Big changes, big issues – big opportunities

Revalidation for doctors is due to be implemented in April 2013, starting first with NHS doctors and surgeries which fit more easily the revalidation model. Initial pilots have flagged issues that the GMC hopes to easily iron out with the first round of revalidations.

The mechanism for revalidation is based on the establishment of designated bodies with a Responsible Officer (RO). Designated bodies are usually the place of a doctors’ main employment, such as a hospital trust or PCT, with the ROs being clinical directors or heads. The majority of Faculty doctors will be covered by this arrangement.

At present the Faculty of Homeopathy is not a designated body. However, serious discussions are taking place with the Department of Health (DH) revalidation team so that the Faculty is recognised as a designated body. Achieving this status would be significantly beneficial, as we would have a homeopathic doctor as an RO who would evaluate practice. This would prevent Faculty members being subjected to final RO approval by someone that knows nothing about homeopathy. Additionally:

- It will ensure a clear pathway for our members in private practice to achieve revalidation, and these include a number of our senior members.
- It will protect our members against the possibility of an RO unsympathetic towards homeopathy conducting their revalidation in the future.
- It will help us to maintain our membership over the coming years. (There is a clear temptation otherwise for members to resign from the GMC and practice homeopathy outside the medical profession and hence the Faculty.)

- It will enhance the reputation of the Faculty and help to ensure a healthy future for medical homeopathy.

Many Faculty doctors in independent practice have received a letter requesting them to notify the GMC of their designated body. We have encouraged those doctors to note that the Faculty of Homeopathy would be the best designated body for revalidation and that the Faculty is working with the DH to become a designated body.

Who will need Faculty revalidation?

Currently there are around 20-30 doctors who will need Faculty revalidation, and it is anticipated this number will increase as doctors retire from NHS practice but continue to practise homeopathy. Any members needing revalidation from the Faculty now or in a few years’ time should contact the Faculty or email Sara Earnes or Cristal Summer.

At present revalidation is focusing on doctors, but it will be interesting to see if nurses, midwives and dentists practising in the NHS will, in the future, also be asked to consider revalidation.

Clinical Commissioning Groups (CCGs)

In England responsibility for healthcare purchasing at local level is moving from Primary Care Trusts (PCTs) to Clinical Commissioning Groups (CCGs). These CCGs are supposed to be up and running by April 2013. Until CCGs have been established as statutory bodies (anticipated to be done by the deadline of April 2013), PCTs remain responsible for commissioning and associated finances.

Between 1st October 2012 and 31st March 2013, some responsibility for commissioning will be delegated to those CCGs that have already set up their structures from the PCT. These will then “shadow” their PCT during the transitional phase (although in some areas the CCGs haven’t been set up to take over from the PCTs) by working as sub-committees on their existing regional PCT Boards. Ideally, in time, each CCG will incrementally take on more commissioning responsibilities.

The big question is how will these changes impact on homeopathy in England? Disappointingly, many PCT managers will move to CCG management and continue to view homeopathy as a service, along with other services, that can be cut to make savings. However, there are opportunities. Entrepreneurial doctors and other specialists could work together to use this change to offer services to assist CCGs in managing patient loads cost-effectively.

There are chronic pain patients, geriatric patients and other clinical pathways that would lend themselves to a service which not only offered homeopathy but also used the skills of other professionals such as acupuncturists, physiotherapists, GPs etc. It is through engaging now with GP leaders who will be involved with the CCGs that we can put forward proposals to have services purchased.

Doctors and other healthcare providers should get involved with the CCGs and try to sit on committees and panels that will be part of the decision-making process. By sitting on these boards and giving some time locally, members can help save existing services and commission new ones that build in homeopathy, and deliver a patient centred approach to care.

HealthWatch

Local voices make all the difference in getting the healthcare services that are needed. Hitherto this role has been performed by LINks (Local Involvement Networks), but these are to be replaced by HealthWatch England. Made up of members of the public, local HealthWatch groups will review CCG decisions and make them accountable for service provision. HealthWatch groups will also help drive the strategies to ensure the best healthcare for the locality.

It is important to get patients involved in these new watchdog bodies. Make them aware they could play an important role influencing local healthcare decisions, and help to keep homeopathy and other health services available. The Faculty can assist members by providing information that will be helpful in getting their patients involved locally. If you are interested, please contact the Faculty.
I am writing this editorial aboard flight LH741 somewhere high over Siberia, as I return home from the 67th annual congress of the LMHI (Liga Medicorum Homoeopathica Internationalis), which took place in the historical Japanese city of Nara.

The event was brilliantly organised by the Japanese Physicians Society for Homeopathy (JPSH), who provided a fascinating series of lectures with the overall theme of “Harmony”. Unfortunately the programme was disrupted by the rather less harmonious actions of the large Indian contingent who staged a protest by walking out of at least two sessions and refusing to contribute speakers to others. The problem apparently stemmed from the fact that congress protocol only allowed questions for invited symposium speakers such as Peter Gregory and Faculty Pharmacy Dean, Lee Kayne. This meant there was no opportunity for delegates to ask questions following presentations by invited speakers, including Bob Leckridge and myself. Bob’s address was entitled “Harmony through integration” and I discussed the evolving role of the homeopathic patient in healthcare.

Apart from this diversion, the rest of the congress proceeded very smoothly, if a little sticky. A temperature in the mid 30s accompanied by very high humidity came as quite a shock upon my arrival from a chilly and wet Glasgow.

During the congress I found the session on allergies, chaired by Dr Peter Fisher, particularly interesting. It included a presentation by Michel van Wassenhoven of Belgium who reviewed research on the topic; and Koji Hozawa from Japan who presented the results of a randomised, double-blind, placebo controlled clinical trial for Japanese cedar pollinosis (JCP) using an isopathic remedy. JCP is one of the most common allergic diseases in Japan with the total medicinal national cost of treating the condition approaching 60 billion yen annually. The trial was so successful that it is to be presented to the Japanese government to demonstrate the potential for homeopathy in reducing the public health costs associated with the treatment of this widespread problem. Dr Hozaka plans to continue this work with other major Japanese allergens in the future.

There are no specific regulations governing homeopathy in Japan and remedies are not yet considered to be medicines. The JPSH are working hard to promote the wider acceptance of homeopathy and of course we wish them every success. The congress was attended by 318 participants from 31 countries with excellent support from the Japanese medical homeopathic community.

The congress social programme showcased Japanese arts of Noh theatre and traditional Japanese musical instruments. This was most interesting for both the Japanese and foreign delegates, as such performances are quite rare, even in Japan. It was a privilege to have the opportunity to experience them.

The fabulous feast at the Gala dinner included both Western and Japanese delicacies. In the latter category, I placed myself at the disposal of my Japanese hosts and sampled whatever they recommended, even if I was not immediately able to identify some items. On behalf of all the UK participants I would like to extend my gratitude for the wonderful hospitality and seamless efficiency with which the 67th annual congress of the LMHI was run by the JPSH. The 68th congress, in Quito, Ecuador will have a hard act to follow in June 2013.

In other news, a welcome cabinet reshuffle moved Jeremy Hunt from his position as Culture Secretary to that of Health Secretary. His previously stated support for homeopathy was immediately seized upon by the Guardian, who ran a poll inviting readers to say whether they agreed with Hunt’s view that “homeopathy is making a positive contribution to the NHS”. Predictably for this newspaper, 71% of an undisclosed number of respondents apparently indicated that they disagreed with Mr Hunt. It will be interesting to see whether Mr Hunt has the courage of his convictions and is prepared to engage with the Faculty.

From David Lilley in South Africa comes sad news that the South African Faculty may have to close because of unmanageable costs. However, all may not be lost just yet as the Health Science Department of the University of Johannesburg has shown great interest in incorporating David’s course into their institution. A meeting is scheduled soon to assess the viability and should it come to fruition it will be a wonderful vindication of the tireless work that David has performed over the years for the South African Faculty, ably assisted by colleagues both in South Africa and from the UK (Bob Leckridge again!).

Finally, I’m delighted to report that several pro-homeopathy campaigns have resulted in notable victories: the MHRA announcing its review of the Medicines Act will not affect the supply of homeopathic medicines, a BHA media campaign that reached millions and BANES PCT abandoning its plans to decommission homeopathy. Evidence, if it were needed, that together as a community we are a formidable force capable of getting our message heard and acted upon. And that can only bode well for any challenges we may have to face in the future.

Steven Kayne
simile@facultyofhomeopathy.org
Exam success brightens South African gloom

In July, ten candidates in South Africa successfully passed the Diploma exam, which is recognised by the Faculty as equivalent to the MFHom. The Faculty offers its congratulations to Dr Natalya Dinat, Dr Margaretha Jonker, Dr Solomon Masilo, Dr Belinda McIntosh, Dr Ella Morrison, Dr John Myburgh, Dr Jean Ralilton, Dr Christine Steyn, Dr Danise Theron and Dr Ruth Thompson.

This was a particularly accomplished group of candidates with doctors Dinat, Morrison, Myburgh and Ralilton also achieving a distinction in the final assessment.

Dr Bob Leckridge, who travelled to the country to act as the South African Faculty of Homeopathy’s external examiner, said: “I don’t think I have ever experienced such a high performing group as a whole … fantastic and inspiring!”

The candidates all studied at the South African Faculty of Homeopathy, an accredited training centre in Pretoria run by Dr David Lilley and his wife Paddy. Despite this success Faculty accredited training faces an uncertain future in South Africa following the announcement that the Pretoria centre is set to close at the end of the year. This is due to the ever-increasing administrative expenses of registering as a Private Higher Education Institution, a legal obligation for all higher education establishments in South Africa since 2002. Universities can meet these expenses comfortably, but for a small institution with a limited intake of students every three years, the escalating bureaucratic costs have become unaffordable.

Other homeopathic teaching centres such as the University of Johannesburg and the Durban University of Technology, which run 5 year pre-graduate courses for professional homeopaths, have expressed dismay that South Africa should lose such a valuable asset in homeopathic training.

But all is not lost, as discussions have taken place over the possibility of preserving the course by transferring it to the University of Johannesburg, where it would be taught under the aegis of the Health Sciences Department.

“At the moment matters are pending,” said Dr David Lilley. “If the university’s deliberations prove favourable, we would like to commence our next three year modular course some time in 2013. At present it is very much a ‘bated breath’ and ‘keeping fingers crossed’ situation.”

BANES PCT climbs down on decommisioning

Campaigners opposed to the Bath and North East Somerset (BANES) PCT proposal to stop funding NHS homeopathic services are celebrating following the PCT’s announcement that it has abandoned its plans to decommision the service.

In a short statement issued to the British Homeopathic Association (BHA), the PCT said the decision was taken because it lacked the management resources to take any further action on a public consultation exercise with regard to decommisioning homeopathy services; therefore the PCT will not actively pursue decommisioning the service at this time.

The announcement follows a long campaign by local supporters and the BHA that questioned whether the PCT had carried out its legal obligations in relation to conducting a proper public consultation before reaching its decision to decommision the service in 2011.

Despite having maintained that a proper public consultation had been carried out, the PCT’s latest decision clearly suggests that this was not the case.

The PCT’s climb down means patients will still be able to seek GP referrals to the Bristol Homeopathic Hospital and attend the outreach clinics in the area run by the hospital.

New health secretary supports homeopathy

The appointment of Jeremy Hunt as the new Secretary of State for Health in the September cabinet reshuffle created quite a stir, and all because of his support for homeopathy.

Almost as soon as it was announced that Mr Hunt was to replace Andrew Lansley, articles began appearing in the press and online focussing on a parliamentary Early Day Motion (EDM) signed by Mr Hunt in 2007. The EDM that caused the media to get into such a flap, and raise the blood pressure of the sceptic community, praised the positive contribution made to the health of the nation by the NHS homeopathic hospitals and called on the government of the day to actively support the future of these hospitals.

At the time, Mr Hunt received a letter from a constituent criticising his pro-homeopathy stance. In reply the MP for South West Surrey wrote:

“Homeopathic care is enormously valued by thousands of people and in an NHS that the government repeatedly tells us is ‘patient-led’ it ought to be available where a doctor and patient believe that a homeopathic treatment may be of benefit to the patient.”

In the coming months the new minister for health will undoubtedly have much more pressing issues than homeopathy to attend to. Nevertheless, let us hope that in the event of any future attack on NHS homeopathy provision, Mr Hunt will stay true to his convictions and offer his ministerial support.

All news is good news…

Do you have a news story about homeopathy which you think could be of interest to other Faculty members? If so, we’d like to hear from you. Share your news in these columns by getting in contact with John Burry at: jburry@facultyofhomeopathy.org • 01582 408682

Photo: Department of Health

[Image of Dr David Lilley]

Jeremy Hunt, MP

Photo: Department of Health

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Members’ Committee Convener

After seven years in the post, Dr Tim Robinson has decided to stand down as Members’ Committee Convener and is to be replaced by Dr Trish Ridsdale.

The Faculty would like to thank Tim for the dedication and enthusiasm he displayed in performing this important role that serves to bring the ideas, opinions and concerns of Faculty members to the attention of the Faculty council.

During his time as Members’ Committee Convener, Tim’s positive and proactive approach resulted in the creation of several smaller, sub-groups to encourage wider participation in Faculty affairs. Despite handing over the convener’s responsibilities to Trish, Tim’s involvement with the Members’ Committee will not cease completely, as he will continue to represent the south-west members’ group at committee meetings.

New website challenges findings of critical S&T committee report

A new website has been launched that questions the conclusions of the House of Commons Science and Technology (S&T) committee’s “evidence check” report on homeopathy. For journalists and public alike www.homeopathyevidencecheck.org offers an opportunity to fully understand the nature of this controversial report and to reach a more balanced conclusion.

Published in 2010, the S&T committee’s report was heavily critical of homeopathy and recommended the government end NHS funding of all homeopathic treatments and for the MHRA (Medicines and Healthcare Regulatory Authority) to stop licensing homeopathic products. These recommendations were rejected by the government. However, despite only three members of the S&T committee actually voting for the report, opponents continue to use its conclusions to attack homeopathy both here in the UK and abroad.

The new website is funded by the 4homeopathy group, a collaboration between leading homeopathic organisations that came about to challenge the concerted attacks on homeopathy. While the site doesn’t shy away from the report’s findings, even providing a link so that visitors can read it in full, it also offers the criticism that the report engendered from within parliament which, viewed objectively, seriously damages the report’s credibility. Many of these concerns were expressed at the time in a parliamentary Early Day Motion signed by 70 MPs. These included:

- The Committee took oral evidence only from a limited number of witnesses, including known critics of homeopathy
- No evidence was heard from Primary Care Trusts that commission homeopathy or from doctors who use it in a primary care setting
- The committee failed to seek evidence from medical practitioners from countries such as France and Germany, where homeopathy is used more widely than in the UK
- 74 randomised controlled trials comparing homeopathy with placebo, of which 63 showed homeopathic treatments effective, were ignored

As well as a link to the Early Day Motion, further links are provided to the responses to the report from Earl Baldwin of Bewdley, respected charities, patient groups and registering bodies for homeopathic practitioners.

Raising funds for the Faculty

To ensure the Faculty can carry out the many activities it has planned all members are being encouraged to help with raising funds. The money raised will be used to fund a whole range of projects including video shoots for the website, promotional events, printed communications material, educational seminars, research projects, conference exhibition space and much, much more!

Fundraising events can involve sponsored runs, walks and bike rides or less energetic endeavours such as a sponsored silence. To help members with their efforts a fundraising pack has been produced by the Faculty’s sister organisation, the British Homeopathic Association (BHA).

The Faculty will provide advice and support to anyone who takes up the fundraising challenge. So don’t delay, let us know your fundraising ideas. Remember no amount is too small (or too large!).

To apply for a fundraising pack contact Tracey Simmons on 01582 408681 or email tsimmons@facultyofhomeopathy.org

NHS Lothian

NHS Lothian is conducting a public consultation on whether it should continue funding homeopathy services. To gauge public opinion on this issue the health board is asking the public to fill in a survey which can be downloaded from the “Our Organisation” page on the NHS Lothian website: www.nhslothian.scot.nhs.uk

Throughout October a number of public meetings have been taking place with the last scheduled for 29 October in Edinburgh. Details can be obtained from the NHS Lothian website or by calling them direct.

You can also make your views known by writing to:

Homeopathy Review, NHS Lothian, Waverley Gate, 2–4 Waterloo Place, Edinburgh, EH1 3EG

Alternatively call 0131 465 5544 or email homeopathy@nhslothian@scot.nhs.uk

The public consultation ends on 10 November 2012.
BUPA stops funding homeopathy

BUPA, the UK’s largest private healthcare insurer, has removed homeopathy from the complementary benefits on all British policies renewed on or after 1st January 2012 and on all new policies starting from that date.

Although it has proved difficult to get a statement from the company, it is reported that the decision to withdraw cover for homeopathy was based on the publication of the 2010 House of Commons Science and Technology Committee’s evidence check which concluded there was no clinical evidence of the effectiveness of homeopathy; and the BMA’s (British Medical Association) vote in the same year calling for a ban on NHS homeopathy.

At the time of the BMA vote Dr Dr Katrina Herren, Medical Director for BUPA Health and Wellbeing, said: “Currently at BUPA some of our policies cover complementary therapies, including homeopathy. However, in light of the doctors’ vote at the BMA conference we will be reviewing our position on homeopathy.”

Concerned patients and members of the Faculty have tried to contact the company over this development but BUPA seem reluctant to explain its position. Faculty President, Sara Eames, has repeatedly sought a meeting with BUPA to discuss this issue but to date has been unsuccessful. Further efforts to secure a meeting with the company are being made.

Despite its decision BUPA still carries a full page devoted to homeopathy on its website where it explains what homeopathy is; where patients can find a homeopath (directing them towards the British Homeopathic Association and Society of Homeopaths); and lists common conditions that are sometimes treated with homeopathy.

Follow us on Twitter

Twitter is a simple and practical way of staying in touch with up-to-the-minute developments relating to homeopathy, sharing views and keeping in touch with colleagues, students and supporters. Keep up to date with the latest news by logging on to http://twitter.com/fohhomoeopathy

Wedding bells

Despite all the rain we had this summer, on the 13th July the sun shone down on the Faculty’s membership officer Tracey Rignall when she married her fiancé Ashley (Ash) Simmons at Horwood House in Little Horwood, Buckinghamshire.

The couple have known each other for two years after meeting on an internet dating site.

Despite all the rain we had this summer, on the 13th July the sun shone down on the Faculty’s membership officer Tracey Rignall when she married her fiancé Ashley (Ash) Simmons at Horwood House in Little Horwood, Buckinghamshire.

The couple have known each other for two years after meeting on an internet dating site.

Tracey and Ash decided to split their honeymoon between a number of locations and have already spent a week in Madeira, visited the Isle of Wight and are off to the Lake District in October.

On behalf of the Faculty we would like to offer Tracey and Ash our congratulations and best wishes as they begin married life together.
In order to address the limitations of novel pragmatic trial design, two recent studies have focused on showing to be feasible. Homeopathic treatment of menopausal individualised homeopathy, while the symptoms. The first reflects normal homeopathic medicine: second investigates a single complex option for menopausal syndrome.

The objective of this study was to evaluate the efficacy of the non-hormonal treatment BRN-01 in reducing hot flushes in menopausal women. Its design was multi-centre, randomised, double-blind, placebo-controlled, and was carried out between June 2010 and July 2011. 108 menopausal women, ≥50 years of age, were enrolled in the study, which was conducted in 35 centres in France (gynaecologists in private practice). The eligibility criteria included menopause for <24 months and ≥5 hot flushes per day with a significant negative effect on the women’s professional and/or personal life. Treatment was either BRN-01 tablets, a registered homeopathic medicine containing Actaea racemosa (4CH), Arnica montana (4CH), Glonoinum (4CH), Lachesis mutus (5CH), and Sanguinaria canadensis (4CH), or identical placebo tablets. Oral treatment (2 to 4 tablets per day) was started on day 3 after study enrolment and was continued for 12 weeks. The main outcome measure was the hot flush score (HFS) compared before, during, and after treatment. Secondary outcome criteria were the quality of life (QoL) (measured using the Hot Flush Related Daily Interference Scale (HFRDIS)), severity of symptoms (measured using the Menopause Rating Scale), evolution of the mean dosage, and compliance. All adverse events (AEs) were recorded. 101 women were included in the final analysis: BRN-01, n = 50; placebo, n = 51. The global HFS over the 12 weeks, assessed as the area under the curve (AUC) adjusted for baseline values, was significantly lower in the BRN-01 group than in the placebo group (mean ± SD, 88.2 ± 6.5 versus 107.2 ± 6.4; p = 0.04). BRN-01 was well tolerated; the frequency of AEs was similar in the two treatment groups, and no serious AEs were attributable to BRN-01. The authors conclude that BRN-01 seemed to have a significant effect on the HFS, compared with placebo. BRN-01 may therefore be considered a new therapeutic option with a safe profile for hot flushes in menopausal women who do not want, or are not able, to take hormone replacement therapy or other recognised treatments for this indication.


Robert Mathie, Research Development Adviser

From the journals

Two recent studies have focused on homeopathic treatment of menopausal symptoms. The first reflects normal individualised homeopathy, while the second investigates a single complex homeopathic medicine.

**Novel pragmatic trial design shown to be feasible**

In order to address the limitations of the standard pragmatic randomised controlled trial (RCT) design, the authors developed an innovative “cohort multiple RCT” approach. The novel design was first piloted by addressing a clinical question “What is the clinical and cost effectiveness of treatment by a homeopath for women with menopausal hot flushes?” A cohort of subjects with the condition of interest (hot flushes) was recruited through an observational study of women’s midlife health and consented to provide observational data and have their data used comparatively. The “Hot Flush” Cohort were then screened in order to identify patients eligible for a trial of the offer of treatment by a homeopath (Eligible Trial Group). A proportion of the Eligible Trial Group was then randomly selected to the Offer Group and offered treatment. A “patient centred” approach to information and consent was adopted. Patients were: (i) not told about treatments that they would not be offered, and trial intervention information was only given to the Offer Group after random selection; (ii) not given prior information that their treatment would be decided by chance. A majority of the subjects (17/24) accepted the offer to participate in a trial, illustrating the feasibility of the innovative study design in practice. Further research is required to test the concept of undertaking multiple trials within a cohort of patients and to assess the acceptability of the “patient centred” approach to information and consent.

New insights about water and their potential for medicine and homeopathy

Homeopathy has had a difficult time in recent years. The drive for evidence-based medicine has been a strain for any therapy which does not command patent protection of research investment, but homeopathy has had the additional problem that its ultra-molecular dilutions are still lacking a plausible scientific explanation.

A special edition of Homeopathy in 2007\(^1\) provided a comprehensive overview of current hypotheses to explain homeopathy beyond its strong psychodynamic consultation effect, often dismissed as placebo response. Dismissed by corporations who need to prove that their product provides value for money independent of the art of therapeutic communication that any doctor should engage in, and on the whole outperforms drugs in chronic conditions. The size of this effect is now known to be extremely variable depending on medical condition, expectation, setting, structure and style. I have no doubt that homeopathy provides a particular effective set of these attributes.

On the other hand, as a homeopath, I have little doubt about a specific ultra-molecular remedy effect hiding within the overall effect. The hypotheses to explain such an effect have been summarised under the term “memory of water” first coined by the French Newspaper Le Monde commenting on the controversy Jacques Benveniste’s Nature article caused in 1988.\(^2\) The circumstances and forure of this affair led to a significant setback for basic science research in homeopathy. The memory of water was dismissed as impossible beyond a few nanoseconds of time after which any temporary induced internal water molecular structure would be dissolved into random molecular motion, resulting in all information being lost. In the mentioned Homeopathy edition most explanations use impurities in natural water as a possible conduit for information preservation.

Since the Benveniste affair the memory of water “myth” has been kept alive with the film Water, the great mystery (2006) in which leading international scientists and religious leaders discuss many of the unique properties of water, implying an ability to store information. Masaru Emoto\(^3\) and some Russian scientists demonstrate a property of water to respond to electromagnetic influences emitted by the environment and any living organism. This seems to indicate that different emotions induce unique pattern formation within large water dipole clusters and can be visualised by shock freezing. Although this film won a lot of prizes, it was controversial and criticised by scientists and journalists for promoting pseudoscience. For many decades, through the drop method and copper crystallisation method, the complex and variable inner structure of water has been successfully demonstrated in anthroposophical publications.\(^4\)

In more recent years there has been a significant development in basic science water research. In 2009, Prof Gerald Pollack was invited by his university (Washington, USA) to give a lecture honouring his years of research into water’s unique anomalies.\(^5\) It is a very instructive lecture to watch on YouTube. With very simple and easily reproducible experiments he demonstrated a new and so far unknown property that water is naturally inclined to quickly form large, stable, liquid crystals of up to a million molecule thickness when bordering to hydrophilic surfaces. These crystals are large enough to be macroscopically visible. So far it was assumed that water organises itself only a few molecular layers (3-4) around such surfaces before dissipating into random motion. This research indicates that any protein or electrically charged surface has a very large and stable liquid water crystal around it which potentially is much larger than the original seed molecule and essentially is part of the whole molecule and responsible for the primary interaction with receptors; the receptors having their own large water molecule layers as primary interaction area. Prof Pollack has published several books on the impact on biochemistry and physiology of these findings.\(^6\) He is also the editor of the new peer reviewed journal Water\(^7\), which I would also highly recommend; the second edition contains a new but highly technical explanation for a homeopathic working mechanism.\(^8\)

All this still does not explain how homeopathy works, but it indicates possible mechanisms and new routes of investigation.

Dr Helmut Roniger
Doctor univ med MMed FFHom

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5. https://www.youtube.com/watch?v=xVBEwn8iWOo
6. Water and the Cell: Cells, Gels and the Engines of life
7. www.waterjournal.org
8. www.waterjournal.org/volume-2/czerlinski
The patient is a 21-year-old woman who I shall refer to as P. I first saw her in April 2011. Her chief complaint was fibromyalgia but she was also suffering from insomnia, anxiety and urinary frequency.

**Please describe your complaint.**
P: It’s the pain and the trouble I have sleeping. The pain is mostly in my back but it has gradually travelled up to my neck and shoulders. Sometimes I have shooting pains. Sometimes I have aching pains. It’s not in one spot, it can be widespread. It can go on for ten days then I may have a day off. It can be very severe. Sometimes it can take me twenty minutes to get off the bed in the morning.

**What is it like at its worst?**
P: Stiff – I can’t move. I can get hysterical with it, really cry.

**Describe it more please.**
P: The pain is really strong. I feel really stiff. It’s a really strong, heavy ache; a deep pain, not near the surface.

**Describe being hysterical.**
P: Crying a lot and I can’t calm down. I don’t want to deal with it. I can really work myself up in the worst case scenario.

**Describe that more.**
P: My thoughts get worse and worse. I get more panicked. I can have panic attacks sometimes – breathing faster, a runny nose and my eyes go red and hot and sore and itchy.

**What are you like at your most hysterical?**
P: I’m impossible to talk to or reason with. I’m crying and screaming and getting out of breath – breathing faster and faster.

**Describe it more.**
P: I don’t talk with a normal voice; it’s sharp and loud and snappy.

**Say how this whole condition affects you.**
P: It stresses me out a lot because I have such a high sickness record at work. I pick up infections a lot and it affects my relationship with my boyfriend. I’m agitated (she is perspiring now, especially on her top lip). I think the pain’s my fault because of the job I do. I don’t want help from anyone and I don’t want to take painkillers.

**What is the job you do?**
P: I work in a home for children with very severe learning disabilities. I love it, but they can be really violent and you get hit a lot, sometimes really hard.

**Describe the main pain a bit more please.**
P: It’s a really strong, deep ache. Sometimes it feels like you’re constantly being punched. Sometimes it feels like someone’s stamping on my back all the time. It’s constant. It makes me feel really heavy, like I’m carrying a very heavy weight.

**Describe that more.**
P: It’s like a heavy weight across my back. It feels like I want to stretch out and loosen it. It feels tight. The muscles tense up and it’s hard to move. It’s like someone’s hanging a heavy weight on my back.

**What other problems do you have?**
P: My eating. A lot of it was from emotional abuse. I had my first boyfriend when I was fifteen, and I started trying to control my eating. Sometimes I just have one biscuit or one apple a day and I use laxatives or make myself sick on and off. I used to

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Dr Jonathan Hardy offers an intriguing case where a fibromyalgia sufferer finds relief from a remedy derived from an insect that ordinarily fills the patient with dread.
I’m always body-checking – lifting up my top and looking at my stomach – which I’d like to change. I always had high expectations from my parents. I was top of the class when I was younger. But it’s too much to live up to. It can take me hours to get ready in the morning.

Say more about picking at yourself.
P: I tense my body in to make it look better. I’d like to cut off certain bits to make it perfect. I look at the muscle tone.

Describe the blockage more.
P: Like a sewage pipe when someone’s blocked it. It feels like I’m going to explode.

Anything else?
P: I’ve had acne for about a year. The spots are sore and itchy. I have very oily skin.

How is this tendency, at its worst?
P: I won’t go out and I don’t want my boyfriend to touch me.

Please say more about your job.
P: It’s in a residential home and school. I’ve been there three years. There’s a lot of challenging behaviour. It can be really bad.

I need to get a good impression of what you’re like as a person.
Please describe yourself to me.
P: I worry constantly. It’s very hard to switch off and not think about things. I’m very sociable and friendly. I like to look after people. I love my job; the good outweighs the bad. I’m not pessimistic, but I am realistic. I get frustrated if people help me. I don’t like feeling useless.

I used to be very outgoing and bubbly, and I still am when I’m with my friends – that brings out the best in me.

I don’t have any self-esteem. I have quite negative views of myself. I can be a control freak. I’m a bit OCD about things.

Say more about not having any self-esteem.
P: I’m always comparing myself to others. I’m always picking at myself.

“I worry constantly. It’s very hard to switch off and not think about things.”
**Do you have any dreams?**
P: When I was younger I had a recurrent dream of people trying to kill me, being chased through the forest, or pushed off a high building. If ever I had a fever I would have a dream of someone putting more and more heavy tiles on top of me, and it was getting closer and closer. I couldn’t move – frozen to the spot: closer and closer. I felt restrained.

I had a fever I would have a dream of recurrent dream of people trying to kill me. It was quite suffocating. I was running out of space – I don’t like closed spaces. It really panics me. I like running out of space – I don’t like closed spaces. It really panics me. I like running out of space – I don’t like closed spaces. It really panics me. I like running out of space – I don’t like closed spaces. It really panics me. I like running out of space – I don’t like closed spaces. It really panics me.

**Describe it more.**
P: It was quite suffocating. I was running out of space – I don’t like closed spaces. It really panics me. I like having my space, being able to move. I don’t like being restricted and I can’t move. It’s like being tied down. For example, I don’t like my boyfriend cuddling me sometimes; it makes me feel stuck and it hurts if his arm is on my shoulder. It feels tight. I feel frozen to the spot and I don’t want anyone stopping me from being able to move. It feels heavy and I’ve got to get away as soon as possible.

**How does it feel at its worst?**
P: It’s like someone’s put a heavy weight on me. I need to get it off straightaway because it’s aching and I’m stuck into the mattress.

**What would the opposite feeling be?**

**Do you have any fears?**
P: Moths! I used to hate wasps and bees. I don’t like big spiders. Little things which can move fast and come so close so quickly and you don’t know where they are and the noise. They move quickly and they’re so small. They’re hard to keep track of. They’re so quick and horrible. If it was a snake it would be OK. You can keep track of it. I love snakes.

**Say more about that.**
P: They move slower and they’re bigger. Moths can come right in and get you. They can get so close to you before you can react and the feel of it – its hairy wings flapping! And the colour: murky, dark, grey and brown. They’re sinister-looking!

**Describe them more.**
P: The colours; those little crawling legs; hairy.

**Do you have any other fears?**
P: Being abandoned. Left alone – it’s happened in the past. Ending up alone.

**Any other fears?**
P: Financial – not having enough money for a nice house and family. Also, inheriting all the illnesses from my father’s side of the family. (Her father is blind and in his family there is a strong history of cancer and mental health problems.)

**What sort of clothes do you like?**
P: Anything that makes me feel good. Feminine now, but I used to be a tomboy. I felt masculine.

**Say more about that.**
P: I did a lot of swimming and I had big shoulders and muscely arms. I never felt feminine. My shape – I felt too manly. At school I hated dolls. I had a lot of guy friends.

**What about colours for your clothing?**
P: I wore a lot of black in the past. It helped me to feel skinny. I wouldn’t wear spotty patterns or flowers. That would make me feel bigger and more frumpy. (She is wearing a T-shirt with a skull on it.)

**Tell me about your T-shirt.**
P: I’m obsessed with skulls! I love them. I used to be a Goth. I wore leather jackets, big Doc Martin boots and studded jewellery, spiky jewellery.

**What do you like about skulls?**
P: They’re lovely. I collect them.

**Do you have any other fears?**
P: I’ve developed a fear of closed, tight spaces. It makes me feel restricted – my worst nightmare would be buried alive in a coffin, tight, closed in, crowded.

**What would the opposite feeling be?**
P: Big open space. Lighter and lighter. You can breathe easier.

**Anything else you want to say?**
P: My family call me “useless”. I don’t really like it.

**Why do they say that?**
P: It’s because I’m so forgetful. I can also be quite unorganised and often leave things until the last minute.

**How are you at your most forgetful?**
P: Sometimes I can forget what day of the week it is, or what I have done yesterday. Or I can ask a question and two minutes later ask the same question again. When I’m reading I just drift off. I have to read it again to get it to sink in.

**Case analysis**
This patient demonstrates a number of themes which are found in the Lepidoptera – the insect order of butterflies and moths. Narayana have published a wonderful book written by the late Patricia Le Roux, who pioneered the use of butterfly remedies and conducted many provings of them. She gives the following as the most important homeopathic themes and characteristics of the lepidoptera:

- Feeling of abandonment, no guidance
  - Feeling shipwrecked, rudderless, alone.
Acherontia atropos

Acherontia atropos – the Death’s Head Hawkmoth – is a large moth with feathery antennae and wings. It is the heaviest European moth. The adult moth bears skull-shaped marking on the dorsal part of its thorax. Its body is covered in thick black and yellow hairs. It has a reputation for bad luck and evil symbolism as in the film *Silence of the Lambs*. Caterpillars particularly favour the potato plant. The larva burrows into the earth, transforming into a chrysalis in an underground chamber. This moth adores honey. It penetrates hives or nests of bees through the entry hole. It is insensitive to bee venom, protected by its bristly coat and wing scales. However, occasionally when gorged on honey it finds itself unable to get out through the narrow entrance, whereupon it is suffocated by a band of irate bees. It is then sealed in a layer of propolis.

**Physical signs**
- Tend to be delicate and fragile
- Slim with an insubstantial backbone
- Love dancing. Restless movement
- Wear bright colours

**Clinical signs**
- Wrap their arms around themselves as if trying to defend their fragile bodies
- Better from dry weather, open spaces
- Food desires: sugar, sweet things, wine, rich food

**Generalities**
- Aggravated by sun, warmth, autumn
- Better from dry weather, open spaces
- Food desires: sugar, sweet things, wine, rich food

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**Key homoeopathic themes of Acherontia atropos:**
- Feeling abandoned

**Follow-up at five weeks**
P: I’ve been better. I’m feeling calmer. It helps not waking up in pain. The pain has been less. My bladder’s a bit better. *I advise the patient to continue one dose every four weeks.*

**Follow-up six weeks later**
P: I’m all right. My back is getting better. I’ve had no nosebleeds. My sleep is a lot better. My bladder’s a lot better. I think maybe my memory’s slightly better.

**Long-term follow-up**
She has continued on occasional doses of Acherontia atropos 200 for over a year and made steady progress. All her symptoms have improved greatly, including her clumsiness and hysteria.

A proving of the Acherontia atropos remedy was carried out by Patricia Le Roux in 2006. I am very grateful to Lee Kayne of Freeman’s Pharmacy for going to the trouble of obtaining the remedy from France.

**Dr Jonathan Hardy**
MA BM FFHom*

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* Metamorphosis
  - Love to change their look
  - Children love dressing up, wearing make-up

* Transexuality
  - This comes from the general Insect confusion as to sexual identity combined with the desire for metamorphosis

* Genetic problems
  - Often a history of genetic problems in the family

* Poor mental agility
  - Poor memory and concentration, especially in children
  - Can’t concentrate, “butterfly minds”, restless, hyperactive, agitated

This theme of suffocation is very strong in the patient, being represented both in her dreams and conscious aversion to being smothered. I prescribed Acherontia atropos 200, one powder every two weeks.

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**The Death’s Head Hawkmoth**

Photo: Shutterstock/Meftodey
Three years ago, a mixed bag of “young scientists” complained openly to the WHO about the activities of homeopaths in sub-Saharan Africa. They mentioned five projects in their ill-informed intervention, all of which are still running and homeopaths can feel guardedly optimistic about the progress being made.

The Republic of South Africa (RSA) has a well-established group of medical homeopaths, reflecting the life’s work of Dr David Lilley. The training and regulatory requirements in the RSA for professional homeopaths are more demanding than in Europe. Perhaps because of this, there is little interaction between homeopaths in South Africa and in other sub-Saharan countries. Therefore projects in Tanzania, Malawi, Botswana and Swaziland continue to rely on volunteer professional homeopaths from Europe and elsewhere. With the aim of becoming self-sustaining, these projects train local people with a mix of teaching from volunteers in the clinic setting; access to any clinic libraries that may be available; and with variable online teaching and support from homeopathic colleges in the UK.

Although, by and large, medical homeopaths are notable by their absence, readers should not conclude that UK medical homeopaths are merely distant observers of the African scene, as several Faculty members have visited the continent to volunteer their skills and experience. One particular project where we have contributed to its continuing growth and success, featured in previous issues of *Simile*, is the 4kenia School of Homeopathy.

The 4Kenia School of Homeopathy in Kwale is for student nurses wishing to learn about homeopathy. The school’s director, Marie Magre, has improved the teaching and clinic facilities, successfully raised funds for refurbishment and new buildings, and increased student numbers. Her diligence in negotiating a difficult path through the regulatory maze has been so successful Dr Maurice Peter Siminyu, Provincial Director of Medical Services, attended the 4Kenia Graduation Day on 8th September. Patricia Donnachie, Nursing Dean of the Faculty, was there too (her third working visit) as an external examiner. This further strengthens the informal, mutually beneficial bond between 4Kenia and the Faculty.

In May this year, Marie hosted the first ever Pan African Homeopathic Conference at the Kwale School. Jeremy and Camilla Sherr, now working in Tanzania, organised it together with Marie and it was a great success.

Furthermore, the New Kenyan Constitution, still to be ratified by their parliament, contains a sentence to the effect that complementary medicine should be available to all citizens. This very positive statement of intent is a welcome surprise. A junior minister in the Kenyan government, deputed to set up the legislative framework to support this statement of intent, had no local precedents to follow, so he looked to the UK for assistance. Faculty members and staff kindly obliged with advice and information, for which the minister was extremely grateful.

A peripatetic medical homeopath, with the good fortune to travel beyond Kwale and work elsewhere in sub-Saharan Africa, will encounter volunteer professional homeopaths whose adventurous enthusiasm puts us to shame, even if one or two of their ideas may challenge our medical knowledge. One area where this is undoubtedly the case is in the treatment of AIDS.

AIDS has had a devastating effect on the people of Tanzania, Swaziland, Botswana and Malawi, and sufferers make up a large proportion of the patients seen in clinics. The roll out of ARV (antiretroviral) treatment in the past decade has changed the face of HIV disease so much that we now very rarely see those wraith-like, “walking dead” people, half carried into a clinic. Instead, one sees patients on ARVs with symptoms seemingly unresolved by treatment, or who have side-effects from the ARVs, or recurrent symptoms relating to viral resistance, or to adherence issues.

My experience suggests that professional homeopaths encourage HIV patients to follow conventional advice and stay on ARVs, and do their
n Africa

best to liaise positively with
conventional medical clinics.

Where I believe difficulties arise
is in the interpretation of “clinical
change”. The natural history of HIV
disease, untreated and treated, is
diverse and unpredictable, especially
in such poor rural African settings.
Marked clinical changes, for better
or worse, may occur rapidly. For
the homeopath and the doctor, working
in good faith in separate clinics, such
changes may mean quite different
things. Both may conclude that their
treatment is responsible for any
improvement in the patient’s
condition or, if the patient’s health
deteriorates, place the blame elsewhere.
Sometimes a lack of understanding
of the markers of disease progression
and viral resistance may create a false
feeling of confidence, based on such
misinterpretations. This may lead
to problems in homeopathic case
analysis and follow up.

It is a disappointment that some
clinic libraries only contain books
written by homeopaths in pre-ARV
days, while so few professional
homeopaths have read, for instance,
*The Invisible Cure* by Helen Epstein,
any GUM (Genitourinary Medicine)
text, or the books by Botswanan
author, Unity Dow. While a GUM text
educates about the pathological
expression of HIV disease, Epstein
describes, and tries to explain, the
deadly march of AIDS across sub-
Saharan Africa. Dow’s stories and
novels reveal individual and family
tragedies behind the statistics. It is
a lack of such background information
that, I believe, leads to confusion
around interpretation of “clinical
change” among some professional
homeopaths.

Despite this reservation,
homeopaths are doing excellent
work in Africa, often in very difficult
conditions. Homeopaths do not choose
to work in Africa for financial gain but
to help people who are in desperate
need of healthcare. Those who can
afford the small cost – and the time –
to follow their example will not be
disappointed at the rewards.

**Dr Noel Thomas**
MA MBChB
DCH DObstRCOG DTM&H MFHom

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**Faculty podiatrist goes to Ghana**

**Podiatrist Jane Greenwood explains why she is volunteering to work in Africa and what she hopes to achieve.**

My involvement with the charity
Homeopathy in Africa came about
purely by chance, when a podiatry
colleague and homeopath Ralf Jeutter
happened to mention he was going
to Ghana with a podiatry lecturer in July.
As I was just finishing my full-time
NHS job and contemplating my next
career move, the idea of integrating
homeopathy into podiatry in a different
culture appealed to my sense of
adventure, so I volunteered my
services.

I have never volunteered overseas
before but it has always been on my
list of things to accomplish, so I’m
graping the opportunity. The idea also
appealed to another of my colleagues
who has an interest in homeopathy,
but no formal qualifications in the
subject, Ms Sobia Mansoor. So for
three weeks in September the two
of us will be volunteering in clinics in
Ghana’s capital Accra and in the rural
community of Mafi Seva.

There is a desperate need for
podiatrists in Africa. At present in
Ghana there is no recognised podiatry
service, but with sub-Saharan Africa set
to experience an escalation in diabetes
in the coming years, we need to act
fast. Readers of *simile* will know only
too well how diabetes can result in
loss of limbs, infection and even death.
Early podiatry intervention can prevent
many of these problems; so while
working at the clinics treating corns,
ingrowing toenails, traumatic wounds
and ulcers, we’ll also be educating
people in wound care and diabetes.

How to train others to teach these
clinical skills is another important part
of what we will be doing, so that the
education process continues after
we have left.

Ghanaians will be taught an
integrated approach to healthcare, with

the aim of bridging the gap between
traditional, alternative and orthodox
medicine which will ultimately result in
more limbs and lives being saved in the
future. The Ghanaian ministry for health
and council for alternative medicine are
supportive of the project.

During our time in Ghana we will be
working alongside trained homeopaths
and diabetes experts, who will observe
homeopathy being integrated into
podiatry. This therapeutic process has
produced some promising results in
the recent data collection project
supported by the Faculty of Homeopathy,
the results of which will be discussed
at the Society of Chiropodists and
Podiatrists annual conference to be
held in Glasgow in October.

Jane and Sobia are using their
African adventure to raise funds
for the charity Homeopathy in
Africa and anyone wishing to
make a donation can do so by
visiting their JustGiving page at
www.justgiving.com/
JaneGreenwoodPodiatrist

Homeopathy in Africa works for
the relief and prevention of sickness
in Ghana through the promotion of
homeopathy in partnership with
local communities. It also delivers
health education in conjunction with
local health workers and supports
the development of homeopathic
education and vocational training
with local partners.

www.ghanahomeopathy.org
I first saw the patient in July 2002. He is a 48 year-old man with brown hair and eyes. He is tanned, handsome and relaxed. I will call him J.

J: I’ve had prostatitis for over 20 years and seen specialists all over the country. All the tests are OK and just show a chronic infection or inflammation in the prostate and that I only have one functioning kidney; the other is scarred and calcified and atrophied. I’ve had back pain since I was 18 from a rugby injury.

I have continuous pain in the prostate and epididymis. The ache never really goes away. Sometimes it gets really bad with recurrent infections. It’s worse in tight trousers and worse sitting for a long time. There is also a nagging lower abdominal ache better after bowel movement.

When I get flare-ups of the prostatitis it’s always the same. It starts with a rash like herpes and whiteheads on my penis, then the pain comes in the prostate – it takes all the energy out of me. I feel that it just lives in me and the antibiotics have not helped in years, so I don’t take them any more. It’s a weakness in me that I cannot get over.

Do you feel you have been invaded?
J: Yes, and it’s my own fault. I know who I got it from. Twenty-five years ago I had sex with an Australian woman without a condom and soon after I got my first acute attack of herpes blisters and warts all over my penis and a discharge. Since then I have never been well. I’ve had so many courses of antibiotics and had the warts burnt off. If anyone deserved to catch a venereal disease it was me. I was having sex all over the place with so many women. I feel that it is divine retribution.

Observation: the patient produces wry smile.

J: It’s better in my house in the south of France. I sold my business six years ago and now I own and rent holiday property. The prostate is better in dry, hot, sunny weather; worse in wet weather and much worse in cold, wet weather. I like to be by rivers and fish for salmon and sea trout. I have got used to my back pain and just force myself through the first ten minutes of severe pain and continue to play tennis, but I have had to stop cycling because of the prostatitis. The prostate pain wakes me through the night.

Health and life history
J: I had a stutter till I was 16. I was sent to boarding school from the age of seven. I had the shit beaten out of me by older boys and made a place for myself by being naturally good at sports. I was very lazy but ended up with a degree in philosophy. I was a healthy child apart from severe recurrent attacks of cattle ringworm. My parents were vets. The ringworm was painted with gentian violet. I got very skinny after a bad attack of salmonella. When I was 18 a rugby scrum went down on me and I have had back pain ever since. I had mumps at 25. I took a year off after school and travelled around Canada. Then I did my degree in philosophy and after took another year off. I have had a lot of different jobs. I joined the rat race and rose from sales rep to managing director, then just got bored with it. I lived up a mountain for a year with a peregrine falcon. Now I own a mountain and a few houses in the south of France which I rent out.

I feel warm all the time. My girlfriend’s house is too hot for me. I don’t feel the cold outside. I can overheat in bed at night. I use to wake with night sweats all year round. I sweat in my armpits when I am cold and when I’m ill my sweat smells of onions – onions don’t agree with me. They go right through me and my urine smells of onions if I eat them, but I love onions. I have onions in everything, and I like to eat raw onions. I love garlic and chilli and spicy things and I adore tea. When I am ill my hair and face get greasy. I get a slump from 3 to 4.30 pm then my energy surges up in the evening and night.

This edited case history of chronic prostatitis from Dr Raymond Sevar illustrates conifer themes and sycosis reaction pattern.
for he has made it clear to me, gently but firmly, that this is all that he will ever tell me about himself.

Analysis and rubrics
I will never know what he learned living up the mountain with the falcon, for that is earned knowledge and not part of what needs to be treated. I told him so and he smiled and nodded in agreement. The sycosis reaction pattern is clear and the rubrics below from Complete Repertory of Van Zandvoort all contain Thuja:

- Male; INFLAMMATION; Prostate gland; and gonorrhoea, after suppressed
- Male; PAIN; Prostate gland; and Spermatic cord
- Generalities; WEATHER; Damp, rainy, wet; aggravates
- Generalities; FOOD and drinks; Onions desires; and Tea desires
- Generalities; SYCOSIS; and GONORRHEA Suppressed

Treatment and follow-up
I prescribed Thuja occidentalis LM1 in 10% alcohol 30ml, 2 drops daily in water. I next saw the patient one month later in August 2002.

J: The first two to three weeks I was fine. Then I stopped the drops and went to France and was OK there. I restarted the drops last week. I went cycling for the first time in 18 months and the prostate flared up. I have started playing hockey again and have had lots of aches and pains. My bowels have changed a bit – they are less regular and more explosive. I have to rush when I need to go. I get like this when my prostate flares up. In general I feel better with exercise – the worse I feel the greater the improvement with exercise. My aches and pains get better and I get a big surge in energy.

I am certain that over the weeks since the drops I have had more time without symptoms. I have not had an attack of herpes since the drops. It nearly came out and then just died back. I would usually have had an attack of herpes by now, and usually I get an attack of herpes at the start of each flare up but not this time. My whole life my energy has been low in the morning and increases through the day and goes up in the evening and night.

The prostate is better in dry, hot, sunny weather; worse in wet weather and much worse in cold, wet weather... I have had to stop cycling because of the prostatitis. The prostate pain wakes me through the night.

I prescribe Medorrhinum 30C one pill, one dose and then next day advise him to continue with the Thuja LM1 2 drops daily. Two months later the patient attends the follow-up appointment.

J: I felt dreadful the day after the Medorrhinum, for 24 hours. I felt “Oh God! Here it all comes again”. I had pain in both testes and epididymis and prostate and pain passing urine and I was aching all over. Then I woke up the next day and I’ve not had any symptoms since. I just feel so much better. I got a cold and didn’t get herpes and I have not had any pain in my genitals and no pain after ejaculation. My girlfriend is pregnant.

Observation: he gives me a big smile and a silent “Thank you”.

J: I’ve had lots of back pain but that’s a separate problem. I’ve had lumbar pain every day since I was 18 when I suffered the injury. The specialist said that I had a lumbar disc problem from the injury. My bowels are getting slowly better, but I still have the feeling of incomplete emptying. I go every two or three days.

Further Analysis, treatment and outcome
Syctoic Co (Paterson) 200CH, 3 doses to restore his bowel flora and then occasional doses of Medorrhinum and ascending LM potencies of Thuja occidentalis over the next year led to significant improvement, but he kept partially relapsing: three steps forward and two steps back.

The sycosis reaction pattern is clear with: never well since suppression of gonorrhoea; aggravation from wet weather; energy low in the morning and rising during the evening and night; desire for onions. Many symptoms were initially recognised as Thuja symptoms but really are common to all the conifers. Ancient anthropological beliefs in
Many symptoms were initially recognised as Thuja symptoms but really are common to all the conifers

- Something holy and sacred
- Tree of life, death and the after-life
- Knowledge and wisdom
- Sin and redemption
- Split between passion and reason

Common fundamental symptoms and themes of conifers.

- Old and frail, delicate and fragile
- Survival and food
- Spirituality, religion, faith
- Death and the after-life: the moment of dying and overcoming it, transcending
- Isolation, dissociation and emptiness
- Desire for a soul mate

The patient is warm-blooded and worse from heat, so I thought maybe he needed another conifer remedy. I continued his treatment with Sabina juniperus LM1, 2 drops daily for one year and the improvement was sustained and remarkable.

Dr Raymond Sevar
BSc MBChB DCH MRCGP MFHom

BHA campaign reaches millions

The British Homeopathic Association’s (BHA) media campaign to promote the health benefits of homeopathy has been a resounding success. A final evaluation carried out by the PR agency running the campaign shows that the media coverage secured during the summer had the potential of reaching tens of millions of people through online and print media.

The campaign featured celebrity supporters talking about why they use homeopathy. Among those who took part were actresses Susan Hampshire and Louise Jameson, team GB sprinter James Ellington, television presenter Gaby Roslin, naturalist Sir David Bellamy and former New Labour cabinet minister Peter Hain MP.

Several national newspapers covered the campaign including the Daily Mail, the Mail on Sunday’s You magazine, the Daily Express and the Daily Mirror, which dedicated a full page to the BHA’s message under the headline “We swear by homeopathy”. The combined reach of all the publications that featured the campaign is over 16.5 million potential readers. Online the BHA’s celebrities appeared most notably on the Yahoo! Lifestyle website, which has 5-million monthly users, and the Mail Online website which attracts 48-million monthly users.

The value of the media coverage generated by the campaign is calculated at almost £225,000. This figure is based on the advertising cost for comparable space in the same publications and on the websites.
Homeopathy for Anger and Mortification

by Massimo Mangialavori

Publishers: Narayana Publishers • 87pp
Price: €9.80 from www.narayana-publishers.com or £8.30 from Amazon

This is a small (87 pages), attractive, hardback booklet distilled from lecture notes based on a seminar given by Massimo Mangialavori in Switzerland in December 2008. The focus is on patients and remedies where anger and mortification are pivotal issues in the understanding of the cases. The booklet opens with an introductory chapter defining the subject and it explains that the word “mortification” derives from the Latin mortificus meaning “causing death” and facere which means “to make or produce”. It was originally also a term used to describe gangrene and necrosis, the implication being that this emotion is far more rich and complex than mere anger or rage.

The introduction goes on in a slightly more disorganised way to demonstrate how mortification and anger are connected and influenced by the crucial area of our self-worth/esteem, our narcissistic balance, our need for support and our ability, or not, to express effective aggression. At the end of the introduction the author touches on the imprecision of our repertories in this area and offers suggestions for important rubrics for anger, vexation and mortification.

The next section of the book is made up of three chapters, each covering three remedies in depth; Ipecacuanha, Senega officinalis and Magnesit polus australis.

Each of these chapters is in line with Massimo’s seminar format. Firstly there is a paper case of a patient who has had successful treatment with the remedy and who has had follow-up for a number of years. In the live seminars, after the case presentation, there is a discussion from all participants including Massimo, of thoughts and impressions about the patient. In the book, under the heading “Impressions of the Case”, all these various thoughts and strands are brought together in a beautiful summary which attempts to understand the case, weaving together all the mental/emotional and physical aspects and ideas about the metaphorical sense underlying the symptoms.

There follows a layout of the repertorisation that Massimo used in these cases. The rubrics are grouped together in “themes” reflecting the main issues of the case, and then a section for “Follow-up” shows in a logical and understandable way how the healing unfolds. This section is scattered with nuggets of additional information about each of the remedies.

After this there is a section where Massimo summarises the key areas of each remedy. His aim is to impart a deeper understanding and a fuller, more meaningful picture. For example with Ipecacuanha he says, “Like so many other vexed and mortified remedies, anger is not so easily expressed on the emotional level. Emotion is more easily expressed physically, especially in the digestive and respiratory tract with spasmodic cough, projectile vomiting etc…” Similarly with Senega officinalis: “…the concept ‘worse lying down’ is similar to many insects such as Blatta that are worse lying on their back; it’s a symbolic representation of weakness. Cantharis, Arnica and other macho remedies suffer when they are in bed.” I think this whole section is successfully done.

At the end of the each of these chapters the author offers comparisons with other remedies and highlights things in common and things that differentiate.

The next section covers more briefly and in précis form about ten other remedies, using one or two pages for each remedy. Some are familiar to us like Staphysagria and others less so like Paris quadrifolia. Finally, there is an appendix of Massimo’s repertory additions for each remedy reflecting his extensive experience.

I would recommend this booklet to all homeopaths. It is packed with insights and nuances and there is always something new to discover even for experienced homeopaths who, I believe, would benefit from its careful and repeated study. For those homeopaths who are less familiar with Massimo’s work and because it’s a slim volume, this book would be a good introduction to his style. It does not go into any great depth about his methodology, for this you are referred to Praxis: Volumes 1 and 2, but this in no way mars the overall understanding and enjoyment of the work.

Dr David Fitton
MBBS DRCOG DTM&H DGM MFHom
Members-only area

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

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

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

W Surrey & W Sussex Homeopathic Group
Event Date: 20/11/2012  –  Event Time: 20:00 until 22:00
Members include doctors, vets, dentists and pharmacists. The aim of the group is to act as a forum for ongoing learning and support, covering all aspects of homeopathy and medical practice.
The Punch Bowl, Oakwood Hill, nr Ockley, Surrey RH5 6PU.
- Charles Forsyth on 01737 262338 (office), 01737 248605 (home), 07802 293006 (mobile) or charles@dr-forsyth.com

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

ECH Training Workshop for School Educators in Brussels
Event Date: 16/11/2012
Event Time: 09:30 until 17:30
A training workshop for educators looking at how to implement an educational self-experimentation inside their teaching programme. The workshop is intended for homeopathic teachers, board members and officials of homeopathic schools.
Admission fee: None
- Contact: helenerenoux@yahoo.fr

Gradually Evolving and Mastering Sensation (GEMS)
Event Date: 23/11/2012
Event Time: 09:15 until 16:30
Penny Brohn Centre, Pill, Bristol, BS20 0HH
GEMS are open to fully qualified practitioners holding either MHom or RSHom. Each day will be worth 5 hours 45 minutes CPD time. Please note that places at GEMS days are very limited. Book your place at least one week prior to the date by contacting renata.sopiarz@uhbristol.nhs.uk
- For more information call 0117 9466087

Trees – A Master Class with Dr Liz Thompson
Event Date: 24/11/2012
Event Time: 10:00 until 16:30
Penny Brohn Centre, Pill, Bristol, BS20 0HH.
This master class will suit all levels of experience. Please book your place by contacting the BHH Academic Administrator at renata.sopiarz@uhbristol.nhs.uk at least one week prior to the event.
- For more information, please call 0117 9466087

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

Veterinary Congress 2013 in Badenweiler, Germany
Event Date: 19/04/2013 – 21/04/2013
British vets Tim Couzens, Sue Armstrong and John Saxton.
- For more information visit the congress www.narayana-publishers.com/veterinary_congress_2013.php

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

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

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

Volunteers needed!
The Faculty is looking for volunteers to help man its exhibition stand at two healthcare conferences later this year.

The next conference we’re planning to attend is the Royal College of Midwives Conference in Brighton on 13-14 November 2012.
We are also considering taking exhibition space at one of the Royal College of General Practitioners (RCGP) “One-Day Essentials” conferences, which focus on one area of clinical care. The one-day event we are targeting is on musculoskeletal conditions, which is taking place in Leeds on 20th November 2012.

If you can spare some time to promote the Faculty of Homeopathy at one or both of these important events, please contact Nanci Fawcett for more details on 01582 408679 or email nfawcett@facultyofhomeopathy.org
Who to contact at the Faculty

staff

- Cristal Sumner – Chief Executive: csumner@facultyofhomeopathy.org 01582 408674

- John Burry – Communications Officer: jburry@facultyofhomeopathy.org 01582 408682

- Nanci Fawcett – Education Manager: nfawcett@facultyofhomeopathy.org 01582 408679

- Robert Mathie – Research Development Adviser: rmathie@facultyofhomeopathy.org 01582 408683

- Nilesh Mulji – Financial Controller (part-time): nmulji@facultyofhomeopathy.org 01582 408678

- Tracey Rignall – Membership Officer: trignall@facultyofhomeopathy.org 01582 408681

- Lilia Russell – Executive Assistant to Chief Executive: lrussell@facultyofhomeopathy.org 01582 408676

- Mohammed Saqib Ali – Web and Social Media Officer: sali@facultyofhomeopathy.org 01582 408680

faculty council

- Sara Eames, President: sara.eames@uclh.nhs.uk

- Liz Thompson, Vice-President: Elizabeth.Thompson@ubht.swest.nhs.uk

- Peter Darby, Dental Dean: peterddarby@aol.com

- Christopher Day, Veterinary Dean: cd@alternativevet.org

- Patricia Donnachie, Nursing Dean: patriciadonnachie@blueyonder.co.uk

- Jonathan Hardy, Independent Practice Representative: drjonathanhardy@havant-homeopathic.co.uk

- Lee Kayne, Pharmacy Dean: lee.kayne@nhs.net

- Tariq Khan, Podiatry Dean: tariq.khan@uclh.nhs.uk

- Russell Malcolm, Dean: russellmalcolm@hotmail.co.uk

- Patricia Ridsdale, Members’ Committee Convener: trish@lastmango.co.uk

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- John Saxton, Immediate Past-President: john.saxton@talk21.com

- Ralf Schmalhorst, NHS Primary Care Representative: londonnraf@aol.com

- Nick Thompson, Promotion Committee Convener: nickthompson@holisticvet.co.uk

- Andrea Wiessner, Treasurer: andrea.wiessner@uclh.nhs.uk