Veterinary members of the Faculty of Homeopathy have been in the media defending the practice of using homeopathy to treat animals. This follows news that equine vet Danny Chambers in submitting a petition to the Royal College of Veterinary Surgeons (RCVS) calling for vets to be banned from prescribing homeopathic medicines.

Mr Chambers launched his petition in November last year with the aim of attracting widespread support for a ban. But despite numerous appearances in the media to promote his petition it has attracted just 1,000 signatures from vets, which is only 4.5% of the RCVS’s 22,000 membership.

The evidence debate
Appearing on the BBC’s Victoria Derbyshire Show, Mr Chambers claimed homeopathy has been proven not to work and is bad for animal welfare. “Science tells us homeopathy does nothing whatsoever … sick animals should be given a proven product,” he said.

Also appearing on the show was Faculty member Geoff Johnson who said: “Science is where you observe phenomenon occurring and in 21 years of being a homeopathic vet I’ve seen many animals respond very well.”

He then went on to point out that contrary to Mr Chambers’ claims, there are quality scientific studies in veterinary homeopathy and highlighted a Dutch trial in which neonatal piglets responded positively when homeopathy was used as a replacement to antibiotics in the treatment of Escherichia coli diarrhoea.

Another Faculty vet and the vice-president of the British Association of Homeopathic Veterinary Surgeons, Mark Elliott, was a guest on BBC Radio 4’s Today programme where he too debated the subject with Mr Chambers.

He first informed a polite but clearly hostile presenter that a similar petition was presented to the American Veterinary Medical Association (AVMA) two years ago and was “comprehensively rejected”. As well as stating there is evidence for homeopathy, Mr Elliott informed the presenter that another reason for the AVMA’s decision was because “the evidence for their own practices was pretty sketchy at best”.

Emphatic response
When the presenter said that while people may experience a placebo effect, animals can’t and therefore should not be treated homeopathically, Mr Elliott was emphatic in his response. He argued this was the main reason why vets who practise homeopathy get attacked. “We do get results,” he said, “and are obviously denying the placebo effect.”

In a statement, the RCVS said “…homeopathy is currently accepted by society and recognised by UK medicines legislation, and does not, in itself, cause harm to animals”. Before going on to say it could see no justification for banning veterinary surgeons from practising homeopathy.

An official response to the petition from the Faculty was published on its website. In it the Faculty’s veterinary dean, Peter Gregory, said: “In an age when antibiotic resistance is such an important issue, veterinary surgeons and farmers who have found they can limit the use of these drugs by using homeopathy should be applauded and not attacked.”
It was a result that wrong-footed the experts, the pundits, the bookmakers and the markets. Britain’s vote to leave the European Union has marked the start of an unprecedented period of uncertainty and potential change in the UK economy. The immediate aftermath of the decision to leave the EU has seen a fall in share prices and the value of Sterling. Other impacts, such as movements in interest rates and a tightening public purse, are yet to be seen.

The people have spoken. What might their verdict mean for the Faculty? Though it is too early to tell whether recessions and significant economic downturns in the past hold any precedent for the current situation, the uncertainty itself could create a need for adjustment to the Faculty’s plans for growth. Beyond a suggestion that “expecting the unexpected” might be wise going forward, here are a few thoughts on the Faculty’s immediate plans and reaction to Brexit.

Faculty council met to consider and approve the new Faculty plan on 13 June 2016. The council recognised that as an independent organisation a new approach to our external relations should be at the heart of our activities going forward. Just as well, for we now look out at an external environment drastically altered from the date of that meeting. I will write more about the Faculty’s plan in simile in the weeks to come.

Suffice to say that central to the external relations strategy are options to help the Faculty generate more external income, so relationships with grant giving trusts, foundations and other potential supporters will be one key to our success. Yet funding-related decision making may be delayed as people monitor the effects of Brexit on wealth and liquidity. Almost certainly there will be a sense of distraction, so it could take longer to engage and cultivate potential funders. Trouble in the markets may mean organisations feel poorer as well, so less inclined to invest even though poverty is relative (see below).

It may be premature to assume that levels of European co-operation and grant giving will fall, but quite possibly options in the near term may tighten as other matters compete for attention. This may continue until such time as either “normal service is resumed” or a “new normal” is defined.

The Faculty suggests the following considerations for those organisations with whom we work, as we will be attempting to stick to these ourselves:

1. **Things can’t stop**: homeopathy is under pressure as it is; were we to discontinue the programmes of work planned prior to the referendum result we will collectively suffer as a result. A business as usual attitude is important as it is hard to see how failure to continue to engage for short-term reasons wouldn’t create even larger problems in the future.

2. **Poverty is relative**: many organisations prospered even during the seismic downturn of the credit crunch and banking collapses of 2008/9. Grant-makers – organisations which are in the business of giving money to professional bodies like our Faculty – should have in place long-term investment strategies which take into account the possibility of recession and in general tend to invest in limited risk vehicles. While grant-giving did fall during the last recession it was less than was anticipated by the National Council for Voluntary Organisations.

3. **Let’s all be patient and not assume the worse**: it is possible, perhaps probable, that projects and programmes may take longer to deliver than envisioned as funding decisions take longer, or as funders invest more modestly until such time that they feel confident to invest at higher levels. Nonetheless the Faculty can demonstrate constantly our pivotal role as the representative body for healthcare professionals integrating homeopathy into practice, and should be viewed as most investment worthy. In fact, even if uncertainty is not removed quickly, once any “new normal” is defined supporters could start to prioritise investment as the importance of our educational cause is pressed home – precisely because of the impacts of financial and political fallout. Rather than scrolling back their support, the Faculty’s past, present and future backers will see the need to sustain their commitments.

Returning back to Brexit, the UK certainly finds itself in a peculiar situation and one that requires steadfast leadership to see us through. Just as the government needs to reassure the public of the country’s future stability, the Faculty wants to allay any fears among our European and worldwide members and partners as to our commitment to the international homeopathic community.

It will take some time for the dust to settle.

**Greg White**
Chief Executive
NHS Liverpool Clinical Commissioning Group (CCG) has announced it is to cease funding homeopathy treatment. The decision follows a campaign by the anti-homeopathy group the Good Thinking Society, who threatened the CCG with legal action if the service, which costs just £29,000 a year to run, was not reviewed.

As part of the formal review process, the CCG conducted a public consultation which found that almost 60% of local people who had used homeopathy said it was beneficial to their health, describing their experience of the therapy as "excellent". Despite this patient endorsement the CCG’s governing body voted overwhelmingly to end its contract with the service provider, the Liverpool Medical Homeopathy Service, which is run by Faculty members Dr Hugh Nielsen and Dr Sue de Lacy.

Speaking after the decision, Dr de Lacy said: “It has been a very frustrating and time consuming process to reach the conclusion that was perhaps inevitable from the outset. The whole consultation process will have incurred significant costs to Liverpool CCG to decommission a service that costs £29,000 a year or 0.003% of Liverpool CCG’s total budget.”

She continued: “No matter how supportive our patients are, how effective and cost effective the service we provide, whatever argument we put forward regarding evidence, no-one making decisions appears to hear this.”

The British Homeopathic Association (BHA) campaigned on behalf of patients for the continuation of the service. Responding the CCG’s decision Margaret Wyllie, BHA chair, said: “In deciding to stop funding homeopathy, NHS Liverpool CCG is ignoring the people who matter most – the patients who use the service.”

In its consultation the CCG found that the majority of patients who have undergone homeopathic treatment reported an improvement in their health, with almost 60% describing their experience as “excellent”.

“The CCG states in its Quality Strategy 2015-2017 document that ‘patient feedback’ is an important element in assessing the quality of local healthcare services. But not, it appears, when the service being assessed is homeopathy!” said Ms Wyllie.

Dr Nielsen and Dr de Lacy are now working closely with the CCG to develop a de-commissioning plan for the service, including ensuring patients currently receiving treatment are made aware of the changes and decisions can be made about their future care.

A warm Irish welcome awaits delegates to the 2016 congress in Belfast

The traditional Irish greeting Céad Míle Fáilte, which translates as “a hundred thousand welcomes”, awaits delegates to the 2016 Faculty of Homeopathy Congress (formerly the British Homeopathic Congress) in Belfast.

Recognised as the most intellectually and socially stimulating event in the homeopathic calendar, the congress organising committee has put together an exciting programme of informative and inspiring presentations, along with a number of enjoyable social events to allow delegates to relax and unwind.

Under the theme of “Homeopathy; healthy patients, healthy practice” leading homeopaths from the UK and abroad will be sharing their knowledge and experience in the fields of homeopathic theory, practice and research.

Among them will be Dr Jonathan Hardy who will be using video cases showing how homeopathy has helped patients with severe addictions. From the NHS Glasgow Centre for Integrated Care, Dr Jacqueline Mardon will talk about how homeopathy can be used in an integrative practice. And all the way from Japan Dr Ronko Itamura will looking at a three-step strategy of recovery from schizophrenia through homeopathy.

Research will again feature prominently in the programme. Dr Alex Tournier from the Homeopathy Research Institute (HRI) will be discussing the latest evidence in homeopathy basic research, while fellow scientist from the HRI Rachel Roberts will offer a critique of the negative conclusions from the 2015 report by Australia’s National Health and Medical Research Council. And Dr Peter Fisher will present an update on the biological model and clinical research in homeopathy.

The keynote speaker is Swiss paediatrician Dr Heiner Frei who will share his clinical experience of using homeopathy in the treatment of ADD/ADHD. Other confirmed speakers include congress favourites Dr Elizabeth Thompson, Dr Julie Geraghty, pharmacist Lee Kayne, Dr Bob Leckridge and Dr David Owen, plus many more.

The Faculty of Homeopathy 2016 Congress is taking place in Belfast from 3 to 6 November at the four-star Europa Hotel. To book your place and take advantage of the early-bird discount, visit the congress registration page at www.facultyofhomeopathy.org/congress-2016-registration
NHS Wirral service defended

The battle to save NHS homeopathy moved to Birkenhead in May, when NHS Wirral Clinical Commissioning Group (CCG) held a public meeting as part of its consultation process on the future of the homeopathy treatments it funds through the Liverpool Medical Homeopathy Service (LMHS).

The service review follows a campaign by an anti-homeopathy group called the Good Thinking Society, which claims the service is a waste of NHS money. Over a two year period up to March 2015, the CCG spent £31,608 for homeopathy and Iscador (mistletoe extract) treatments for patients living within Wirral. That is an annual cost of less than £16,000 out of NHS Wirral CCG’s budget of just over £473 million.

Dr Sue Wells, a GP in West Kirby who is currently the CCG’s acting medical director, chaired the meeting which was well attended. The audience was evenly split between supporters and opponents of the service, but despite the passionately held views on both sides there was no repeat of the angry scenes that marred a Liverpool CCG public meeting late last year.

A commentary on the CCG’s consultation document was produced by the British Homeopathic Association (BHA) and circulated at the meeting. In it the BHA calls on the CCG to listen to the patients who have been using the service. All but one reported an improvement in their symptoms, clearly showing “patients with complex health problems had benefitted from the services provided by LMHS at a minimal cost”.

The document also criticises NHS Wirral CCG for failing to provide information on the treatments and their cost that patients can expect to receive should the homeopathy service be withdrawn. The BHA says it is impossible for the NHS or the public to make an educated decision on changing service provision when the alternative choices are not evaluated or budgeted.

Further criticism was levelled at the research listed in the Literature Review section of the CCG’s consultation paper, which the BHA dismissed as “non-systematic, scanty and lacking in a scholarly process”.

Predictably, assertions were made by opponents of the service that there was no evidence to support homeopathy as an effective treatment beyond placebo. Dr Hugh Nielsen from the LMHS rebutted these claims by stating that the LMHS offers an individualised service that provides genuine health benefits for patients. To support his argument Dr Nielsen referred to the positive results from the meta-analysis of individualised homeopathy conducted by the BHA in collaboration with the Robertson Centre for Biostatistics, Glasgow University.

NHS Wirral CCG is asking the public to consider three options:

1. Extend the existing contract for a homeopathy and Iscador service.
2. Only fund the treatment in exceptional circumstance if the patient’s GP can prove that the patient is likely to derive greater benefit from the treatment than might normally be expected for patients with that condition.
3. Stop funding the service.

However, the way the options are being presented by the CCG attracted censure from Mr John Cook, chairman of the North West Friends of Homeopathy. He complained that the CCG was misleading the public by stating that option one (to retain the homeopathy service) would be against the advice of the National Institute for Health and Care Excellence (NICE) guidelines, whereas option three (to cease funding the service) would be in accordance with the guidelines.

Mr Cook reminded the CCG that NICE makes it abundantly clear that its guidance “does not override the responsibility of healthcare professionals and others to make decisions appropriate to the circumstances of each patient”. This issue was also addressed by the BHA in its commentary document. NICE, it pointed out, has not conducted a review of homeopathy and has only issued guidelines advising against the use of homeopathy for two specific conditions: lower urinary tract infections in men and jaundice in babies.

A straw poll conducted at the meeting resulted in a small majority in favour of option one over option three, with little support for option two. The CCG’s decision on the future of NHS homeopathy in the Wirral is expected later this year.

The Faculty makes a capital transfer

The Faculty’s management and administration operation has moved to London. For the past 12 years the Faculty has shared offices with the British Homeopathic Association in Luton, but since June both organisations have been working from an office complex in the fashionable Old Street area of the capital.

While some days staff members will be working remotely, they can still be contacted by email and during normal office hours by phone on the new number 0203 640 5903.

The Faculty’s new address is:
Faculty of Homeopathy
CAN Mezzanine
49-51 East Road
London N1 6AH
Constantine Hering honoured in the US

Dr Constantine Hering, an early pioneer of homeopathy in America, has been honoured with a Pennsylvania state historical marker, erected at the location of his former home and office in Philadelphia.

The installation of the memorial was the culmination of a year-long effort by the National Center of Homeopathy (NCH) to have Dr Hering’s many important achievements officially recognised by the state.

Through his extensive scientific medical research and unselfish devotion to the advancement of the art of healing through medical education, Dr Hering (1800-1880) helped to establish Philadelphia as the leading nineteenth century American city for both medical care and medical education. His contribution was so great he is known today as the “father of North American homeopathy”.

During his lifetime he was responsible for many key events in the establishment of homeopathy in the United States. As a researcher, he introduced medicines that to this day are essential to homeopathic practice. As a teacher, he educated generations of the homeopaths who would shape the profession as it came to prominence. As a physician, he treated countless people, often even refusing payment for the treatment that changed their lives.

As an author, he produced volumes that are still in print and used by practising homeopaths. As a pioneer, he helped to organise the first homeopathic medical school and the very first medical society in America.

The marker was unveiled by Ann Jerome, NCH president, and fellow NCH board member Sharlene Goldfischer. Also attending the dedication ceremony was Dr Hering’s great grandson, Conrad Hering Knerr.

Visitors to Philadelphia wishing to see the memorial can find it at 12th and Arch Streets, on the grounds of the Pennsylvania Convention Center.

GP’s lifetime of service is recognised with MBE

Faculty member Dr Reginald Carr has received an MBE from Prince William at an investiture ceremony at Buckingham Palace. News that Dr Carr had been made a Member of the Most Excellent Order of the British Empire was formally announced in the New Year’s honours list. The official citation reads: “For services to the people of Blyth, Northumberland.”

Dr Carr, who has been a GP in Blyth for 40 years, said he was surprised when he heard he was to receive the award.

In addition to providing medical care to the local community for four decades, Dr Carr has a long association with the Blyth branch of the RNLI (Royal National Lifeboat Institution) dating back to 1953, when he became the voluntary medical officer at Blyth lifeboat station. This involved active service in rescue operations of sailors from vessels in distress.

On account of the doctor’s connection with the RNLI, Prince William, a former pilot with the RAF’s Search and Rescue Force, chatted to Dr Carr about lifeboats and helicopters after presenting him with the MBE.

It was during his childhood that Dr Carr first became interested in the RNLI. “My father was a sea captain and a pilot on the local harbour, and my mother worked to support shipwrecked sailors from vessels in distress.”

In 1963, Dr Carr became Honorary Secretary of Blyth RNLI and since then has had further honours conferred on him. These include the prestigious RNLI Gold Bar in 1996, and in recognition of his 64 years’ service to the Blyth branch he later received the RNLI’s highest award, Honorary Life Governor. Recognition beyond the service first came in 2008 when he was awarded the Queen’s Jubilee Medal.

A party at the Palace

Faculty president Dr Helen Beaumont was among the guests at a Buckingham Palace garden party in April.

When all the guests had assembled, proceedings began with the entrance of the Yeomen of the Guard. Then Her Majesty appeared at the top of the steps for the National Anthem.

The Queen and Prince Philip were accompanied by the Duke and Duchess of Gloucester, Prince Andrew, the Countess of Wessex and Princess Alexandra, each making their way to be the Countess of Wessex and Princess Duchess of Gloucester, Prince Andrew, The Queen and Prince Philip steps for the National Anthem. Majesty appeared at the top of the Yeomen of the Guard. Then Her Majesty carried on discussions started at the BHA’s royal reception in March.“

The Queen and other members of the family are known to be supporters of homeopathy, and the spritely way in which Her Majesty carries out her hectic schedule of royal engagements, despite being 90 years old, certainly offers a glowing regal endorsement for the therapy.

represented the British Homeopathic Association and I was there with my Faculty hat on – literally! Though the weather was rather grey and wet it did not dampen spirits.

We were formally introduced to the Duke and it was a good opportunity to carry on discussions started at the BHA’s royal reception in March.“

“The Queen and other members of the family are known to be supporters of homeopathy, and the spritely way in which Her Majesty carries out her hectic schedule of royal engagements, despite being 90 years old, certainly offers a glowing regal endorsement for the therapy.

Dr Beaumont. “Margaret Wyllie
Researchers from Harvard have published a survey in the American Journal of Public Health that delivers good news for supporters of the much maligned therapy in America. Although homeopathy is not used as widely in the US as it is in many European countries, the survey found there has been an increase of 15% over five years in the use of homeopathic medicines. Furthermore, those who use it regard homeopathy as one of the top three complementary and integrative approaches to their healthcare.

The survey investigated the possible public health benefits of homeopathy and was conducted by a team led by Michelle Dossett MD, PHD, of the Harvard School of Public Health and placebo expert Ted Kaptchuck OMD, from the Beth Israel Deaconess Medical Center, Boston, a teaching hospital affiliated to the Harvard Medical School.

They noted that earlier studies suggested “potential public health benefits such as reductions in unnecessary antibiotic use, reductions in costs to treat certain respiratory diseases, improvements in perimenopausal depression, improved health outcomes in chronically ill individuals and control of a Leptospirosis epidemic in Cuba”.

From their study they found respiratory and ear-nose-and-throat conditions, along with musculoskeletal pain syndromes, to be the most common conditions for which people sought homeopathic treatment. They also concluded users of homeopathy tended to be better educated than those who did not use the therapy.

The Harvard team reported that patients who saw a professional homeopath were much more likely to have a positive view of homeopathy compared with those who self-prescribed and purchased remedies over-the-counter. Those who consulted a professional practitioner felt homeopathy was “very important in maintaining health and well-being”. More of these patients thought that the homeopathic treatment they had received had improved their health “a great deal” than those who self-prescribed.

Leading American homeopath Dana Ullman said the survey’s results support the idea of individual choice in healthcare. “Just as our country is a melting pot of different cultures and races, our health and medical care likewise needs this healthy diversity.”

In 2015, a French study concluded that GPs using homeopathy were finding patient management less expensive than colleagues who did not use the therapy, which may represent an important interest to public health. The Harvard researchers made a similar observation: “Because of potential public health benefits associated with the use of homeopathy, further research on this modality and targeted studies of users are warranted.”

Reference

Harvard survey has good news for homeopathy in the US

The beautiful surroundings of the Roman baths in the city of Bath provided the romantic setting for the exchange of wedding vows between Cristal and her new husband Martin. Romance blossomed on an Easy Jet flight from Naples to Stansted in autumn 2013 when fate – or possibly Cupid – contrived to put the former Faculty chief executive in the seat next to publishing executive Martin.

With Cristal being American and Martin hailing from Germany, family and friends travelled from far and wide to join the couple to celebrate their marriage. The chief bridesmaid was Cristal’s ten-year-old daughter Olivia, who had the huge responsibility of looking after the wedding rings, while Cristal and Martin’s 18-month-old daughter Hildi provided occasional vocal support during the ceremony.

Dr Helen Beaumont, Faculty president, said: “Both on behalf of the Faculty and personally I would like to wish Cristal and Martin every happiness. This is wonderful news: a fantastic occasion, a lovely couple and delightful daughters!”

Wedding bells ring for Faculty Fellow
A plan to save NHS Greater Glasgow and Clyde £69-million includes a proposal to shut the seven beds at the Glasgow Centre for Integrative Care (CIC), according to a leaked report being considered by the health board.

Under the Local Delivery Plan for Greater Glasgow the CIC would become a day and outpatient service only and would no longer provide the five-day inpatient service currently available. The reason given for the service cut is that the "requirement for the in-patient service is reduced by the decisions of other boards to cease to fund the service, that reduction in funding also requires us to reduce costs".

However, supporters of the CIC were quick to point out that in September last year Robert Calderwood, chief executive for NHS Greater Glasgow and Clyde, said there were no plans to change the services available at the CIC.

"The Centre for Integrative Care continued to be viable, even in the light of other NHS boards' decisions to stop referring patients to it," he said.

But campaigner Catherine Hughes fears this latest proposal will result in the eventual closure of the CIC.

The number of beds has already been reduced from 14 to seven," she said. "It would be really bad news if this was to close. It's used by patients with many conditions like Motor Neurone Disease, MS and cancer. It will badly affect the people who use the centre."

A petition raised by Ms Hughes calling for the CIC to be funded by the Scottish government is currently being considered by the petitions committee at Holyrood.

Elizabeth Porterfield is the head of strategic planning and clinical priorities at the Scottish government healthcare directorate. In a letter to the petitions committee, she said: "NHS Greater Glasgow and Clyde have confirmed they have no plans to change the services provided by, or indeed to close, the CIC."

The letter went on to say that the health board re-stated this position to health secretary Shona Robinson and minister for public health Maureen Watt during a visit in June 2015.

A statement from NHS Greater Glasgow and Clyde said: "The board is planning to engage with the public and patients on a range of service changes during this year with a view to making final decisions in late 2016."

Dr David Reilly retires

Friends and colleagues of Dr David Reilly gathered at the Glasgow NHS Centre for Integrative Care (CIC) in May to wish him a happy retirement. Consultant physician Dr Reilly started working at the centre in 1990 when it operated under its former name, the Glasgow Homeopathic Hospital.

Dr Reilly has been a leading figure in the development of services at the centre. Over the past few years he has focused on the WEL (Wellness Enhancement Learning) programme, which involves the practice of integrative and self-care approaches to health and well-being.

Central to WEL is the support it provides for personal change through sparking the self-relationship towards greater self-compassion. Funded by the Scottish government, Dr Reilly’s work involved looking at ways to set up a course to help people with Chronic Fatigue Syndrome and ME, and to train healthcare professionals to deliver the course.

Despite retiring from the NHS, he has no plans to slow down as he intends to continue with his work on the WEL programme.

Patricia Donnachie, service support manager for CIC and Renal, said: "David has been an amazing ambassador for the hospital over the years. His forward thinking has been a big part in the changes that the hospital has gone through to make it into the Centre for Integrative Care. He will be missed by all the staff."

The Faculty’s Twitter account has 3,416 followers

Keep up with the conversations

Log on to http://twitter.com/fohhomeopathy
A case of Cadmium phosphoricum from Faculty president Dr Helen Beaumont.

The woman, P, is 38, single and a university lecturer.

Presenting complaints are acne, cold sores, irritable bowel syndrome.

P: Acne is the more pressing issue. I also get irritable bowel syndrome. The GP thinks it is not linked and has checked for coeliac (gluten intolerance). I have excluded wheat and dairy from my diet. My stomach is not as bloated and painful, but there has been no impact on my skin and it has not regulated my bowels. The cold sores are not nearly so bad but I still get them frequently.

Tell me about your skin?

P: I will not leave the house without make up. It is only on my face, around my mouth and nose. It is worse before a period, big lumpy things. I have tried everything except Roaccutane. I had homeopathic treatment, Natrum muriaticum, but it did not help the cold sores, there was no real difference. It started when I was twenty-five when my best friend committed suicide. I was traumatised in a quiet way. It was such a shock – disbelief. I didn't know how to deal with it. I became withdrawn.

Tell me more about the shock?

P: Shocking, it was so out of the ordinary. Shock affects your body. Women internalise things – things happen to the body since you don't express things. I am red around the face, lots of pustules that were weepy and infected. I get lumpy, yellow-headed, boil-like spots around my mouth. When I eat cheese, especially hot cheese – hot and greasy – it itches my face around my mouth. My face is too greasy. I spend a fortune on lotions, trying to look better. I suspect sugar. I can't cut out sugar. I eat fruit, dried fruit, and drink wine. I have a good diet; I never eat junk food. I have a mostly vegetarian diet. I exercise, I don't smoke but I have really bad skin.

How does it make you feel? What is the experience?

P: I feel miserable. It is only a superficial complaint. I haven't got a terminal illness but it affects everything I do, like going on holiday, especially camping. I hate it. I feel so self-conscious. It takes up a huge amount of time, always looking at it. I have an active time socially but I am always messing with my face, putting make up on. I'm very self-conscious. I'm a show off, I like photos normally. Now, on holiday there are no photos. Sun takes the redness away; it looked better with a bit of colour. The redness does not look so red, but the sun can trigger cold sores.

Tell me about being a show off?

P: I play in bands. I direct a band. I like to be on stage performing. I feel great. I did it last night. It was a great sense of achievement. It feels good, it's such good fun. I play percussion and drums. I like music.

I am controlling. I'm directing – I'm in charge. I am involved with a group of friends. I'm not a controlling person but
What are you passionate about?
P: I have a big social network. I am in three different bands. My family – my sister has three kids. My friends are so important to me. I don’t have children or a partner. I’m out more than I should be. I love doing things with people. I love holidays, seeing new places meeting new people, something different and new. I am different from other people. I like to be out with my friends, playing in my bands, creating music, being with people. We can all communicate through music and creativity. Friends are very important. I was with someone until last week (she starts to cry). It is all a bit raw just now. We were together for a year.

Do you have any fears or phobias?
P: I fear I will be on my own with no family, no friends.

What would it be to be on your own?
P: I would have no family, or more importantly, no friends. That would be the worst possible thing I could imagine, I could not tolerate that. There would be a sense of loneliness and isolation. It would be a waste of life. It is not what we are functioned to do, you will not have maximised what you can do. My sister says I find it hard to relax and do nothing. I do too many things and get overtired. I don’t want to be on my own.

Tell me more about support?
P: We all need support, to be told what we look like in a new outfit, to talk about work issues and whether to buy a house or new CD. You need non-judgmental support but you need critical support as well.

Tell me more about critical support?
P: I have got some work issues. The structure at work and the higher management are not being helpful. Hierarchical things. I feel aggrieved; there is a gender hierarchy. I was not treated as other colleagues were, so I am annoyed. Virtually all the positions of responsibility are taken by men. Men progressed further than me. I have been through all sorts of challenges to address it. They know I think I have been treated unfairly; some people are supportive, some have not been. I feel undermined.

Undermined?
P: You are not appreciated. Your work is not acknowledged or it is belittled. You are not recognised for what you are doing. You see other people advanced for what they are doing. I watch the department reap awards for the work I am doing. The department receives accolades in The Guardian but I don’t get the same money. It pisses me off! I do not get the recognition.

Tell me about being advanced?
P: Formal channels to draw to people’s attention. I am not getting the attention or the appreciation. I’m finding it more and more difficult to attain what I should do. There’s a constant pressure to perform but I’m not being appreciated. I feel unmotivated. I have been taking extended lunch breaks and not going in early to work – it’s counterproductive. I’m not doing as much as I should be. I have less enthusiasm.
Tell me more about your digestive symptoms?

P: For years I have had a sore, swollen stomach. I don’t have proper bowel movements, they are not solid. I wonder if I am not absorbing nutrients. I wonder if eating no wheat helps my stomach and no dairy helps my skin. I get lots of bloating, a distended stomach, I’m full of gas and air. I have an upset stomach, painful belly, gurgling and diarrhoea. I go out for a meal I have to sit on the toilet in the morning, sometimes after a meal. Spicy food makes me belch. Red onions aggravate me.

Tell me about your nature?

P: I’m seen as an outgoing person, keen to organise parties. People see me as easy going and well-balanced. I do like time on my own, but I need to be doing something like reading. I never watch TV. I might lie around if I have a hangover. I rarely do nothing – I would feel I was missing out. I’m exhausted since I came back from holiday. I go out every night with friends. I’m not happy! I’m very unhappy since my relationship split up. I should not be unhappy as there are good things in life. I sold my place 400 miles away to find a place here. I have a permanent job here. I live in a shared house but I need something that is mine. This transient way is affecting my mental health. I’m not feeling settled. I would be happier being in my own place; I could decorate it the way I wanted to.

Tell me about your childhood?

P: Mum and Dad split up and Dad disappeared. They separated when I was eleven. I didn’t have much contact with him until I was nineteen. When I was twenty-one there were huge fights and arguments, so he cut off all contact and did not see me or my sister at all. Just last year I had an email from his wife saying it was his birthday. It is a series of unsuccessful efforts to maintain their position, but it becomes increasingly difficult to maintain their position under attack. They make constant efforts to maintain their position, but there are many unsuccessful efforts. Phosphorus salt was chosen because of the strong emphasis on friends and the exhaustion from overextending herself and socialising. The focus on communication is seen in Phosphorus and also in Cadmium itself.

Jan Scholten says Cadmium is in series 5, stage 12. Cadmium features are repetition in performance; feeling powerless; undermined; drama; threatened; reproduction; forgery; decay.

Cadmium rubrics suggesting this feeling are:

• Dreams; destination, not reaching
• Dreams: looking for someone and failing to find him
• Dreams: running, after someone
• Dreams: unsuccessful efforts to do various things

Cadmium substance

Cadmium is a lustrous silver white metal. Its surface has a bluish tinge and it tarnishes in air. It is ductile, very malleable, soft enough to be cut with a knife. Its capacity to absorb neutrons is very high, so it is used as a barrier to control nuclear fission. Cadmium is often found in combination with Zinc. It is a component of nickel cadmium batteries and in colouring agents in the form of bright yellow or bright red cadmium sulphide. It is also used in communication, such as in telephone and tram cables. It jams conduction, prevents flowing. During the proving, the telephone lines of Jayesh Shah were blocked.

Keywords: undermined, aggrieved, critical support, unappreciated, constant pressure to perform.

Dr Helen Beaumont

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A homeopathic physician reflects

Dr Nick Avery retired earlier this year. He talks to simile about the major influences on his career and how he sees the future for homeopathy in medical practice.

What first got you interested in homeopathy and how did your experience of learning homeopathy influence your future teaching at the Tunbridge Wells Homeopathic Hospital and on the HPTG course?

My original introduction to homeopathy came via acupuncture. In 1994, a good friend announced that I really ought to meet his neighbour who was a Russian refugee, a former colonel in the Russian army, who had been working as a top space scientist and had an IQ “off the scale”. Apparently he had invented a machine that diagnosed what was wrong with you by measuring acupuncture points. This sounded really whacky but I met him nevertheless.

He demonstrated his “Monada” device which was inspired by and, so he claimed, an improvement on the Vega machine used by many practitioners of complex homeopathy. Somehow he persuaded me to attempt a clinical trial of the machine on 200 of my GP NHS patients, under the sponsorship of Dr Julian Kenyon at the Centre for the Study of Complementary Medicine in Southampton. I knew nothing about acupuncture, so Julian persuaded me to attend a weekend course. As a result I found myself treating my patients with needles and they couldn’t get enough of it!

I also knew very little about homeopathy although I had referred a number of patients, at their request, to Dr Ann Clover at the homeopathic hospital in Tunbridge Wells. As a Vega machine measured patients for things called “nosodes”, which was something to do with homeopathy, I decided to attend the Homeopathic Professionals Teaching Group (HPTG) course, which was designed to teach GPs homeopathy.

The HPTG group were proponents of the George Vithoulkas school of classical homeopathy, although we were exposed to a number of innovative “gurus” during the three-year course. These included Jan Scholten, who introduced ideas about the periodic table, and Jeremy Scherr who reassured us that listening to the patient and trying to help come up with any remedy was enough, and finding the “one remedy” was a bonus. I was also impressed by Jonathan Shore who, apart from introducing new remedies – such as many from the bird family – showed how important it is to listen to the patient and try not to lead them into a particular direction. This approach obviously took a lot of consulting time and may have been the inspiration behind my longest consultation of 8 hours and 20 minutes!

I also enjoyed the many books written by Rajan Sankaran who gradually developed an approach which I think has been taken up by many young homeopaths. This may be what led to my approach to emphasising the emotional symptoms of the case.

Dr Ann Clover was very supportive when I worked with her at the Tunbridge Wells Homeopathic Hospital, first as clinical assistant, then later clinical Fellow, and she adopted a very classical but practical approach, taking into account the time constraints of working in the NHS. This involved mixing the constitutional or simillimum concept with local prescribing. Together with David Ratsey and Kathryn Vale, we set up the homeopathy course HETW (Homeopathic Education at Tunbridge Wells) and within two years I took it over and became director of education for the course.

Twelve HPTG students also undertook a teacher training course run mainly by doctors David Owen and Alice Greene and eight of us completed the three-year programme. This taught me the importance of “feedback” rather than criticism which enables the teacher to develop – which, hopefully, I did!

Dr Kathryn Vale – a fellow HPTG graduate – also did the teacher training course and is probably the expert on how to treat patients under the constraints of limited time. This was the biggest difficulty in terms of transferring our knowledge of classical homeopathy to our more familiar GP setting. The approach is more based on piecing the patient’s history together over a number of short consultations, using local, supportive or specific remedies until the “bigger remedy” becomes clear.

…‘heart-sink’ patients no longer made my heart sink as I felt I could help most of them in a fundamental way. It brought me enjoyment and satisfaction in my work.
I therefore tended to sort out the gut and nutrition before adding in the constitutional or similimum remedy. This approach also enables the remedy to be worked out over a number of appointments, during which time the patient is feeling better anyway.

**How has your training in allergy, environmental and nutritional medicine with the British Society for Ecological Medicine, helped in your practice of homeopathy?**

The BSEM course, which was spread over three years, was a real eye-opener and I found it really fascinating and extremely useful. This gave me all the tools to enable me to apply many of George Lewith’s techniques. I learned about neutralisation and enzyme-potentiated desensitisation which had a profound effect on allergic issues. Many patients have major problems with illnesses such as multiple chemical sensitivity and these techniques, together with homeopathy and isopathy have proved very helpful in managing these difficult conditions. I felt that these tricks were the perfect complement to homeopathy itself.

I also think it would be difficult to practice full time just offering homeopathy, the BSEM techniques increase the options and make it possible to treat a broader range of patients with different expectations. Some of my patients came to me with a history of ‘never responding to homeopathy’ and did very well with the other approaches.

**Your interests have included the treatment of Chronic Fatigue Syndrome, Fibromyalgia and IBS. How has practising integrated medicine, in addition to homeopathy, helped with this?**

When I worked at the Tunbridge Wells hospital, I was only allowed to prescribe homeopathic remedies (or use acupuncture). This helped many patients to some degree (audits regularly indicated that 70-80% of patients improved). However, the quality of result was significantly better when these other techniques were incorporated. CFS patients who were bed-bound were, in many cases, able to return to an active, normal life. Blood tests available at Biolab and Acumen (Ed: clinical labs) gave a scientific view of the underlying physical problems, such as major magnesium deficiency, or mitochondrial failure and led to specific regimes to correct them. Once the “soil” had sufficiently improved, then remedies applied using the homeopathic principle were much more likely to produce a healing response. Interestingly, by correcting the nutritional issues, particularly magnesium related to energy and muscle function, I did myself out of a lot of income from acupuncture treatments that were no longer necessary!

**What do you think will help more doctors become interested in homeopathy and take up Faculty training, given the difficult climate for NHS homeopathy?**

One of the biggest issues is the over-reliance on the double-blind, cross-over clinical trial technique for assessing the efficacy of treatments. This has some rationality in terms of statistics and treating patients who fit the trial criteria (e.g. those who have only a single pathology, are on no existing medication, are not pregnant, but above a minimum and below a maximum age, in other words not paediatric or geriatric) but does not really apply to individual patients. This colours the approach of new doctors who are trained exclusively in this scientific approach. It means that they dismiss homeopathy and indicate their views to their patients.

I would say that if a patient came to see you and was pregnant then the evidence would not apply to her. If the patient was a child or over 65, the same situation applies. The evidence, for example, of the efficacy of flu vaccinations is based on administering the injection to healthy young individuals who produce a good immune response; yet it is recommended for the young or elderly whose immune response is poor. In other words there is no evidence that it is of any benefit to the people who actually need the vaccine. So people are not actually being scientific with the results of these trials.

I think that focussing on how inappropriate this method is in terms of measuring effects of medicines on individuals and looking at outcomes, audits and patient satisfaction should be pushed forward.

I was attracted to homeopathy because I felt conventional medicine was not interested in causation or cure,
only management. I have now cured many patients which I could not do before; I enjoyed seeing patients with “tricky” conditions such as IBS and chronic fatigue; “heart-sink” patients no longer made my heart sink as I felt I could help most of them in a fundamental way. It brought me enjoyment and satisfaction in my work. I think GPs were looking for this when I took up homeopathy. I think the same need is there now and we should encourage them to give homeopathy a try; to try to bring the enjoyment back into medicine for them.

Is the public perception of homeopathy and complementary medicine where you thought it would be when you first started out training in CAM and how do you see its future?

I think many members of the public are very happy with the idea of homeopathy and there is a lot of dissatisfaction with the empirical approach which is designed to treat symptoms rather than cure patients. I did not anticipate the strong anti-homeopathic perspective of conventionally trained doctors, although some CAM techniques may need to go “underground” – particularly as, once the Brexit process is completed, we will no longer have the possibility of protection from Europe in terms of patients’ rights to choose their treatment.

The future will be driven by patient demand versus antipathy from the mainstream. I don’t think the mainstream will ever completely win, although some CAM techniques may need to go “underground” – particularly as, once the Brexit process is completed, we will no longer have the possibility of protection from Europe in terms of patients’ rights to choose their treatment.

What are you looking forward to, now you have more free time?

My decision to retire was precipitated by a major, incurable (but treatable) illness. This will have an impact on what I am able to do and I am trying to learn how to pace myself – which is something I have been advising my patients for years!

However, I am looking forward to regularly practising and, hopefully improving, my musical prowess on a number of instruments. I have transitioned from the guitar and mandolin to harmonica and, now, penny and low D whistles. This has enabled me to join my musical friends once a week to play Irish music and Blues in a pub in Hastings which I hope to continue indefinitely.

I have always wanted to study astronomy but never had enough time to do it justice. For my recent birthday my daughter and son-in-law have told me to pick a course and go for it!

I also have a “Man-shed” which is now to be re-named “Grandad’s Workshop”. This means I will not only be spending time making my granddaughter wooden toys but also helping her to play with them.

Finally, we will be spending a lot of time in the South of France where we have a holiday home, which does not have access to the internet. I will certainly not be missing those demanding patient emails and having deadlines. In fact it has taken me six months to write this because I am so far off the pace which probably means that I have finally learned how to relax.
Homeopathy and ADHD – a new treatment concept with polarity analysis

Dr Heiner Frei

Dr Heiner Frei’s latest book examines the effect of homeopathy in the treatment of ADHD/ADD.

Swiss paediatrician Heiner Frei is a former head of paediatric haematology and oncology at the University Children’s Hospital of Bern. He then studied and taught homeopathy, and was the president of the Swiss Association of Homeopathic Physicians for many years. He has been involved in many research programmes, conducting clinical studies in acute tonsillitis, otitis media, ADHD, H1N1 influenza, the treatment of multi-morbid patients and homeopathic methodology.

In 2001, Dr Frei developed polarity analysis, a new approach to improve the precision of homeopathic prescriptions, which was the subject of his earlier book Polarity Analysis in Homeopathy — A Precise Path to the Similimum. His new book follows on from this, firstly discussing the medical principles of ADHD and ADD; their symptoms, pathophysiology, prevalence and correct diagnosis. Several treatment options – conventional, alternative and supportive – are explained.

Polarity analysis is a systematic approach based on Boenninghausen’s Therapeutic Pocket Book. The weighting of symptoms according to Boenninghausen is explained.

He then explores deeper the homeopathic treatment of ADHD and the difficulties of identifying the right remedy, the challenge assessing progress and the time needed for improvement. Standardised case taking is explained as well as the identification of unreliable symptoms. Symptoms are divided into reliable features and those of reduced reliability.

Polar symptoms such as amelioration or aggravation, as well as disturbances of perception, are considered most reliable and are the cornerstones of this new method. Symptoms that can have an opposite pole such as thirst/thirstlessness are considered polar symptoms. Symptoms with a high grade correspond to the genius of a homeopathic remedy.

The genius of a remedy includes all those symptoms running like a leitmotif through the remedy. Genius symptoms are frequently found occurring in various parts of the body and are clearly perceptible.

Contraindications to a specific remedy present if the patient’s symptom shows as low grade in the repertory, but the opposite pole as high grade, e.g. Nux vom has a dislike of movement at grade three and a need for movement at grade one. Nux vom, therefore, will not heal a patient who has a need for movement, although Nux vom exhibits the symptom of dislike of movement.

To determine the polarity difference the grades of the polar symptoms are added together for every likely remedy and subtracted from the total grades of the opposite poles. The higher the polarity difference, the more likely it is that the remedy will cure, assuming there are no contraindications. Polarity analysis depends fundamentally on the reliability of the grading in the repertory used.

Prescription, dosage advice and progress assessment are discussed. Several case examples are given to illustrate the method and possible problems.

Chapter 5 offers a comparative Materia Medica of the most common remedies used for children with ADHD/ADD. This consists of 37 remedies, with Calc carb, Lycopodium and Sulphur being the most frequently prescribed.

The individual characteristic aspect of a complaint is seen with ADHD/ADD patients in the differing combinations of symptoms of perception and the effects on thought processes, memory, fine-motor skills, sleep and mood.

The scientific evidence for the efficacy of homeopathic remedies in patients with ADHD/ADD is also examined. Three controlled studies are presented and discussed including a five-year clinical study that involved a screening phase before the randomised double blinding, enabling individual prescriptions. It employed a multi-disciplinary allopathic team, most of whom were keen on proving that homeopathy is a placebo treatment. In the screening phase 84% of children could be successfully treated, while 88% of participants in the double blind study are doing well. Seventy-four per cent of all children are so much better with homeopathy that they can lead a normal life at school and in the family.

The results also showed that homeopathy can improve cognitive functioning and can lead to at least partial healing of the ADHD/ADD. To achieve these outstanding results it is necessary to do the case taking exactly as described using the polarity analysis.

Polar analysis has become a valuable tool for many practitioners. It makes it easier and more accurate to find the simillium and achieves an astonishing success rate of 75% in children with ADHD.

In November, Dr Heiner Frei will be at the British Homeopathic Congress in Belfast to discuss his method and results.

Dr Christine Suppelt
This case was really interesting for me. Morag is a strong, capable, intelligent 54 year-old woman. She was clear and expressive, using metaphor, hand gestures and even a drawing to describe her situation, and required very little prompting to reach the deep sensation level of this remedy. It was a pleasure to take her history.

I met her in September 2014 when she was recovering from a recurrence of breast cancer surgery and radiotherapy.

**Tell me how things are for you?**

*M:* The initial breast cancer diagnosis was in September 2007. It came out of the blue. I had a lot of hot flushes on Tamoxifen. At the time there was a lot of conflict in the family. We’ve got an issue with our big brother. It’s about our inherited money being spent by him. There was a lot of lying and cheating. We just couldn’t trust him. Our sister kept saying, “Give him one more chance.”

But it was always underhand deceit. We were in a weaker position than him. It’s like we just didn’t see it coming, we were wrong footed every time. He pulled the strings and loaded the cards. We were always tricked. It was as if we lost our footing and balance on shifting sand.

**How are things for you now?**

*M:* I feel vulnerable, kind of “staggery” and wobbly. I keep losing my footing and knocking into things. I’m emotionally too open.

**How does that feel?**

*M:* It comes back to my brother again. This is the next chapter in his tricks with the inheritance. He weaves stories and I’m confused as to who or what to believe.

He denies things. He has status and money, so he has the power to manipulate.

He is so clever, getting information, lying and cheating. I feel so unsettled when he calls. It’s like he is using the money and property that I am due as inheritance as a kind of lure.

**What is a lure?**

*M:* A lure is something set up to catch you, it entices you. Then they’ve got you on a hook. You’ve bought into it! He dangles things in front of us and leaves us hoping it will happen this time; it will be different this time. But it never is. He knows I need the money – that’s the lure!

**Please say more.**

*M:* He seems to keep making me go back to him. I tell him that I don’t want to communicate, that I can’t because of lies and cheating and manipulation. I need to stop being entangled by his stories. I need to pull back. But I so strongly want the sense of family. He is such a big part of that and he knows it, so I have to connect with him. That is a lure too.

**How does this affect you?**

*M:* It makes me feel so stupid. I feel stabbed in the back. I put my foot in there and next thing I know I am falling into the trap. (She lets her hand fall downwards to demonstrate this.)

It’s as if I can’t anticipate it coming. Why was I not awake? Why am I always falling into the trap?

**What is the feeling of a trap?**

*M:* I feel empty and hopeless, like in a deep hole with me at the bottom. Like a well – I can’t be heard or seen.
Standing in it bereft, treading water. I thought I saw what was going on, like something at the top of the well was secure; it was solid and healthy, but it wasn’t. It is a trap door. It springs open and I drop in and it eats me up, swallows me up.

(Again she demonstrates this by holding up her hand horizontally and suddenly letting it flex down at the wrist.)

It’s like, “Ha, now I’ve got you!”

**Say more about the trap door?**

**M:** It feels like you are standing on something solid that supports you. I believe the thing he says is going to happen, will happen this time. But it is like a theatrical device. What’s that term? Smoke and mirrors! Like a mirage! Everything solid melts away and you fall and ricochet down, thinking: What? Why? Here again!

We are not prepared, no matter how many times we just never see it coming. He just manages to pull you in again.

**What is it like beneath the trap door?**

**M:** I’m ensnared, it’s a trap. I’m falling. It’s like, “How can I be in this position again?”

It’s as if I have no resources to fight. The more I try to get out, the less successful I am. In fact it just makes it harder, as if you are bouncing down off all the previous times he’s got you like this.

She shows me what she means on a drawing. (See Fig: 1)

**In what way has he “got you”?**

**M:** He’s so cunning and manipulative and clever. Always one step ahead, he knows how to affect us. He just ups the lies and cheating and there we are again, he’s got you again. I think how plausible it all seemed. He wanted me to believe it. In order not to fall in, I’d need to not be ensnared by his tricks. How can I leave this relationship? I need to “divorce” my brother?

I just don’t matter. He plays with me. I’m dependent on him. When I try to confront him with the lies and deceit, he makes me feel so small, so stupid, like I’m shriveling, diminished, a little girl. And if I try to pin him down, he gets me with his barefaced lies and it is so derogatory that a part of him thinks I’m stupid enough to believe his lies; and every time – I am.

**Remedy:** Nepenthes distillatoria 1m, 3 doses

**Case analysis**

Nepenthes distillatoria is a tropical Pitcher plant endemic to Sri Lanka. It is a genus of the carnivorous plants. The “Pitcher” has a lid-like structure or operculum. In many species the underside of this lid is attractively coloured with anthocyanin pigments and contains strong smelling nectar glands which lure and attract prey. The prey usually consists of insects. Morag described clearly this aspect of being seduced by her brother’s promises.

“A lure is something set up to catch you, it entices you. Then they’ve got you on a hook.”

“You’ve bought into it”

“He dangles things in front of us and leaves us hoping it will happen this time, it will be different this time.”

Surrounding the entrance to the trap is a structure called the peristome or the lip. Here a thin film of water forms on the surface which is slippery and offers an unsure footing, causing insects to “aquaplane” or slip and fall into the pitcher. Again, this aspect of slipping is clearly portrayed by Morag.

“It was as if we lost our footing and balance on shifting sand.”

On the inside cavity, Pitcher plants may also contain inward and downward pointing protruding hairs or waxy scales to ensure that insects cannot climb out. I wondered if the following words illustrated this sense of difficulty climbing out of the trap.

“The more I try to get out, the less successful I am. In fact, it just makes it harder.”

The trap contains a fluid of the plant’s own production, which is used to drown the prey. (The pattern-match of the metaphor of being helpless in water)

“… like in a deep hole with me at the bottom … like a well. Standing in it, bereft, treading water.”

The lower part of the trap contains glands which absorb nutrients from captured prey. That she even uses the language of being consumed is remarkable.

“I drop in and it eats me up, swallows me up.”

The following themes and non-human specific keywords may come out spontaneously in a case that would alert us to a patient needing a remedy from the family of carnivorous plants.

![Patient’s drawing](image-url)
To lure, to entice, to tempt, to attract
To capture, to catch, deceive, disguise, pretend
To cheat, to betray, to trick
To trap, to ensnare, to confine
No way to get out, no escape, no loophole
It pulls you down

It is interesting that in addition to expressing clear themes of carnivorous plants, this patient also exhibits some aspects of the inner feeling of the insect family also.

- Size: small, diminished, little
- Looked down on: feeling stupid, "derogatory", "I just don’t matter"

Since a patient expresses the entire constellation of words representative of a remedy, their language and gestures may represent both perpetuator/aggressor and the victim.

**Follow up – 7 October 2014**

**M:** I felt rattled with the first dose. Not well, shaky, and then I settled down. Now I am more settled. I’m much more aware that what I need to do is monitor my own behavior. I need to hold my ground. In the past, I let the ground slip and slide. Now I accept that I can’t change him. Now I can allow the situation to come with him and hold my own. I’ve had enough experience now. I won’t go there again!

I don’t feel like I’m being sucked into a situation with some enticement. I’ve let go of the money. He is still trying to be ahead of us every step of the way but I’ve refused to be drawn in. I can see the situation much more clearly. His next pitfall is trying to alienate my niece from me but I’m not falling for it.

I suggest she uses a dose of *Nepenthes distillatoria* 1m, if she senses herself being influenced by her brother.

**Follow up – 15 December 2014**

**M:** I’ve completely changed my way of being available for his maltreatment. He hasn’t been able to “hook” me. I’ve got a much clearer grasp of him trying to take me in. I can recognise my pattern and take action sooner. I’m standing on true, steady ground not trick ground. Again I suggest she uses a dose of *Nepenthes distillatoria* 1m, if required.

**Follow-up 26 March 2015**

**M:** My brother scenario has calmed down completely. It’s like I can see him coming a mile away. Another lie – I know it’s a lie! This time his tactic is a “poor me story” but I’m not going to be hoodwinked all my life.

She continues to remain well.

**Dr Bridie O’Dowd**
The British Association of Homeopathic Veterinary Surgeons Conference 2016
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The third of a series of three Homeopathic Masterclass weekend lecture seminars hosted by Glasgow NHS Centre for Integrative Care (formerly Glasgow Homeopathic Hospital) and delivered by the academic department of the Portland Centre for Integrative Medicine (formerly Bristol Homeopathic Hospital. www.portlandcentrehealthcare.co.uk

This CPD event is open to all levels of experience: medical homeopaths, professional practitioners and students of homeopathy from all colleges. CPD: 5 hrs per day.

The masterclass costs £150 for the two-day event. For more information or to book your place email education@portlandcentrehealthcare.co.uk

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For more information, please contact congress2016@facultyofhomeopathy.org

Education at the Portland Centre for Integrative Medicine 2016/2017
Open day taster session for the LFHom, MFHom and MFHom(Vet) training course Wednesday 7 September 2016, 2pm-4pm
PCIM Education office, Portland Street, Clifton, Bristol BS8 4AL
Teaching dates for GEMS advanced study seminars and LFHom and MFHom training in Bristol commencing September 2016
Friday 23 September 2016
Friday 25 November 2016
Friday 20 January 2017
Friday 10 March 2017
Friday 19 May 2017

PCIM Glasgow Masterclass Series
Saturday 10th-Sunday 11th September 2016 – Dr Julie Geraghty - Management of Chronic Fatigue

PCIM Bristol Masterclass Series
Saturday 24 and Sunday 25 September 2016 - Annette Sneevliet
Saturday 3 December 2016 - Jonathan Hardy
Saturday 21 January 2017 - Geoff Johnson
Saturday 11 March 2017 - Elizabeth Thompson
Saturday 20 May 2017 - Julie Geraghty

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To book a place please email: education@portlandcentrehealthcare.co.uk

See our website for more information about these education courses www.portlandcentrehealthcare.co.uk
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