



# Cutting Edge Research in Homeopathy **Malta 2017**



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## 3<sup>rd</sup> HRI International Homeopathy Research Conference

9-11 June 2017, Radisson Blu Hotel, St Julian's, Malta

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**HOMEOPATHY**  
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# Welcome

We would like to extend a warm welcome to the Homeopathy Research Institute's 3rd International Homeopathy Research Conference. Following the success of HRI Barcelona 2013 and HRI Rome 2015, we are proud to once again be hosting a world-class homeopathy research event, this time on the stunning island of Malta.

As the topic of homeopathy continues to stimulate intense debate in many parts of the world, research is playing an ever more vital role in the development of homeopathy as an academic field and medical discipline.

Against this backdrop, HRI conferences provide an essential focal point for the global homeopathy research community. Every two years we bring together world experts, new researchers, practitioners, students and representatives of the homeopathic industry for a unique experience within the conference calendar – a two and a half day event dedicated solely to research. This provides an unrivalled forum for the sharing of ideas and the creation of international scientific collaborations.

For HRI Malta 2017 we have brought together 35 speakers from 18 countries. Continuing our ongoing theme of 'Cutting Edge Research in Homeopathy' has enabled us to create a diverse programme, giving attendees a snapshot of the latest developments across various sub-fields of homeopathy research, including:

- Clinical research – quantitative and qualitative
- Fundamental research
- In vitro research
- Pathogenetic trials (provings)
- Veterinary research.

The 'HRI Malta 2017' event has been organised by our Conference Organising Committee, with additional input from the Conference Advisory Committee and HRI's Scientific Advisory Committee.

We would particularly like to thank Angela Sapienza, representing the Maltese homeopathic community, for her invaluable support in preparing for this event.

It only remains to invite you to join us in making the most of this opportunity to share scientific knowledge, and form closer links, with colleagues from around the world.



**Alexander Tournier & Rachel Roberts**  
HRI Management Team



- 102 abstracts submitted
- 36 oral presentations from researchers in 18 countries
- 7 poster talks and 34 poster presentations from researchers in 19 countries
- Over 200 delegates, representing more than 25 countries

Rachel Roberts (Chair) – Chief Executive, HRI, UK  
Simon Wilkinson-Blake – Company Secretary, HRI, UK  
Angela Sapienza – Chair, Malta Association of Homeopathy, Malta  
Dr Kate Chatfield – Course Leader, MSc Integrated Health, UCLan, UK  
Dr Alexander Tournier – Executive Director, HRI, UK

Dr Peter Fisher – Clinical Director, Royal London Hospital for Integrated Medicine, UK  
Stephen Gordon – General Secretary, European Central Council of Homeopaths, UK  
Dr H  l  ne Renoux – President, European Committee for Homeopathy, France

The Homeopathy Research Institute (HRI) is an innovative charity, created to address the need for high quality scientific research in homeopathy. We use our resources and expertise to foster new projects and to improve the quality of research being carried out in the field.

HRI is dedicated to the evaluation of homeopathy using the most rigorous scientific methods available and communicating the results of such work beyond the usual academic circles. As well as providing academic support to several projects around the world, we are currently funding seven active research projects. These range from pragmatic randomised controlled trials assessing homeopathy for the treatment of ADHD and depression, to investigating the mechanism of action of homeopathic medicines.

The Institute's day-to-day operations and management are the responsibility of Rachel Roberts (Chief Executive) and Alexander Tournier (Executive Director), guided by our Board of Trustees. The HRI Scientific Advisory Committee (SAC), a team of independent world experts in homeopathy and Complementary and Alternative Medicine research, provide the strong scientific foundations essential to our work.



**HRI** HOMEOPATHY  
RESEARCH INSTITUTE

## HRI Management Team



**Dr Alexander Tournier**  
BSc DIC MAST Cantab PhD  
LCHE RSHom  
HRI Executive Director



**Rachel Roberts**  
BSc(Hons) MCH FSHom  
HRI Chief Executive

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## HRI Scientific Advisory Committee



**Dr Stephan Baumgartner PhD**  
Lecturer, Institute of Complementary Medicine KIKOM, University of Bern  
Senior Researcher, Institute of Integrative Medicine, University of Witten-Herdecke, Germany



**Dr Iris Bell MD PhD**  
Professor, Dept. of Family and Community Medicine,  
The University of Arizona College of Medicine, Tucson, Arizona, USA



**Prof Dr Paolo Bellavite MD**  
Professor of General Pathology, School of Medicine, Verona University, Italy



**Prof Dr Christian Endler PhD**  
Head and Scientific Director, Interuniversity College for Health and Development Graz, Austria



**Dr Peter Fisher MA MB BChir FRCP FFHom**  
Director of Research, Royal London Hospital for Integrated Medicine, UK



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**Dr Robert Mathie BSc PhD**  
Research Adviser, Homeopathy Research Institute, UK



**Dr Clare Relton MSc PhD FSHom**  
Research Fellow, School for Health and Related Research, University of Sheffield, UK



**Dr Elizabeth Thompson BAOxon MBBS MRCP FFHom**  
CEO and Lead Clinician, Portland Centre for Integrative Medicine, Bristol, UK



**Dr Alexander Tournier BSc DIC MAST Cantab PhD LCHE RSHom**  
HRI Executive Director and Independent researcher, Germany

# Programme

| Pre-conference events                       |  | THURSDAY 8 JUNE 2017 |
|---|--|----------------------|
| 14:00 – 17:00                               | <b>‘Making Studies Count’ – avoiding common pitfalls in future research</b><br>Marie Louise 1  |                      |
| 18:00 – 20:00                               | <b>Conference Registration</b><br>Radisson Blu Hotel Entrance Lobby  |                      |
| 18:30 – 20:00                               | <b>Welcome Drinks</b><br>Bridge Bar Terrace  |                      |
| Day 1 – Cutting Edge Research in Homeopathy |  | FRIDAY 9 JUNE 2017   |
| 08:00                                       | <b>Conference Registration</b><br>Radisson Blu Hotel Entrance Lobby  |                      |
|   | <b>Plenary Sessions – full day in Grand Ballroom</b>   |                      |
| 09:00 — 09:30                               | <b>Opening Ceremony</b>  |                      |
| 09:30 — 10:30                               | <b>Adjunctive Homeopathic Treatment in Cancer Patients</b><br><b>Chair: Dr Elizabeth Thompson</b>  |                      |
| 09:30                                       | <b>Prof Michael Frass</b> , Austria. <i>Influence of adjunctive classical homeopathy on global health status and subjective wellbeing in cancer patients – a pragmatic randomized controlled trial</i> |                      |
| 10:10                                       | <b>Dr Elio Rossi</b> , Italy. <i>Homeopathy and complementary medicine in patients with breast cancer at the hospital of Lucca (Italy): clinical results</i>   |                      |
| 10:30 — 11:00                               | Coffee   |                      |
| 11:00 — 12:30                               | <b>Homeopathy and Antimicrobial Resistance (AMR)</b><br><b>Chair: Stephen Gordon</b>   |                      |
| 11:00                                       | <b>Alison Fixsen</b> , UK. <i>Can homeopathy offer a viable alternative to antibiotic use in the treatment of upper respiratory tract infections? A review and discussion of the literature</i>        |                      |
| 11:15                                       | <b>Dr Peter Fisher</b> , UK. <i>Homeopathy and antimicrobial resistance</i>  |                      |
| 11:30                                       | <b>Petra Klement</b> , Germany. <i>Therapeutic effectiveness of a complex homeopathic medication in patients from 6 to 60 years with recurrent tonsillitis</i>   |                      |

|                      |  |
|----------------------|--|
| 11:45                | <b>Dr Suresh Sampath</b> , India. <i>Pilot study on anti-bacterial activity of homeopathic remedies: in vitro evaluation for treatment of chronic otitis media</i> |
| 12:00                | <b>Discussion</b> – <i>What role could homeopathy play in tackling AMR?</i>  |
| 12:30 — 14:00        | Buffet Lunch   |
| <b>14:00 — 15:20</b> | <b>Systematic Reviews of Clinical Research</b><br><b>Chair: Prof Michael Frass</b>   |
| 14:00                | <b>Rachel Roberts</b> , UK. <i>The Australian report – an in-depth analysis of the highly influential 2015 overview report on homeopathy</i>                       |
| 14:20                | <b>Dr Robert Mathie</b> , UK. <i>Systematic review of ‘pragmatic’ randomised controlled trials of individualised homeopathic treatment</i>                         |
| 14:40                | <b>Dr Katharina Gaertner</b> , Switzerland. <i>Systematic review of clinical trials of potentized substances – methods and subgroup-analyses</i>                   |
| 15:00                | <b>Research Organisation Updates</b>   |
| 15:20 — 15:50        | Coffee   |
| <b>15:50 — 16:50</b> | <b>Poster Talks</b><br><b>Chair: Dr Christien Klein-Laansma</b>  |
| 15:50                | <b>Dr Stephan Baumgartner</b> , Germany. <i>Development of a <i>Pisum sativum</i> bioassay to test effects of homeopathic pillules</i>                             |
| 16:00                | <b>Dr Joyce Frye</b> , USA. <i>Individualized homeopathy reduces symptoms of chronic chikungunya in Haiti</i>  |
| 16:10                | <b>Dr Gualberto Diaz-Saez</b> , Spain. <i>Use of homeopathic medicines in a public primary care setting</i>  |
| 16:20                | <b>Zofia Dymitr</b> , UK. <i>Investigating provers’ experiences: a qualitative investigation of participants’ experiences of homeopathic pathogenetic trials</i>   |
| 16:30                | <b>Dr Lefteris Tapakis</b> , Greece. <i>Analysis of cases with panic attacks treated with classical homeopathy</i>   |
| 16:40                | <b>Dr Carlo Rezzani</b> , Italy. <i>Clifcol: First cases output</i>  |
| 16:50                | <b>Dr Lionel Milgrom</b> , UK. <i>Why is catalase so fast? A holistic approach to enzyme biochemistry</i>  |
| <b>17:00 — 19:00</b> | <b>Poster Session &amp; Drinks</b>   |
| <b>19:30</b>         | <b>Dinner at Razzet L-Antik, Qormi</b>   |

## Plenary Sessions - morning

09:10 — 10:30

**Lab-Based Research & Mechanism of Action****Chair: Dr Peter Fisher**

09:10

**Dr Stephan Baumgartner**, Germany. *Highlights from 20 years of basic research in homeopathy*

09:50

**Dr Alexander Tournier**, Germany. *Is homeopathy really that implausible?*

10:10

**Dr Steven Cartwright**, UK. *Understanding the nature of the interaction between potencies and solvatochromic dyes; recent advances*

10:30 – 11:00

Coffee

11:00 — 12:20

**Hospital-Based Research & Panel Session****Chair: Prof Harald Walach**

11:00

**Dr Emma Macías-Cortés**, Mexico. *Individualized homeopathic treatment and Fluoxetine for moderate to severe depression in peri- and postmenopausal women (Homdep-Menop Study): a randomized, double-dummy, double-blind, placebo-controlled trial*

11:40

**Panel Session** – *Research priorities for the future*

12:30 — 14:00

Buffet Lunch

## Parallel sessions - afternoon

14:00 — 15:20

**Clinical Research 1 (Grand Ballroom)****Chair: Dr Kate Chatfield**

14:00

**Dr Rajesh Shah**, India. *A randomized, double-blind placebo-controlled, multi-centric clinical trial of ultra-diluted mycobacterium Tuberculosis nosode (Emtact 30C) in the management of recurrent upper and lower respiratory tract affections*

14:20

**Dr Sadanandan Gopinadhan**, India. *Homoeopathic management of schizophrenia: a prospective non-comparative open label observational study*

14:40

**Philippa Fibert**, UK. *Preliminary feasibility and clinical results of a pilot study of treatment by homeopaths for children with ADHD using the trials within cohorts (Twics) design*

15:00

**Dr Lex Rutten**, Netherlands. *Prognostic factor research on homeopathic cough treatment in India*

|                      |   |
|----------------------|---|
| <b>14:00 — 15:20</b> | <b>Plant-Based Research &amp; Qualitative Research (Carlson Suite)</b><br><b>Chair: Dr Stephan Baumgartner</b>  |
| 14:00                | <b>Anezka Marie Sokol</b> , Denmark. <i>Screening of different homeopathic preparations regarding specific effects on cress seedlings with a CuCl<sub>2</sub>-biocrystallization assay</i>                          |
| 14:20                | <b>Annekathrin Ücker</b> , Germany. <i>Reproduction of an arsenic-stressed duckweed bioassay using homeopathic preparations of Arsenicum album</i>  |
| 14:40                | <b>Dr Maria Olga Kokornaczyk</b> , Switzerland. <i>Preliminary study on force-like effects between As45X, water, and wheat seeds performed by means of the droplet evaporation method</i>                           |
| 15:00                | <b>Dr Irene Dorothee Schlingensiepen</b> , Germany. <i>Does methodology matter? A long term comparative analysis of current homeopathic methodologies</i>   |
| 15:20 — 15:50        | Coffee  |
| <b>15:50 — 17:10</b> | <b>Proving &amp; Methodology (Grand Ballroom)</b><br><b>Chair: Dr Robert Mathie</b>   |
| 15:50                | <b>Dr Robbert van Haselen</b> , UK. <i>Validating the clinical predictive value of homeopathic provings: a pilot study comparing retrospectively collected proving and clinical data</i>                            |
| 16:10                | <b>Prof Ashley Ross</b> , South Africa. <i>The validity of experimental symptoms in homoeopathic pathogenetic trials: a comparative appraisal of the number and quality of symptoms in placebo and verum groups</i> |
| 16:30                | <b>Dr Peter Smith</b> , Germany. <i>A thematic analysis of seven recent high quality monospecies (Sus Scrofa Ferus Domesticus) sarcode provings</i>   |
| 16:50                | <b>Dr Christien Klein-Laansma</b> , Netherlands. <i>International randomized controlled pilot study on homeopathy and PMS: latest outcomes, opportunities and pitfalls</i>  |
| <b>15:50 — 17:10</b> | <b>Cell-Based &amp; Veterinary Research (Carlson Suite)</b><br><b>Chair: Dr Maria Olga Kokornaczyk</b>  |
| 15:50                | <b>Dr Leoni Bonamin</b> , Brazil. <i>Phosphorus modifies macrophage – E. Cuniculi interaction in a potency-dependent basis in vitro</i>   |
| 16:10                | <b>Dr Gustavo Aguilar-Velazquez</b> , Mexico. <i>Effects of homeopathic dilutions of E. angustifolia and T. occidentalis on cervical cancer cells</i>   |
| 16:30                | <b>Dr Sophie Scheffer</b> , France. <i>A homeopathic specialty protects from the mutagenic effects of mitomycin C</i>   |
| 16:50                | <b>Dr Cidéli Coelho</b> , Brazil. <i>Use of ultradiluted medications, Nux vomica and Papaver somniferum, as an aid to the anesthesia recovery of cats submitted to elective ovariohysterectomy</i>                  |

20:00

## Gala Dinner

Radisson Blu Hotel - The Edge Restaurant

### Day 3 – Cutting Edge Research in Homeopathy

SUNDAY 11 JUNE 2017

#### Plenary Sessions – half day in Grand Ballroom

09:10 — 10:30

#### Clinical Research 2

**Chair: Dr Robbert van Haselen**

09:10

**Sandra Würtenberger**, Germany. *Physicochemical investigations of homeopathic potencies: a systematic review of the literature*

09:30

**Dr Michel van Wassenhoven**, Belgium. *A comprehensive approach of homeopathic medicine, nanoparticles search, solvent and electron behavior using a metal and a plant model to answer the question, "What is the signature of a homeopathic dynamized medicine?"*

09:50

**Dr Klaus von Ammon**, Switzerland. *More clinical observations suggesting an immaterial mode of action in potentized remedies*

10:10

**Dr José Enrique Eizayaga**, Argentina. *Prevalence of homeopathic aggravation in chronic patients*

10:30-11:00

Coffee

11:00 – 12.20

#### Clinical Research 3 & Provings

**Chair: Dr Klaus von Ammon**

11:00

**Prof Ka Lun Aaron To**, China. *Individualized homeopathic treatment in addition to conventional treatment in type II diabetic patients in Hong Kong – retrospective cohort study*

11:20

**Dr Robert Mathie**, UK. *Model validity and risk of bias in randomised, placebo-controlled trials of non-individualised homeopathic treatment: impact on meta-analysis findings*

11:40

**Prof Harald Walach**, Germany. *Homeopathic pathogenetic trials – trials and tribulations and a potential way forward*

12:20 – 12:30

#### Closing Ceremony

12:30 – 14:00

Optional buffet lunch

## Keynote Speakers

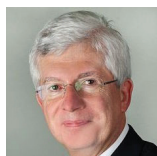


### **Dr Stephan Baumgartner**

Senior Research Scientist, Institute of Integrative Medicine  
University of Witten-Herdecke, Germany

Dr Baumgartner studied Physics, Mathematics and Astronomy at the University of Basel (Switzerland). He has a PhD in Environmental Sciences from ETH Zurich (Switzerland). Dr Baumgartner's expertise is in basic research into homeopathy, with focus on the development of experimental models for use in homeopathic basic research (bioassays and physicochemical investigations). He is a founding member of The International Society of Complementary Medicine Research, founder of the Potentisation Research Group, and President of the International Group for Research on Infinitesimal Doses (GIRI). Dr Baumgartner is currently a lecturer at the Institute of Complementary Medicine KIKOM, University of Bern, Switzerland, and senior research scientist at the Institute of Integrative Medicine at the University of Witten-Herdecke, Germany

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### **Prof Dr Michael Frass**

Professor, Department of Medicine  
Medical University of Vienna, Austria

Prof Frass is an Austrian doctor and researcher best known for his work on homeopathy and his inventions in the field of airway management. Prof Frass qualified as an MD from the Medical University of Vienna, specialising in Internal Medicine. Since 2004 Prof Frass has been Director of the 'Homeopathy in malignant disease' outpatients unit at the Medical University of Vienna. Prof Frass is also currently President of the Institute for Homeopathic Research, Chairman of the Scientific Society for Homeopathy (WissHom) and President of the umbrella organization of Austrian Doctors for Holistic Medicine. He has published almost 200 papers in reputed journals and invented the Combitube as an emergency airway device.



**Dr Emma Macías-Cortés**

Consultant Homeopathic Physician, Juarez of Mexico Hospital and National Homeopathic Hospital, Mexico City

Dr Macías-Cortés is a medical doctor specialized in homeopathy and psychotherapy. She received her Masters and PhD in Clinical Research at the National Politechnique Institute, Mexico City. In 2004, she was responsible for starting the Outpatient Service of Homeopathy at Juarez of Mexico Hospital, a highly specialized, academic and public hospital where she is currently a Consultant Homeopathic Physician and Clinical Researcher. She also works as Clinical Researcher at National Homeopathic Hospital in Mexico City. Her research interests are in Clinical Research applied to homeopathy in depression and climacteric.

**Prof Harald Walach**

Guest Professor and Lecturer  
University of Witten-Herdecke, Germany and Medical University of Poznan, Poland

Prof Walach is currently a lecturer in the philosophical foundations of psychology and a guest professor at the Universities of Witten-Herdecke, Germany and Poznan, Poland. Until 2016 Prof Walach was Professor of Research Methodology in Complementary Medicine at the European University of Viadrina. Prof Walach has a career in the evaluation of complementary medicine that spans three decades, publishing well over 250 papers and books. He has been editor and advisory board member for numerous journals in the field of Complementary and Alternative Medicine during that time. Prof Walach is also a founding member and past President of the International Society for Complementary Medicine Research (ISCMR). Having initially trained in psychology and philosophy at the Universities of Freiburg, Bale and Vienna, Prof Walach's main research interest is in methodology and evaluation of complementary medicine with a special focus on the role of consciousness in cure.

# Pre-Conference Workshop

## Making studies count – avoiding common pitfalls in future research

Thursday 8 June, 14.00-17.00

Marie Louise 1, 7<sup>th</sup> Floor, Radisson St Julian's, Malta

This workshop aims to raise awareness of common pitfalls in homeopathy research that can lead to studies having less impact upon publication than anticipated. Four main pitfalls deserve particular attention: risk of bias, model validity, poor study design and incomplete reporting.

The workshop will consist of four sessions. The first session will focus on the pitfalls that lead directly to trials being 'down-graded' during external review. **Dr Robert Mathie**'s recent systematic review work has shown how few homeopathy trials meet the required standard for trial 'reliability' through risk of bias assessment, and how trials of over the counter homeopathic products commonly fail to meet the standards required of high model validity (i.e. how well the intervention reflects 'state of the art' homeopathic practice). In the second session, **Dr Elizabeth Thompson** will continue the exploration of common pitfalls by focusing on trial design and lessons learned from conducting clinical research, taking practical examples from her own experience in designing and managing homeopathy trials, and how they might have been improved. In the third session, **Dr Stephan Baumgartner** will look at similar issues that exist within homeopathy basic research. Common design flaws and poor reporting in publications will be explored, alongside current best practice for avoiding these problems such as the *Reporting experiments in homeopathic basic research* (REHBaR) guidelines. In the final session, the three presenters will offer feedback and practical advice on research proposals and ideas provided by the audience, with the aim of optimising their ultimate scientific impact.

The workshop is kindly sponsored by Deutsche Homöopathie-Union (DHU).



## **Presenter Biographies**

### **Dr Robert Mathie**

Dr Robert Mathie attained BSc, then PhD, in Physiology at the University of Glasgow. During 25 years in the university sector, he published around 100 peer-reviewed journal articles and book chapters, mostly on the topic of blood flow regulation. He then held the post of Research Development Adviser at the British Homeopathic Association for 15 years during which he led clinical data collection projects with the Faculty of Homeopathy's doctors, dentists and veterinarians. Latterly, in a key initiative to identify robust evidence in homeopathy, Robert has extended his work in reviewing and clarifying the research literature by means of a major programme of systematic reviews of randomised controlled trials. His research publications in homeopathy currently total more than 30. Robert became an independent research consultant in March 2016.

### **Dr Elizabeth Thompson**

Dr Thompson is a Consultant Homeopathic Physician specialising in oncology and a Fellow of the Faculty of Homeopathy. She previously held the post of Lead Clinician, Academic Director and Honorary Senior Lecturer in Palliative Medicine, at Bristol Homeopathic Hospital for many years. Dr Thompson now leads the team at the Portland Centre for Integrative Medicine in Bristol. Dr Thompson's research interests have been around whether homeopathy can offer a novel approach to symptom control in the cancer patient and in particular managing side effects of cancer treatments. She also has an interest in trial design.

### **Dr Stephan Baumgartner**

Dr Baumgartner studied Physics, Mathematics and Astronomy at the University of Basel (Switzerland). He has a PhD in Environmental Sciences from ETH Zurich (Switzerland). Stephan's expertise is in basic research into homeopathy, with focus on the development of experimental models for use in homeopathic basic research (bioassays and physicochemical investigations). He is a founding member of The International Society of Complementary Medicine Research, founder of the Potentisation Research Group, and President of the International Group for Research on Infinitesimal Doses (GIRI). Dr Baumgartner is currently a lecturer at the Institute of Complementary Medicine KIKOM, University of Bern, Switzerland, and senior research scientist at the Institute of Integrative Medicine, University of Witten-Herdecke, Germany.

## Exhibitors



DHU is an affiliated company of the Dr Willmar Schwabe Corporate Group, owned by the Schwabe family since its creation and managed today by the 5th generation.

In 1866, Dr Willmar Schwabe established the Homöopathische Central Officin Dr Willmar Schwabe (Central Homeopathic Dispensary). 150 years of experience in homeopathic manufacturing make us a leader in expertise and quality.

DHU's production processes comply with GMP (Good Manufacturing Practice) guidelines and the manufacturing processes described in the German Homeopathic Pharmacopeia (HAB). In 1872, Dr Willmar Schwabe published his Pharmacopoea Homoeopathica Polyglottica as the first recognised compendium of quality specifications for homeopathic medicines. It became the predecessor of the current German Homeopathic Pharmacopeia and is progressively taken over into the European Pharmacopeia (Ph. Eur.).

At DHU, everything from the seed to the final product comes from one source. We have been cultivating our own medicinal plants for 40 years now. Our Terra Medica site is the largest of its kind in Europe, ecologically certified and sustainable.

Our manufacturing capacity covers more than 350,000 single remedies in all current homeopathic dosage forms, coming from 1,350 homeopathic stocks.



GIRI (the International Research Group on Very Low Dose and High Dilution Effects [Groupe International de Reherche sur l'Infenitésimal]) is an international scientific Society uniting researchers working on homeopathy. GIRI was founded in 1985 and since then it organizes yearly meetings providing to its members and associated scientists the opportunity to present their research, exchange experiences, make new contacts, and develop international joint-research projects. GIRI's proceedings

are published in the International Journal of High Dilution Research IJHDR hosted by GIRI. Our aim is the establishment of a strong professional society of researchers that unites all relevant researchers of this field. GIRI's next meeting will take place in Cracow/Poland on 7-9 September 2017.

For further information on GIRI, our meetings, and the possibility to join us please visit our website <http://www.giri-society.org>



Living Homeopathy Ltd., founded in 1994 by Aaron To Ka Lun, is a Homeopathy centre in Hong Kong which has over 200,000 patients registered. Living Homeopathy Ltd. has worked with the School of Homeopathy UK since 2008, translating their homeopathy courses into Chinese and delivering their attendance homeopathic practitioner course – the first in the Great China region.  
[www.living-homeopathy.com](http://www.living-homeopathy.com)



Hong Kong Association Of Homeopathy (HKAH) was established as a legally registered non-profit professional organization in HKSAR in 2005 and joined the ICH in 2014. HKAH raises public awareness about Homeopathy, and recent Annual Conferences and Exhibitions attracted audiences of ~3000. HKAH has set up a registration system in 2005, and the Code of Ethics and Practice was established in 2008, Professional Conduct Procedures in 2013.  
[www.homeopathyhongkong.org](http://www.homeopathyhongkong.org)



VithoulkasCompass  
 HOMEOPATHY SOFTWARE

The VithoulkasCompass.com online software represents the new standard in homeopathy practice.

Its development has been based on sound scientific principles and methods, using large scale clinical evidence, and employing the latest internet-based technology. The development team includes the acclaimed master of classical homeopathy George Vithoulkas, medical doctors, homeopaths and researchers from 2 universities. VC focuses on practice and the real needs of a successful practicing homeopath. Its every function was designed to be a useful tool in choosing and confirming the correct remedy, while improving productivity and skills. It is being successfully used by homeopaths of all levels, from beginners to masters.

VC is backed by continuous research in the field of clinical homeopathy and possible innovative methods to improve results and functionality. Its database currently contains approx. 300,000 cases.



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For  
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# HOMEOPATHY IN A MEDICAL CONTEXT

**The European Committee for Homeopathy is aimed at:**

- » Promoting the scientific development of homeopathy;
- » Ensuring high standards in the education, training and practice of homeopathy by medical doctors;
- » Harmonising professional standards in homeopathic practice across Europe;
- » Providing high-quality homeopathic care in a safe medical context;
- » Integrating high-quality homeopathy into European healthcare.

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# Oral Presentations

**Dr Gustavo Aguilar-Velázquez**

Sat 10 June, 16:10

## **Effects of homeopathic dilutions of *E. angustifolia* and *T. occidentalis* on cervical cancer cells**

Gustavo Aguilar-Velázquez<sup>1</sup>, Daniel Espinosa<sup>2</sup>, Cynthia Ordaz-Pichardo<sup>2</sup>

<sup>1</sup>Propulsora de Homeopatía S.A. de C.V., Mexico

<sup>2</sup>Escuela Nacional de Medicina y Homeopatía IPN, Mexico

**Correspondence:** Dr Gustavo Aguilar-Velázquez

Propulsora de Homeopatía S.A. de C.V., Mexico

Email: gav5799@gmail.com

**Introduction/Background:** Uterine Cervix Cancer is a great health problem. Human papilloma virus is the main cause for its development. *Thuja occidentalis* is a Homeopathic treatment for warts from papilloma virus, and we have used *Echinacea angustifolia* in other tumor lines with success.

**Aim/Objective/Question:** We decided to study the cytotoxic effect this homeopathic medicines on different cervical tumor lines.

**Method/Description:** We assessed the cytotoxic activity of *E. angustifolia* and *T. occidentalis* with mother tincture (MT) and homeopathic dilutions (6C, 30C, 200C and 1M) on the following cell lines: CaSki VPH 16+ 18+, C-33A VPH 16-18-, SiHa VPH 16+ 18- and HeLa 16-18+ of human cervical cancer. Tumor cytotoxicity was measured using the 3-(4, 5-dimethylthiazolyl)-2, 5-diphenyltetrazolium bromide (MTT) method.

**Result/Conclusion/Discussion:** The most cytotoxicity effect was observed with *E. angustifolia* in HeLa 16-18+ the viability percentages were MT (6.51±0.9), 6C (31.21±1.9), 30C (33.22±3.3), 200C (34.47±5.9), 1M (49.24±10.7), vehicle (92.98±8.9). With *T. occidentalis* also HeLa 16-18+ was the most susceptible, MT (3.75±0.6), 6C (36.77±5.5), 30C (37.40±8.5), 200C (40.54±15.4), 1M (37.89±4.5) vehicle (92.98±8.9). This study provides evidence that HeLa 16-18+ is the most susceptible tumor to homeopathic treatment and *E. angustifolia* showed major activity than *T. occidentalis* against these tumor cell lines, signifying their possible use in cancer therapy.

**Keywords:** Cervical uterine cancer, *Echinacea angustifolia*, *Thuja occidentalis*



## More clinical observations suggesting an immaterial mode of action in potentized remedies

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**Background:** There is an ongoing debate about the mode of action in homeopathic remedies in both, conventional and homeopathic medicine. Some clinical observations and laboratory basic research findings are not compatible with a presumed working mechanism of action in these potentized preparations.

**Aim:** To further contribute to the discovery of the mode of action of homeopathically potentized remedies.

**Method:** Patients' experiences and observations in daily life outside of consultations in homeopathic doctors' practice with or without physical contact of ultramolecular homeopathic remedies collected prospectively in 2014 till 2016 will be presented and discussed.

**Result:** Clinically observable reactions of humans to material or non-material application of potentized substances are grouped according to potency of the remedies, mode, duration, and conscientious control of application, and are analyzed in a qualitative approach. The findings are contradictory to the concept of a chemical or material mechanism of action in homeopathic remedies. Observations gathered without any physical contact to patients are compatible with an immaterial mode of action in these remedies.

**Conclusion:** Study or trial protocols to further investigate the efficacy of homeopathic remedies should consider these findings to avoid carry-over effects in a placebo setting or using inert preparations.

**Keywords:** Mode of action, remedy, immaterial, clinical observation, study protocol

## **Highlights from 20 years of basic research in homeopathy**

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Basic research in Homeopathy has made considerable progress in the last 20 years. Several models have repeatedly been tested in intra- and inter-laboratory replication trials, yielding good empirical evidence for specific effects of homeopathically potentized preparations. In some models, effects are quite consistent and reproducible; in others, effects seem to be modulated by confounding factors, but can be distinguished from false-positive results by the use of systematic negative control experiments.

There is also empirical evidence for the so-called Kolisko patterns, i.e. the particular sequences of active and inactive potencies when investigating series of adjacent potency levels. The specific pattern induced by a particular potentized substance in a given experimental model still cannot be predicted, however.

The major challenge in homeopathic basic research is the lacking understanding of the mode of action of ultramolecular potencies, which also relates to the occurrence of the Kolisko patterns. Physicochemical investigations yielded some evidence for nano-scaled structures within liquid homeopathic preparations, but the nature of these structures is still unknown. To achieve scientific understanding and broader recognition, the advance in empirical evidence has to be complemented by the development of theoretical models that are amenable to experimental testing.

Some bioassays have already been applied to topics of pharmaceutical and medical interest, such as stability against electromagnetic radiation or sterilization procedures. Generalization of the achieved results to application in human medical practice is difficult at present, however, due to the lacking understanding of the mode of action. Nevertheless, the progress achieved in the last two decades gives cause for expecting substantial scientific advance in the coming years.

**Keywords:** Basic research, methodology, replication trials, Kolisko patterns, mode of action

**Phosphorus modifies macrophage - *E.cuniculi* interaction in a potency-dependent basis in vitro**

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Microsporidiosis is an opportunistic infectious disease caused by the fungus *Encephalitozoon cuniculi* (*E.cuniculi*), an intracellular parasite that infects different cell types in vertebrate and invertebrate hosts. The aim of this work was to know the cellular basis of macrophage response against this parasite after the treatment with Phosphorus, the epidemic genius of microsporidiosis in rabbits. RAW 264.7 cells were co-cultivated with *E.cuniculi* in RPMI medium and treated with 20% Phosphorus 6cH, 30cH and 200cH at the moment of the cell infection. The controls were made by untreated co-cultures and cultures treated with the vehicle (0.06% alcohol) and pure water. The phagocytosis and the lysosome activity were evaluated after 1 and 24 hours of incubation, using the calcofluor and acridine orange staining methods followed by automatic image analysis. The cytokine production was evaluated using the MAGPIX-LUMINEX system. Alcohol itself was able to increase IL-6, MCP-1 and MIP1 production ( $p<0.05$ ) and reduce the number of phagocytosed parasites ( $p<0.0001$ ) just after 1 hour of incubation. No significant effect was seen after 24 hours. Phosphorus 6cH increased the lysosome activity (or acridine staining intensity) after 1 and 24 hours of incubation and reduced the number of phagocytosed parasites after 24 hours ( $p<0.05$ ). Phosphorus 30cH increased lysosome activity after 1 hour of incubation, followed by reduction of parasite internalization ( $p<0.001$ ) and increase of MCP-1 production ( $p<0.05$ ) after 24 hours, even in relation to cells treated with the vehicle. The 200cH potency also increased the lysosome activity in the first and 24th hours ( $p<0.05$ ), together with reduction of internalized parasites ( $p<0.01$ ) and increase of MCP-1 ( $p<0.05$ ) in relation to untreated cells and cells treated with the vehicle. The results suggest a specific potency-dependent increase of parasite digestion in Phosphorus treated cells after 24 hours of incubation, corroborating the clinical success of Phosphorus observed previously.

**Keywords:** *Encephalitozoon cuniculi*, macrophages, Phosphorus, *in vitro* models

**Dr Steven Cartwright**

Sat 10 June, 10:10

**Understanding the nature of the interaction between potencies and solvatochromic dyes; recent advances**

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Solvatochromic dyes are providing a wealth of fascinating data and insights into the physico-chemical nature of homeopathic potencies. This presentation will look at recent discoveries using a range of related dyes, and in particular dyes that are water soluble. By synthesising dyes with analogous structures it is possible to understand what molecular features are needed to maximise spectral responses to potencies as well as providing insights into the fundamental nature of the dye-potency interaction. In turn this is allowing hypotheses to be formulated and predictions tested, both essential cornerstones of any scientific enquiry into potencies. Based on discoveries made so far a proposal will be presented as to the possible identity of homeopathic potencies, and why they interact with solvatochromic dyes.

**Keywords:** Homeopathic potencies, solvatochromic dyes, uv-vis/fluorescence spectroscopy

**Use of ultradiluted medications, *Nux vomica* and *Papaver somniferum*, as an aid to the anesthesia recovery of cats submitted to elective ovariohysterectomy**

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**Aim:** Administration of anesthetic agent causes perturbations to patient's homeostasis. Complications can occur, such as depression of the cardiorespiratory system and hypothermia, which can remain along the post-surgical period. Therefore, the search for a short anesthetic recovery helps reduce the risk of complications after surgery. This study aims to evaluate whether the ultra-diluted medications *Nux vomica* 6 CH and *Papaver somniferum* 30 CH can help shorten the time of anesthetic recovery in female cats, and if there are differences among groups in heart and breathing rates, blood pressure and temperature.

**Material and Methods:** This study was approved by the Ethics Committee for Animal Experimentation of the Santo Amaro University No. 29/2014. Animals were treated in 3 groups of 10-12 animals in each: Nux, Papaver and 10% hydroalcoholic solution. Each individual took 4 drops of each medication, for 1 hour, every 15 minutes. Afterwards, they were evaluated as to heart and breathing rates and temperature, and time of anesthetic recovery was measured in minutes. The study was conducted in blind and the codes were revealed only after the statistical analysis results. Data were analyzed statistically by ANOVA, followed by Tukey test, being  $p < 0.05$ .

**Results:** The results showed that animals treated with Papaver returned from anesthesia ( $25.63 \pm 18.65$  minutes) faster than the hydroalcoholic group ( $55.63 \pm 25.83$  minutes),  $p \leq 0.05$ . The Nux group also returned from anesthesia ( $24.25 \pm 14.17$  minutes) faster than the hydroalcoholic group. There was no statistical difference between the groups in the cardiorespiratory and temperature parameters. Discussion: Other studies have shown similar effects using homeopathic medications. Although not preventing hypothermia, the medications used shortened the anesthetic recovery time.

**Conclusion:** *Nux vomica* 6 CH and *Papaver somniferum* 30 CH can be considered an auxiliary medication in the reduction of anesthesia recovery. However, more studies are necessary to establish this observation.

**Keywords:** Ultradiluted medication, homeopathy, anesthesia recovery, *Papaver somniferum*, *Nux vomica*

## Prevalence of homeopathic aggravation in chronic patients

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**Introduction:** Homeopathic aggravation (HA) is usually referred to a transient intensification of patient's symptoms at the beginning of the homeopathic treatment, followed by improvement of patients' complaints. Although there is agreement among homeopaths about the true existence of this phenomenon, it has been scarcely addressed in clinical research. According to published research, the prevalence of the HA should rest between 14 and 24%. But its determinants (i.e. medicine's fitness to the case, dilution and dosing) and its meaning and clinical consequences remain unclear and disputed.

**Aims:** To measure the prevalence, timing, intensity and length of HA presentation in patients consulting for symptomatic chronic complaints. To assess whether the occurrence of HA precludes a better treatment result. To assess whether the HA is accompanied by a general state of wellbeing as stated by JT Kent.

**Methods:** Patients seeking for their second consultation at the Maimonides University homeopathy clinic and at 4 homeopathic private practices, were surveyed using an ad hoc questionnaire. This consist on 7 questions addressed to the physician and 17 to the patient. Strict inclusion and exclusion criteria were established before data analysing. Data were analysed with the aid of Epilnfo software.

**Results and conclusions:** To be reported during at the HRI Congress in Malta.

**Keywords:** Homeopathic aggravation, chronic patients, homeopathic treatment

**Preliminary feasibility and clinical results of a pilot study of treatment by homeopaths for children with ADHD using the trials within cohorts (TwICs) design**

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**Background:** There is a need to improve outcomes for ADHD which is a strain on stakeholder services and at risk of negative outcomes. Information is required about treatments which can achieve improvements in emotional regulation, criminality, school disruption, and ADHD in autism. Trials of individualised homeopathic remedies for ADHD show positive results. Trials of treatment of children with ADHD by a homeopath as experienced in clinical practice, can provide useful information about the potential of homeopathic treatment to improve outcomes.

**Methods:** This study used the Trials within Cohorts (TwICs) design. Participants were recruited to a long term observational ADHD cohort and their outcomes of interest (ADHD symptoms, quality of life, school disruption, resource use and criminality) measured every 6 months. A random selection were offered treatment by a homeopath (arm 1), or a nutritional therapist (arm 2) whilst the remainder act as a virtual treatment as usual (TAU) control arm (arm 3). The effectiveness of the interventions, the feasibility of recruiting to the cohort, delivering the interventions, and measuring outcomes was assessed.

**Results:** Assessment of 6 month outcomes will be conducted in March 2017. 150 participants were recruited to the cohort between September 2015 and 2016, of whom 124 were eligible for the pilot study. Measurement of outcomes was feasible, although non-return of measures was a feature. Delivery of the interventions face to face and on-line was feasible and provided flexibility for this population.

**Conclusions:** This pragmatic trial design allows the testing of treatment by homeopaths as experienced in usual practice over the long term. It provides important information to stakeholders about the potential effects of homeopathic treatment. Attrition and nonattendance were a feature. They are common in ADHD trials, and providing evidence about the acceptability of interventions is therefore useful.

**Keywords:** ADHD, homeopathy, pragmatic, Trials within Cohorts (TwICs)

## Homeopathy and antimicrobial resistance

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**Background:** Antimicrobial Resistance (AMR) is a massive global problem. An estimated 10 million people die annually from antibiotic resistant infections. The costs are projected to rise to \$100 trillion a year by 2050. Dr Margaret Chan, Director-General of the World Health Organisation (WHO) has said 'we are approaching a time when things as common as a strep throat or a child's scratched knee could once again kill'. WHO takes AMR very seriously and has published data on antimicrobial resistance worldwide.

**Methods:** I will review current strategies for tackling AMR. The Independent Review on Antimicrobial Resistance published in May 2016, made a number of recommendations. These include a global public awareness campaign, improved surveillance and more rapid diagnostic methods. The British Government has also published a strategy to tackle antimicrobial resistance. These recommendations will only slow, not reverse the spread of antibiotic resistance, unless new antibiotics are discovered. It is several decades since a new class of antibiotics was discovered. Neither of these strategies recommend exploration of innovative integrated medicine approaches.

**Results:** I will present a head-to-head randomised clinical of an Echinacea preparation against Oseltamivir, which has lessons for homeopathy research. I will discuss randomised controlled trials of homeopathy for infectious respiratory tract conditions and a health technology assessment of homeopathy. I will review the evidence from clinical effectiveness studies of homeopathy in this domain, including the large scale French EPI-3 study and the two multinational IIPCOS studies. These consistently indicate that use of homeopathy is associated with much reduced use of antibiotics.

**Conclusions:** Homeopathy should be part of an integrated strategy for tackling AMR. The homeopathic approach is not about killing micro-organisms, it seeks to promote patient resistance to infection, modulate innate immunity and cultivate a healthy microbiome.

**Keywords:** Homeopathy, antimicrobial resistance, WHO, strategy, randomised clinical trials, clinical effectiveness, innate immunity, microbiome



## **Can homeopathy offer a viable alternative to antibiotic use in the treatment of upper respiratory tract infections? A review and discussion of the literature**

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Upper respiratory tract infection (URTI) is a common illness, especially in children. It comprises a variety of symptoms including sore throat, cough and coryza associated with fever, generally of viral origin, and accounts for a substantial proportion of consultations with family doctors. According to NICE guideline on self-limiting respiratory tract infections, around 60% of antibiotics prescribed in primary care are for respiratory tract infection. In the light of a mounting antimicrobial resistance (AMR) crisis, the UN, WHO, the EU Commission and NICE UK, all emphasise the need for alternative approaches to antibiotic use. Homeopathy differs from standard treatment in many ways, but the objectives of reducing symptom severity, including pain and distress and accelerating recovery are the same as in conventional medicine. A growing body of evidenced-based research suggests that homeopathy can be used to prevent and treat upper respiratory tract infections (Zanasi et al. 2014; Jong et al. 2016; Ramchandani 2010; van Haselen et al. 2016), and acute complications such as acute otitis media (ear infections) (Bell & Boyer 2013; Fixsen 2013). There are however social and cultural factors, which can aggravate these conditions, which also need to be considered. For this presentation, I consider the current research evidence on UTRIs and homeopathy. In the light of the growing AMR crisis, I consider the various factors promoting and deterring the use of homeopathy in primary care settings, existing use of homeopathy for acute infections and additional health and wellbeing, and safety issues that require consideration.

**Keywords:** Upper respiratory tract infections, homeopathy, antibiotic resistance, socio-economic factors, primary care

**Influence of adjunctive classical homeopathy on global health status and subjective wellbeing in cancer patients - a pragmatic randomized controlled trial**

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The use of complementary and alternative medicine has increased over the past decade. The aim of this study was to evaluate whether homeopathy influenced global health status and subjective wellbeing when used as an adjunct to conventional cancer therapy.

In this pragmatic randomized controlled trial, 410 patients, who were treated by standard anti-neoplastic therapy, were randomized to receive or not receive classical homeopathic adjunctive therapy in addition to standard therapy. The study took place at the Medical University of Vienna, Department of Medicine I, Clinical Division of Oncology.

The main outcome measures were global health status and subjective wellbeing as assessed by the patients. At each of three visits (one baseline, two follow-up visits), patients filled in two different questionnaires.

373 patients yielded at least one of three measurements. The improvement of global health status between visits 1 and 3 was significantly stronger in the homeopathy group by 7.7 (95% CI 2.3 to 13.0,  $p=0.005$ ) when compared with the control group. A significant group difference was also observed with respect to subjective wellbeing by 14.7 (95% CI 8.5 to 21.0,  $p<0.001$ ) in favor of the homeopathic as compared with the control group. Control patients showed a significant improvement only in subjective wellbeing between their first and third visits.

Results suggest that the global health status and subjective wellbeing of cancer patients improve significantly when adjunct classical homeopathic treatment is administered in addition to conventional therapy.

**Keywords:** Oncology, pragmatic randomised controlled trial, global health status

## Systematic review of clinical trials of potentized substances' methods and subgroup-analyses

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**Background/Aim:** Though there exists a considerable amount of randomized controlled trials (RCTs) and several meta-analyses of clinical studies, the effects of homeopathy (HOM) in different indications and application modes remain unclear. The transferability of HOM into experimental conditions of RCTs and vice versa is questioned. We conducted a comprehensive systematic review focusing on both, routine practice of potentized substances and applicability of the results for therapeutic use. Therefore, a pathology-based subgroup classification of diseases was developed that addresses the concept of homeopathic interventions interacting with the biophysical regulation systems of the target organism. The study protocol also foresees three meta-analyses: effects of HOM 1) compared to placebo in 9 pathology-based subgroups; 2) compared to conventional treatment in 9 pathology-based subgroups; and 3) in preventive use.

**Method:** An extended literature search strategy including 'grey literature' was conducted. In contrast to prior reviews not only RCTs but also controlled observational studies (OS) were eligible. The following indicators were extracted: type of homeopathy (classical; clinical; complex; isopathy), comparator (conventional treatment; placebo), potency, peer-review and study design. The classification of studies to pathology-based subgroups was piloted. Risk of bias assessments of internal, external and homeopathic model validity are ongoing.

**Result:** Nine pathology-based subgroups have been identified: diseases of traumatic origin, acute inflammatory diseases, chronic inflammatory diseases, chronic degenerative diseases, polygenetic diseases and cancer, functional and multifactorial diseases, psychiatric diseases, pediatric diseases, side-effects of chemotherapy and chronic poisoning. To date, a set of 535 studies was screened for inclusion and descriptively evaluated. 1216 master thesis were identified as suitable for further evaluation.

**Conclusion:** Investigating clinical studies of HOM with meta-analytical means by subgrouping of homeopathic methods, study designs and pathologies may contribute to a better understanding of the clinical effects of HOM and may open new perspectives for homeopathic research.

**Keywords:** Systematic review, meta-analysis, research methodology, homeopathic concept

## **Homoeopathic management of schizophrenia: a prospective non-comparative open label observational study**

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**Objectives:** To evaluate the usefulness of homoeopathic intervention in Schizophrenia, in untreated cases and antipsychotic treatment resistant cases, to verify indications of medicines, and to assess relapse, if any.

**Materials and Methods:** A prospective, non-comparative, open-label observational study was carried out from October 2005-September 2010 by CCRH at Central Research Institute (H), Kottayam, Kerala, India. Patients between 20 and 60 years of age, presenting with symptoms of Schizophrenia were screened for inclusion and exclusion criteria. The patients who were on antipsychotic drugs were allowed to continue the same along with homoeopathic medicine, the dose of antipsychotics was monitored by the Psychiatrist. The symptoms of each patient were repertorized, and medicine was initially prescribed in 30C potency after consulting Materia Medica. Patients were followed up for 12 months. Outcome of treatment was assessed with Brief Psychiatric Rating Scales (BPRS). Analysis was done using Statistical Package for the Social Sciences SPSS Version 20.0.

**Results:** Out of 188 enrolled patients, 17 cases did not complete the baseline information. Total 171 patients were analysed as per modified Intention to Treat Principle. Significant difference ( $P = 0.0001$ ,  $P < 0.05$ ) in the mean scores of BPRS, using paired t test was observed at end of the study. Sulphur, Lycopodium, Natrum muriaticum, Pulsatilla and Phosphorus were found to be the most useful medicines in treating schizophrenic patients.

**Conclusion:** The study reflects the positive role of homoeopathic medicines in the management of patients suffering from schizophrenia as measured by BPRS

**Keywords:** Schizophrenia, BPRS, Lycopodium, Pulsatilla

## Validating the clinical predictive value of homeopathic provings: a pilot study comparing retrospectively collected proving and clinical data

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**Background:** Homeopathic provings (also called homeopathic pathogenetic trials) are currently used by the Homeopathic Pharmacopoeia Convention of the U.S. (HPCUS) to evaluate homeopathic drugs in the monograph review process. Provings originated in 1766 and have been progressively updated to conform to modern standards for ethical and scientific conduct of human trials. Provings are considered to be a primary data source to guide selection of a medicine for treatment, but the actual use and value of proving symptoms in clinical practice has not been systematically investigated.

**Objective:** To formally examine the correlation between data obtained from provings and clinical effectiveness when proving data are used as a guide to selection of treatment.

**Methods:** This study is based on a retrospective chart review of patients of approximately 5000 rubrics from about 360 case visits in about 150 patients treated with a polychrest by a group of clinicians making use of the Vithoulkas Compass system for homeopathic medicine selection and record-keeping. Data obtained from modern and historical provings of the same polychrest will be converted into rubrics and compared with the rubrics used in the treated patients. The analysis will establish the prevalence of the use of the provings rubrics in the selection of the polychrest, and assess the prognostic value of these rubrics by calculating likelihood ratios, based on the reported effect from treatment.

**Expected outcomes:** Results will be presented at the conference. This preliminary study will yield information on the relevance of provings to clinical treatment choice and outcome, comparative data on historical and modern provings, and the prognostic value of particular rubrics to treatment outcome using likelihood ratios. This information is relevant to clinical practice, the HPCUS monograph process, regulation, approval of new homeopathic drugs, and the design of future homeopathic studies.

**Keywords:** Provings, homeopathic pathogenetic trials, patient chart analysis, likelihood ratio

## **International randomized controlled pilot study on homeopathy and PMS: latest outcomes, opportunities and pitfalls**

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**Study design:** A multi-centre, international, randomized, controlled pragmatic study with two parallel groups. Study period: October 2012-July 2016

**Objective:** To investigate the feasibility of organizing an international multi-centre pragmatic trial on individualised homeopathic add-on treatment (HT) using a semi-standardised algorithm in women with premenstrual disorders (PMS/PMDD), compared to usual care only (UC).

**Methods:** After a two months' screening phase with symptom diaries (DRSP - Daily Record of Severity of Problems), women diagnosed with PMS/PMDD were randomized to HT or UC. Preferences and expectations were recorded. During treatment (four months), the women regularly completed diaries and questionnaires.

**Results:** In The Netherlands, 38 women were included after two years. In Sweden, recruitment was delayed by discussions about homeopathy, once resumed it was slow and stopped after three years, 22 women were included. In Germany, even non-randomized case series with individualized homeopathy were classified as drug trial by the authorities, so the study could not proceed. In total, 244 women were interested, 71 completed diaries, in 61 the diagnosis PMS/PMDD was confirmed, 60 were randomized (HT: 28; UC: 32) and data of 46 women were analyzed. The majority had preference for homeopathy (83.3%) and objected against oral contraceptive pills (81.7%) or antidepressants (75%). In the HT group, Sepia officinalis and Natrium muriaticum were the most prescribed homeopathic medicines.

After four months, the relative mean change of DRSP scores in the HT group was significantly better than in the UC group (Ancova;  $p=0.0028$ ). No confounders were identified.

**Conclusions:** In this study, the added value of this homeopathic treatment compared to usual care only was demonstrated by significant differences in change of symptom scores. However, with respect to recruitment and different legal status, it seems not feasible to perform larger pragmatic randomized controlled clinical trials on individualized homeopathic treatment for PMS in Europe.

**Keywords:** premenstrual, PMS/PMDD, homeopathy add-on, individualized homeopathy, usual care, pragmatic, DRSP

## Therapeutic effectiveness of a complex homeopathic medication in patients from 6 to 60 years with recurrent tonsillitis

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**Background and aims:** The current recommendations of watchful waiting for patients affected by a moderate recurrent tonsillitis (RT) shed an interesting light on homeopathy as treatment option. The current trial was set up to investigate the clinical effectiveness and safety of the complex homeopathic medication Tonsilotren in patients with moderate RT.

**Methods:** We conducted a pragmatic, randomized, controlled clinical trial in Germany, Spain and Ukraine in patients aged 6-60 years with moderate RT. The combined treatment of Tonsilotren and symptomatic medication (test group) was compared to symptomatic medication alone (control group). Thereby Tonsilotren (*Atropinum sulfuricum* D5, *Hepar sulfuris* D3, *Kalium bichromicum* D4, *Silicea* D2, *Mercurius bijodatus* D8) was given during 3 treatment periods (TP) of 8 weeks each. Endpoints were the rate of recurrent acute throat infections (ATIs) within 1 year (analyzed via repeated events analysis), the number of RT symptoms, the antibiotics consumption as well as the incidence of adverse events (AEs).

**Results:** ITT population comprised 254 patients (86 patients <12 years, 51 patients from 12 to <18 years, 117 patients ≥ 18 years) with a moderate RT. The hazard of getting an ATI was significantly lower in the test group than in the control group (hazard ratio=0.45; 95%-CI: 0.34-0.60;  $p<0.0001$ ; intensity model). From the end of the first TP until the end of the trial, patients in the test group had significantly less RT symptoms compared to patients in the control group ( $p<0.0001$ ; MWU-test). Also the number of ATIs treated with antibiotics was significantly lower in the test compared to the control group (37% vs. 58.2%; 95%-CI: 9.13-33.36;  $p=0.0008$ ;  $X^2$ -test). From the 225 AEs in the test group, 3 AEs (gastroenteritis, nausea and foul taste) were rated as related to Tonsilotren.

**Conclusions:** Trial results indicate that Tonsilotren may be a gentle therapeutic option in moderate RT treatment.

**Keywords:** Recurrent tonsillitis, acute throat infection, complex homeopathic medication, randomized controlled clinical trial

**Preliminary study on force-like effects between As45x, water, and wheat seeds performed by means of the droplet evaporation method**

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**Background:** In homeopathy it is usually assumed, that ultra high dilutions (UHDs) need to come in direct contact with the organism to be treated to exhibit their action. However, it has been observed in some models that UHDs may influence organisms also at a distance. Here we test whether the droplet evaporation method (DEM) might serve as a tool to study such force-like influences. In a series of three DEM experiments (E1-E3) we studied (i) force-like effects occurring between As<sub>2</sub>O<sub>3</sub> 45x treatment (As45x) and undiluted, unsuccussed, ultrapure water (W), (ii) As45x and wheat seeds, as also (iii) whether force-like effects may be shielded by means of aluminum foil.

**Materials and methods:** Bilayer recipients (falcon-tubes of two different sizes put one into another) were used in order to place near to each other, but without a physical contact in E1 As45x and water (called further waterE1); in E2 As45x and seeds (seedsE2), and in E3 As45x and seeds wrapped or not in aluminum foil (seedsE3). After one week in E1 wheat seeds were added to the waterE1 and in E2-3 fresh water to seedsE2 and seedsE3. 1-hour leakage droplets were then put on slides and evaporated. The resulting patterns were evaluated for their local connected fractal dimension (LCFD).

**Results:** The homeopathic effects passed from As45x to waterE1, seedsE2, and seeds E3 through the recipient polyethylene.

**Conclusions:** Our results confirm that UHDs may pass their properties on distance on water and seeds. Such effects should be considered in homeopathy research and preventive measures should be applied to avoid cross-over contamination.

**Keywords:** Effects on distance, field effects, homeopathy, droplet evaporation, patterns



**Individualized homeopathic treatment and Fluoxetine for moderate to severe depression in peri- and post-menopausal women (HOMDEP-MENOP study): a randomized, double-dummy, double-blind, placebo-controlled trial**

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**Background:** Perimenopausal period refers to the interval when women's menstrual cycles become irregular and is characterized by an increased risk of depression. Use of homeopathy to treat depression is widespread but there is a lack of clinical trials about its efficacy in depression in peri- and postmenopausal women. The aim of this study was to assess efficacy and safety of individualized homeopathic treatment versus placebo and fluoxetine versus placebo in peri- and postmenopausal women with moderate to severe depression.

**Methods/design:** A randomized, placebo-controlled, double-blind, double-dummy, superiority, three-arm trial with a 6 week follow-up study was conducted. The study was performed in a public research hospital in Mexico City in the outpatient service of homeopathy. One hundred thirty-three peri- and postmenopausal women diagnosed with major depression according to DSM-IV (moderate to severe intensity) were included. The outcomes were: change in the mean total score among groups on the 17-item Hamilton Rating Scale for Depression, Beck Depression Inventory and Greene Scale, after 6 weeks of treatment, response and remission rates, and safety. Efficacy data were analyzed in the intention-to-treat population (ANOVA with Bonferroni post-hoc test).

**Results:** After a 6-week treatment, homeopathic group was more effective than placebo by 5 points in Hamilton Scale. Response rate was 54.5% and remission rate, 15.9%. There was a significant difference among groups in response rate definition only, but not in remission rate. Fluoxetine-placebo difference was 3.2 points. No differences were observed among groups in the Beck Depression Inventory. Homeopathic group was superior to placebo in Greene Climacteric Scale (8.6 points). Fluoxetine was not different from placebo in Greene Climacteric Scale.

**Keywords:** Perimenopause, postmenopause, climacteric, depression, homeopathy, fluoxetine, Hamilton Rating Scale for Depression, Beck Depression Inventory, Greene Climacteric Scale

## Systematic review of 'pragmatic' randomised controlled trials of individualised homeopathic treatment

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**Introduction:** This ongoing study focuses on randomised controlled trials (RCTs) of individualised homeopathic treatment (IHT) in which the control (comparator) group was other than placebo (OTP).

**Objectives:** For each study, to assess the risk of bias (RoB) and to determine whether its study attitude was relatively 'pragmatic' or 'explanatory'. To determine the comparative effectiveness of IHT on health-related outcomes, including for any clinical condition that has been the subject of at least one OTP-controlled trial.

**Methods:** Systematic review. For each eligible trial, published in the peer-reviewed literature up to the end of 2015, we assessed its RoB using the seven-domain Cochrane tool, and its relative pragmatic or explanatory attitude using the ten-domain PRECIS tool. We sub-grouped RCTs by whether they examined IHT as alternative treatment (study design 'a'), adjunctively with another intervention (design 'b'), or compared with no intervention (design 'c'). We identified a single 'main outcome measure' per RCT to use in meta-analysis.

**Results:** Eleven RCTs, representing 11 different medical conditions, were eligible for this study: 7 design 'a' and 4 design 'b' trials. Five of the 11 RCTs had relatively pragmatic study attitude, 2 were relatively explanatory, and 4 were equally pragmatic and explanatory. Nine trials were rated 'high RoB' overall. Only one trial, which was equally pragmatic and explanatory, did not have high RoB in at least one domain; another, relatively pragmatic, trial had high RoB solely in regard to participant non-blinding. Data extraction for comparative effectiveness analysis is a work in progress.

**Conclusions:** Two trials with least RoB contribute most importantly to comparative effectiveness research in IHT. The modest proportion of relatively pragmatic trials is noteworthy. Absence of replicated research for any given medical condition will focus our data analysis on single trials and on sub-groups of trials by study design and by RoB.

**Keywords:** Comparative effectiveness, explanatory trial, individualised homeopathic treatment, pragmatic trial, randomised controlled trial, risk of bias, systematic review

**Model validity and risk of bias in randomised, placebo-controlled, trials of non-individualised homeopathic treatment: impact on meta-analysis findings**

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**Background:** Randomised controlled trials (RCTs) of non-individualised homeopathic treatment (NIHT) apply a pre-selected medicine to typical symptoms of a medical condition. Meta-analysis of such RCTs revealed a small, statistically significant, effect greater than placebo. We have also assessed these RCTs for risk of bias (RoB; extent of reliable evidence) and for model validity (MV; evidence of best therapeutic practice). Three RCTs were identified 'reliable evidence', based on RoB. When meta-analysis was restricted to these three RCTs, statistical significance was not maintained (pooled odds ratio [OR] = 1.39; 95% confidence interval [CI], 0.84-2.33; p=0.20), consistent with a conclusion that NIHT is not distinguishable from placebo. Nine trials were rated as having 'acceptable MV'.

**Objectives:** To merge the RoB and MV findings, creating an overall quality rating for each RCT. To examine the impact of this quality rating on the meta-analysis results.

**Methods:** RCTs with uncertain RoB or low RoB were eligible for inclusion. A study was rated 'high quality' (reliable evidence and acceptable MV) or 'moderate quality' (uncertain RoB and/or uncertain MV) or 'low quality' (uncertain RoB and inadequate MV). One outcome measure per RCT was identified, and used in sensitivity analysis based on overall quality rating.

**Results:** Twenty-six RCTs of NIHT were eligible; their meta-analysis yielded a statistically significant pooled OR. Only one RCT (on patients with menopausal syndrome: Colau 2012) was rated overall 'high quality'. Restricting analysis to that singular trial restored the statistical significance of NIHT compared to placebo (OR = 2.18; 95% CI, 1.06-4.47; p=0.03).

**Conclusion:** Accommodating MV into an overall quality rating has important impact on meta-analysis findings for RCTs of NIHT. Though the statistically significant finding from a solitary high-quality RCT is consistent with a conclusion that NIHT is distinguishable from placebo, more decisive interpretation will require results from considerably more high-quality RCTs.

**Keywords:** Meta-analysis, model validity, non-individualised homeopathy, randomised controlled trials, risk of bias, sensitivity analysis

## **The Australian Report: an in-depth analysis of the highly influential 2015 overview report on homeopathy**

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In March 2015, the Australian National Health and Medical Research Council (NHMRC) published an Information Paper on homeopathy. This document, designed for the general public, provides a summary of the findings of a review of systematic reviews, carried out by NHMRC to assess the evidence base for effectiveness of homeopathy in humans.

‘The Australian report’, concludes that “...there are no health conditions for which there is reliable evidence that homeopathy is effective...no good-quality, well-designed studies with enough participants for a meaningful result reported either that homeopathy caused greater health improvements than placebo, or caused health improvements equal to those of another treatment”.

Such overly-definitive negative conclusions are immediately surprising, being inconsistent with the majority of comprehensive systematic reviews on homeopathy.

In-depth analysis has revealed the report’s multiple methodological flaws, which explain this inconsistency. Most crucially, NHMRC’s findings hinge primarily on their definition of reliable evidence: for a trial to be deemed ‘reliable’ it had to have at least 150 participants and a quality score of 5/5 on the Jadad scale (or equivalent on other scales). Trials that failed to meet either of these criteria were dismissed as being of ‘insufficient quality and/or size to warrant further consideration of their findings’.

Setting such a high quality threshold is highly unusual, but the n=150 minimum sample size criterion is arbitrary, without scientific justification, and unprecedented in evidence reviews.

Out of 176 trials NHMRC included in the homeopathy review, only 5 trials met their definition of ‘reliable’, none of which, according to their analysis, demonstrated effectiveness of homeopathy. This explains why NHMRC concluded there is ‘no reliable evidence’ that homeopathy is effective.

A distillation of other detailed findings, presented at conference, reveals further significant flaws in this highly influential report, providing critical awareness of its misrepresentation of the homeopathy evidence base.

**Keywords:** Homeopathy, NHMRC, Overview Report, review of systematic reviews, reporting bias

**The validity of experimental symptoms in homoeopathic pathogenetic trials: a comparative appraisal of the number and quality of symptoms in placebo and verum groups**

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The validity and clinical significance of experimental symptoms produced during homoeopathic pathogenetic trials (HPTs) are unclear. Within the context of arguments for 'entanglement' and other field effects, the similarities and differences between experimental symptoms produced by respective verum and placebo/blank groups has been a particular area of contention, leading some researchers to argue for the inclusion of 'placebo' experimental effects within the final ('verum') materia medica. By contrast, some have argued that there are differences both in the number and quality of symptoms produced by the two experimental groupings that provide a basis for the discrimination of an overt 'verum' effect, which is not compromised by the elimination of 'placebo' symptoms.

The author describes and compares the journal entries recorded by respective verum and placebo participants in the pre-administration and experimental phases of three placebo-controlled double blind HPTs, in terms of the number of entries recorded, the quality of symptoms within respective phases, and the validity of 'verum' experimental symptoms in comparison to those of the 'placebo' group. Within these comparisons he further outlines a method for differentiating the quality of symptoms within respective groups and between individual provings, in terms of 'retention' and 'density'.

The comparisons reveal consistent and clearly discernible differences between verum and placebo experimental symptoms, both in number and quality. The author presents an argument for the defining nature of the verum experimental symptom and the implementation of a systematic and preferentially 'eliminative' mode of materia medica generation.

**Keywords:** Homeopathic Pathogenetic Trials, provings, experimental effects, quality of symptoms

## **Homeopathy and complementary medicine in patients with breast cancer at the hospital of Lucca (Italy): clinical results**

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**Aim:** To spread qualified information on complementary therapy (CT) to patients with cancer, give nutritional advice and prescribe homeopathic and complementary treatments to reduce adverse effects of anti-cancer treatment, and symptoms of cancer in order to improve the quality of life of patients.

**Methods:** 308 cancer patients were consecutively visited (78% female and 22% male) from September 2013 to September 2016; 158 with breast cancer (51.3%); mean age 56 (35 - 88) years. Near all the patients are referred by their medical oncologists. Patients with breast cancer were 99.1% female and 0.9% male, and 27 % of them had metastasis. Nearly all the patients had used or were using chemo and/or radio and/or hormonal therapy; 3.3% refused conventional anti-cancer therapy.

**Results:** Symptoms most frequently treated in patients with breast cancer were adverse effects of anti-cancer therapies (74.7%). The symptoms caused by the disease were 28,8%, and the concomitant symptoms 17.1%. The most frequent symptoms were: hot flashes, asthenia/fatigue, depression, articular pain, nausea/vomiting, colitis, radiodermatitis, dysgeusia after chemotherapy, irritable intestine, neuropathy, other menopausal disorders, leukopenia, liver steatosis, anxiety. Comparing the clinical conditions before and after the treatment, a significant amelioration of the following symptoms was observed: nausea ( $p=0.004$ ); insomnia ( $p=0.003$ ); depression ( $p=0.000$ ); anxiety ( $p=0.000$ ); asthenia ( $p=0.000$ ); hot flashes (n. of follow-up=12;  $p=0.02$ ) radiodermatitis (n. 5 with follow-up;  $p=0.077$ ). Other pathologies have no sufficient follow-up.

**Conclusions:** The integrative approach to cancer patients can contribute to reduce some adverse effects linked to anticancer therapies improving their quality of life as demonstrated by our clinical data.

**Keywords:** Breast cancer, homeopathy, complementary and integrative therapies, adverse effects of anticancer treatment, clinical results

## Prognostic factor research on homeopathic cough treatment in India

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There are good reasons to optimise homeopathic prescribing for cough, the most frequent indication in general practice. There is some evidence of efficacy of homeopathy for cough. However, opinions about best homeopathic medicines for cough diverge. Repertories and materia medica are unclear about the best medicines and the indicating symptoms for these medicines. According to Bayes' theorem a symptom is an indication for a medicine, only if the prevalence of the symptom in the population responding well to that medicine is higher than in the remainder of the population (likelihood ratio (LR)). Higher LR means a better symptom. This requires quantitative analysis of clinical data.

Multi-centre, prospective, observational study during 2 years in 10 centres of the Central Council for Research in Homoeopathy (CCRH). This program assesses both acute cough (<6 days) and chronic cough (>8 weeks). Treatment and research are separated: the research is done by doctors trained in research methodology. These doctors interview the patients with questionnaires assessing homeopathic symptoms and results. The sample size is expected to exceed 5,000. Three questionnaires are applied:

1. Leicester Cough Questionnaire (LCQ) for chronic cough and LCQ acute for acute cough, a validated instrument to assess cough treatment
2. Questionnaire for homeopathic cough related symptoms
3. Questionnaire for general homeopathic symptoms.

The homeopathic questionnaires are being tested in pilot studies, such as the cut-off value for the intensity of symptoms. Likert scales are used to provide more flexibility and doctors are trained to manage the questionnaires.

The relationship between improvement by specific homeopathic medicines and symptoms is assessed. Furthermore, the relationship between cough-related diagnoses and homeopathic medicines is assessed. In total 228 repertory-rubrics will be validated. The causal relationship between result and medicine will be assessed by clinical judgement of the treating doctor and by the modified Naranjo algorithm.

**Keywords:** Cough, Bayes' theorem, prognostic factor research, modified Naranjo algorithm

**Pilot study on anti-bacterial activity of homeopathic remedies: in-vitro evaluation for treatment of chronic otitis media**

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**Introduction:** Antibiotic resistance and side effects are the mounting challenge in the modern era; these are the immediate need to test more homeopathic drugs to overcome the issue. World looking for surrogate to anti-biotics. Ultra high diluted Homeopathic medicines selected on the basis of symptom similarity acts favorably in many infectious conditions. But not enough research work is carried on the direct action of homeopathic medicines on the infectious organisms.

**Aim:** This pilot study attempts to study the difference in the direct action of homeopathic medicines on in-vitro bacterial culture and concurrently testing the efficiency of same medicines in the same individual.

**Methods and descriptions:** Random Samples of 39 cases of chronic otitis media were selected. Few homeopathic medicines were selected based on the reportorial analysis for each case and sensitivity discs with those medicines were prepared as follows, 0.1cc of GMP standard homeopathic dilutions were applied on 5mm diameter sterile whatman filter paper and allowed to dry up completely. Samples of infected ear discharges were cultured and bacterial strains were identified individually. Under sterile conditions Homeopathic sensitivity discs were fixed on bacterial culture plates and visible zones of inhibitions measured around each disc after incubation for 24 hrs. Patients were treated with highly sensitive homeopathic similimum and reviewed after 3 days.

**Result:** Culture result showed Gram positive and negative bacteria respectively in 24 and 15 cases. Homeopathic similimum selected by the bacterial sensitivity test responded well in 21 of 24 (87.5%) gram positive and 9 of 15 (60%) gram negative samples. Over all Homeopathic remedies arrived from sensitivity test shown improvements in 30 of 39 (76.92%) and no improvements for 9 (23.08%) cases.

**Conclusions:** This pilot study suggests homeopathic medicines acts on in-vitro as well as in-vivo conditions under similar principles.

**Keywords:** Homeopathy, bacterial sensitivity, drug resistance, antibacterial, otitis media, antibiotic resistance



## **An homeopathic specialty protects from the mutagenic effects of mitomycin C**

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An homeopathic specialty (DIG) composed of three herbal stocks, *Berberis vulgaris*, *Taraxacum officinale* and *Arctium lappa* at different dilution levels, was assessed for its antimutagenic properties against mitomycin C. The micronucleus assay on Chinese hamster ovary (CHO)-K1 cells was used to evaluate the in vitro anticlastogenic activity of DIG compared to those of separately diluted mother tinctures. The micronucleus assay was performed on mouse erythrocytes and the comet assay was performed on mouse liver, kidney, lung, brain and testicles to assess the protective effects of DIG (0.2 and 2 % at libitum) against an intraperitoneal injection of mitomycin C (1 mg Kg<sup>-1</sup>) in mice. DIG exerted a powerful anticlastogenic activity, under both pretreatment and simultaneous treatment conditions as assessed by the micronucleus assay in CHO-K1 cells with protective ratios reaching 74.1 and 55.5% respectively. Its protective activity was greater than that observed for each mother tincture. DIG reduced micronuclei levels in mouse erythrocytes and suppressed 80 % of DNA strand breaks in the liver, kidney, lung, brain and testicles of mice exposed to mitomycin C. In conclusion, this specialty showed a great protective activity both in vitro and in vivo against the mutagenic effects of mitomycin C. These first results are promising regarding the follow up of patients under chemotherapy.

**Keywords:** *Berberis vulgaris*, *Taraxacum officinale*, *Arctium lappa*, homeopathy, mitomycin C, chemotherapy

**Does methodology matter? A long term comparative analysis of current homeopathic methodologies**

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**Introduction:** Different popular methodological approaches arrive at different remedies as the most appropriate for a given patient. What does that mean with respect to reproducibility of clinical outcomes? The aim was to identify prescribing methods that would more consistently arrive at long lasting, sustained healing in chronic disease.

**Method:** We compared long-term outcomes of patients in our practice treated with different homoeopathic approaches. We tracked individual patient outcomes over extended periods between one and twenty-one years and correlated them with the different methodologies we had used to determine the remedies.

**Results:** Longterm-Outcomes - Certain methodologies were correlated with outcome rates comparable to placebo (Plant-sensation-method) whereas other methodologies scored consistently better (Periodic-Table). Perfect Match - The most reliable and predictive indicator of sustained long-term improvement with a single remedy was a perfect match between patients symptoms and remedy-proving. A perfect Simillimum-Match was only possible, if in-depth and thorough provings were available. Such a perfect match is very rare and is clearly linked to the quality of the proving. A surprising and unexpected observation emerged in patients for whom such a perfect matching simillimum was determined. On re-taking the case of these patients, who did not know their remedy, they could almost always name the source of their remedy using interviewing techniques adapted from psychoanalytical methods.

**Conclusions:** This led to the discovery - like with Hahneman's patient Klockenbrinck - that the knowledge about the source of the simillimum may lie within each patient. It can be brought to light using adapted interviewing techniques which we have increasingly refined over the years. A source-based remedy prescription - once unambiguously identified - leads to reliable longterm-outcomes only comparable to perfect matches based on highly thorough provings.

**Keywords:** Homoeopathic methods, long term outcomes, chronic disease, perfect match, simillimum, source-based-prescription

**A randomized, double-blind placebo-controlled, multi-centric clinical trial of ultra-diluted *Mycobacterium tuberculosis* nosode (Emtact 30c) in the management of recurrent upper and lower respiratory tract affections**

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**Method:** A double-blind, randomized placebo-controlled trial was carried out in 148 patients (age  $\geq 3$  to  $<13$ -year children and  $\geq 13$  to  $\leq 70$  years old) at two sites. The patients were suffering from recurrent URT and or LRT affections. This study was approved by ethics committee and registered at the Clinical Trial Registry of India (CTRI/2014/06/004673). Patients satisfying all inclusion/exclusion criteria were randomly assigned to receive either placebo or Emtact 30c potency administered thrice daily for six months. Follow-up visits were scheduled for six months.

**Result:** Marked effect on patient's appetite was favorable in Emtact arm ( $p=0.0162$ ). The parameters that showed significant improvement in Emtact arm were sleep ( $p=0.0084$ ), mood/thinking ability ( $p=0.028$ ), school performance ( $p=0.0034$ ) and bothersomeness ( $p=0.0499$ ). There was a decrease in weight in the Placebo arm; while the Emtact arm had weight gain (50.7 to 53.96 kg). Patients suffering from continuous nose block were found to be relieved in Emtact arm ( $p=0.0402$ ). The patients in Emtact arm with continuous symptoms improved at a higher rate ( $p=0.05$ ) than the placebo arm. Emtact was equally effective as placebo treatment in reducing the symptoms such as cough/ expectoration, and watery nasal discharge. Percentage frequency of episodes in Emtact arm (twice a moth category) was reduced ( $p=0.022$ ) from baseline to visit 5. This finding was exactly opposite in category 'thrice in a month', where decrease in frequency was seen in Placebo arm and increase in frequency were seen in Emtact arm. In subgroup analysis, reduced severity of episodes was compared within two arms; more number of patients (weight  $<40$  kg  $p=0.0374$  and age 18-49 year  $p=0.01$ ) were converted themselves to mild categories from moderate and severe.

**Keywords:** Mycobacterium, tuberculosis, nosode, clinical trial

**A thematic analysis of seven recent high quality monospecies (*Sus scrofa ferus domesticus*) sarcodes provings**

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The presentation will provide an overview and commentary on a thematic analysis (based on repertory) and qualitative discussion (based on materia medica) of a group of provings of seven different healthy tissues, taken from the same mammalian species, namely the domestic pig (*Sus scrofa ferus domesticus*). These sarcodes provings were of high-quality and used a randomized double-blind, placebo-controlled design, in compliance with the new HPCUS Guidelines (published April 2013). The overview and discussion will identify possible 'suis' themes and common characteristics, based on prevalence and differentiating features, as well as providing a preliminary insight into pathogenetic tendencies as derived from a methodologically rigorous and highly accountable experimental investigation of a range of monospecies tissues. The authors will argue that the current analysis represents a unique opportunity to commence the study of a single mammalian species in depth, as well as offering a valuable insight into the nature and clinical role of sarcodes within a homoeopathic conceptualisation of disease evolution and healing. The current analysis forms the basis of a future application of the 'suis' group analysis to other existing porcine sarcodes remedy provings and other base substances of porcine origin (e.g. lac suis).

**Keywords:** Proving, sarcodes, pathogenetic trials

**Screening of different homeopathic preparations regarding specific effects on cress seedlings with a  $\text{CuCl}_2$ -biocrystallization assay**

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The effect of six different homeopathic 30x preparation on germinating cress seedlings (*Lepidium sativum* L.) has been examined by  $\text{CuCl}_2$ -biocrystallization in a screening experiment. Cress seeds germinated and grew for four days in vitro in a 30x potentization of *Stannum metallicum*, *Arsenicum album*, *Mercurius metallicum*, *Sulphur*, *Silicea* or lactose (control) in a blinded and fully randomized assignment. Each homeopathic preparation was prepared sterile and divided into separate bottles for use in five experiments on different days.  $\text{CuCl}_2$ -biocrystallization of seedlings extracted in the homeopathic preparations was performed and resulting biocrystallograms were scanned and analyzed by digital textural image analysis (TA). The global ANOVA of the TA variables showed significant interactions between treatment group and experimental day. The TA variables yielded significant differences between the control and some of the homeopathic treatments, as well as between several of the five homeopathic treatments in a two-way ANOVA (treatment group and experimental day). The most pronounced effects were found for *Silicea* 30x compared to *Stannum metallicum* 30x and lactose 30x. Because this screening experiment revealed that homeopathically treated cress exhibit different effects in the texture of the biocrystallograms depending on the homeopathic treatment, the  $\text{CuCl}_2$ -biocrystallization method is now being applied to a larger study investigating specific effects of 30x potentizations of *Stannum metallicum*, *Silicea* and lactose. This study includes systematic negative controls to further ensure the stability of the experimental system, as well as an analysis of the metabolome of the treated cress in pursuit to understand the differences seen in the biocrystallograms.

**Keywords:** homeopathy, bioassay, biocrystallization,  $\text{CuCl}_2$ -biocrystallization, crystallization, cress, metabolomics, specificity

## Individualized homeopathic treatment in addition to conventional treatment in type II diabetic patients in Hong Kong - retrospective cohort study

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**Objective:** Glycemic goals were not achieved in majority of type II diabetic patients (T2DM), especially in those with long disease duration and on multiple oral antidiabetes drugs (OAD). With the increasing popularity but insufficient evidence of homeopathy, we aimed at investigating the effectiveness of individualized homeopathic treatment in glycemic control.

**Design & Setting:** Retrospective Cohort study. At least 6 months of individualized homeopathic treatment at a private homeopathic Centre in Hong Kong.

**Participants:** 27 adults aged 37-84 were treated with individualized homeopathic remedy between 2012-2015. Published data on 40 T2DM patients under standard conventional treatment in Hong Kong were used as control.

**Main Outcome Measure:** Change in fasting plasma glucose (FPG) and glycated hemoglobin (HbA1c) at 12 month follow up.

**Results:** Compared with the conventional treatment only group, the homeopathy group had higher baseline FPG ( $p=0.044$ ), more patients had long ( $>20$  years) duration of diabetes ( $p=0.006$ ), and history of heart events ( $p=0.022$ ). The mean difference of FPG in the homeopathy group was significantly better than control after 12 months,  $-2.24$  mmol/L (95% confidence interval:  $-3.47$  to  $-1.01$ ) vs  $0.16$  mmol/L (95% CI:  $-1.72$  to  $2.04$ ),  $p=0.001$ . The mean difference of the glycated hemoglobin (HbA1c) was also significantly better,  $-1.11\%$  (95% CI:  $-2.17$  to  $-0.05$ ) vs  $0.08\%$  (95% CI:  $-1.37$  to  $1.53$ ),  $p=0.046$ . Poorer baseline glycemic control was associated with better outcome ( $r = -0.750$ ,  $p<0.001$ ), which is in in opposite direction to the effect of OAD. The duration of diabetes was not associated with better outcome ( $r = 0.058$ ,  $p=0.772$ ). The improvement was robust to sensitivity analyses with compliance, type of baseline treatment, and conventional medication modification.

**Conclusion:** Individualized homeopathic treatment was associated with better glycemic control compared to standard conventional treatment alone. Further investigations were suggested to confirm the role of homeopathy especially in patients refractory to conventional treatment.

**Keywords:** Homeopathy, type 2 diabetes mellitus, individualized, glycemic control

## **Is homeopathy really that implausible?**

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It is often considered that a physico-chemical explanation of homeopathy would require a major rewriting of much of physics, chemistry and biochemistry. Yet, despite the fact that the bio-activity of homeopathic dilutions appears to fly in the face of modern science, such an upheaval might not actually be necessary. The aim of this presentation is to demonstrate that we can indeed formulate a plausible and testable theory of homeopathy based on current physics and chemistry.

We will start by going over the requirements made of an explanation of homeopathy, such as: memory of the starting substance, compatibility with the dilution/succussion process and finally bio-activity. We will then formulate a minimal set of physical assumptions able to explain the experimental results found in homeopathy.

We will show how these assumptions are validated both from the theoretical physics and experimental physico-chemistry side. On the one hand we have, the theoretical predictions of Preparata and DelGuidice of the existence in water structures. These predict the formation of distinct water domains through the stabilising effect of electromagnetic oscillations. On the other hand, we will present a set of experiments from within and outside the field of homeopathy (Demangeat, Elia, Pollack and others). These experiments support the idea that water does form relatively stable structures under certain conditions and that these structures have electromagnetic properties, which could be at the root of the specific biological effects seen in clinical and animal studies.

Thus we will show that it is possible to formulate a plausible physico-chemical explanation of homeopathy based on current physics and chemistry. Crucially this formulation is testable, providing important parameters and suggestions for the design of future experiments.

**Keywords:** Coherence domains, water structures, homeopathic high-dilutions

## **Reproduction of an arsenic-stressed duckweed bioassay using homeopathic preparations of *Arsenicum Album***

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**Objective:** Jäger et. al. 2010 observed effects of *Arsenicum album* in a plant bioassay using arsenic-stressed duckweed (*Lemna gibba* L.). By reproducing these experiments, the influence of a different location and researcher will be investigated. Moreover, the test system has been expanded with metabolomic analysis to reveal biochemical pathways that can be affected by homeopathic remedies.

**Methods:** The test system with arsenic-stressed duckweed had to be set up at the University of Freiburg. To follow the experimental settings of Jäger et. al. 2010, a climate chamber was constructed, which allows keeping conditions of temperature, air humidity and light intensity constant. To prevent cross-contamination in the experiments, a further shielding surrounding each beaker was included. The highly standardized conditions resulted in very small coefficients of variance ( $\approx 1\%$ ). To investigate the stability of the test system, three systematic negative control experiments using only unsuccussed pure water were conducted. In further experiments decimal diluted and succussed potencies of *Arsenicum album* in eight potency levels (17x, 18x, 21-23x, 28x, 30x and 33x) will be tested. Additionally, metabolomic fingerprints of treated and untreated plants will be compared. This complementary analysis allows for a statistical evaluation of several thousand metabolomes with principle components analysis (PCA). Pathways which are affected by homeopathic remedies could possibly be revealed by further analyses.

**Results:** The experimental settings of Jäger et.al. 2010 were reproducible. No significant effects were observed in the systematic negative control experiments, which indicate a stable test system.

**Conclusion:** A test system which revealed significant effects of homeopathic remedies on arsenic-stressed duckweed was recreated at a second location. In addition to the growth rate of duckweed, metabolomics will be used to reveal differences between treated and untreated plants.

**Keywords:** arsenic-stressed plant bioassay, reproduction, *Arsenicum album*, homeopathy, metabolomics



## **Homeopathic pathogenetic trials - trials and tribulations and a potential way forward**

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Homeopathic Pathogenetic Trials (HPTs) are the pillar of homeopathy. For the purpose of scientific argument one needs to show that the symptoms experienced by volunteers are specific for the remedy, and ideally different from what placebos would produce. I will present some experiences in my own research. It was only by giving up the idea of a subtle, causal 'signal' that I succeeded in establishing a new paradigm. This can only be applied for testing already known substances. It uses a three armed approach and two different studies, in which one of the testing arms use the same remedy, and the other arm uses different remedies, and one is placebo. All testing is double blind. Volunteers take the substances. After the symptoms are verified they are taken into a database. The database is decoupled from single individuals and handed over to a materia medica expert. Only this expert will then receive the information which remedies were tested, but not the individual code. The materia medica expert then decides for each symptom, whether it was typical for remedy A, remedy B or atypical. This can in the end be aggregated to the number of symptoms typical for remedy A, typical for remedy B or atypical symptoms, in each of the groups, a yields thus a simple numerical score. In the final analysis the two parts of the study are aggregated, but only the arm with the remedy that was identical in the two studies will be evaluated, the other data will be discarded. After positive piloting, we found significantly more remedy typical symptoms in the remedy group than in the placebo group. This result was replicated in a second study. The preconditions and potential pitfalls will be discussed and the theoretical framework behind it.

**Keywords:** Homoeopathic remedy provings, pathogenetic trials, double blind

**A comprehensive approach of homeopathic medicine, nanoparticles search, solvent and electron behavior using a metal and a plant model to answer the question 'what is the signature of a homeopathic dynamized medicine?'**

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**Background:** A lot of publications exist about the persistence of stock material in high homeopathic dynamizations (HHD), discriminant NMR signal between remedies, quality requirements for GMP and clinical data. Are all these publications giving coherent information about the exact nature (signature) of the homeopathic medicines explaining the quality requirements needed for registration of homeopathic medicines?

**Objectives:** The present study program (DYNHOM) is aimed to approach the question of the nature of the homeopathic medicine in a comprehensive manner. Having a look from different perspectives, using different modern measurements methods, the nature and/or signature of each homeopathic stock in the final medicine would be detectable.

**Methods:** Different Universities were involved in this research. Each specialized in one of the measurement technique: Liquid chromatography (UHPLC-UV), NMR, Laser techniques including scanning electron microscopy and light scattering (DLS/ZP/NTA/SEM-EDX). Two remedies were chosen as reference: a triturated medicine *Cuprum metallicum* and a soluble medicine *Gelsemium sempervirens*. Multiple controls were used to strengthen possible conclusions.

**Results:** Due to the step by step dilution/dynamization process, solid material was identified in all preparations including specificities in quantities, chemical compositions, shapes, electromagnetic and electro-photonic signals but no trace of the original markers in HHD.

**Conclusion:** In the homeopathic medicines there is specific material and electronic signal even in HHD, the solvent behavior is specifically modified by these elements only when a dynamization process has been applied during the preparation.

**Keywords:** Homeopathic medicine, nanoparticles, Nuclear Magnetic Resonance, electro-photonic analysis, homeopathic dynamization

## Physicochemical investigations of homeopathic potencies: a systematic review of the literature

Sandra Würtenberger<sup>1</sup>, Sabine D. Klein<sup>2</sup>, Alexander Tournier<sup>3</sup>, Ursula Wolf<sup>2</sup>, Stephan Baumgartner<sup>2</sup>

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**Introduction:** In order to direct future fundamental research on homeopathic potencies, it is necessary to have a solid overview over previously used methods and experimental results. For this systematic review, we focussed on laboratory experiments that investigated physicochemical properties of homeopathic potencies and compared them to controls or between several potency levels.

**Methods:** Relevant publications were searched for in pertinent databases, article references, and personal collections of literature. All articles found were rated by two reviewers according to a manuscript information score (MIS). Articles could score between 0 and 10 points, as 0 to 2 points were given each for description of: experimental procedure, materials, measuring instruments, potentisation method, controls. Articles with an average MIS  $\geq 5$  were retained for further review. The further review process included a detailed analysis of the used potencies, controls, materials and methods, the quality of the study design, the statistics used and finally of the reported results. All information was extracted also by two reviewers. The included experiments were classified into groups regarding the used physicochemical methods, i.e.: spectroscopy, luminescence, Raman-spectroscopy, nuclear magnetic resonance, chromatography, analytical methods, electrical impedance, electrochemistry, calorimetry, imaging methods, and various physical. The results per method will be summarized for publication.

**Results:** 183 publications were submitted to information scoring. 61 publications were excluded due to low MIS, and 122 publications were included in the further review. The categories with the highest number of experiments were electrical impedance, spectroscopy, analytical methods, and nuclear magnetic resonance.

High quality research was characterised by the use of independent production series of the potencies, adequate controls, blinding, randomisation, and statistical analyses of the results.

**Discussion:** A rigorous methodology was necessary to receive meaningful results due to the large number of methods and different study designs. We try to identify promising areas of future research.

**Keywords:** Homeopathy, physicochemical methods, review, fundamental research



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# Poster Presentations

**P1 Dr Leena Bagadia**

Fri 9 June, 17:00

**To demonstrate the efficacy of homoeopathic similimum on mild to moderate essential hypertension by modifying the underlying anger state, trait and expressions**

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**Background:** Raised blood pressure is an important risk factor for cardiovascular diseases and chronic kidney disease. High blood pressure is ranked as the third most important risk factor that attributes to the disease burden in south Asia. Despite the enhanced screening, early detection and treatment of hypertension, it is clear that the scientific community has not yet found a way to prevent or treat hypertension. It is only kept in control with antihypertensives. This observation is supported by the fact that new hypertensive cases are being identified and old cases continued to be treated. Moreover, it is estimated that 90% of people will inevitably develop hypertension over their lifetime. In various Hypertension Education Programs, an emphasis has been given towards dietary modifications, exercise promotion and strict adherence to the prescribed medications by the attending physician, yet very little emphasis has been given to the impact of the modifiable psychosocial factors such as anger on the initiation of hypertension.

This research is motivated by the possibility that blood pressure may positively correlate with the variables of anger and hostility and thus the risk of hypertension and other cardiovascular diseases would increase.

**Objective:** Identifying the anger state, trait and expressions with the help of State-Trait Anger Expression Inventory-2 (STAXI-2) in patients having EHT.

**Methods:** This prospective ongoing, single blind, randomised control study is being conducted at rural homoeopathic hospital in Mumbai since January 2015. Patients coming to the rural hospital and diagnosed with essential hypertension are divided into 2 arms. One group is given allopathic antihypertensive along with placebo and other group is given homoeopathic similimum after thorough case taking, with antihypertensives - wherever needed. Anger is assessed through STAXI-2 along with record of the blood pressure. The effect of similimum is then evaluated on blood pressure as well as anger and recorded.

**Keywords:** Anger, essential hypertension (EHT), STAXI-2

## Homoeopathic management of uterine fibroids

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**Objective:** The primary objective was to evaluate the effects of homoeopathic medicines in fifty millesimal (LM) potencies vis-a-vis centesimal (CH) potencies on symptomatic uterine fibroids.

**Materials and Methods:** A multicentric randomized clinical trial was conducted at six centers under the Central Council for Research in Homoeopathy. Patients were screened for symptomatic uterine fibroids with the preset inclusion and exclusion criteria. A consultant specialized in obstetrics and gynecology was engaged at each center to screen and follow-up the enrolled patients. Homoeopathic physicians engaged in the study were responsible for prescription and follow up for 12 months. The primary outcome was changes in symptoms of uterine fibroid on a visual analog scale (VAS) of 0-10 and findings through ultrasonography (USG) between LM and CH potencies. The secondary outcome was to assess the changes in uterine fibroid symptom quality of life questionnaire (UFSQOL). Data analysis was done as per intention to treat (ITT) analysis.

**Results:** Of 216 patients enrolled in the study (LM: 108 and CH: 108), 209 patients were analyzed under modified ITT (LM: 106, CH: 103). Both LM and CH potencies were equally effective in reducing the symptoms (percentage change) due to uterine fibroid on VAS scale after 1 year of treatment ( $P > 0.05$ ). The health-related quality of life (HRQOL) and subdomains of UFSQOL also showed equal effectiveness in both the groups ( $P = 0.05$ ). However, no difference was observed in all the USG findings except for uterine volume ( $P = 0.03$ ). There was overall difference before and after homoeopathic treatment irrespective of assigned groups, i.e., LM or CH ( $P < 0.05$ ) in all the above parameters. The medicines frequently prescribed were: Pulsatilla, Sulphur, Lycopodium, Sepia, Phosphorus, Calcarea carbonica.

**Conclusion:** LM and CH potencies are equally effective in giving symptomatic relief to patients suffering from symptomatic uterine fibroids.

**Keywords:** Uterine fibroids, LM potency, homoeopathy



## **Development of a *Pisum sativum* bioassay to test effects of homeopathic pillules**

Bianka Lutz<sup>1</sup>, Stephan Baumgartner<sup>1</sup>, Iris Heer<sup>2</sup>, Ramona Katzensteiner<sup>3</sup>, Michael Frass<sup>3</sup>, Ursula Wolf<sup>2</sup>, Peter Heusser<sup>1</sup>, Christa Raak<sup>1</sup>

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**Objectives:** There is a need for preclinical test systems to assess specific effects of homeopathic preparations in commonly available pharmaceutical form. We evaluated a plant bioassay regarding its capacity to distinguish homeopathically prepared pillules from placebo pillules.

**Methods:** Pea seed (*Pisum sativum* L. cv. *Früher Zwerg*) was soaked for 24 hours in water with dissolved homeopathic or placebo pillules. Plants germinated and grew in a standard cultivation substrate under controlled environmental conditions. Shoot length was measured 14 days after planting and treatment groups were compared by analysis of variance (ANOVA). After a screening, three independent series of main experiments assessing the effects of Calcium carbonicum (12c, 30c, 200c) were performed with different experimenters in the same laboratory to assess reproducibility. The stability of the system was validated by systematic negative control experiments.

**Results:** No false positive results were observed in the systematic negative control experiments. Placebo sucrose pillules did not influence shoot growth. A screening of 13 homeopathic preparations revealed Calcium carbonicum 12c to affect pea shoot growth ( $p=0.02$ ). In the first series of repetition experiments ( $n=8$ ) Calcium carbonicum 30c influenced shoot growth ( $p=0.04$ ). In series II and III ( $n=2 \times 10$ ) no significant main effect could be observed. A meta-analysis of all data revealed the effect of Calcium carbonicum 12c and 30c to be dependent on the date of experiment and/or the experimental series.

**Conclusion:** The system is suitable to test a common application form - sucrose pillules - of a homeopathic preparation without influence of the pharmaceutical carrier substance. We observed some evidence that Calcium carbonicum 12c and 30c exerted specific effects in this bioassay. Further optimization of this bioassay is necessary to be used in quality control or in investigating the biological or pharmaceutical mode of action of homeopathic preparations

**Keywords:** Homeopathy, anthroposophic medicine, homeopathic pillules, reproducibility, dwarf peas, plant bioassay, calcium carbonicum



## **Homeopathy as a means of conserving endangered medicinal plant species: a homeopathic proving of an important herbal medicine in southern Africa**

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**Background:** In Southern Africa, 85% of the population use traditional herbal medicine as their primary healthcare option. Due to a variety of reasons many species are now critically endangered. The Swaziland Homeopathy Project is investigating the viability of introducing homeopathic use of endangered species as an alternative to traditional herbal use. The first proving in this process is *Warburgia salutaris*, categorized as endangered (A1acd) on the IUCN Red List. It is slow growing in the wild with limited distribution and low abundance which makes it vulnerable to human-induced habitat degradation and over-exploitation as a medicinal plant as it is regarded as a panacea for many symptoms.

**Methods:** 500g of plant material from protected trees was made into tincture using GHP HAB4A process. The proving was conducted with 24 provers from Swaziland and Kenya. All provers were given a 6c dose of the remedy and a month later, 7 provers, took a 30C. The rationale was to observe the effects of different potencies and to maximize the information from the proving

**Results:** The proving showed a clear affinity for the treatment of a wide range of symptoms that correlated with the herbal use. These include congestive headaches, eye symptoms, digestive disorders, chest and respiratory problems, skin afflictions, joint and febrile conditions, and menstrual irregularities.

**Conclusion:** It may be concluded that the homeopathic preparation of *Warburgia salutaris* can be used in a way similar to traditional herbal use. At a low potency, the remedy could be applied for a large range of symptoms, including digestive, chest, joint, febrile, and skin conditions and a wide range of fungal, bacterial and protozoan infections. The next stage of clinical verification of the proving should give more clarification of its homeopathic affinity and its ability be used as an alternative to the herbal form.

**Keywords:** Endangered medicinal plants, conservation, ethnobotanical medicinal plants, provings, Southern Africa, *Warburgia salutaris*

## **An N-of-1 study of homeopathic treatment of fatigue in patients receiving chemotherapy**

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**Background:** Chemotherapy related fatigue has been described as a subjective feeling of physical, emotional, and/or cognitive tiredness. Homeopathic treatments have the potential to relieve chemotherapy related fatigue, are easy to deliver and demonstrate strong compliance. The N-of-1 trial design is a scientifically rigorous method of studying particular reversible clinical conditions such as chemotherapy related side effects.

**Objectives:** To determine whether conducting an N-of-1 trial of individualized homeopathic treatment of chemotherapy side effects is feasible.

**Methods:** Recruitment took place at the Ottawa Integrative Cancer Clinic (OICC). Potential participants were assessed for eligibility and if eligible asked whether they would be interested in participating. Within 5 days of a chemotherapy treatment the participant was given individualized homeopathic treatment for 14 days. As per the N-of-1 design, placebo or verum was given in randomly assigned blocks of two. Recruitment rates were monitored and changes in fatigue was measured using the Multi-dimensional Fatigue Inventory (MFI) and the EORTC-QLQ-C30.

**Results:** 68 people were assessed between February 2014 and February 2015. 4 patients were eligible for the study and 1 consented to participate. The one participant was enrolled in the study, followed through 6 cycles of chemotherapy, and completed all treatment and outcome measures. The fatigue outcome scores were inconclusive due to statistically significant differences in the baseline scores.

**Conclusion:** While recruitment was challenging, the N-of-1 study design is feasible in this population. No conclusions on the efficacy of homeopathy can be made in this context. Study design amendments should be explored to lessen chances of having significant baseline score differences.

**Keywords:** Homeopathy, chemotherapy side effects, N-of-1 trial, fatigue

## Review of effectiveness studies of homeopathy for respiratory and ENT complaints

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**Introduction:** Use of homeopathy is frequent for respiratory conditions. Homeopaths explain that effectiveness (real life) studies offer more external validity and allow the individualised approach characteristic of homeopathy. Thus, these results could be relevant to the clinical practice.

**Methods:** Analysis of systematic reviews, assessment reports (HTA) and clinical studies of indexed journals. Selection of the observational studies, description of their main characteristics and conclusions and estimation of Effectiveness and Drug-use ratios (OR-E<1=clinically effective; OR-D<1=drug-use reduced).

**Results:** 10 most relevant studies were found (6 multicentre, 2 multinational), published between 1996 and 2016 in 4 conventional, 3 CAM and 3 homeopathic journals (Beghi 2016; Grimaldi-Bensouda 2014; Rossi 2009; Haidvogel 2007; Trichard 2004; Weber 2002; Frei 2001; Riley 2001; Friesse 1997; Eizayaga 1996). 4100 patients were included, with respiratory allergies and infections, acute and serous otitis media, sinusitis and asthma. Follow-up was up to 14 days in acute problems and 1-10 years in chronic and prevention treatments. Clinical results were similar or better in the groups treated by homeopathy compared to the controls treated exclusively with conventional drugs, regarding response rate, speed of improvement, frequency of recurrence and indirect such absence from work. For the main variable or the more relevant to this analysis, the global OR of effectiveness was 0.656 (0.47 – 0.84). Conventional drug use and specially antibiotics was less than half in the homeopathy groups, with a global OR of drug-use of 0.420 (0.27 – 0.56). This indicates more resolution and prevention capacity with a less consumption of conventional drugs, when homeopathy is used. Also less adverse reactions were reported.

**Conclusions:** The observational studies of better quality point out that homeopathy could be useful in the approach to respiratory and ENT ailments. Additionally, this strategy seems to reduce the use of conventional drugs and antibiotics in particular, as recommended by the clinical practice guidelines.

**Keywords:** Homeopathy, observational studies, effectiveness, drug utilization, respiratory tract disease

### **Use of homeopathic medicines in a public primary care setting**

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**Objectives:** Describe the frequency of use of homeopathic treatments in a public primary care outpatient clinic, the diseases treated and the clinical outcome.

**Methods:** A retrospective observational study of the patients of a general practice unit was performed. 142 (out of 1923) medical records were randomly selected. The variables were: use of homeopathy, diagnosis; kind of illness (acute or chronic), prescribed treatment, role of homeopathy and clinical outcome.

**Results:** 63.4% of the patients had used homeopathy at least once, which was independent form gender and age. Of them, 55.6% were treated for chronic conditions. Homeopathy was the only prescription in 46.7% of cases (main in 8.9% and adjuvant in 44.4%). Most frequently treated complaints were musculoskeletal (28.9%), respiratory (17.8%), psychic (16.7%), cardiovascular (7.8%) and cutaneous (6.7%). The clinical outcome was favourable (improved or cured) in 57.8% of cases, 60% of the acute and 56% of the chronic. No adverse reactions were recorded.

**Conclusions:** Homeopathy can be a useful therapeutical option in a public primary care setting. The study points out the feasibility of its implantation and the effectiveness and safety of the homeopathic prescription.

**Keywords:** Homeopathy, primary care, pharmacoepidemiology, retrospective study

**Study about knowledge and use of homeopathy for pregnancy and labour in a primary care centre of Madrid**

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**Objectives:** Find the degree of knowledge and use of homeopathy among pregnant women and their interest in this therapy for labour.

**Methods:** A survey is being conducted among pregnant women of low risk before participating in a talk about homeopathy where homeopathy is offered for preparation of labour.

**Results:** 100 surveys are expected and preliminary results are available for 40 surveys already received. 77.5% declared to know homeopathy, however only 17.5% gave a right answer about what it is. 41% knew it through relatives and friends and 33% through health professionals. 43% had ever taken homeopathic medicines and their satisfaction was high.

91% considered homeopathy compatible with other drugs, 89% thought it is safe during pregnancy and 85% was interested. 83% asked for information about preparation for labour and 76% asked for homeopathic advice during pregnancy.

The analysis of the total expected set of surveys will update these preliminary results and provide more information.

**Discussion:** The contrast between “knowers” and right answers may reflect confusion with other therapies, possibly because frequently information does not come from health professionals. The interest showed by the pregnant women deserves spreading more information and education to both health professionals and general population, so that it is appropriately taken into account for helping during a period when other treatments are contraindicated. At the same time more clinical studies should be conducted, as the results of the published studies are not yet conclusive.

**Keywords:** Homeopathy, pregnancy, labour, survey

**A cross sectional study to assess the symptomatic relief among the BPH patient attending homeopathic clinic in Indore city**

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**Background:** Benign Prostatic Hyperplasia (BPH) refers to increased size of prostate gland. When prostate enlarges, it compresses the urethra and leads to partial or complete obstruction of the urethra. Symptoms are urinary frequency, weak urinary stream, intermittency, urgency.

**Materials and Methods:** Study Design: 300 BPH patients attending the clinic were assessed by using International Prostate Symptom Score before the treatment and were assessed after the treatment taken period of 3 months. Study Population: All the BPH patient attending the clinic who have taken treatment at least 3 months were assessed by using International Prostate Symptom Score before and after the treatment.

**Results:** a total of 300 patient were taken among them 37.6% belongs to age group 60-65 yrs and 33.3% were 65-70yrs, frequency reduced among always, more than half time and about the half time by 9.67%, 14.67% and 2% respectively. Reduction in intermittency among about half time, more than half time and almost always were 17%, 6% and 4.67% resp. symptoms of urgency reduced who feel always by 8%, more than and about half time were 8.33%. problem of weak stream reduced in who always and more than half time and about half time by 12.33%, 3.67% and 11.67% respectively. straining reduced in who always and more than and about half time by 4%, 12.67% and 11% resp. nocturia always and more than half time and about half time reduced by 12%, 7.33% and 4.33% resp.

**Conclusion:** Patients suffering from BPH consulted for Homeopathic Treatment most of them are benefited in most shortest duration by using 50 millicimal potency of medicines on the basis of symptoms totality & after proper assessment of their investigations homeopathic medicines prescribed which gives desired result.

**Keywords:** BPH, IPSS, homeopathy treatment

## **Investigating provers' experiences: a qualitative investigation of participants' experiences of homeopathic pathogenetic trials**

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**Introduction:** Information on homeopathic medicines or remedies is derived from “Proving” or Homeopathic Pathogenic Trials (HPTs) in which people (usually homeopaths and homeopathy students) are invited to take an unnamed, and often untested, homeopathic remedy and record in detail the effect the remedy has on them. A close examination of how HPTs are conducted begs the question: “Do HPTs meet research ethical standards?” HPTs are assumed to have an “excellent safety record”, but there is little discussion of provers’ experience or how ethical challenges are identified and addressed in the literature. There has been no research into the provers’ experience to date.

**Method:** This qualitative study interviewed 8 former provers to explore their lived experience of participating in provings/HPTs. A semi-structured interview was used and transcripts will be analysed using thematic analysis.

**Relevance of the research:** Professional guidelines (European Central Council for Homeopaths, 2009, LMHI/European Committee for Homeopathy 201 North American Network for Homeopathy Educators, 2011) mention existing ethical codes such as the Nuremberg Code, the Declaration of Helsinki and the International Declaration of Human Rights but there is no information to verify if or how these are followed. The LMHI and European Committee for Homeopathy are currently revising their Proving Guidelines. The European Central Council for Homeopaths is participating in this work and will align its own guidelines accordingly. Findings from this study may inform the finalising of these guidelines.

**Preliminary findings:** Provers report enthusiasm, a willingness to participate, and trust for the proving process. However, provers report adverse effects, which were surprising in intensity and duration. Support mechanisms, if in place, may fail or may not have been adequate. Consent forms were not always used. Future provings should consider how participants are informed on the possible adverse effects before participating, and should ensure appropriate supervision and support is in place.

**Keywords:** Provers’ experience, human research, adverse effects, support, informed consent

### Objective homeopathic signs: how reliable are they?

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Successful homeopathic prescriptions depend on accurate individualisation of each patient, however, this remains a highly subjective and controversial aspect of practice. Traditionally individualisation was mainly based on the subjective symptoms of patients naturally collected through speech. For the past 30 years several researchers have paid particular attention to objective, mental and physical, signs in patients and correlated sets of them with definite homeopathic medicines. This approach allegedly allows for more accurate and faster decision-making on individualised homeopathic treatment, however, there are still no quantitative measures of its accuracy.

In parallel, Rutten prospectively subjected symptoms to likelihood ratio calculation, comparing their prevalence in good responders to different homeopathic medicines to their prevalence in the remainder of patients. Interestingly, one retrospective assessment of the likelihood ratio of a set of *Lycopodium* symptoms in patients responding well to this medicine compared to the rest of the population, pointed to what might be seen as a *Lycopodium* pattern.

We believe that both objective signs of patients and this Bayesian approach are relevant for real-life therapeutic decision-making in homeopathy. Especially as frequentist approaches, as in randomised control trials, have little to say to homeopaths for daily practice. Therefore, we'll start an international multicentre study to investigate the prevalence in the overall population of a set of physical signs considered characteristic of muriatic homeopathic medicines. This is the first indispensable step for later estimation of their likelihood ratio in prospective studies to assess their prognostic value.

In this presentation we'll briefly introduce the concept of individualising configurations of physical signs of homeopathic medicines. Next we'll discuss a protocol for multicentre estimation of the overall prevalence of a set of objective mental and physical signs of muriatic homeopathic medicines. Thus we expect to contribute to greater accuracy in individualised homeopathic therapeutic decision-making.

**Keywords:** Homeopathic individualisation, objective signs, configurations, prognostic value, Bayesian analysis



**Individualized homeopathy reduces symptoms of chronic Chikungunya in Haiti**

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**Background:** Chikungunya (CHIK), is a mosquito-borne illness with only symptomatic conventional treatment. Acute symptoms include severe joint pain, myalgia and fever, and may include rash, headaches, cervical adenopathy, and conjunctivitis. Acute symptoms typically resolve in days except for joint problems that may persist for several weeks, and in some cases become chronic with substantial impact on individuals' daily activities. CHIK became epidemic in the Caribbean in May 2014. Homeopaths Without Borders working in Haiti to train community health workers began a study after noting more rapid symptom resolution in patients treated with homeopathy.

**Methods:** Patients >25 years of age with CHIK symptoms for at least 6 months were recruited from four Haitian clinics in March 2015, given informed consent, and treated with a single remedy in 12C potency daily for one week. Medications for concurrent conditions were allowed, but patients taking steroids or NSAIDs were excluded. Five follow-up sessions were conducted at 2 and 6 weeks, 4 and 5 months with a final phone call at 7 months. Standardized questions at follow-up resulted in action to WAIT, REPEAT, or CHANGE the medicine. A Visual Analog Scale (VAS) (0-10) for level of current pain and a Quality of Life (QOL) scale (0-3) for effect of pain on daily activities were completed at baseline and at each follow-up. Mean scores from initial to final recorded were compared with paired two-sample mean t-tests.

**Results:** Of 171 enrolled, complete data from 67 patients who had at least 4 interviews was analyzed (mean age 46, 47F, 20M). VAS scores changed from 6.87 (+/- 5.15) to 4.40 (+/- 8.51),  $p < 0.001$ . QOL scores changed from 2.27 (+/- 0.62) to 1.46 (+/- 0.77),  $p < 0.001$ . Pain was the most common complaint followed by vision changes.

**Conclusion:** Individualized homeopathy reduces the symptoms of chronic CHIK. Remedy selection is for discussion.

**Keywords:** Chikungunya, Haiti, homeopathy

## **Development of a test system for homeopathic preparations using mercury-stressed duckweed (*Lemna gibba* L.)**

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**Objective:** A bioassay with arsenic-stressed duckweed (*Lemna gibba* L.) had revealed effects of potentized *Arsenicum album*. Our research question is whether this bioassay can be modified by using mercury for stressing the duckweed plants and by applying potentised mercury for treatment. In addition, by interchanging and combining the two stressors and the two potentised substances in the test system, we aim at developing a test system for the simile principle as well as at testing the basic principle of homeopathic combination remedies.

**Methods:** The experimental setting of Jäger et al. 2010 had to be built up at a new location and had to be adopted for the usage of mercury as a stressor for duckweed. Different soluble mercury compounds were screened to identify the most suitable stress factor (stable upon dissolution, low standard deviation, broad effect range, stable ED50 values). In addition, a growth chamber with homogeneous lighting and temperature condition as well as minimal air movement to prevent evaporation differences of the nutrient solution had to be designed and built.

**Results:** The highly standardized conditions which were reached by a special constructed growth chamber allowed achieving very small coefficients of variance (0.64 %). In three systematic negative control experiments no significant effects were observed ( $p=0.580$ ) which confirmed the appropriate applicability of mercury(II)chloride for stressing duckweeds and indicates a stable test system.

**Conclusion and Outlook:** A test-system which had revealed significant effects of homeopathic remedies on arsenic stressed duckweed was build up at a second location with mercury stressed duckweed. As next step, several mercury compounds (e.g. Mercurius corrosivus and Mercurius bijodatus) will be applied as potentised remedies at higher (24x - 30x) and lower (6x - 12x) potentisation levels. By interchanging and combining the stressors and the remedies, the impact of homeopathic remedies will be investigated.

**Keywords:** Mercury-stressed plant bioassay, basic research, *Arsenicum album*, homeopathy

**Measurement is the key to knowledge - registration in homeopathic practice**

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**Background:** Peoples' mean number of years with chronic diseases has increased significantly in the past decades. Observational research has revealed that patients who seek homeopathic treatment often have long-term illnesses. Practice-based registration could inform us about chronicity, co-morbidity, reasons for consulting a homeopath and changes of complaints. Identification of "best homeopathic cases" in a database could improve homeopathic practice.

**Objectives:** To investigate the feasibility of registration in daily homeopathic practice, to evaluate patient reported outcome measures (PROMs) and tools for identifying "best homeopathic cases".

**Methods:** Starting April 2015, 25 homeopathic doctors registered details of a maximum of 20 patients each, with 6 months follow-up per patient (extended follow-up for "best homeopathic cases"), in an Excel sheet or in the Homeopathic Administration and Registration Program (HARP). Informed consent was obtained from each patient. PROMs were: general health on a 0-100 VAS-scale and change of main complaint on a 7-point Likert scale. "Best homeopathic cases" were defined by: treatment with one homeopathic medicine only, ≥2 months follow-up, result score +2 to +4 on a 9-point Likert scale by the doctor and changes could be attributed to the homeopathic medicine.

**Results:** 399 patients were included. 43.1% wanted homeopathic treatment because conventional treatment had been ineffective. In 49.1% the main complaint had been present for ≥2 years. Most common main diagnosis was "fatigue" (n=56; 14%). Major improvement of main complaint (score +3) was reported by 22-26% at consecutive follow-up visits. Mean general health scores improved (13.1-18.6%). 195 patients were treated with a single homeopathic medicine. 66 "best homeopathic cases" were identified, 14 with psychological complaints (including sleep) as a main diagnosis, 10 with "fatigue" and 11 with respiratory tract complaints.

**Conclusions:** Registration of (co-)diagnoses, chronicity, treatments and outcomes in homeopathic practice, with specific identification of "best homeopathic cases" using the defined criteria, is feasible.

**Keywords :** Homeopathy, registration, best practice, PROMs, comorbidity, patient motives, chronic complaints

## **Homeopathy in the treatment of mental and behavioural disorders – a bibliometric analysis of published case reports**

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**Background:** The treatment of mental and behavioral Disorders (MBDs) is a challenge for all health care systems. Studies suggest that homeopathic treatment is potentially beneficial in the treatment of such diseases. While clinical research on this topic has been conducted in the past, a systematic investigation of case reports has not been done so far.

**Aim:** We aimed at illuminating the practice of treatment of MBDs in published case reports by means of a bibliometric analysis.

**Material and Methods:** We searched the journal *Allgemeine Homöopathische Zeitung* for published case reports between 1950 and 2015. Relevant treatment data (Patient data, Diagnoses, Remedy, Potency) and bibliographical data (Length and quality of article) was extracted for every single case. Moreover, the quality was rated based on the CARE-guidelines. Data was analyzed over the course of time using univariate statistics.

**Results:** 167 case reports (56.9% female patients, mean age 31.6 \_ 23.2) were included in this analysis. The majority of patients (28.7%) reported on neurotic disorders (F40-49) followed by affective disorders (F30-39: 21.0%) and behavioral and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98; 19.8%). Single case descriptions increased both with respect to page size (5.1 pages between 1950 to 1988 to 6.3 pages after 2010) and quality (CARE index (8.1 between 1950 to 1988 to 10.5 after 2010). No differences in trend however were found with respect to the use of high (83.2% in total) versus low potencies ( $p=0.16$ ) and with respect of the origin of the remedies ( $p=0.70$ ; mineral: 38.9%, herbal: 43.1%, animal: 9.6% others: 8.4% in total).

**Discussion:** Our review documents the use of homeopathic therapy in a broad range of indications. This collection thus may serve as a starting point for the conduction of larger observation studies and clinical trials of homeopathy in the field of MBDs.

**Keywords:** Mental and behavioral disorders, bibliometric analysis, case reports

**Phase transition based methods in research on homeopathy: a review**

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**Background:** There are different types of phase transition based methods (PTMs) applied in medicine. Two of them, the copper chloride crystallization and droplet evaporation method, find more and more often use also in homeopathic research. The results of the studies conducted until now indicate that PTMs seem to be highly interesting for the analysis of homeopathic treatment effects. Moreover they are time-saving, economic, and flexible (e.g. PTMs may be used on different kinds of experimental models). Here we present a review of PTMs applied in homeopathy (part of the project 'Systematic Review of Crystallization Processes Applied for Medical Purposes SyRCrysMed').

**Materials and methods:** Articles, book chapters, and other materials have been collected from scientific databases (using search terms ("HOMEOPATHY" or "HIGH DILUTIONS") and "CRYSTALLIZATION" or "PHASE TRANSITION"), Internet, and libraries. The literature was divided into experimental studies and other literature. Experimental studies were summarized in accordance to following criteria: method/ methodology/experimental model, homeopathic treatment, application. The publications regarding homeopathy were rated in accordance to predefined criteria concerning the REHBaR guidelines and crystallization methodology.

**Results and discussion:** 14 publications (7 articles, 3 abstracts, 4 book chapters) and 2 other on-line materials have been collected describing initially six different PTMs applied in homeopathy. Twelve experimental studies met the quality expectations of the predefined criteria and were considered for the review. All considered studies were basic research studies and concerned four different PTMs, 18 remedies, and potencies ranging from 1xH to 200cH (with lactose, and/or potentised or unpotentised water as controls). It seems that the development of PTMs was not constant over time: collected publications can be divided into old and recent studies, with a gap from 1975-2009.

**Conclusions:** The results of this review point at a high potential of PTMs in homeopathic basic research.

**Keywords:** Crystallisation, phase transition, homeopathy, patterns, review

**Reflections on possibilities of integration of homeopathy in publicly funded primary care: findings from a historical qualitative case study**Marija Kovandzic

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Optimal access to homeopathic treatment within publicly funded primary care remains a holy grail of many holistic healthcare pioneers. Numerous efforts, in both academic and clinical settings, were put in the last four decades towards building arguments, evidence base and policy conditions for an integrative primary care available to all. Yet the realisation of this vision remains scarce, while integrative care initiatives are often marginalised if not ostracised.

This presentation will report the findings on stakeholders' views about possibilities of integration of complementary and alternative therapies into national primary care services in Serbia, using homeopathy as an exploratory focus. The findings were produced within a wider research project, which explored diversity of complementary and alternative medicine (CAM) in Serbia between 2003 and 2006 and possibilities of establishing an integrative primary care. The overall research was designed as a qualitative case study drawing on the anthropology of policy approach that framed a complementary use of observations, document analysis and interviews. The research insights that will be discussed at this occasion were generated through a contextualised qualitative analysis of transcripts of in-depth interviews with 11 selected key actors: policy makers, medical managers of three primary care polyclinics and opinion makers on the homeopathic scene.

Along with widely reported quest for evidence, and less widely reported "battles" of evidence making, this piece of research also highlights the importance of "the politics of naming" and the agency of language in creation of professional identities and integrative power relations, so essential for any actualisation of integrative primary care. Further on, the findings point to theoretical tensions and variations in understanding homeopathy among the stakeholders, creating thus an impasse that could be partially resolved if focus is turned to practical manifestations and outcomes. Finally, the observed incentives for integration will be presented and discussed.

**Keywords:** Integrative healthcare, primary care, complementary and alternative medicine, homeopathy, historical case study, stakeholder analysis, anthropology of policy, power relations, Serbia

**Evaluation of homeopathic treatment in polycystic ovarian syndrome -a single blind randomized placebo controlled pilot study**

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**Background and Objectives:** Polycystic ovarian syndrome (PCOS) is an emerging health problem in young females characterized by ovarian dysfunction and hyperandrogenism affecting approximately 5-10% of the female population in developed countries. This study was conducted with the primary objective to evaluate the feasibility of efficacy study of homeopathic intervention in establishing the menstrual regularity with either ultrasonological improvement of polycystic ovaries (PCO) or improvement in hirsutism/ acne and the secondary objectives to assess the changes in ultrasound of PCO and quality of life through domain scores of Polycystic Ovary Syndrome Questionnaire (PCOSQ).

**Methods/Design:** A single blind, randomized, placebo controlled pilot study was conducted from February 2014 to May 2015 by Central Council for Research in Homoeopathy at its two research centres. The cases fulfilling the eligibility criteria were enrolled (n=60) and randomized to receive either the homeopathic intervention (n=30) or identical placebo (n=30) along with uniformly advised lifestyle modification (LSM) for six months.

**Result:** The primary objective was achieved in establishing the menstrual regularity with either ultrasonological improvement of PCO or improvement in hirsutism/ acne in 60% of the cases (n=18) in the homeopathy+LSM and none (n=0) in placebo +LSM group with p=0.001. Statistically significant difference (p= 0.016) was observed in reduction of inter menstrual duration (from  $76.1 \pm 37.7$  to  $46.6 \pm 38.7$  days) in the homeopathy when compared to placebo group (from  $93.0 \pm 65.2$  to  $93.9 \pm 96.2$  days). In PCOSQ, significant improvement was observed in the verum group in domains of weight, fertility, emotions and menstrual problems and no difference in body hair. Improvement in the ultrasound of polycystic ovaries was not statistically significant. Pulsatilla was the most frequently indicated medicine (n=10, 33.3%).

**Conclusion:** Homeopathic intervention along with LSM when compared with LSM alone is effective in the management of PCOS.

**Keywords:** Homeopathy, hyperandrogenism, LSM, menstrual regularity, PCOS, PCOSQ

# **Reproducibility of the effects of homeopathically potentised *Argentum nitricum* on the growth of *Lemna gibba* L. in a randomised and blinded bioassay**

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**Background:** A previous study reported a significant statistical interaction between experiment date and treatment effect of *Argentum nitricum* 14x $\ll$ 30x on the growth rate of duckweed (*Lemna gibba* L.). The aim of the present study was to investigate the stability of the test system and intra-laboratory reproducibility of the effects found.

**Methods:** Duckweed was treated with *Argentum nitricum* potencies (14x $\ll$ 30x) as well as as succussed and unsuccussed water controls. The outcome parameter area-related growth rate for day 0 $\ll$ 7 was determined by a computerised image analysis system in two series of independent randomised and blinded experiments. Systematic negative control experiments were carried out to investigate test system stability. Statistical analysis was performed with full two-way ANOVA and protected Fisher's LSD test.

**Results:** In the first repetition series we found a significant treatment effect ( $p=0.0156$ ), while in the second series no effect was observed. The negative control experiments showed that the experimental system was stable. An a posteriori subgroup analysis concerning gibbosity revealed the importance of this growth state of *Lemna gibba* for successful reproduction of the statistically significant interaction in the original study; flat: no interaction ( $p=0.7615$ ); slight gibbosity: no interaction ( $p=0.3557$ ); medium gibbosity: significant interaction ( $p=0.0308$ ), high gibbosity: highly significant interaction ( $p=0.0050$ ).

**Conclusions:** With the original study design (disregarding gibbosity status of *Lemna gibba*) results of the original study could not be reproduced sensu stricto. We conclude that the growth state gibbosity is crucial for successful reproduction of the original study. Different physiological states of the test organisms used for bioassays for homeopathic basic research must carefully be considered.

**Keywords:** Duckweed (*Lemna gibba* L.), silver nitrate, gibbosity, reproduction study



**Why is catalase so fast? A holistic approach to enzyme biochemistry**

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**Introduction:** Conventional (reductionist) biochemistry is like a theatrical performance: our attention is on the main 'actors'; nucleic acids, proteins, lipids, etc. Little attention is paid to their 'theatre of operations', the cell's inner aqueous/semi-aqueous environment, which nurtures and ultimately enables all their intricate coordinated reactions. In this talk, I will show how by making these aqueous-mediated relationships more explicit, a holistic (more homeopathically friendly) understanding of enzyme action is possible, that does not contradict known text-book enzyme kinetics.

**Purpose of Study:** As vital parts of our immune systems, catalases are some of the most efficient enzymes known, breaking down dangerous hydrogen peroxide ( $\text{H}_2\text{O}_2$ ) at around tens of millions of molecules per second. Conventional biochemistry suggests this reaction rate depends on a random, diffusion-limited mechanism in which  $\text{H}_2\text{O}_2$  molecules meander through the cellular aqueous medium, down channels from the enzyme surface, into its reactive sites. It is difficult to square this mechanism with the phenomenal rapidity of catalase kinetics.

**Method:** An alternative mechanism is proposed in which catalases act as epicentres of an extended network of hydrogen-bonded water and  $\text{H}_2\text{O}_2$  molecules, stretching out far beyond the enzymes' active sites, into the cell's internal aqueous medium. As catalases function, they provide coherent oxidative 'pulses', which rapidly spread throughout the H-bonded network, effectively 'unzipping'  $\text{H}_2\text{O}_2$  molecules as far as they extend from the enzyme.

**Result/discussion:** This 'memory-of-water'-like mechanism predicts catalase  $\text{H}_2\text{O}_2$  disproportionation should occur outside the enzyme. An experimental protocol is proposed to test this prediction.

**Keywords:** Holistic biochemistry, catalase enzymes, hydrogen peroxide disproportionation, hydrogen-bonded networks, memory of water

## ***Genus epidemicus*: are quantum-based metaphors necessary for the homeopathic understanding of epidemic disease?**

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**Introduction:** This research grew out of discussions during the Rome HRI Conference. Patient-Practitioner-Remedy (PPR) entanglement postulates non-local interaction between patient (Px), practitioner (Pr), and potentised medicine (Rx), resulting in the patient's 'journey to cure'. The in-depth homeopathic interview is thought to be a major contributing factor instigating PPR entanglement. Simultaneously, a quantised gyroscopic metaphor for the Vital Force (Vf) had also been developed.

**Research question:** The question raised in Rome was whether entanglement metaphors were necessary for explaining homeopathy's mode of action during the treatment of epidemic diseases. Here, the individualising in-depth homeopathic interview is neither possible nor indeed necessary. Does this mean the whole notion of PPR entanglement is at best irrelevant?

**Method:** Re-evaluation of the Vf metaphor's mathematical form found it limited to the in-depth patient/practitioner consultation in chronic dis-ease. A more generalised form of this metaphor was developed. In addition, an earlier metaphor based on quantum field theory, and PPR entanglement itself, was also re-evaluated.

**Results, discussion, and conclusion:** The more generalised Vf metaphor was applicable to epidemic diseases. Here, a single, over-arching 'entangled' Vf 'wave-function' for all susceptible beings was identified which disappeared after practitioner intervention. An analogy was drawn with semiconductor physics. *Genus epidemicus* is likened to an 'n-type dopant', which forms a 'p-n junction' with 'p-type' dis-ease. 'Rectification' (i.e., cure) then occurs. Using the quantum field theory metaphor, *genus epidemicus* is thought to act like a 'gauge field', restoring 'global invariance' (i.e., health) to the symmetry-broken (i.e., dis-eased), symptom expressing, over-arching Vf. Thus, entanglement metaphors are not only applicable to the homeopathic therapeutic process in the one-to-one in-depth chronic or acute consultation, they are also relevant to describing homeopathy's mode of action in epidemic disease.

**Keywords:** Epidemic disease, *Genus epidemicus*, entanglement metaphors, Vital Force

**Future directions for homeopathy research**

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The field of homeopathy research is expanding, with a wide array of different types of studies investigating various aspects of this complex and controversial topic. Good quality research is absolutely essential, therefore it is vital that there is debate, discussion and collaboration within the profession about the directions of future research. Mindful of this a Delphi study was designed to gather the opinions of experts in the domains of homeopathy research and practice to identify significant and impactful research relating to homeopathy, and to ascertain future research priorities for the homeopathy profession. The Delphi technique is an iterative group communication process using a sequence of written questions and/or statements, which are distributed to a panel of expert respondents. This technique is particularly suited to working towards consensus-building in complex problems and/or emerging fields. This paper will present the resulting collation of expert opinion identifying significant and impactful homeopathy research and establishing research priorities for the future. It is envisaged that this research will provide direction for future research collaborations and inform guidance for new researchers undertaking relevant Masters and PhD studies.

**Keywords:** Homeopathy, research, future directions, building consensus, Delphi study

**Individualized homoeopathic intervention (IHI) in diabetic foot ulcer (DFU) : a randomized controlled pilot study (RCPS) using *Calendula Q* vs normal saline (NS) for ulcer dressing**

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**Background & objectives:** Despite standard management strategies, healing rates of DFUs remain low and complete healing remains a challenge posing risk of Lower Extremity Amputation (LEA). Meta-analysis of 10 control groups of clinical trials, using good standard wound care demonstrated the weighted mean rates of healing 24.2% over 12weeks, 30.9% over 20weeks. A study with IHI + *Calendula* dressings showed mean rates of healing 90.5% over 12weeks, significant when compared to accepted duration for healing studies. The present study was undertaken to evaluate if *Calendula Q* have added benefit over IHI. The primary objective is to achieve complete epithelialisation within 20weeks and secondarily to assess the changes in QOL using DFU Scale - Short Form (DFU-SF) questionnaire.

**Methods/Design:** Uni centric, RCPS with a 20 weeks intervention is being conducted since May 2014. 216 cases screened and cases fulfilling eligibility criteria are enrolled (n=34), randomized into IHI with *Calendula Q* dressing, Group I (n=23) or IHI with NS dressing, Group II (n=11) to maintain wound hygiene along with routine diabetic conventional medication for sugar control.

**Result:** Interim analysis is done for the 30 completed cases (Group I, n=19, 63.3% and Group II, n=11, 36.7%). There is statistically no significant difference (P=0.671) found in mean time of ulcer healing in both groups affirming the efficacy of IHI irrespective of the medication used in dressing. The mean healing time found to be much less when compared to previous studies (Group I = 11 weeks, Group II = 10weeks). *Arsenic album* (n=11, 36.7%) and *Silicea* (n=12, 40%) were the most frequently indicated medicines.

**Conclusion:** Add on IHI with standard conventional diabetic management and wound hygiene can effectively lead to early, complete epithelialisation of Wagner's 1st, 2nd stage of DFUs, reduction in the incidence of LEA, usage of antibiotics and financial burden. Further RCTs to be undertaken with standard treatment strategy to establish IHI for early wound healing to prevent LEA.

**Keywords:** Homoeopath, DFU, DFU-SF, *Calendula*, wound hygiene

## Individualized medicine and homeopathy: an inseparable entity? A review of current research and literature

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**Background:** Personalized and individualized medicine is becoming increasingly relevant in actual discussions on the future of healthcare. While the term personalized is mainly used for the orientation of medicine towards individual genetic and molecular characteristics of a person, others have located and embedded the concept of PM in the framework of integrative medicine taking into account that patient-centered health-care not only focuses on biological, but also on mental, sociocultural and spiritual aspects of the patient.

**Aim:** Based on a review of current research and literature we aimed at illuminating the practice, the historical foundations and some scientific questions concerning Homeopathy in the context of individualized medicine.

**Material and Methods:** We searched the databases PubMed and Google Scholar for publications concerning Homeopathy in the context of individualized medicine. Articles were subdivided into theoretical works (i.e. historical notes of Hahnemann), basic research and clinical research and then condensed.

**Results:** Taking a historic look at the homeopathic understanding of sickness and disease a dichotomy between a “specific” (Hahnemann’s considerations on “diseases with a constant character”) and individualized approach becomes evident. This dichotomy is also reflected in clinical and preclinical research. Clinical homeopathy is easier to fit in the scheme of a common randomized controlled trial since a certain complex of symptoms is attributed to a certain remedy, which can be tested against placebo. In preclinical research, individualized test designs were found to be difficult. At present, preclinical test systems for individualized homeopathy have been used only for human *ex vivo in vitro* systems.

**Discussion:** Homeopathy involving individualization as well as generalization is very well suited to serve as an example to test different methodological approaches to study individualized medicine. Our short review implies that further investigations should be done to move research forward in this field.

**Keywords:** Diseases with a constant character, individualized medicine, basic research, clinical research

**Clificol: first cases output**

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**Background:** Clificol is an International databank able to store and analyze clinical cases collected from over 30,000 RadarOpus users and in future from any homeopath via dedicated web page. The homeopath will first collect the data in WinCHIP which guarantees the completeness of information with the standardization of the information (thanks to the use of dedicated pick list). The stored data will be validated by WinCHIP and after will be sent to Clificol databank where it will be however checked by a qualified staff in order to ensure the integrity of all the data.

**Description:** We analyze the output of the data from different side:

- Epidemiological: patient age, gender, acute and chronic illness distribution
- Homeopathic: frequency of prescription, guiding symptoms and methodological approach that we consider important for the completeness of the case.

**Result / conclusion /discussion:** The Author will show the case created with the help of technology aiming to obtain high quality data, though considering the open problems that the homeopathic research involves. The collected data in its completeness will be the object of study.

**Keywords:** Clificol, WinCHIP, RadarOpus, data collection, homeopathic international database, case analysis, clinical methodology, objective and subjective information

**Homeopathic add-on treatment to improve rehabilitation and quality of life in brain tumor patients following surgery - an exemplary case study**

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**Question:** How can a homeopathic follow-up treatment improve the recovery, rehabilitation and quality-of-life in patients suffering from brain damage after surgery?

**Background:** Presentation of two exemplary case studies of patients with different brain tumors after incomplete resection due to partial inoperability. Homeopathic follow-up treatment was initiated as a palliative measure after conventional treatment options had been exhausted.

**Method:** Upon initial homeopathic case taking both patient presented with neurologic signs and symptoms of slowed speech, reduced memory and cognition. Both patients had been attested greater than 75% working disability due to short term memory impairment and marked depression. Homeopathic treatment of the patients was initiated with a true simillimum remedy which was not changed throughout the entire treatment period since 2006. The only variation were adjustments in potency. Despite a poor initial prognosis, the psychologic quality-of-life parameters of the patients improved within days of initiation of homeopathic treatment. This initial result was followed by a gradual but steady improvement of neurologic deficiencies continuing for 10 years to date.

**Results:** Initial patient condition and follow-up progress have been video-documented over the years and will be presented with patient consent. These cases exemplify the extraordinary potential for symptomatic as well as quality-of-life improvements by an exacting a homeopathic simillimum follow-on care.

**Keywords:** Simillimum, tumor therapy, follow-up treatment, quality-of-life

## Significant and sustained improvement in patients with post-traumatic disorder following single-remedy simillimum prescriptions

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**Introduction:** An evaluation of long-term outcomes of patients in our practice revealed that true simillimum prescriptions did not require any change of remedy for a sustained and comprehensive curative effect. This curative effect extended beyond physical symptoms to profound psychological improvements in patients with major depressive and post-traumatic disorders.

**Method:** We evaluated the long-term outcome of a subgroup of depressive patients that had presented with severe post-traumatic disorders. They all had undergone different therapies before they first came to our clinic. All were still suffering substantially.

**Results:** Whenever a true simillimum prescription - according to the standards of our long-term evaluation - was reached, each of these patients showed a pronounced healing effect in severe post-traumatic disorders. Four different exemplary cases of post-traumatic disorder will be presented with their respective prescription process and long term outcomes.

**Video:** The presentation will be summed up by a patient-authorized video documentation of one patient with a long-lasting history of severe post-traumatic insomnia. The patient had a history of three different severely traumatizing events on separate occasions from childhood until parenthood. Following the third and last extremely traumatizing event in her life, she developed a severe insomnia which persisted for several years. This insomnia compounded by the patient's being a single working mother of a severely disabled child led to a serious burn-out.

**Conclusion:** The case exemplifies how it is possible to determine the exact simillimum despite a host of convoluted and potentially misleading information. Video documentation includes the phase of re-kindled joy empowering her to take up new responsibility as the general manager of a well run refugee relief program for an entire city.

**Keywords:** Simillimum, case study, post-traumatic disorder, depression



## The journey through new drug discovery in homeopathy

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**Objective:** Sharing research experience of over a decade through new homeopathy drug discovery by a clinical homeopath.

**Abstract:** Sharing the experiences and the outcome, the challenges and solutions in the process of new drug discovery in homeopathy. Development of following new drugs:

1. HIV nosode
2. Hepatitis C nosode
3. Mycobacterium Tuberculosis nosode
4. Capsaicin
5. Hydroquinone
6. Cancer nosode
7. Malaria nosode

Each of the above drugs underwent one or more of the following processes/studies:

1. Preparation and standardization (all seven)
2. Homeopathic Pathogenetic trials (four)
3. Human Clinical trials (four)
4. Animal model studies (two)
5. In-vitro model studies (three)

**Results:** Seven new drugs developed and a roadmap to new drug discovery shared.

**Keywords:** New drug discovery, homeopathy, nosodes, HIV, Hep C, Mycobacterium tuberculosis, Capsaicin, Hydroquinone, cancer nosode

**Homeopathy reduces service users' self-reported emotional distress in a charity supported rural community clinic in Ghana**

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**Background:** Mental illness is often stigmatised in Ghana. The World Health Organisation has estimated that as few as 2% of Ghanaians with mental health needs are able to access treatment. To approach this shortfall the charity Ghana Homeopathy Project (GHP) supports the use of homeopathy in community clinics to improve Ghanaians' psychological health and well-being.

**Objectives:** To perform an audit of GHP partnered clinic service users and assess the impact of homeopathy in the Mafi Seva Community Clinic (MSCC) on service users' self-reported levels of emotional distress.

**Methods:** The audit was performed in two GHP partnered clinics; one in the rural setting of MSCC in the Volta region and one in the urban setting of Accra (participants N=326). The service evaluation was performed solely in MSCC (N=65). Socio-demographic and clinical data were collected using standardised forms; emotional distress was assessed using the validated Schwartz Outcome Scale (SOS-10).

**Results:** Over 90% of participants in both the audit and service evaluation presented with predominantly physical chronic (>1 year) complaints. Despite the low prevalence of mental/emotional presenting complaints assessment of SOS-10 scores and changes in emotional distress across three consecutive homeopathic appointments showed a clear and statistically significant improvement (Friedman test,  $p < 0.001$ ; median score change of 8). Prevalence of "Severe" distress (SOS-10 score 1 - 22) was reduced from 66.2% at baseline to 13.8% after three appointments.

**Conclusions:** GHP partnered community clinics provide a valuable service to Ghanaians, satisfying an unmet need for support and treatment of a range of health problems including psychological well-being. Such clinics could contribute to delivering community-based mental health services as outlined in the Mental Health Act (2012), through providing a service that is clearly of benefit to its users.

**Keywords:** audit, service evaluation, psychological well-being, community clinic, charity, Ghana

**Analysis of cases with panic attacks treated with classical homeopathy**

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**Background:** Panic attacks are a common mental problem with a lifetime prevalence -according to published studies- of about 13%.

**Aim:** The aim of this study is to investigate panic attacks disorder in patients who sought homeopathic treatment.

**Methods:** Data was collected from cases submitted by homeopaths using VithoulkasCompass online software. We included cases with the rubric “MIND- FEAR - sudden (panic attacks)” underlined by homeopaths at least to the 2nd degree. The period of collection was from September 2014 until September 2016. Prescriptions were being self-evaluated by the prescribing homeopaths. The study includes 191 consultations with their evaluated follow ups from a total number of 2681 consultations with panic attacks. The most frequent prescribed remedies and their success rates were evaluated. The success rate of each remedy is calculated as the percentage of prescriptions with large and moderate improvement, compared to the total number of the prescriptions of the remedy.

Furthermore the most common symptoms that accompany panic attacks were identified.

**Results & Conclusion:** The most commonly prescribed remedies were Aconitum, Phosphorus, Arsenicum album, Stramonium and Natrum muriaticum. The remedies with the best reported results were *Arsenicum album*, *Argentum nitricum*, *Natrum muriaticum*, *Kali arsenicosum*, *Phosphorus*, *Stramonium* and *Aconitum*. The prescribed remedies’ success rate ranged from 45% to 70%. The most frequent symptoms that accompany panic attacks -as derived from the used rubrics - are mental symptoms with prevailing “anxiety about health” and “fear of death”. Further research is needed in order to reach more concrete conclusions about the frequency of remedies and other aspects of successful prescriptions in panic attacks with classical homeopathy.

**Keywords:** Panic attacks, classical homeopathy, Vithoulkas Compass

**A randomised placebo control parallel group study to evaluate efficacy of homoeopathic medicine in patients with rheumatoid arthritis**

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**Background:** Rheumatoid arthritis is a chronic, progressive, debilitating autoimmune disease that occurs in approximately 1% of adults, in a female: male ratio of 2.5:1.

**Aim:** The purpose of this study is to determine the efficacy of homoeopathic medicines in patients with rheumatoid arthritis.

**Methodology:** 120 subjects were enrolled in the study in a ratio of 1:1, assuming 20% drop-outs to obtain 96 evaluable subjects at Day 84; i.e. 60 subjects were randomly allocated to homoeopathic treatment arm, while another 60 were allocated placebo. Proportion of patient with an ACR20 response in both treatment groups on day 84 was compared to baseline. Another secondary variable is change from baseline in disease activity score 28 C reactive protein (DAS28-CRP) on day 84.

**Results:** Out of 120 subjects, 16 subjects dropped out and 104 subjects completed the study and in study out of 104 subjects, 54 subjects received homoeopathic medicines and ACR20 responders in treatment arm were 13 (23%) and 41 (77%) subjects were ACR20 non-responder. While in placebo arm 50 subjects received placebo, out of 50, 3 (6%) subjects were ACR20 responder and rest 47 (94%) subjects were non responder. No remarkable change was seen with placebo in DAS28-CRP. There was positive relation between baselines DAS28-CRP as compare to DAS28-CRP on 84<sup>th</sup> day.

**Conclusion:** Homoeopathic medicines have significant effect in patient with RA and homoeopathic treatment lowers the intake of pain killer. But study for longer duration is needed.

**Keywords:** Rheumatoid arthritis, DAS-disease activity score, ACR20

## Opportunities and limitations of the N-of-1 clinical trial design in homeopathy research

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**Background:** The randomised controlled trial (RCT) is considered the “gold standard” for establishing treatment efficacy or effectiveness, but it cannot inform if an intervention will be effective in a particular individual. Given homeopathy’s personalised approach to treatment, there is intrinsic logic in exploring the opportunities for a supplementary research approach: the N-of-1 clinical trial, in which each subject is his or her own control for the test intervention. To date, no N-of-1 trials in homeopathy have been published in the peer-reviewed literature.

**Objective:** To examine the opportunities and the limitations of applying the N-of-1 clinical trial design in homeopathy research, illustrating these by an example of a planned N-of-1 trial.

**N-of-1 trial design:** The value of the N-of-1 approach is its basis in single-case investigative design while integrating many conventional RCT approaches such as randomisation, blinding, and crossover study design. In general, limitations are as for conventional crossover RCTs, being recommended restrictively for chronic stable, episodic, periodic or seasonal conditions, and for interventions with relatively rapid onset and cessation of effect, with negligible carryover. Data from several similar N-of-1 trials can be aggregated, offering potential for more generalisable conclusions.

**Example:** Planned investigation of differences in short-term clinical outcomes for patients with seasonal allergic rhinitis in two different series of N-of-1 trials, comparing antihistamine with (i) an individualised homeopathic prescription, or (ii) *Galphimia glauca* C6. For each series, data will be aggregated by meta-analysis.

**Conclusion:** The N-of-1 trial design has the potential to be a relevant and high-quality research tool in contributing to homeopathy research. Its applicability requires evaluation in practice.

**Keywords:** N-of-1 trial, research methodology, homeopathy, seasonal allergic rhinitis

***Typhoidinum* in clinical practice: some preliminary observations from a case series**

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**Background:** Nosodes are homeopathic preparations either obtained from diseased pathological secretions/ excretions or from microbial cultures of microorganisms. For the homoeopathic remedy Typhoidinum, we use the lysate of *Salmonella typhi* capable of producing bacterial endotoxins. Proving data for nosodes is rudimentary but evidence of their clinical effectiveness in various diseases has been reported/ experienced.

**Objectives:** To compile some preliminary observations, until Typhoidinum is proved thoroughly, so as to identify (1) any useful pattern of symptomatology/ indications that emerges, (2) the various clinical conditions in which prescribed, (3) period of response (clinically significant improvement) to the remedy, and (4) the mean time of recovery in each diagnostic condition.

**Materials & methods:** 27 patients presenting with ailments after/ never been well since typhoid were prescribed the remedy in Centesimal or LM potencies and analysed for subjective/ objective changes during each follow up as per their clinical diagnosis.

**Results:** There were 27 patients (16 female and 11 male) between the age group of 9 and 71 years (mean age 35.89 years) and clinical recovery was recorded in 33 different clinical conditions including recurrent fevers, migraine, GERD, Meniere's disease, depression, plantar warts, etc. During the course of treatment, few constitutional features viz. anxious and allergic personalities, craving for spicy foods, etc. were also identified in the treated group.

**Conclusion:** Typhoidinum has been a part homoeopathic literature for over a century now. Barring a few anecdotal experiences, neither has it received a thorough proving nor is there enough pharmacological data that can guide us in prescribing the remedy with surety. The remedy when prescribed purely on the aetiological basis (anamnesis) was found to be effective in 27 patients suffering from varied diseases. There appears to be scope for a properly designed proving of this nosode, which can be a useful addition to the materia medica.

**Keywords:** Homeopathy, Typhoidinum, case series

**Retrospective analysis of usage of a polychrest homeopathic remedy, *Lachesis*, in a primary health centre**

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**Introduction:** Polychrest remedies in homoeopathy like *Lachesis*, are commonly found indicated in both acute and chronic clinical conditions. During the period between April 2012 to March 2013, more than 21000 patients visited the primary health center (homoeopathy) of Delhi Government at Aali village, out of which 296 or 1.4% presented with keynote symptomatology of *lachesis*. It was therefore decided to analyse the usage of the polychrest remedy retrospectively.

**Objectives:** To identify, with respect to the polychrest remedy, *lachesis*: (1) The various clinical conditions in which it was prescribed (2) Prominent symptomatology indicated in these diverse conditions (3) Period of response to the remedy in various morbid conditions, and (4) Wherever possible, gauge the mean time of recovery in each diagnostic condition.

**Materials & methods:** A retrospective data analysis of 193 patients confirming with the defined inclusion criteria was conducted.

**Results & discussion:** The patients were aged from 6 months to 70 years with 29.6 years being the mean age of presentation; out of these 67 were males and 126 were females. 25 characteristic features/ concomitant symptoms or modalities of *lachesis* from textbooks of homoeopathic materia medica guided the remedy selection in 36 different diagnostic conditions, out of which nearly 19 are mentioned as keynotes by Henry Clay Allen. Common symptoms were not of any use in homeopathic remedy selection.

**Conclusion:** The prescribing of *lachesis* in the 193 patients with 36 diverse clinical conditions was validated by merely 28 symptoms. It was also verified that the response to indicated homoeopathic remedy could be judged within a few hours in various acute conditions. Since the follow up was frequent, time required for symptomatic relief and complete recovery could also be identified in many cases. Further data analysis can provide more conclusive evidence.

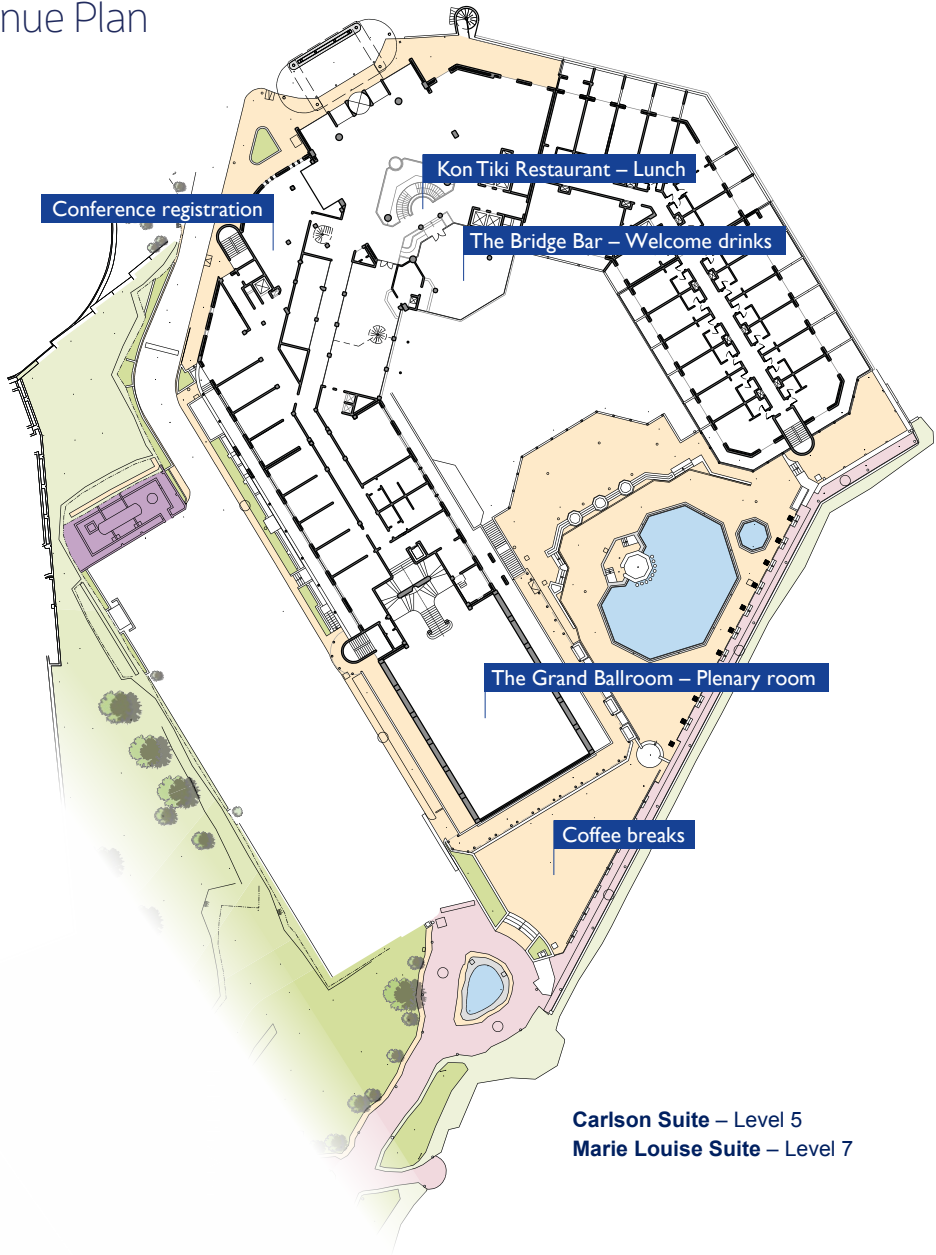
**Keywords:** Homeopathy, polychrest remedy, *Lachesis*, clinical validation

# Notes



# Notes

# Venue Plan



## Thursday

|               |                                      |
|---------------|--------------------------------------|
| 14:00 – 17:00 | Pre-Conference Workshop              |
| 18:00 – 20:00 | Conference Registration              |
| 18:30 – 20:00 | Welcome Drinks<br>Bridge Bar Terrace |

## Friday

|                       |   |
|-----------------------|---|
| 08:00                 | Registration opens                                  |
| <b>Grand Ballroom</b> | <b>Plenary Sessions (full day)</b>                  |
| 09:00 — 09:30         | Opening Ceremony                                    |
| 09:30 — 10:30         | Adjunctive Homeopathic Treatment in Cancer Patients |
| 09:30                 | Prof Michael Frass                                  |
| 10:10                 | Dr Elio Rossi                                       |
| 11:00 — 12:30         | Homeopathy and AMR                                  |
| 11:00                 | Alison Fixsen                                       |
| 11:15                 | Dr Peter Fisher                                     |
| 11:30                 | Petra Klement                                       |
| 11:45                 | Dr Suresh Sampath                                   |
| 12:00                 | Discussion  |
| 14:00 — 15:20         | Systematic Reviews of Clinical Research             |
| 14:00                 | Rachel Roberts                                      |
| 14:20                 | Dr Robert Mathie                                    |
| 14:40                 | Dr Katharina Gaertner                               |
| 15:00                 | Updates   |
| 15:50 — 16:50         | Poster Talks  |
| 15:50                 | Dr Stephan Baumgartner                              |
| 16:00                 | Dr Joyce Frye                                       |
| 16:10                 | Dr Gualberto Diaz-Saez                              |
| 16:20                 | Zofia Dymitr  |
| 16:30                 | Dr Lefteris Tapakis                                 |
| 16:40                 | Dr Carlo Rezzani                                    |
| 16:50                 | Dr Lionel Milgrom                                   |
| <b>Carlson Suite</b>  |   |
| 17:00 — 19:00         | Poster Session & Drinks                             |
| 19:30                 | Dinner at Razzet L-Antik                            |

## Saturday

|                       |  |
|-----------------------|--|
| <b>Grand Ballroom</b> | <b>Plenary Session (morning)</b>         |
| 09:10 — 10:30         | Lab-based Research & Mechanism of Action |
| 09:10                 | Dr Stephan Baumgartner                   |
| 09:50                 | Dr Alexander Tournier                    |
| 10:10                 | Dr Steven Cartwright                     |

|               |   |
|---------------|---|
| 11:00 — 12:20 | Hospital-Based Research & Panel Session |
| 11:00         | Dr Emma Macías-Cortés                   |
| 11:40         | Panel session                           |

## Parallel sessions (afternoon)

|                       |   |
|-----------------------|---|
| <b>Grand Ballroom</b> |   |
| 14:00 — 15:20         | Clinical Research (1)                       |
| 14:00                 | Dr Rajesh Shah                              |
| 14:20                 | Dr Sadanandan Gopinadhan                    |
| 14:40                 | Philippa Fibert                             |
| 15:00                 | Dr Lex Rutten                               |
| <b>Carlson Suite</b>  |   |
| 14:00 — 15:20         | Plant-Based Research & Qualitative Research |
| 14:00                 | Anezka Marie Sokol                          |
| 14:20                 | Annekathrin Ücker                           |
| 14:40                 | Dr Maria Kokornaczyk                        |
| 15:00                 | Dr Irene Schlingensiepen                    |

|                       |                            |
|-----------------------|----------------------------|
| <b>Grand Ballroom</b> |                            |
| 15:50 — 17:10         | Provings & Methodology     |
| 15:50                 | Dr Robbert van Haselen     |
| 16:10                 | Prof Ashley Ross           |
| 16:30                 | Dr Peter Smith             |
| 16:50                 | Dr Christien Klein-Laansma |

|                      |                                  |
|----------------------|----------------------------------|
| <b>Carlson Suite</b> |                                  |
| 15:50 — 17:10        | Cell-based & Veterinary Research |
| 15:50                | Dr Leoni Bonamin                 |
| 16:10                | Dr Gustavo Aguilar-Velazquez     |
| 16:30                | Dr Sophie Scheffer               |
| 16:50                | Dr Cidéli Coelho                 |

## Gala Dinner

## Sunday

|                       |                                  |
|-----------------------|----------------------------------|
| <b>Grand Ballroom</b> | <b>Plenary Session (morning)</b> |
| 09:10 — 10:30         | Clinical Research (2)            |
| 09:10                 | Sandra Würtenberger              |
| 09:30                 | Dr Michal van Wassenhoven        |
| 09:50                 | Dr Klaus von Ammon               |
| 10:10                 | Dr José Enrique Eizayaga         |
| 11:00 — 12:20         | Clinical Research (3) & Provings |
| 11:00                 | Prof Ka Lun Aaron To             |
| 11:20                 | Dr Robert Mathie                 |
| 11:40                 | Prof Harald Walach               |
| 12:20 — 12:30         | Closing ceremony                 |



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