
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The British Homeopathic Association is seeking two new trustees to join its Council. The trustees meet four to five times a year to provide strategic guidance and ensure the highest standards of governance for the charity. Meetings are held during the day at our office in Luton (travel expenses will be reimbursed but trustees are not paid).

We are keen to have a patient representative on Council. Do you have any patients who would be interested in this role?

The second vacancy requires a finance background. This trustee will also be a member of the finance sub-committee, which advises the Council on financial matters, including audit and investments. Ideally this person will have working knowledge of finance and be familiar with the charity SORP.

If you are interested in volunteering or you have a patient or patients who you think would fit the bill, please contact Cristal Sumner on 0870 444 3949 or at csumner@trusthomeopathy.org
Who to contact at the Faculty

staff

- Sarah Buckingham – Publications and Communications Officer: sbuckingham@trusthomeopathy.org 0870 444 3957
- Hilary Clark – Head of Education and Training: hclark@trusthomeopathy.org 0870 444 3956
- Robert Mathie – Research Development Adviser: rmathie@trusthomeopathy.org 0870 444 3958
- Lisa Peacock – Exams Administrator: lpeacock@trusthomeopathy.org 0870 444 3951
- Tracey Rignall – Membership Officer: trignall@trusthomeopathy.org 0870 444 3954
- Cristal Sumner – Acting Chief Executive: csumner@trusthomeopathy.org 0870 444 3949
- Sam Weaver – PA to Cristal Sumner: sweaver@trusthomeopathy.org 0870 444 3945
- Margaret White – Financial Controller (part-time): mwhite@trusthomeopathy.org 0870 444 3953
- Jacqui Woolsey – Receptionist/Information Assistant: jwoolsey@trusthomeopathy.org 0870 444 3950

faculty council

- Peter Darby, Dental Dean: peterddarby@aol.com
- Christopher Day, Veterinary Dean: cday-avmc@hotmail.co.uk
- Patricia Donnachie, Nursing Dean: jdsc20503@blueyonder.co.uk
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