The board of the West Kent Primary Care Trust unanimously voted to stop funding homeopathy at its meeting on 27 September. From April 2008, patients from West Kent will not be able to attend Tunbridge Wells Homeopathic Hospital (TWHH) for homeopathic treatment, though referrals for acupuncture will still be funded.

Consultation findings ignored
The decision overrides the results of the public consultation, which brought out the complexity of this issue and supported continued funding (see Key points on page 3).

In spite of this, the Professional Executive Committee (PEC) had already voted unanimously to recommend no funding on the grounds that there is “limited evidence in favour of homeopathy; in the light of competing priorities the PCT’s resources should be directed towards treatments that have a greater evidence-base.” Dr James Thallon, chair of the PEC said that most of his colleagues find it unacceptable that homeopathy has not come up with sufficient positive evidence in spite of more than 50 years of research; this disregarded the difficulty of attracting research funding for homeopathy because it is not patentable, an argument that was well buried within the 36 page consultation document.

To counterbalance the shorter recommendations of the board executive, a two-page report from Helmut Roniger and David Ratsey, the two homeopathic consultants at TWHH, was added to the board papers and the discussion was directed towards some of the key points it raised.

“The PCT board meeting was a black day for homeopathy and for patients, many of whom were totally devastated as our service is the only thing that has helped them” says Helmut Roniger. “The PCT belittled every single one of our arguments while we had to sit through the meeting in silence as the public are not allowed to speak. It was well rehearsed and very slick.”

A busy media campaign against the proposed cuts continued right up until the meeting and campaigners were interviewed for local TV, radio and press before and after the decision. Losing this funding will almost certainly be a fatal blow to TWHH as the West Kent PCT contract represents 50% of its income.

Campaigners angry but determined
Campaigners are refusing to let things rest and the British Homeopathic Association, which has been involved from the start just over a year ago, is working to ensure that patients are not denied their choice of treatment, especially those for whom conventional medicine really is not a possible or acceptable option. “We are determined that patient choice should not be undermined in this way,” comments BHA Chairman John Cook. “Neither the PCT’s independent reviewer nor anybody else has yet proved that homeopathy doesn’t work despite the high profile misinformation being spread by the sceptics; we have an ambitious research programme and media strategy. We all need to work together to find a way through this challenging period and also to look at new and innovative ways of ensuring that all patients, not just those who can afford it, can have access to homeopathy.”

See page 3 for the key points from the consultation report.
With the sad passing of John Ainsworth, homeopathy has lost yet another of its early champions. More extensive obituaries will be published elsewhere but I would like to pay my own brief tribute here.

I knew John Ainsworth for more than 40 years. I particularly appreciated his willingness to share his extensive knowledge – and his support – during my formative years as a newly qualified pharmacist. His dry wit and endless stories were greatly appreciated by all. John’s important contribution to homeopathic pharmacy was acknowledged through the award of a Fellowship by the Royal Pharmaceutical Society and an Honorary Fellowship of the Faculty of Homeopathy in 1992. I should also like to pay a tribute to Colonel Mike Barraclough, who sadly also passed away in August, and whom I always found helpful and efficient during my early involvement with the Faculty.

The President’s update following the very successful strategy day held earlier in the year (page 6) confidently predicts that by 2025 homeopathy will be fully integrated in the healthcare system. A laudable vision indeed – but is it feasible? Despite having been sidelined by the NHS and the recent poor press coverage it must be right to adopt a positive view of the future. Surely the benefits of homeopathy and other CAM disciplines for patients will become more visible sooner rather than later? The aims of the Faculty are comprehensive and fulfilling, although I might (if asked!) move the last – “putting the patient at the focus of our work” – further up the list. An exciting challenge for Council and members alike. I am really looking forward to seeing the results of the first phase of the service evaluation across the five homeopathic hospitals (research update, page 8). Hopefully that will give us some useful ammunition.

Maybe the tide is turning in our favour in a funny sort of way. An event billed as a debate at the British Pharmaceutical Conference in Manchester attracted only about 25 people to hear what I am told turned out to be mainly a question and answer session about homeopathy. The protagonists were Felicity Lee, ex-pharmacist and member of the Society of Homeopaths proposing the motion “Homeopathy or Allopathy. Which would you choose?” and well known sceptic Professor David Colquhoun, who was opposing. You can listen at http://dcscience.net/?p=160

Surprisingly the event has not yet been reported in the Pharmaceutical Journal and attracted no media interest – our tactics, such as they were, seemed to nullify the threat! With a bit of luck the public appetite for the national pastime of homeopathy-bashing is waning – or is that wishful thinking? The news from Tunbridge Wells – and the closure at Manchester (page 7) – is depressing.

Having been involved in an allergy clinic at Glasgow Homeopathic Hospital some years ago and seeing the positive results that we achieved I was disappointed that the Lords Science and Technology Committee did not come out more positively in favour of homeopathy and other CAM therapies. While acknowledging the ways in which complementary therapists diagnose allergic conditions are considerably different from those used by conventional practitioners their Lordships were disappointed at the lack of response from complementary practitioners to their call for evidence. Their report recommends that robust research should be carried out (see opposite). A case for Dr Mathie, I presume!

Summer – such as it was – is over and the nights “are fair drawing in” as folks up here in Scotland say. This would be a good time to turn your thoughts to the next British Homeopathic Congress for which the first call for papers has been issued (page 19). It seems no time at all since we were walking the freezing cold streets of Edinburgh looking for (and finding) ghosts and sipping a dram of Scotland’s finest malts! Of course we worked hard too; the standard of presentations was impressive. Next year we are off to Harrogate and I am sure that we will have just as good a congress there. So get at that keyboard folks and lets be having your contributions.

Steven Kayne
simile@trusthomeopathy.org

Faculty AGM announcement

The Annual General Meeting of the Faculty of Homeopathy will be held on Thursday 31 January 2008 from 5.30pm at the King’s Fund, 11-13 Cavendish Square, London W1G 0AN

The Richard Hughes Memorial Lecture will start at 6.15pm:

Homeopathy – a guide to life by Dr Bob Leckridge

Homeopathic principles of holism and of the focus on uniqueness underpin not only our practice of medicine but our understanding of life.

However, in addition to these principles, if we take a narrative approach to the materia medica we find therein a rich source of teaching about life – how we experience the world, how we make sense of it, and how we cope with change and challenges.

What can we learn from the homeopathic materia medica that we can use to live better, more fulfilled lives?

All Faculty members are welcome

Please make a note of the date now and return the enclosed booking form to let us know that you will be attending.
The Lords Science and Technology Committee report on allergy, published on 26 September, included a recommendation that there should be “robust research” into complementary treatments for allergy. The report stressed the importance of such research examining “the holistic needs of the patient, assessing not only the clinical improvement of allergy symptoms, but also analysing the impact of these methods upon patient wellbeing”.

However, it is disappointing that homeopathy and other CAM therapies were not specifically mentioned as playing a role in the proposed specialist allergy centres, which was one of the report’s key recommendations. Both the Faculty and the Society of Homeopaths submitted evidence to the committee but no other CAM organisations or practitioners did so. The Faculty’s submission described the different homeopathic approaches to treating patients with allergy and summarised the already considerable research evidence showing the effectiveness of this approach. “We highlighted the work of the specialist allergy clinics at Glasgow Homeopathic Hospital and the Royal London Homeopathic Hospital and drew attention to the opportunity that is being missed for potential widespread cost savings on conventional medicines such as corticosteroids,” said Faculty chief executive, Sally Penrose. “We also called for funding for more and better research and were pleased to see that the Lords have recommended clinical trials with ‘clear hypotheses, validated outcome measures, risk-benefit and cost-effectiveness comparisons made with conventional treatments.’”

West Kent PCT consultation – the key points

- 57% of respondents supported the notion that homeopathy should be a priority in the NHS; 74% felt that some homeopathy should be funded (funding costs £196,000, less than 0.03% of the PCT’s budget).
- From the options put forward by the PCT in the public consultation, Option 1 (referral through independent treatment panel) and Option 3 (no funding) were rejected by 67% and 69% respectively, while Option 2 (unrestricted referral but limited consultations, probably a maximum of six) was accepted by 56%. The option of “no change” was not offered by the PCT.
- Over 6,000 members of the public signed a petition in support of TWHH; local politicians including Greg Clark and the whole Tunbridge Wells Town Forum lobbied in favour of a continuing service.
- 52% of local GPs refer patients to the hospital; in an audit conducted by TWHH, 92% said they would recommend this service to a colleague and two thirds rated it as moderately to very effective (based on 48 out of 93 referring GP practices returning the questionnaire, a 52% response rate). However, the PCT conducted its own audit: 56 out of all 353 West Kent PCT GPs answered (16% response rate); only 11 (20%) were in favour of funding homeopathy. It also emphasized that GP practices referred less than 1% of their patients for homeopathy.
- The PCT commissioned an independent review of the research evidence, which it ignored. The review “found no clear evidence to support or to recommend against homeopathy” but also noted that, “the same is true for about half of the treatments offered by the NHS”. It also accepted that 76% of patients with difficult “conventional effectiveness gap” conditions report benefit after receiving treatment at TWHH.
- During the consultation, further options emerged of which “Option X” was clearly the best workable compromise: it included a combination of negotiating a reduced tariff, agreeing a list of conditions for referral and limiting the number of consultations. It was known that limiting to six consultations would mean a 42% reduction with a similar reduction of costs. Options 1 and 3 described above would have led to the closure of the service with an unquantifiable effect on long-term NHS costs, as the chronic “effectiveness gap” patients at TWHH would have to find provision elsewhere.

Millions believe in homeopathy

A poll conducted by market analysts TGI Global and reported in The Times at the beginning of October suggests that on average 15% * of people trust homeopathic medicine, with the figure rising to 20% in the 35-44 age group.

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*percentage of sample surveyed, total group typically 25,000
Ernst creates more waves

Professor Edzard Ernst has turned from attacking homeopathy to warning about the dangers of chiropractic and herbal medicine in recent weeks. In the Journal of the Royal Society of Medicine’s October issue, he said of chiropractic, “it is associated with frequent, mild and transient effects as well as with serious complications which can lead to permanent disability or death.” More recently, a study by Ernst’s colleague Peter Canter at the Peninsula Medical School in Exeter called for individualised herbal remedies (those which are mixed up from a variety of herbs for specific customers) to be banned as there is no evidence of efficacy, but a significant risk that they may do harm. Commenting on the study the professor also warned against single herb extracts in health food shops which could do damage by interacting with conventional treatment. “A depressed patient who takes St John’s wort and comes out of depression arguably gathers enough strength to commit suicide, so it is dangerous.” Both reports received widespread media coverage.

Homeopathy’s famous advocates, past and present

A new book by Dana Ullman brings together stories from numerous famous figures over the past 200 years who have used and supported homeopathy. The Homeopathic Revolution: Why Famous People and Cultural Heroes Choose Homeopathy, published in October, documents the positive homeopathic experiences of icons in the fields of science, medicine, religion, politics, literature, sport, music and cinema, including 11 American presidents and seven popes. Benjamin Disraeli took homeopathy for asthma and gout; it is thought Charles Darwin was helped for nausea, vomiting, heart palpitations and fainting; and apparently George Bernard Shaw was very grateful for homeopathic treatment of his hydrocele. More recently, David Beckham famously took homeopathy to aid the healing of his broken metatarsal before the 2002 World Cup, Tina Turner was helped through tuberculosis and Bill Clinton’s recurrent laryngitis was resolved homeopathically. More information about the book can be found at www.homeopathicrevolution.com

Channel 4 News exposes extent of anti-homeopathy campaign

At the end of September Channel 4 News investigated an email from the President of the Association of Directors of Public Health (ADPH) to Primary Care Trusts which made it clear that the Association had colluded in the letter sent by Professor Gustav Born and other signatories (including Edzard Ernst) to PCTs recommending them to stop funding homeopathy.

That letter, sent in May 2007, had been accompanied by a pro forma document bearing the NHS logo for use by PCTs to decommission homeopathy. The leaked email (sent on the same day) also made it clear that the ADPH had put this decommissioning document together with the help of Sense About Science and stated that the ADPH had been advised to stay out of the limelight as the issue was a “hot potato”.

The programme interviewed Peter Fisher from the RLHH and also sought comments from the ADPH and Sense About Science, both of whom ducked the issue. “What this programme showed is both the extent and sophistication of the campaign against homeopathy,” commented Peter Fisher. “However, the media attitude seems to be very much that this sort of thing happens all the time. It’s very disappointing that people who should be representing the NHS are cooperating privately with an organisation so strongly opposed to homeopathy.”

Sceptics’ blogs were clearly extremely rattled by the programme, expressing shock and indignation that such issues should be raised at all and particularly the suggestion that Sense About Science might receive funding from the pharmaceutical industry.

In July, the government confirmed that the Department of Health is investigating the use of the NHS logo on the decommissioning document in response to an oral question in the House of Lords.

The Faculty and RLHH are working with their media advisers in the light of these revelations.

Mike Barraclough

We were very sorry to hear of the death in August of Mike Barraclough, the former secretary of the Homeopathic Trust and Faculty of Homeopathy. Mike joined the organisations in 1971, after a distinguished career in the army, and stayed until his retirement 17 years later. He was awarded the OBE for services to homeopathy in 1985. An obituary will be published in a future issue of Homeopathy.
The challenging times at the RLHH continue, but support is ever increasing from patients, politicians and groups of colleagues. We have been rather slow to realise the amount of infrastructure and professional advice required to run a successful campaign against such well-planned attacks, but the required pieces of the structure are gradually building up.

The Early Day Motion in the House of Commons attracted the signatures of 197 MPs and we are hoping this will lead to a debate, not just the written questions asked and answered so far. Glenda Jackson, one of our local MPs, has been back in contact with Peter Fisher and is interested in proposing a debate, as a result of the consistent pressure on her from constituents.

As well as attending PCT meetings in areas where the funding is in doubt, patients are also getting together to form local groups to lobby their PCTs and GPs to inform them of the services they require. Patients have always saved homeopathy, for there is no denying their experiences, and there is no reason to think it should be different this time, but perseverance is key.

As reported in the last issue of Simile, the League of Friends has appointed a campaign manager to co-ordinate the campaign and established a website to support the hospital www.save-nhs-homeopathy.org. We have also been fortunate to meet some professional PR advisors who move in the circles where we need to seek influence and who are sympathetic to our cause.

We are by no means out of the woods yet, so please join our campaign through the website and support the hospital in any way you can.

Sara Eames
sara.eames@uclh.nhs.uk

New campaign manager appointed

Sato Lui has taken over from Daniel Strachan as RLHH League of Friends’ Campaign Manager, following his departure to work in East Africa. Sato is well known in the CAM community, having been Executive Director of the Natural Medicines Society until its closure in 2005.

Richard Dawkins, well-known writer, atheist and amongst other things Professor for the Public Understanding of Science at Oxford, attacked everything from homeopathy to angel therapy in his programme “The Irrational Health Service” screened on Channel 4 in August.

The programme showed Dawkins visiting the RLHH, talking to Peter Fisher and sitting in on consultations. Choosing to ignore the substantial amount of positive published evidence for homeopathy, details of which had been provided to him, Dawkins instead singled out the notorious and flawed meta-analysis published by the Lancet in 2005.

In addition he poured scorn on the idea that highly diluted substances can exert an effect, which was ironic in view of the growing amount of research in the area, as demonstrated in the special Memory of Water issue of Homeopathy which came out just before the programme was broadcast.

The Faculty, together with the British Homeopathic Association, issued a statement on the morning following the programme, pointing out how unbalanced the coverage of homeopathy was (see www.trusthomeopathy.org). Faculty President John Saxton also wrote to the chief executive of Channel 4 before the programme was broadcast to set out our concerns.

Commentators in the media were, on the whole, bemused and unimpressed by Dawkins – Private Eye published a particularly entertaining send-up of his crusade against “gullibility” (Issue 1192).

Developing PR collaborations

During the year the Faculty has been involved in networking with other organisations’ PR officers both in the UK and, most recently, in Europe.

Faculty and BHA Chief Executive Sally Penrose has met regularly with Paula Ross, Society of Homeopaths and Jo Ritchie, Head of Communications and Education at Nelsons to develop a joint strategic approach to communicating positive messages about homeopathy.

“This will sit alongside each organisation’s own specific media strategy,” says Sally. “It doesn’t mean that we will be sending out joint statements,” she adds, “but we are working much more effectively by agreeing collectively what our key messages are and liaising more closely on specific media campaigns.” Much of this ties in well with the ideas generated at the Faculty’s strategy day in June for a stronger and more proactive approach aimed not at the sceptics but at the general public.

A good example of what can be achieved is the media work (primarily by the SOH and Nelsons) targeted at the consumer press during Homeopathy Awareness Week in June, which reached more than an estimated 10 million people.

In September, Sally also attended a meeting in Brussels organised by Dr Ton Nicolai, President of the European Committee for Homeopathy (ECH), for the PR officers of ECH member organisations. A general information sharing session in the morning was followed by a specific discussion to prepare for the launch of the WHO review of the research evidence for homeopathy, due to be published at the end of this year or early next year. Representatives from the European manufacturers’ association ECHAMP presented proposals to maximise the report’s impact among EU member states. Suggestions discussed included a press conference in Brussels and template press release that all member organisations can adapt for their own use.
Faculty strategy day – 21 June – update

Following our very positive and well attended strategy day in June, the following summary of our vision, aims and key strategies was approved by Faculty Council and forms the basis of our new work plan for the coming year.

2025 Vision – summary
By 2025 homeopathy will be fully integrated in the healthcare system. The Faculty will be a new type of multi-disciplinary body, with patients at its heart, fit for the 21st century. It will promote professional training and development for statutorily regulated practitioners and ensure homeopathy contributes to the knowledge base of disease and healing through well funded and thoughtful research.

Our aims are:
• To influence ways of thinking about health – at a political level (DHI), at a medical level (professions) and with patients (expectations)
• To gain recognition as a medical specialty
• To communicate an accurate understanding of the evidence base
• To be the leading authority on homeopathic medicine in the UK
• To be able to meet public and GP demand with a larger number of homeopathically trained statutorily registered healthcare professionals
• To build a strong research culture in order to strengthen the evidence base
• To build the Faculty community as a multidisciplinary family
• To improve the quality of homeopathic practice through audit and education
• To put the patient at the focus of our work

The key strategies for achieving our aims:
• Run a high profile positive PR campaign – either using a PR agency or by increasing organizational capacity and by mobilizing Faculty members and patients and building alliances
• Prioritise the re-development of the website and develop online teaching
• Make more effective use of online networking and communication with Faculty members (for stimulating a research culture in particular but also to create greater member cohesion and involvement in all aspects of Faculty work)
• Assess the factors likely to affect the delivery of homeopathic services in the NHS and re-position the Faculty accordingly
• Continue to implement the research strategy and include the promotion of developments in the mechanism of action in this. Cost-effectiveness should be a priority.

This is a challenging programme for the coming year and I’d like to thank everyone involved so far.

John Saxton
President
john.saxton@talk21.com

John Ainsworth
John Ainsworth, founder of Ainsworths Homeopathic Pharmacy and Life President of the British Homeopathic Association, died on 31 August at the age of 87. John was a profoundly important figure in the development of homeopathy. He was active in a wide range of national and international organisations including the International Homeopathic Pharmacists Committee (CIPH), of which he was President for three years. "John made a huge contribution to British homeopathy and the development of homeopathic pharmacy in the UK”, commented Tony Pinkus, managing director of Ainsworths. “He has been an inspiration to me and was instrumental in my choice of career as a homeopathic pharmacist.” An obituary will be published in Homeopathy.

A memorial service is being planned in London during February 2008 and all Faculty members will be most welcome. If you would like details, please contact Linda Haylock (lhaylock@trusthomeopathy.org).

Faculty Council meeting report – July 2007

CAMLIS proposal
The main item on the agenda was a presentation by Gerhard Bissels of the new CAM library being developed at RLHH. Called CAMLIS, this will complement the electronic library NeLCAM launched in 2006. The proposed Library and Information Service will consist of a physical collection together with a strong online portal. Although CAMLIS has some start-up funding in place, its ongoing funding will come from membership fees from partner organisations – the proposal is a £10 per head levy from CAM membership organisations. Council set up a small working party to consider the financial implications for the Faculty, the security and long-term implications of the venture and how it will dovetail with other existing library services.

Subscription levels 2008
A small increase in line with inflation was agreed for implementation in January 2008.

Fellowships
Charles Forsyth’s nomination for Fellowship and John Churchill’s for Honorary Fellowship were both unanimously approved and will be presented at the AGM. Jamshed Raderia was awarded the LFHom (Osteo) without examination.

Deans’ sessions
The current allocation of sessions for each of the Deans was reviewed. The Dean will reduce from ten to eight sessions a month, the Nursing Dean from four to two sessions and all other Deans will increase from one to two sessions a month. This arrangement has the merits of being cost neutral though the sessional rate is to increase by 2.5% as from 1 September.

Other items
There were discussions of the document setting out the Faculty’s Aims and Key Strategies following the planning day held in June; an update on the probable collapse of the Council for Organisations Registering Homeopaths (CORH) and subsequent delay to progress on voluntary self regulation of professional homeopaths; feedback from the ECH political and education sub-committee meetings and updates on a wide range of topics including research, Faculty representation on the Advisory Board for the Registration of Homeopathic Products, the WHO work on homeopathic medicines and the forthcoming Science and Art of Healing conference at the RCP in September (see Tom Whitmarsh’s report on page 16).

The next Council meeting will be held on 1 November.
End of an era as Manchester Homeopathic Clinic closes

After continuous provision of homeopathic medical care for nearly 150 years, the Manchester Homeopathic Clinic closed its doors for the last time on 27 September. The clinic offered both NHS and private appointments but struggled financially over the past three to four years. The committee took this sad and final decision having considered various options to save the clinic, but to no avail.

Patient numbers started to dwindle at the end of GP fundholding in 2002, with 30-40% NHS appointments falling to about 1-2% with the onset of commissioning in 2003. The number of new patients fluctuated over the years but there was always a group of patients loyal both to homeopathy and to the clinic itself. Some of these families are now in their third generation as patients.

The clinic was run by “old” Dr Burns from 1939, who was joined by his son George Burns in 1967. They had a busy practice with two full surgeries every day and even did home visits with a boxful of remedies. They started a postal service for patients who left Manchester, sending little packets of pills to all parts of the UK and halfway across the world. They even had a still to prepare distilled water medicine and were inspected by Customs and Excise every year, as they used 90% proof alcohol!

Other consultants joined over the years including Anne Clover, Joan Ford, Prunella Marks, Efthia Metallidou and myself, in 1998. I have always had a close association with the clinic from medical school days and in fact Dr Burns was the catalyst for my interest and pursuit of homeopathy.

Both Efthia and I are continuing to offer appointments to all of the clinic’s patients at our individual practices in Stockport and Salford respectively. I am hoping to start the Manchester and Salford Homeopathic Clinic from my updated GP premises and will have an on-site homeopathic library, a conference room for regular educational meetings and a small display case of historic items of interest, including of course a bust of Samuel Hahnemann to keep a watchful eye on me.

It is with great sadness that we leave the Manchester Homeopathic Clinic but we hope to continue and improve the service that has been its tradition.

Karen Goodman
a.goodman4@ntlworld.com

Indian MFHom court case success

On 24 August, a petition aimed at preventing MFHoms in India from registering as homeopathic doctors was dismissed in the Punjab and Haryana High Court. As reported in the last issue of Simile, the Central Council of Homeopathy, which grants rights for homeopaths to practise, tried to eliminate eligibility for MFHom doctors trained at the Faculty-accredited teaching centre in Hyderabad. A case was brought against Dr O P Setiya of Panipat, despite the fact that the Indian government recognizes the DFHom, MFHom and FFHom qualifications as registrable to practise. The Central Council’s request was rejected in the light of correspondence from key bodies including the Faculty. All this has become possible as a result of the tireless efforts of the director of the Hyderabad School of Homeopathy, Dr P Krishna Choudary. The Indian MFHom community is also very thankful to everyone involved at the Faculty, especially Cristal Sumner, who with her enthusiasm, efficiency and intelligent grasp of the whole situation helped us in taking this fight to a favourable outcome.

Mukesh Sharma
doctorsmukesh@yahoo.co.uk

Contribute to Simile

Simile is your newsletter and we are always pleased to receive articles, case studies and news items from members.

If you would like to contribute or simply have ideas for possible articles that we could include, please email Sarah Buckingham at sbuckingham@trusthomeopathy.org or call 0870 444 3957.

The next copy deadline is Friday 23rd November.

Disciplinary and Professional Performance Committee members required

We are seeking two volunteers to join the Faculty’s Disciplinary and Professional Performance Committee (DPPC). The committee plays an essential role in ensuring that Faculty members meet the high standards of clinical practice expected of them and in safeguarding the public. Fortunately, the DPPC is not overwhelmed with cases to review – in a typical year there may be three or four complaints coming to the committee and these are generally resolved quickly and without resort to disciplinary sanctions.

The committee chair is Dr Mollie Hunton and the other members are Dr Mike Jenkins and Dr David Spence. Dr Anne Clover has just retired from the committee, having served on it for many years and been its chair for several of these.

Committee members should have a high level of commitment to protecting the public and to ensuring that the Faculty’s high standards are upheld. Complete confidentiality and the ability to respond promptly to correspondence, preferably by email, are essential. Ideally we are looking for some “younger blood” as all the current committee members have retired from practice but it is a role that is more suited to those with the maturity that seniority and experience bring.

A copy of the Disciplinary & Professional Performance Procedure is available from: info@trusthomeopathy.org

If you are interested in this role, please email Mollie Hunton at mollie.hunton@btopenworld.com or phone 01384 373111 for an informal discussion.
Systematic review demonstrates effect of high potencies

A recent review of in vitro research has demonstrated an effect of high homeopathic potencies. Published in Complementary Therapies in Medicine in June, the review found that 73% of 67 experiments analysed reported a high potency effect. The authors found however that no positive result was stable enough to be reproduced and advocated the general adoption of succussed controls, randomization and blinding to strengthen the results of future experiments.

Reference


Homeopathic preparations induce immune responses in human cells

Researchers at the Miami Children’s Hospital in Florida have discovered that two specific homeopathic medicines can stimulate human cells to release chemicals that have a role in protecting the body from infection and inflammation. The homeopathic preparations Phase 6 and Flu Terminator were evaluated in normal human leukocytes (white blood cells) in test-tube experiments. Both Phase 6 and Flu Terminator stimulated the production of pro- and anti-inflammatory cytokines by leukocytes, although higher doses often produced a weaker response than lower doses. The carrier solvent (ethanol) failed to elicit cytokine production.

The results of these experiments suggest that ultra-low concentrations of ingredients in Phase 6 and Flu Terminator are capable of eliciting a human immune response.

The work could lead to further research to find if other homeopathic medicines also act on the body via stimulation of cytokines.

Reference


Positive research published for acupuncture in lower back pain

New research from Germany suggests that acupuncture is better than conventional treatment in treating lower back pain. The study, carried out by a team from the University of Regensburg, found that 47% of patients receiving acupuncture had improved, compared to 27% on conventional medicine. Interestingly, 44% of a third group of patients who received sham acupuncture reported an improvement. Lead author of the study Dr Michael Haake commented: “the superiority of both forms of acupuncture suggests a common underlying mechanism that may act on pain generation, transmission of pain signals or processing of pain signals by the central nervous system and that is stronger than the action mechanism of conventional therapy.”

Reference


Faculty research projects continue to move forward

Results from the first phase of the service evaluation across all five homeopathic hospitals will be published soon. This huge study has valuable implications for homeopathy in the NHS hospital setting: it has clarified the individual patient complaints that are most frequently treated, and how clinical outcome may reflect the total duration of homeopathic treatment.

Meanwhile the UK veterinary clinical data collection study is progressing well with VetMFFHoms submitting lots of data every month. A few new recruits were gained after Robert Mathie’s talk at the BAHVS annual conference in June. The aim of the work is to establish how often and how successfully Faculty vets use homeopathy to treat dogs, cats and horses. It will highlight those medical conditions or symptoms that seem to respond especially well to homeopathic and are therefore good targets for controlled research. In addition collaborative research on canine atopic dermatitis with Bristol University Veterinary School is continuing satisfactorily.

Calling all experienced dental practitioners

A new Faculty data collection project scheduled to start autumn 2007 will investigate the role of homeopathy in periodontal complaints.

If you are interested in taking part, please get in touch with Robert Mathie by 1 November 2007 on 0870 444 3958 or at rmathie@trusthomeopathy.org
Biological and physical effects of homeopathic medicines

**Biological**
Professor Nieber works in the Department of Pharmacology, Leipzig University. She did not believe in homeopathy, so she devised an experiment to prove that homeopathy was complete rubbish – an experiment where there could be no possibility of placebo effect.

A rat’s intestine was immersed in a fluid culture medium, attached by organic threads to a sensor, so that she could measure the shortening of the intestine if it went into cramps. Atropine was introduced into the culture medium, which caused severe cramps, as evidenced by shortening of the rat’s intestine. When she added Belladonna 90X (the homeopathic remedy made from atropine), the rat intestine relaxed. The substance that caused an effect – when it was used neat – induced the opposite effect when diluted and succussed.

This shows conclusively that the homeopathic remedy was effective in the absence of any material substance whatsoever. The experiment has been repeated many times. Karen is now a complete convert to homeopathy.

**Physical**
A second, quite different, line of research is equally compelling. Dr Cyril W Smith, now retired, who was previously Senior Lecturer at the Department of Electronic and Electrical Engineering at Salford University, Manchester, has been involved since 1974 in research on “Interactions of Electromagnetic Fields with Bio-Materials and Living Systems”. An early conclusion of this work was that there were anomalous magnetic fields in water and living biological systems. Cyril began to investigate the body’s endogenous frequencies and the development of therapies involving the stimulation of patient-specific frequencies by applied electromagnetic fields or potentised water. The extreme sensitivity of some patients led him to the development of frequency measurement techniques based on dowsing. It soon became evident that frequency is of prime importance. Some frequencies are therapeutic and some are stressful; they usually alternate, and they range from below 1mHz to above 1GHz.

The clinical effects of environmental frequencies or chemicals can be reproduced by water contained in sealed glass ampoules after its exposure to coherent frequencies of an alternating magnetic field without any chemical contact. The unexposed water produces no clinical effect. It can take up many frequencies successively imprinted by succussion. The scientific basis of homeopathy must, therefore, be sought in physics not in chemistry.

Everything in the whole universe has its own individual frequency signature. If there were not a relation between frequency and chemical structure, spectroscopic analysis would be impossible. These frequencies can be measured.

In the case of a given chemical element, there is just one frequency. In living things, there are many frequencies throughout the system, and in animals and man things can get very complicated. When these frequencies get out of balance, we have an indication of disease. What homeopathy and acupuncture may do, in effect, is to restore the frequencies to their natural balanced state; it may be the case that the former supplies a frequency pattern while the latter uses endogenous frequencies.

Cyril is the only person I have met who can be given a homeopathic tablet, test it, and tell you what remedy it is and what its potency is. I have seen him do it. He uses a laboratory oscillator, and slowly increases the frequency until his pendulum starts to rotate. For him, an anti-clockwise rotation denotes biological stimulation and a clockwise rotation a biological depressive effect. The transition from health to disease may be seen first as a change in the electromagnetic frequency in the cells of the tissues in the body. These changes, if not corrected, may be followed by further physical and chemical changes.

Clearly a great deal of further research is required to elucidate this potential mechanism of action of homeopathy.

**References**

Spread the word
I would like to make a couple of suggestions to colleagues which could help spread the homeopathic word. Firstly, why not offer your services to a charity? I am the homeopathic advisor to the Down’s Syndrome Association. It is not an onerous job. It involves talking to parents by phone or email occasionally. I write an occasional article for the journal and lecture to parents, carers and teachers at the “under fives” conference about once every five years. Or you could offer to treat some Forces’ personnel who have post-traumatic stress disorder (mind, dwells, or past disagreeable occurrences etc). There has been a lot in the press this year about how badly these people have been treated by the NHS system. The psychiatrists have a difficult time treating them and we might be able to help. Could we perhaps collect data on the outcome and use it to further our cause?

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The Italian connection

Last October, the veterinary course at the Dulcamara School of Classical Homeopathy in Genova, Italy was accredited by the Faculty. Barbara Rigamonti, director of the veterinary training programme there and the Faculty’s first Italian VetMFHorn, talks about how she came to homeopathy.

When I was fifteen, I got glandular fever. Antibiotics caused a serious form of itching, but the hospital doctor didn’t believe me. Every morning he asked me “how is your throat today?” and when I answered that I had no problem with the throat, but itching, he used to leave the room with a disappointed face.

I thought, afterwards, that a “medicine” was indeed a funny way to take care of people. A few years later I met a restless and inquisitive doctor, Michele Pomodoro, who, by that time, was attending the first Italian courses of the Argentinian homeopath Alfonso Masi Elizalde. He was so keen and enjoyed listening to his patients so much that the time to go home, after a day at surgery, only came very late in the evening. There was always a new “story” waiting to be understood.

Then it came to be my time to go to university. I loved animals so I chose the veterinary faculty. At that time, Michele Pomodoro with other doctors from Genova (Flavio Tonello, Claudio Mangini and others), had just founded the Dulcamara School of Classical Homeopathy and Mr Franco Del Francia, a Tuscan vet (also a student of Masi Elizalde), began to practise homeopathy and give courses.

Whilst I was still studying in Milano, I found out that a course on veterinary homeopathy was going to be held there. Homeopathy was still a vague concept for me, I only knew it was a different kind of medicine, more mindful of everyone’s individuality. The course lasted two years; I enrolled out of curiosity. I got my degree as a veterinary homeopath at the same time I passed the exam that qualified me for the “official” profession, according to Italian law.

One month later, when I was almost ready to start my practice, an English lady came to see me. She told me about Lucy, an abandoned dog, that for months had refused to eat; I dared to suggest homeopathic treatment. The lady was enthusiastic about it. Pulsatilla changed Lucy’s life and, I guess, mine too. From that day on I began prescribing with hope and confidence, and maybe sometimes with a bit of irresponsibility, judging by the light of my current knowledge!

In the same year I began attending the Dulcamara School course. I needed to learn more, and moreover, I liked to mix with “human” doctors: veterinary colleagues, in those years, seemed to pay little attention to the “spirit” of animals, and homeopathy often made them laugh if not, sometimes, get angry. I was the only vet in the school, and Dulcamara accepted me with affection and interest. I progressed from being a student to being a collaborator and, after a number of years, a teacher. Besides the school, I also began to be active on the politics side of homeopathy, engaging in the proceedings of several associations.

In the late nineties, I took part in an international project for medical cooperation in Cuba, an extraordinary learning experience. I could see homeopathy actually at work where technology and means are lacking. Like ancient homeopaths, with a group of Cuban colleagues, we relied only on our senses, our insight and a small bag of homeopathic first aid remedies. The next turning point was the collegial work performed with other veterinary homeopaths and acupuncturists from all over Italy. The aim was to create a scientific society and a political entity (UMNCV) in order to disclose our work to the whole Italian community of vets. Thanks to the work of this group, complementary medicine is now acknowledged by Italian law in veterinary as well as medical circles.

Since 1986 I have worked in my own surgery in Genova: I cure pets and sometimes horses, using homeopathy in 80% of my clinical cases, both in acute and chronic diseases. To be a veterinary homeopath, to me, means more than prescribing homeopathic remedies. In fact, to “remove obstacles to cure” according to Hahnemann’s doctrine, we should consider and suggest the most appropriate context for the pet’s welfare while helping the owner to achieve a better relationship with the pet.

To be a veterinary homeopath, to me, means more than prescribing homeopathic remedies. In fact, to “remove obstacles to cure” according to Hahnemann’s doctrine, we should consider and suggest the most appropriate context for the pet's welfare while helping the owner to achieve a better relationship with the pet.
Treatment of twenty nail dystrophy associated with lichen planus

This was a case I encountered early on in my professional homeopathic journey. I was encouraged by my local group of Faculty members along with my mentor, the Podiatry Dean Tariq Khan, to take it on and learn from it. I was about to refer the patient on, perceiving it to be beyond my foundation level training. I am so pleased I took the advice of my colleagues, as the results were astounding. The patient, whom I had known for a long number of years, opened up readily to a homeopathic consultation and did indeed lead me to her remedy. All I did was give her the opportunity to do so, which meant laying down the tools and listening.

Approximately 10% of lichen planus cases involve just the fingernails and toenails. This cutaneous manifestation may lead to complete and permanent atrophy of the nail and as such, most standard therapeutic interventions are aggressive in approach when there is an absence of medical contraindications. A treatment regime would typically consist of intralesional corticosteroid injections, or systemic management such as retinoids, cytotoxic, or immunosuppressant drugs. This case serves to demonstrate the potential of homeopathic podiatry as an alternative treatment pathway.

The patient, a 66 year-old female, was the sole carer of her severely physically disabled brother. She was hypertensive, hypercholesterolemic, and osteoporotic with severely dystrophic nails including pitting, koilonychia, and the lunula spotted and in some nails obscured. Functional, cosmetic and psychological aspects were affecting the patient as demonstrated on the Measure Yourself Medical Outcome Profile (MYMOP2) completed by the woman.

Due to the contraindications to the standard treatment regime, homeopathic podiatry commenced consisting of oral Silica 6c b.i.d. for one month, 30c Silica twice weekly for one month, 200c Silica split single dose, 12c Graphites b.i.d. for one month, 30c Ignatia b.i.d. for one week (due to grieving over her brothers’ death). Topically, the patient used Marigold Therapy (oil and tincture from the HTS O84 range) and simple olive oil. This regime took place over a period of nine months.

Upon completion of MYMOP2 follow-up seven months later, the patient reported an improvement in both symptoms (frustration, and snagging of clothing) noted on the form and the activity chosen (constructing jigsaws) by five points from “as bad as it could be” to one point off “as good as it could be”. The appearance of the fingernails was normal and healthy apart from the biopsied site on the left ring finger, lateral aspect, which showed a large raised longitudinal ridge. The toenails were normal apart from a slight ridging and whitish discolouration. The only conceivable side effect was a possible homeopathic aggravation, with the development of an old symptom of sciatica of the left leg and weight gain of 6kg.

Liaison with her GP and consultant dermatologist enabled the standard monitoring of her case, such as a blood test to discount anaemia, since koilonychia can be a symptom of this. In addition, Atenolol, a drug prescribed for her high blood pressure can be associated with psoriatic eruptions. The GP withdrew the prescription and monitored her blood pressure to see if that made any changes to her nail growth. When this made no difference Atenolol was re-prescribed, as her blood pressure started to climb again. Hence, we discounted any other reasons for this pathology.

The consultant dermatologist retired shortly after this case, which was unfortunate as he was particularly amazed. His colleagues were equally in disbelief, stating, “if you can provide evidence of two or three more showing this result then I think you have something.” The dermatologist nurse nearby replied, “but you won’t find another two or three like this case.” A consultant paediatrician added: “it definitely works, however, at the moment I have to send my patients sideways for treatment.” A dermatology registrar from Germany also joined in the discussion around the implausibility of the science as we understand it now, but, with results like this was open to the acceptance of it as another treatment option.

It is approximately three years since we completed the treatment for lichen planus and I still see her regularly due to her ongoing podiatric requirement. Her fingernails have maintained the healthy state, her toenails do occasionally cease growth and her palms and soles do occasionally shed. However, with the occasional dose of Silica, in whatever potency we feel the body is expressing the dis-ease, we are able to correct the imbalance. The patient originally had osteoporosis but this is no longer the case. She asked me if I thought the Silica had helped with that change, and the answer I gave was “potentially, yes, however, I have no evidence to support this.”

I hope this case study will empower readers to actively look for support from the Faculty of Homeopathy network, to the plethora of knowledge from the Faculty of Homeopathy provides, to enable them to gain confidence in their prescribing and as such, further help their patients.

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Successful cases? Unusual anecdotes?

Share them with other members – submit your articles to sbuckingham@trusthomeopathy.org by 23 November for inclusion in the next issue of Simile.

As a rough guide, short cases can be 250-500 words long; a maximum of 1500 words is advisable for long cases.
33 years of “three weeks good three weeks bad” – a case of Aristolochia clematitis

Aristolochia clematitis is one of the oldest medicinal plants, used in ancient Egypt, the Americas and Europe for snake bites, injuries and to aid childbirth and has been proved by Mezger. Commended by Whitmont as a polycrest-in-waiting it has similarities to Pulsatilla and Sepia and is in Vermeulen’s Synoptic Materia Medica 1 pp38-39.

This is the case of E – a 72 year-old lady, her face deeply lined by suffering who is depressed. Her 33 years of suffering express the essence of the medicine.

Consultation September 1993

I have been depressed since I was 39. My husband almost died in a car crash and I thought that I would be left with my children… I have a good three weeks then a bad three weeks… yes, for the whole 33 years that I have been depressed I have a good three weeks then a bad three weeks… when I first got depressed I got really constipated… I just had no urge to go… I was taking five senna tablets and still nothing was happening… I was taken into the psychiatric hospital for a while… they put me on hormones first but they had to stop them because my blood pressure went up… I felt that I was under a thick grey blanket and was crying all the time and I felt as if I was afraid of something… then they put me on phenelzine and I have been on it since… my sister has been in the psychiatric hospital for years.

When I was told about my husband’s car crash, I went to the accident and emergency department. The nurses were changing shift and it was just chaos. I saw my husband’s friend die on the next trolley and I was terrified – I thought my husband would be next… my husband recovered but now he is very bad with emphysema.

The most striking feature of the case is that throughout her illness of 33 years she has had three good weeks and three bad weeks, but I did not know which medicine this was typical of at that time. I recognized keynotes of Opium in her constipation without urge eventually producing dark balls of stool and ailments from fright. Opium 10MK one dose and placebo daily produced no change after six weeks.

First case analysis, prescription and outcome

I have had two repairs of vaginal prolapse and once for a rectal prolapse and I had a hysterectomy… I have had arthritis of my hands since after my first pregnancy.

I am always chilly. I have the heating on full blast all winter and even put the heating on in the summer if the morning is cold.

Sometimes I can be awake all night… I just feel wide awake and full of energy – during the good weeks… I don’t like consolation, my husband knows not to make a fuss and to leave me alone.

I feel guilty and ashamed… as if I have let myself down… I am quiet. I would just hide behind my husband if we went to a party… I am scared of snakes – if there was a picture of a snake in here I would have to leave the room.

I try and emphasize the alternation of her moods every three weeks and collect a few rubrics together:

- Mind; MOOD; alternating (109)
- Mind; CHEERFULNESS, happiness; general; alternating with; sadness (69)
- Mind; REPRAWSES; himself (45)
- Mind; REMORSE; general (79)
- Rectum; INACTIVITY of rectum (151)
- Stool; BALLS, like (52)
- Mind; TIMIDITY (159)

But I am still a bit lost in the woods, so use the “for goodness sake don’t forget Aurum as she is depressed” heuristic and prescribe Aurum metallicum 200CH one dose daily for three days and placebo daily which produces no change after 6 weeks.

Consultation November 1993

During the good three weeks I have so much energy… I do so much housework… I can take everything out my kitchen cupboard and wash the cupboards and put all the stuff back in… I don’t sit down from morning till night… I have so much energy I just have to do things… I can even go round to my daughter’s house and give that a spring clean too… I seem to think quicker and talk quicker and move quicker. I can keep working 15 hours a day nothing bothers me. I just feel happy.

It’s not exactly three weeks good and three weeks bad, sometimes it varies by a day or two either way… during the bad three weeks I am really depressed and my energy is so low all the time… I still do my housework but I have to force myself and time passes slowly. During the good weeks time just flies by… all this happened when my husband had the accident but it got even worse after the menopause… I had been bleeding every day for a year so they said I needed a hysterectomy.

Third case analysis and prescription

Now the picture is clear and I was able to use the recognition heuristic after reading Whitmont’s Psyche and Substance pp173-177 and prescribed Aristolochia clematitis 200CH one dose and placebo daily. The rubrics below were gathered later for teaching purposes from van Zanvoort’s Complete Repertory 2005 – it was only several years later that the repertories listed the first two key rubrics shown below:

- Mind; EXHILARATION; alternating with; sadness (11) **
- Generalities; WEAKNESS, exhaustion; alternating with; activity (5) **
- Mind; MOOD; alternating (109)
- Mind; MOOD; changeable, variable (200)

Consultation January 1994

I have been good… the depression phase didn’t arrive. I have just stayed in the good phase for the first time in 33 years… I got flu and it went to bronchitis and I had two lots of antibiotics… I got tired with the flu but I didn’t get depressed… My daughter has noticed the change in me.

This joint (shows R thumb MCP joint) has been sore recently and got
worse in the frosty weather… three warts have appeared in my right armpit and a skin tag thing I had on my neck has come back.

Given a dose of Aristolochia clematitis 200CH to keep for relapse

Consultation April 1994
I have been depressed for the last two weeks… I was OK for almost five months… I took the 200c five days ago and nothing has changed yet… I feel sad but I cannot cry… I force the tears back down so I don’t upset my husband… My energy has gone down again.

If the depressive phase lasts the full three weeks as usual take Aristolochia clematitis 1M one dose

Consultation June 1994
I took the 1M on 8 May and felt good within three days and I have had no depression till ten days ago. My energy was good. I was very pleased but the depression came back ten days ago… It is not as bad as it used to be before the medicine but it is back… I get a tight feeling here (epigastrium) when I stop myself crying… I want to be alone to hide from everyone.

The skin tag on my back has gone away but my thumb joint is still sore. Prescribed Aristolochia clematitis 1MK one dose then 12c daily

From August 1994 to January 1995 the improvement held but for a partial relapse in October when I prescribed 10MK drops daily for three days and occasionally if required.

Consultation January 1995
I have been fine and have only had the remedy once on 8 December… I just feel marvellous… my joints have been better as well… I would like to decrease the Phenelzine.

She had been on Phenelzine 15 mg t.d.s for 30 years. I thought it unwise to decrease them but she was determined to stop Phenelzine which precipitated a total relapse. She restarted Phenelzine 15 mg tds plus 10MK drops daily for ten days which did not help but 30CH drops daily did.

Outcome
The first reduction to 15 mg b.d. was ok, the depression began to relapse with the second reduction to 15 mg o.d. but she remained determined to stop Phenelzine which precipitated a total relapse. She restarted Phenelzine 15 mg tds plus 10MK drops daily for ten days which did not help but 30CH drops daily did.

Overall effect of three years of homeopathic treatment:
- 6 months amelioration from 200CH occasional dose
- 5 months amelioration from 1MK occasional plus 12CH daily
- 4 months amelioration from 10MK drops occasional leading to relapse when stopped Phenelzine
- 6 months amelioration from 30CH drops daily (plus restarting Phenelzine)
- 4 months amelioration from LM6 drops daily

Then she died suddenly at home aged 75 (post mortem showed myocardial infarction).

Essential materia medica

Classification: Plant; Angiospermae; Dicotyledon; Polycarpaceae (Magnoliidae); Aristolochiales; Aristolochiaceae.

Essence: changeability and alternation of extremes of moods and energy: a marked depression with tiredness or exhaustion plus or alternating with a rather forced or unreasonable exhilaration and cheerfulness with unusually high energy, activity and ability to perform.

Modalities: amelioration from motion in cool open air; aggravation from suppressed discharges and after menses. The physical expression is mainly through the urogenital tracts with: delayed menarche, scanty menstruation, amenorrhoea (especially after oral contraceptive), decreased fertility, failure to progress in labour, menopausal arthritis, cystitis and pyelitis, prostatitis and epididymitis.

Clinical: Whitmont commends it for skin blisters from mechanical causes (for example poorly fitting shoes) and non-descript cystitis in women with few symptoms suggestive of another medicine (I can confirm the usefulness of both indications). With the keyword of changeability the associated bowel nosode appears to be Mutabile.

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Two Lanthanide cases

Positive results have been obtained when prescribing Lanthanide remedies to some selected patients in my practice over the last few years. Two of these cases are described.

Prescription of Lanthanide remedies for suitable cases was originally inspired by the approach to the periodic system methodology of Jan Scholten (2003). Once a feel for the remedy picture of the Lanthanides is established prescription should not be a difficult task. Frequently occurring themes are autonomy, self-control and independence. In particular one has to ask the question: how are these themes handled in the life of this individual?

Certain children benefit from Lanthanide remedies, as I have observed in my practice. It is important to emphasize here that such children are usually “special” in a way. They are talented, are internally motivated, intellectually very keen, need to exert self-control and independence. Modern western culture may provide more possibilities to develop individual autonomy and, in consequence, lead to resulting problems that accompany such developments. It should be born in mind that Scholten (2003) refers to cases from his clinic steeped in Dutch contemporary society to illustrate Lanthanide remedy characteristics.

An accurate definition of the patient’s problem is crucial for successful prescribing using the themes of the Lanthanide remedies. Scholten calls the Lanthanides “secret”, as the main psychology is on an internal (introverted) level, focussed on the individual’s autonomy, but secret also in the sense that these elements are often hidden in nature. On a physical level, some autoimmune disorders may respond well to Lanthanide remedies (Scholten 2003).

Case One

A five and a half year old girl arrives with her mother. The girl is quite petite, “squeaky” voiced and fair-haired. She is quite shy initially but it soon becomes apparent she has opinions about most things and likes to express these. In fact she has something to say about most of the topics, which mostly concern her and which were discussed with the mother. She is very bright. She has a brother who is two years older and likes to keep up with him. He is also intellectually quite gifted.

Mother is concerned because her little daughter does not eat well. She will only have small portions and picks at most foods. She had a good appetite until she was two and a half years old. Things deteriorated after this. She picks her nails. She is starting primary school soon and is very anxious about this big change in her life. Very tearful last few evenings talking about this. Has regressed lately. Worried about going to public places like the swimming pool.

She likes to be good at everything. She is easily frustrated and disappointed if she does not have the ability to perform things, especially if her older brother succeeds, as she often compares herself with him. She is irritable and short-tempered when things do not work out.

She is creative: likes to design things, likes decorating, dancing, music, singing and out-door play. She is always very busy, but flighty in what she does.

Everything has to be perfect and reach a certain standard, such as writing, drawing, colouring; otherwise it won’t do.

Very serious about schoolwork. She is a perfectionist. Over-anxious about learning and knowing what is required for school. The schoolteacher says she has great ability but will only do something if it is done right and to perfection. Fears she won’t be the best at something and this will stop her.

Verruca on big toe.

Discussion

Although one might consider several children’s constitutional remedies in this case, for example Silica, Sepia or Carcinosin, closer scrutiny of the case may also define a Lanthanide. Many children in present day contemporary society (in terms of more autonomy and freedom), so called “new-age” kids, have the social and psychological characteristics relating to the themes of the Lanthanide remedies. The main themes are (Scholten 2003):

Autonomy – great focus on freedom and independence.
Self-control – to do with an inner development: control and empowerment of self.
Individuality – need to express or release individuality.
Own resources – they have to prove some quality to themselves.

This particular girl is bright, quite gifted with talents in many areas. She has to prove that she can do something, she has to get the credit for herself, she is internally motivated. She has to do it on her own resources. There is a part of herself that has and strives towards more autonomy.

Prescription

R Praseodymium Phosphoricum M.
Single dose

Praseodymium (stage 5) was chosen because she expressed great doubts about her ability to go to “big” school, even though she has the capacity. Scholten (2003) says about stage 5: they have to prepare for their work but fear and avoid really doing it. Her confidence was low in this respect and that suggests a remedy in the left side of the periodic table.

The salt Phosphorus reflects other aspects of the little girl. She has a lean build, reactive nervous system, very
sociable, communicative and eager to learn.

**Follow up**
She now has a great desire to eat new foods and has become very adventurous in this respect. She still bites her nails. There was a huge change in temperament so the mother relates. She has more enthusiasm to try out things; before she was very negative, but now eager and more outgoing. She has joined an activity centre and wanted to go out of her own volition. Started new school with none of the regressive behaviour. Generally, she is much easier-going and the atmosphere at home improved considerably, none of her usual resistance remains. Verruca gone. Mother sighs that she has to put up with two very bright children and she finds it hard to provide adequate stimulation for them.

**Case Two**
Male patient, 52 years of age, with a current problem of colitis. There is a worsening of his condition during the last few weeks. Blood and mucus mixed in his stools, sudden urging and unsatisfactory defecation. Mushy stools and copious flatulence. Foods that aggravate the condition are shellfish and cabbage. He also has a mild psoriasis condition on his ears and forehead. Otherwise he is in relatively good health. Gall bladder was removed two years ago.

He is going through a radical career change at this stage of his life. He has studied law and is quite stressed waiting for the results of his exams. He has plans to open a solicitor’s practice. He has just left his job on redundancy payment.

He describes himself as introspective, reflective and a thinker. He is always a bit slow to answer as he reflects a lot on every question put to him. Moods are generally good, but he says he is often a bit overreflective, which might curtail spontaneity and enjoyment. He can dwell a bit on trivial things. He is strict on himself, very good self-discipline. He often blames himself for small things. He has high ideals and would like to do something that contributes more to society.

**Prescription**
R. Neodymium-oxidatum

**Discussion**
Initially I was thinking of remedies like Nat mur, Nat sulph, Aurum, Lycopodium, as he is quite serious, responsible, has anxiety of conscience and reproaches himself. However because colitis is an autoimmune disorder I thought of prescribing a Lanthanide. His psychological profile also showed signs of self-control, autonomy and self-reflection – characteristics that favoured a Lanthanide. Neodymium is stage 6 about which Scholten (2003) says: they have to prove that they can do it, inevitably. This describes this patient. He was made redundant in his job and has opted for a new career with more autonomy and possibility to live out his ideals. My reasoning was: he has to prove he can do this, which has given rise to anxiety and aggravated his colitis problem.

Oxidatum – this salt was chosen because of the colitis problem. Scholten has shown cases where oxide salts are particularly suited to rectal problems. Oxide salts are about childhood states of neglect, feeling undervalued, not acknowledged, feeling abused. These feelings were, however, not directly apparent to me in this case, as he did not elaborate on his childhood.

**Follow up**
There was an aggravation of symptoms at the start. The colitis became dramatically worse in the first week, but subsequently things vastly improved. Feels more energy, more confidence, more enthusiasm. Starting up his new law practice with an associate and feels quite comfortable with this.

**References**
www.alonnissos.org – seminars in Utrecht, the Netherlands.
www.remedia.at – orders for Lanthanides
www.interhomeopathy.org – international internet homeopathic journal.

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REPORT:

The Science and Art of Healing: Understanding the Therapeutic Response
September, Royal College of Physicians, London

With a title echoing Dr Twentyman’s book, and at such a venue, this was clearly a day not to be missed. The conference was jointly organised by the Royal Colleges of Physicians and General Practitioners and The Prince’s Foundation for Integrated Health (FIH). It was very popular: the attendance list ran to about 130 names and the delegates clearly came from a great variety of backgrounds. The emphases were on the patient’s experience of care by doctors and other therapists, CAM, the importance (or not) of specific versus non-specific factors in healing, the placebo effect and finally how integrated care can be made to work in practice, both in and out of the NHS.

A number of patient-advocates participated, both from the podium and from the well-chaired audience sessions. Pat Lister, a member of the RCP patient and carer network fed back from colleagues on the question ‘what do patients want from doctors?’ Not surprisingly, the overwhelming response is that patients want that expensive commodity, time to listen. Charlotte Paterson from the Peninsula Medical School has done some qualitative research in patients using acupuncture and found that most patients value being understood and treated as a whole person. Felicity Bishop from Southampton interviewed about 50 people using a form of CAM in a high street pharmacy and found a disjunction between academic definitions of CAM and people’s real-world use (“aromatherapy is not a health treatment, it’s for pampering”). Homeopathy was seen as especially suited to treatment of chronic illnesses.

Then there was a lovely lecture from Professor Irving Kirsch (Chair of Psychology, Hull), entitled “The placebo effect and the power of belief”. He drew on research on anti-depressants to demonstrate the therapeutic power of placebo shown by analysis of all the trials (including the unpublished ones the drug companies didn’t want you to see).

Then RCP journal editor, Professor Allan, gave the other side of the placebo story and concluded, with some examples from his specialty of gastroenterology, that on the whole, placebo is powerless therapeutically. He drew acupuncture and homeopathy into this. Homeopathy has been shown to be placebo and is therefore, presumably, powerless. I would have been more impressed with his talk if he hadn’t used the scandalously terrible meta-analysis of Shang et al (Lancet 2005) as his evidence here.

There was a thought-provoking talk from Professor Hyland (Health Psychology, Plymouth) which was concerned with factors that can enhance non-specific effects of treatments. Then, Professor David Price (Primary Care Respiratory Medicine, Aberdeen), dealt with efficacy in the rarified world of the clinical trial versus real-world effectiveness.

We then had two hard science functional imaging talks about what happens in the brain with the expectancy of pain (Prof A Jones, Manchester) and with acupuncture (Dr P White, Southampton).

We finished with a session on “delivering integrated care”. Kim Lavely, chief executive of the FIH, gave a passionate plea for us all to work together in the interests of patients. Professor Nicky Britten (Peninsula Medical School, Plymouth) put some research flesh on this basic theme. Drs Roy Welford (GP, Glastonbury) and Millie Saha (GP, London) showed how different models of care delivery were delivered in their practices. Then there was much discussion between the panel and the audience.

All in all, well worthwhile and probably a first for the RCP, but once again, the existence of CAM and particular ways of consulting within the NHS for over 50 years in the form of homeopathy was either not noticed (maybe our communication with our colleagues has not been great over the years!!) or gently brushed aside.

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REPORT:

Animal Energy 8: British Association of Homeopathic Veterinary Surgeons conference
June, Hilton Hotel, Leeds

Fifty-seven delegates attended the British Association of Homeopathic Veterinary Surgeons conference at the Hilton Hotel in Leeds. Our gratitude is extended to the eight exhibitors who kindly sponsored the event and also to Altura UK Ltd who organised the meeting so efficiently (a pity about the hotel food!).

The conference kicked off with two sessions by Stefan Kohlrausch from Freising, Germany. His subject was “birds as a homeopathic remedy family” and interesting details were given about raptor birds including cases of Eagle, Falcon, Vulture and Owls.

The next day started with presentations from the British Homeopathic Association’s Research Development Adviser, Robert Mathie. Robert talked about the research evidence in veterinary homeopathy and reported outcomes from pilot studies in UK veterinary practice, including the first month’s data collection of a large-scale study in dogs, cats and horses involving 26 vets. This was fascinating material, which will hopefully lead to some firm evidence when it is completed.

This was followed by a very encouraging interim report on the Langford canine atopy trial from BAHVS president, John Hoare. The Langford Field Centre is part of the Veterinary College at Bristol University. The study is being conducted by a conventional senior veterinary dermatologist and John Hoare is participating by introducing homeopathic remedies to cases that have responded poorly or not at all to steroid and other therapies, as reported previously in Simile. We await the analysis of the results in due course with great interest.

Next was Tom Farrington on complexes, particularly in the area of organ support. Tom also gave a talk on using clinical methodologies to probe into homeopathy on the use of remedies in firework fears in dogs. This is very much “work in progress”.

A packed day ended with presentations ably and fascinatingly delivered by Jonathan Hardy. He covered wild cat remedies, including a detailed account of the action of Lion, Lion’s milk and Tiger. His second session looked at predators and prey – both talks were spellbinding to listen to.

On the final day Sue Armstrong, an excellent speaker, presented the first paper on the homeopathic management of a 100-horse flat racing yard. Sue emphasised that it was possible to work in conjunction with a conventional veterinary practice, who indeed did all the practical work under her watchful eye.

The whole homeopathic operation could only be economically feasible by making a monthly visit to examine problem cases and by ensuring that only one person in the yard was responsible for giving the remedies, to avoid confusion and possible over-treatment.

Peter Gregory ended the presentations in his inimitable style. His subject was insect remedies, looking at individual remedies in some depth and emphasising their tubercular nature. Both Drosotra (which by virtue of the digested insects present in the plant behaves like an insect) and Coccus cacti (the Cochineal beetle) are both useful remedies for treating kennel cough in dogs.

The restriction of freedom and mental trauma which kennelling imposes on pet animals leads to a tubercular remedy state and the associated respiratory symptoms. In the case of Drosotra the delusion of being persecuted must fit well with the emotions suffered by such a patient.

John Hoare then drew this successful conference to a close and thanked both the sponsors and all those who had been involved in the organisation for their dedication and hard work on behalf of the Association. The remarks were warmly applauded by those present.

Francis Hunter
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multiple pathology, difficult emotional issues, heavy allopathic suppression and in some, numerous previous homeopathic remedies. Narratives, related in heavy Glaswegian patois, were fascinating, humbling; interactions, endlessly absorbing.

Teaching and discussion in the afternoon was lively, educative and interesting. Once again, Massimo’s materia medica knowledge and experience of cases and remedies was very impressive.

I often feel disempowered in such situations, feeling that my own knowledge and experience is inadequate when compared with somebody like Massimo’s. However, it was encouraging in this seminar that in the discussions of the cases, other “experts” in the audience could have a totally different interpretation of a case and decide on a totally different remedy.

It would be impossible to comment on this seminar without mentioning the failures of the technology. The sound link worked only intermittently, leaving the audience at times simply watching a consultation and guessing at the dialogue. If the event runs again, these difficulties must be sorted out.

Homeopathy is not, however, about technology. This seminar, to plagiarise one of my colleagues, was first class edutainment: in other words both educative and entertaining.

It is to be an annual event, hopefully. I can only say “bring it on” and to my colleagues, sign up now! Many thanks to Tom Whitmarsh for bringing it all together.

Leonora Coll
collidreo@hotmail.com
what’s on october 2007 – january 2008

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

Northern Homeopathic Vet Group
Meetings every month in Leeds, starting at 8.00pm, usually at the home of one of the participants. All vets with an interest in homeopathy are welcome to attend.
All aspects of homeopathy are suitable subjects for the meetings, including case histories and study of materia medica.
- Chris Almond at chrisalmond2@aol.com or Malene Jorgensen at malene.j@btconnect.com

Homeopathic supervision
Four one-day homeopathic supervision groups based in Winchester (9 November 2007, 18 January, 14 March and 2007, 18 January, 14 March facilitated by David Owen. For details email dowen@trusthomeopathy.org or write to 106 Stockbridge Road, Winchester SO22 6RL.

If you are organising an event and would like it to be included in future listings, please contact Sarah Buckingham at sbuckingham@trusthomeopathy.org

Saturday 27 October
Bi-Annual Symposium of the British Homeopathic Dental Association
BHDA headquarters, Wimpole Street, London
- Brian Teall at brianteall@talktalk.net

Saturday 27 to Sunday 28 October
HPTG masterclass and supervision weekend
David Owen and Peter Gregory will look at snake remedies and some of the metals, and there will be supervision exercises around the issue of ‘the hidden case’. Open to all healthcare professionals.
- Grace Dieu Retreat Centre, Waterford, Ireland.
  Tom Farrington on 00 353 87 249 4059 or farrington.vet@gmail.com

Saturday 3 November
London Homeopathic Group
Annual General Meeting and accounts. Snake remedies with case presentations led by Susanne Dreher-Brogan
1 Upper Wimpole Street, London W1, 10.15am-12.30pm
£8.00 to cover refreshments and administration.
- Anita Davies at anita.e.davies@btopenworld.com or Rosie Coles on 020 7935 4271

Sunday 4 November
North of Scotland Group
Full day seminar with Bob Leckridge: homeopathic themes in Lord of the Rings
Banchory Medical Practice, Banchory, Aberdeenshire Cost: £20
- Carol Anderson on 0141 337 1824 or carolanderson@dial.pipex.com

Wednesday 7 November
West of Scotland Group
Subject to be announced.
Seminar Room, Glasgow Homeopathic Hospital, 7.30pm
- Tom Whitmarsh on 0141 211 1623 or tom.whitmarsh@virgin.net

Thursday 8 November
Beginners Homeopathic Case Discussion Group
Glasgow Homeopathic Hospital, 7.30pm
Visit http://homeopathic.case.studies. group.googlepages.com/home

Monday 19 November
Bristol Monthly Clinical Meeting
Clinical meetings are open to healthcare professionals at all levels of experience.
The meetings are informal and last approximately one and a half hours.
Seminar Room, Bristol Homeopathic Hospital, 8.15pm
- Caroline Mawer on 0117 946 6087 or caroline.mawer@ubht.swest.nhs.uk

Thursday 29 November
Brighton & Hove Group
[Please note, previously advertised meeting on 8 November is not taking place].
63 Woodland Avenue, Hove, East Sussex, 8.00pm
- Susie Rockwell on 01273 559654

Thursday 13 December
Beginners Homeopathic Case Discussion Group
Glasgow Homeopathic Hospital, 7.30pm
Visit http://homeopathic.case.studies. group.googlepages.com/home

Friday 18 to Saturday 19
January 2008
RLHH postgraduate seminar
Russell Malcolm has developed another of his fascinating and original themes in homeopathy. ‘Resonances 2: Time – the fourth aetiological dimension’.
60 Great Ormond Street, London WC1
- Amy Bowrin on 020 7391 8823 or at amy.bowrin@uchl.nhs.uk

Thursday 31 January 2008
Faculty AGM
‘Homeopathy: A Guide To Life’ by Bob Leckridge
What can we learn from the homeopathic materia medica that we can use to live better, more fulfilled lives?
King’s Fund, 11-13 Cavendish Square, London W1G 4AN
5.30pm
- Linda Haylock on 0870 444 3955 or at lhaylock@trusthomeopathy.org

GP homeopath sought in New Zealand
GP homeopath sought to join practice inundated with patients eager for homeopathy.
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email: dr.t.sugrue@paradise.net.nz
SAVE THE DATE!

British Homeopathic Congress 2008
will be held in Harrogate
at the Paramount Majestic Hotel
17-19 October 2008

We look forward to seeing you there!

Programme details and registration information will be available in the next issue of Simile.

Call for papers

We invite members to submit abstracts for presentation.

There is a wealth of clinical experience among health professionals in all disciplines who use homeopathy and the Congress is an excellent opportunity to share that knowledge and experience with other homeopathic colleagues.

Abstracts focusing on prescribing methods, research, case series, materia medica, or any clinical experience you think would be of benefit to colleagues are encouraged.

The deadline for submissions (250 words maximum) is 11 January 2008.

Abstracts will be selected by the Organising Committee. Guidelines on the preparation of abstracts are available from the Congress Organiser, Cristal Sumner (csumner@trusthomeopathy.org)
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