

## Spanish Medical Council recognises homeopathy

Last December the Spanish Medical Council, Organización Médica Colegial de España, adopted a resolution to recognise the practice of homeopathy as a medical act.

Some excerpts from that resolution:

"The Council takes the position that homeopathy should fulfil the same scientific and ethical requirements as any other medical activity."

"The Council assumes its rightful role in defence of society and citizens' health, based on the fundamental premise that any therapy, conventional or not, allopathic, holistic or homeopathic, is a medical act which requires a prior diagnosis of its therapeutic indication and application, and should necessarily be made by an individual who is legally qualified and authorized to do so, which means a physician."

"Regardless of their results, all activities concerning a person's health are regarded as health acts. If, in addition, they require a diagnosis, they become a medical act. Under existing law, in order to give a correct diagnosis a body of knowledge is essential which only medical doctors have acquired."



"Homeopathic doctors are trained in both conventional medicine and homeopathy, and only their diagnosis and differential diagnosis ensures that citizens will receive a correct therapeutic approach, avoiding, above all, the error of omission and the delay in necessary treatment that, regardless of their effectiveness, may endanger their lives".

"Homeopathy should be subject to the same ethical and scientific criteria as any other medical activity. Thus, to prove, scientifically, its effectiveness and efficiency through the implementation of relevant studies, developed with sufficient rigour and adequate methodology".

## International Homeopathy Day in Slovenia

On 8 April, the Slovenian Homeopathic Society (SHD), the International Homeopathic Medical League (LMHI) and the European Committee for Homeopathy (ECH) jointly organized an International Symposium on Homeopathy to celebrate the International Homeopathy Day and to promote public awareness of the regulatory status of homeopathy in Slovenia.

According to the Law on Healing Practices that came into force in October 2007 only medical graduates are allowed to legally practise homeopathy. But if medical doctors start practising homeopathy, the Slovenian Medical Chamber will suspend their medical licence. The Chamber takes the position that medical doctors with a licence can only practice scientific medicine and that homeopathy is not based on sound scientific evidence. Homeopathic doctors are then no longer allowed to practise conventional medicine.

The Executive Committees of LMHI and of ECH were present at the International Symposium for support, lectures and talks with high-ranking authorities. About 160 participants attended the bilingual conference, held in Slovenian and English, that was moderated by Dr. Milan Jazbec, Diplomat and Professor of Diplomacy at the Faculty of Social Sciences in Ljubljana. On the website of the [Slovenian Homeopathic Society](#) the video, photo album and presentations are available.

In the opening remarks, the Slovenian Human Rights Ombudsman Dr. Zdenka Cebašek-Travnik highlighted the "Synergy between conventional and complementary medicine". Both LMHI President Dr Ulrich Fischer and ECH President Dr Ton Nicolai gave presentations about the position of homeopathy in the world and in Europe.

The great success of the joint SHD-LMHI-ECH event was reflected in the positive media coverage: The conference gained national media interest from newspapers and magazines to TV and radio. On April 14, the Slovenian weekly *Nedeljski dnevnik* – with the largest printed edition and a readership of about 300 000 (population of Slovenia is around two million) – published a whole page report of the event titled *Homeopathy: known for a long time, but not yet recognised*. Press interviews with Dr Ulrich Fischer and Dr Ton Nicolai were published in the Slovenian newspaper *Vecer*.

Dr Ton Nicolai and Dr Ulrich Fischer had meetings with different key players in the health policy field. At the event itself with the President of the Committee on Health in the Parliament. After the event, together with Dr Irina Gorišek and Dr Katarina Velikonja from the Slovenian Homeopathic Society, they had official meetings with officials of the Ministry of Health, Slovenian Medical Association, Medical Faculty in Ljubljana, National Medical Ethical Committee and Academy of Science.



## Biased UK Parliamentary Committee report

In a report published 22 February 2010, the Science and Technology Committee of the United Kingdom House of Commons concludes that homeopathy is not efficacious (that is, it does not work beyond the placebo effect), that explanations for why homeopathy would work are scientifically implausible and that further clinical trials of homeopathy could not be justified. Furthermore, it concludes that the NHS should cease funding homeopathy and that the Medicines and Healthcare products Regulatory Agency (MHRA) should no longer license homeopathic medicines. The full report as well as all written and oral evidence that was submitted to the Committee is available [here](#).

The British Homeopathic Association and Faculty of Homeopathy find the Science and Technology Committee report sets out recommendations that are completely unfounded and reflect the biased nature of the Committee's review of evidence. The BHA and the Faculty refute the committee's premise that the research evidence clearly indicates that the effects of homeopathy can be primarily attributed to the placebo effect. Evidence from RCTs and systematic reviews and meta-analyses of such research do not support such a view. For instance, five systematic reviews that focused on specific medical conditions concluded there was positive evidence for homeopathy (childhood diarrhoea; post-operative ileus; seasonal allergic rhinitis; vertigo).

The Committee also argued that the notion that ultra-dilutions

can maintain an imprint of substances previously dissolved in them is scientifically implausible. However, the Committee ignored the evidence that challenges it. There is a growing and convergent body of scientific evidence, from methods including low temperature thermoluminescence, flux calorimetry, conductometry, Raman and Ultra Violet spectroscopy, and NMR (Nuclear Magnetic Resonance), that the homeopathic method of preparation may induce long-lasting structural changes in water. In addition, there has been replicated high-quality basic research on intact animals, plants and isolated cells and cell cultures that demonstrates measurable effects of serially agitated high dilutions, of histamine on the activation of basophil leucocytes, of acetosal on bleeding time, platelet aggregation and coagulation, of thyroxine on the rate of amphibian metamorphosis, of mercury on the toxic effect of material doses of mercury on mice, of arsenic on the toxic effect of material doses of arsenic trioxide on wheat shoot growth.

The BHA and the Faculty conclude that this report and its conclusions represent a rush to judgment, reflecting the narrow and cursory nature of the review. It was systematic only in excluding facts that tend to support homeopathy: it omits or misrepresents any research evidence, which challenges the view that patients' response to homeopathy is due to placebo. Its conclusions are unsustainable in the light of scientific evidence.

The rebuttals are accessible at the BHA website [here](#).

## How evidence is being ignored by the sceptics

Homeopathy is having a hard time in the United Kingdom. Sceptic pressure groups such as Sense About Science (SAS) - sponsored by Glaxo Smith Kline, Pfizer and the Association of the British Pharmaceutical Industry (ABPI) - are trying to annihilate homeopathy for the simple reason that it is, from their point of view, implausible. The UK seems to be back in the Dark Ages when the Inquisition was seeking out and prosecuting heretics.

In a debate at the British Medical Association (BMA) junior doctors' conference in May motions were passed that specifically demand that NHS funding for homeopathic remedies and homeopathic hospitals is banned and that there should be no homeopathic training posts available in NHS hospitals. It was claimed that there is no scientific basis to support homeopathy. On 29 June at the Annual Representative Meeting (ARM), the BMA's key policy making forum, the same motions were put to the vote and passed 3 to 1. Amazingly, there was only 10 minutes debating time without consulting doctors who practise homeopathy or allowing them to participate in the debate.

One of the sceptics' arguments was that at a time when the NHS is struggling for cash we should be focusing on treatments that have proven benefit. This surely is a noble aspiration. Reality, however, is that "most decisions about treatments still rest on the individual judgments of clinicians and patients", as asserted by the [BMJ Clinical Evidence website](#). The website shows that of around 2,500 conventional medical treatments covered, 11% are rated as beneficial, 23% likely to be beneficial, 7% as trade off between benefits and harms, 5% unlikely to be beneficial, 3% likely to be ineffective or harmful, and 51%, the largest proportion, as unknown effectiveness.

Homeopathy research has focused on a total of 80 different medical conditions, in which there is a total of 142 peer-reviewed RCTs that met a number of key quality criteria. Findings in 44% of those RCTs reported positive findings, 8% were negative and 48% were non-conclusive. The large majority of trials have used placebo-controlled design. The evidence suggests that homeopathy is effective in a number of specific conditions. The interested reader may want to visit

the [website of the Faculty of Homeopathy](#), where a complete overview of the evidence base is provided.

But some people just refuse to accept the evidence. They assert that there is no scientific explanation for its effectiveness, that ultramolecular homeopathic preparations (beyond Avogadro's constant) do not contain any molecules, that molecules are necessary for effectiveness, and that therefore all positive clinical evidence for homeopathy must be unreliable. Summarised in one sentence: "I cannot understand how it could be possible, so it is not possible."

What these sceptics do not know is that there is accumulating evidence in basic research for measurable effects of serially agitated high dilutions. There is replicated high-quality basic research in biological experiments on intact animals, plants and isolated cells and cell cultures, as well as in physical experiments, that clearly demonstrate that even ultramolecular preparations have effects.

A recent meta-analysis by Witt et al. ([abstract at PubMed](#)) reviewed 67 in-vitro experiments in 75 publications of research on homeopathic dilutions. A majority of them reported high-potency effects. Positive findings were obtained in nearly three-quarters of all replicated studies. Even experiments with a high methodological standard could demonstrate an effect of high potencies.

The reader who is interested in existing basic research is invited to visit the website of the Faculty of Homeopathy, where an [overview of basic research](#) is given that demonstrate a measurable effect of high potencies. Interestingly, many of these basic research studies were published in mainstream peer-reviewed journals, including Human & Experimental Toxicology, Toxicology and Applied Pharmacology, Veterinary and Human Toxicology, Inflammation Research, Haemostasis, Thrombosis Research, Pathophysiology of Haemostasis and Thrombosis, Physica (A), Annals of the New York Academy of Sciences, Journal of Thermal Analysis and Calorimetry, Journal of Solution Chemistry, and Materials Research Innovations.

So, even though it is not yet known how homeopathy may work, it can nevertheless be concluded that the theory that homeopathy, by its use of ultramolecular preparations, is implausible or impossible, is simply not correct.

Both in conventional medicine and in homeopathy most treatments are based on clinical experience, i.e. the perceived effectiveness in actual practice. If doctors would only be allowed to provide treatment of which the effectiveness has been demonstrated by hard scientific evidence, doctors would lose many tools, both conventional and homeopathic, for their practical medical work. Patients will certainly not be pleased with that option.

### CAMDOC report on regulatory status

The report "The regulatory status of Complementary and Alternative Medicine for medical doctors in Europe" was recently published by the CAMDOC Alliance, the alliance of the four major European medical CAM umbrella organisations ECH, ECPM, ICMART and IVAA. It is a preliminary description of the current regulatory status of CAM in the EU member states. It is based on data provided by their national member organisations.

The extent to which countries have established a statutory regulation of CAM and how such regulation is performed varies widely. Some countries have government-administered regulations or laws about the practice of CAM in general, some regulate specific CAM therapies, while still others have no CAM regulation at all.

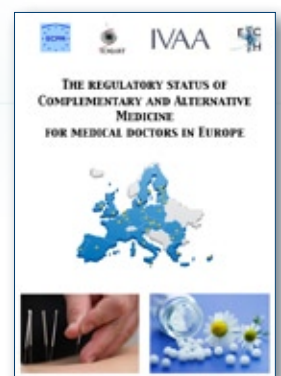
In 18 of 29 EU and EEA countries specific CAM therapies are statutorily regulated although wide variations exist throughout Europe regarding the types of CAM that are regulated. In some countries some CAM therapies are recognised as specific medical qualifications.

In a few countries diplomas for doctors who have taken a full course of a particular CAM modality are issued and recognised by the national medical associations/chambers/councils.

However, there is no mutual recognition of diplomas among the various Member States, which impedes the free movement of CAM doctors.

Approximately 180,000 medical doctors in the European Union have taken training and education in one or more CAM modalities. Familiarisation courses about CAM therapies are provided in the medical undergraduate curriculum as a part of a course on Complementary and Alternative Medicine in several countries. These courses are optional in most countries, obligatory in some. Postgraduate training courses in specific CAM therapies are provided to doctors at several universities in the majority of EU Member States, in other countries at private teaching centres only. Professorial chairs of CAM exist in at least 9 EU Member States, in some Member States also chairs in a specific CAM therapy.

The report can be downloaded from the [ECH website](#) or [CAM-DOC website](#).



## UK patients fighting back

REPORT BY ENID SEGALL, PRESIDENT OF EFHPA

It is beyond comprehension why after over 60 years in our National Health Service, homeopathy is suddenly being targeted as being useless and merely a placebo when patients, who are at the receiving end of the treatment, say that they have benefited from it far more than all the previous treatment they have received at other hospitals prior to being referred. There is a well funded and well orchestrated campaign which is leading our media and NHS authorities by the nose and it is being strongly resisted by patients and homeopathic organisations.

In February, there was a protest by patients and supporters outside the House of Commons just at the time that the Science and Technology Committee was issuing its report on the Evidence Check for Homeopathy. Protesters went in to speak to their MP and a petition with 25,000 signatures was handed in at Number 10 Downing Street. Needless to say the Committee found no evidence in favour of homeopathy but then they did not look very hard and had made up their minds before the hearing started. It was a stitch-up. In the end, only 3 MPs voted for the conclusions drawn by the report with one against. Nobody knows what happened to the remaining MPs who should have attended and voted. In the General election that followed in May, one of the three MPs (the Chairman) did not stand for re-election and another, the MP for Oxford, lost his seat. We are in the process of evaluating the new intake of MPs to assess their attitude to homeopathy.

At the Junior Doctors' conference in May, they voted to remove homeopathy from the NHS, one of their number, Dr Tom Dolphin, calling it 'Witchcraft'. He has now apologised for this statement 'as it is offensive to witches'! At the British Medical Association's Annual conference in June, there were resolutions that there should be:

- No further commissioning or funding for homeopathic remedies or homeopathic hospitals in the NHS
- UK training posts for student doctors should not include homeopathy
- Pharmacists and chemists should put homeopathic medicines on shelves clearly labelled 'placebos'
- Homeopathy should be the first in line for NHS cuts because it is unproven and expensive

No doctors with homeopathic training were allowed to speak at the meeting and the resolutions were passed while the British Homeopathic Association organised a protest by patients, doctors and vets outside. It was a travesty. By no stretch of the imagination was it democratic and given that the BMA is the doctors' trade union, where is their support and protection for their members who practise homeopathy? It flies in the face of the GMC's "Good Medical Practice" which states that: *You*



*must treat your colleagues fairly and with respect. You must not bully or harass them, or unfairly discriminate against them by allowing your personal views to affect adversely your professional relationship with them. You should challenge colleagues if their behaviour does not comply with this guidance.* Their Chairman, Dr Hamish Meldrum has been inundated with letters of protest before and since the conference.

As a result it is felt that the new Government will have to speak out and efforts are being made to establish this but for the moment the Department of Health has effectively washed its hands of responsibility although in the Queen's Speech at the State Opening of Parliament she stated "The voice of patients and the role of doctors will be strengthened" Interestingly, the Under-Secretary of State for Health, Anne Milton, said during a debate on June 2<sup>nd</sup> that she had trained as a nurse in the NHS using conventional medicine but her grandmother had trained as a nurse at the Royal London Homoeopathic Hospital and had never in her life taken any conventional medicine. She died aged 89.

One participant at both demonstrations was Jane Gilchrist, aged 97, who declares herself ready to chain herself to the railings of the RLHH should they try to close it. The various organisations and charities involved with homeopathy in the UK are now coming together to fight this onslaught and we are determined to win through. This is one positive outcome of the opposition's campaign – one which they probably did not expect.

Every time they say anything against homeopathy, more people come forward in support. We truly believe that we shall win through but there is a long way to go yet.

## Biological models of homeopathy

The journal *Homeopathy* has published a two part special issue focusing on biological models of homeopathy. The special issue highlights experiments on homeopathic treatments in biological models, ranging from whole animals and plants to cell cultures and enzymes, showing a remarkable range of findings.

Although there is considerable clinical research, homeopathy remains the subject of a heated debate. The special issue of the journal 'Homeopathy' makes an important contribution to this debate, by reviewing laboratory experiments with high dilutions. It includes reviews and new findings in biosystems, ranging from whole animal behavioral, intoxication and inflammation models through diseased and healthy plant models, to test tube experiments using isolated cells, cell cultures or enzymes.

Featured articles include one on the basophil degranulation test, a test tube model of allergy, developed by Jean Sainte Laudy. These results have now been confirmed in multi-centre and independent experiments. Other articles include systematic reviews of healthy and diseased plant models and experimental work on the effect of homeopathic arsenic on wheat seedlings.

There are reviews of mouse and rat models of homeopathic responses and a review, including original results of animal models of homeopathic treatment of anxiety-like behaviours. Other articles focus on the basic concept of homeopathy 'like

cures like': in a series of cell-culture experiments Fred Wiegants team at the University of Utrecht demonstrated the importance of similarity. Christian Endler and his multinational team conclude that seven different biological models of high dilution response with positive results have been reproduced in multi-centre and/or independent experiments.

Editor-in-Chief Dr Peter Fisher commented: "Throughout its 200 year history claims that homeopathy has 'real' (as opposed to placebo) effects have been hotly contested. Our special issue brings together a wide range of scientific work in biological systems, where there can be no placebo effect, showing that there are now several biological experiments which yield consistently positive results with homeopathic dilutions".



Biological models of homeopathy Part 1  
*Homeopathy*,  
Volume 98, Issue 4,  
Pages 183-302  
(October 2009)  
Biological models of homeopathy Part 2  
*Homeopathy*,  
Volume 99, Issue 1,  
Pages 1-56  
(January 2010)

See full contents and abstracts [here](#).

## Homeopathic GPs have 15% lower costs

A recent study by two Dutch scientists documents that patients whose GP has additional training in homeopathy, acupuncture or anthroposophic medicine have substantially lower health care costs and lower mortality rates. The lower costs result from fewer hospital stays and fewer prescription drugs. Since the differences remain once the authors control for neighborhood specific fixed effects at a highly detailed level, the lower costs and longer lives are unlikely to be related to differences in socio-economic status.

The empirical analysis was based on data from a health insurance company. The data set contained quarterly information on the health care costs of all approximately 150,000 insurees for the years 2006 up to 2009. In addition, it contained the date of birth of the insuree, date of death (if applicable), gender, and 6-digit postcode of the insuree's residence. For each insuree-quarter combination, information on the costs of four different types of care were available: care by GP, hospital care, pharmaceutical care, and paramedic care (like physical therapy). While the data set did not contain information on the supplementary insurance status of insurees, the cost information was the sum of expenses covered by both the basic and (if applicable) supplementary health insurance.

The study demonstrates that the costs of patients with a general practitioner with additional training in homeopathy, acupuncture or anthroposophic medicine are 7 percent lower compared to conventional GPs. On annual basis, this amounts to 170 Euros per patient. Homeopathic GPs have about 15 percent lower costs in all three age categories below age 75. The differences result from lower hospital and pharmaceutical costs.

Possible explanations are selection (e.g. people with a low taste for medical interventions might be more likely to choose CAM) and better practices (e.g. less overtreatment, more focus on preventive and curative health promotion) by GPs with knowledge of complementary medicine.

This is interesting news for any health insurance company and any government that want to reduce the soaring healthcare costs.

Kooreman P, Baars E (2010). Patients Whose GP Knows Complementary Medicine Have Lower Costs and Live Longer.

## Can homeopathy be an alternative to antibiotics?

### Current use and misuse of antibiotics

After their discovery in the 1940s, antibiotics considerably reduced illness and death from infectious diseases that are caused by bacteria. However, over the decades virtually all important bacterial infections throughout the world are becoming resistant. The two main reasons for this are firstly the increasing and indiscriminate use of powerful, broad-spectrum antibiotics to treat common infections and, secondly, the use of antibiotics in inappropriate situations, such as treating viral infections such as the common cold. Antibiotic resistance, which has been called one of the world's most pressing public health problems<sup>1</sup>, has led to healthcare associated infections causing an estimated 37,000 deaths in the EU each year<sup>2</sup>. Antimicrobial resistance constitutes a major infectious disease problem in the EU, and show signs of becoming more prevalent in the future.

Until recently, research and development (R&D) efforts have provided new drugs in time to treat bacteria that became resistant to older antibiotics. This is no longer the case. The potential crisis at hand is the result of a marked decrease in industry R&D, and the increasing prevalence of resistant bacteria. The pipeline of new antibiotics is drying up. Major pharmaceutical companies are losing interest in the antibiotics market because these drugs may not be as profitable as drugs that treat chronic (long-term) conditions and lifestyle issues.

### Combating germs vs reducing susceptibility

Modern Western medicine started to develop rapidly in the late nineteenth century, especially with the discovery of bacteria as an important cause of disease. Initially there were two opposing views in the germ theory of disease. In Germany it was Robert Koch's ideas (micro-organisms were the 'most dangerous enemies of mankind') versus those of Max von Pettenkofer (poor hygiene as the main culprit). A similar well-known historical argument occurred in France between Louis Pasteur (the microbe as the prime factor) and Claude Bernard (the germ is little, the terrain is all). Eventually Pasteur and Koch's perspectives prevailed, focused on combating disease by killing germs.

In reality, infection is always the result of two factors: exposure to a pathogen *and* the person's susceptibility. From this perspective, bacteria and viruses are not the cause of disease but at best a 'co-factor' to disease. That also means that taking a conventional antibiotic may get rid of the pathogen, but do nothing to strengthen a person's immune system. In addition, there is some evidence that antibiotics actually increase the prevalence of allergy and asthma<sup>3,4</sup>. Children who receive antibiotics within their first six months of life were three times more likely to develop allergies (to pets, ragweed, grass and dust mites), and in case of broad-spectrum antibiotics even 8.9 times more likely to suffer from asthma.

### Research demonstrates that homeopathy can be effective

Antibiotics may provide symptomatic treatment, but people given these medical treatments tend to experience recurrent



infections. By contrast, homeopathic doctors have the experience that many people with infections can be effectively helped by homeopathy and that it is an important way to strengthen a person's own immune system.

Scientific research on the use of homeopathy as an alternative to antibiotics has been mainly conducted in respiratory tract and middle ear infections. An international observational study<sup>5</sup> involving 500 consecutive patients with upper respiratory tract complaints, lower respiratory tract complaints, or ear complaints, found 83% of patients receiving homeopathic care experienced improvement, while only 68% of those receiving conventional medication experienced a similar degree of improvement. People given a homeopathic medicine experienced more rapid relief (67.3%) than patients given conventional medicines (56.6%).

Several randomized placebo-controlled double-blind clinical trials, involving between 100 and 200 individuals each, have proven the effectiveness of homeopathy in medical conditions that in conventional practice are treated with antibiotics, such as sinusitis, both acute and chronic, and bronchitis<sup>6-9</sup>. Two placebo-controlled, randomised, double-blind clinical trials of homeopathy<sup>10,11</sup> involving 75 and 230 children found that homeopathic treatment of acute middle ear infections was significantly more effective than placebo.

Since sinusitis and bronchitis account for millions of missed workdays each year and acute ear infection is the most common infection for which antibacterial agents are prescribed for

children in the Western world, it is clear that homeopathy can play a crucial role in this condition. The economic benefit was also demonstrated by a study<sup>12</sup> that compared two treatment approaches ('homeopathic strategy' vs. 'antibiotic strategy') used in routine medical practice by allopathic and homeopathic GPs in the management of recurrent acute rhinopharyngitis in 499 children. The GPs using homeopathy had significantly better results in terms of clinical effectiveness, complications, parents' quality of life and time lost from work, for lower cost to social security. GPs who integrated homeopathy in their practice achieved better results for similar cost.

### References

- <sup>1</sup>World Health Organization (2000) Antibiotic resistance: synthesis of recommendations by expert policy groups. *Alliance for the Prudent Use of Antibiotics WHO/CDS/CSR/DRS/2001/10*
- <sup>2</sup>European Centre for Disease Prevention and Control (ECDC) Annual Work Programme 2010 [accessible at [www.ecdc.europa.eu/en/aboutus/Key%20Documents/1005\\_KD\\_Annual\\_work\\_programme.pdf](http://www.ecdc.europa.eu/en/aboutus/Key%20Documents/1005_KD_Annual_work_programme.pdf)]
- <sup>3</sup>Noverr MC, Noggle RM, Toews GB, Huffnagle GB (2004). Role of antibiotics and fungal microbiota in driving pulmonary allergic responses. *Infection and Immunity*, 72:4996-5003
- <sup>4</sup>Johnson CC, Ownby DR, Alford SH, Havstad SL, Williams LK, Zoratti EM, Peterson EL, Joseph CL (2005) Antibiotic exposure in early infancy and risk for childhood atopy. *The Journal of allergy and clinical immunology*, 115:1218-1224
- <sup>5</sup>Riley D, Fisher M, Sigh B, Haidvogel M, Heger M (2001). Homeopathy and

conventional medicine: An outcomes study comparing effectiveness in a primary care setting. *Journal of Alternative and Complementary Medicine*, 7:149-159

- <sup>6</sup>Friese K-H, Zabalotnyi DI (2007). [Homeopathy in acute rhinosinusitis. A double-blind, placebo controlled study shows the efficiency and tolerability of a homeopathic combination remedy]. *HNO*, 55:271-277
- <sup>7</sup>Zabolotnyi DI, Kneis KC, Richardson A, Rettenberger R, Heger M, Kaszkin-Bettag M, Heger PW (2007) Efficacy of a complex homeopathic medication (Sinfrontal) in patients with acute maxillary sinusitis: a prospective, randomized, double-blind, placebo-controlled, multicenter clinical trial. *Explore (NY)*, 3:98-109
- <sup>8</sup>Weiser M, Clasen B (1994). [Randomized, placebo-controlled, double-blind study of the clinical efficacy of the homeopathic Euphorbium compositum-S nasal spray in cases of chronic sinusitis]. *Forschende Komplementärmedizin*, 1:251-259
- <sup>9</sup>Diefenbach M, Schilken J, Steiner G, Becker HJ (1997). [Homeopathic therapy in respiratory tract diseases. Evaluation of a clinical study in 258 patients]. *Zeitschrift für Allgemeinmedizin*, 73:308-314
- <sup>10</sup>Jacobs J, Springer DA, Crothers D (2001). Homeopathic treatment of acute otitis media in children: a preliminary randomized placebo-controlled trial. *Pediatric Infectious Disease Journal*, 20:177-183
- <sup>11</sup>Frei H, Thurneysen A (2001). Homeopathy in acute otitis media in children: treatment effect or spontaneous resolution? *Homeopathy*, 90:180-182
- <sup>12</sup>Trichard M, Chafferin G, Nicoloyannis N (2005). Pharmaco-economic comparison between homeopathic and antibiotic treatment strategies in recurrent acute rhinopharyngitis in children. *Homeopathy*, 94:3-9

## Successful cross-over model for provings

In several previous randomized, blinded, placebo-controlled studies on symptoms caused by homeopathic dilutions in healthy subjects, no clear difference between the symptoms induced by the homeopathic dilution and symptoms induced by a placebo could be found. Until recently there were only two publications (Vickers et al.; Möllinger et al.) reporting that the symptoms experienced by healthy volunteers upon the two types of treatment – with a homeopathic dilution and with a placebo – differ. A new study by Piltan et al. (2009) has again demonstrated that it is possible to discriminate between the reported short-term reactions of healthy subjects towards a homeopathic dilution and towards placebo.

This double-blind, placebo-controlled crossover study comprised two 7-day-long treatment periods, each including the intake of a study preparation for 3 days and a wash-out period of 4 days. One group was first treated with Aconitum napellus C30 and then with placebo; the other group received the two study preparations in the reverse order. The signs and symptoms before the first treatment and after each treatment were collected, evaluated, weighted and repertorized. Based on this classification the blinded physician assessed these signs and symptoms as study outcome parameter to represent the responses to each of the study preparations. Statistical analysis of the data was performed using the Wilcoxon-Mann-Whitney rank test.

The authors demonstrated that crossover differences yielded statistical significance between the classified reactions towards Aconitum napellus C30 and to placebo ( $p = 0.004$ ). The authors assert that results of the previous two studies (Vickers et al.; Möllinger et al.) and the present work seem to support the advantage of a crossover design when investigating the reactions to homeopathic dilutions.

### References

- Piltan D, Rist L, Simões-Wüsta P, Saller R (2009) Test of a Homeopathic Dilution of Aconitum napellus - A Clinical, Randomized, Double-Blind, Controlled Crossover Study in Healthy Volunteers. [Forschende Komplementärmedizin, 16:168-173](#) [Paper can be downloaded from the [publisher's website](#)]
- Vickers A, McCarney R, Fisher P, van Haselen R (2001) Can homeopaths detect homeopathic medicines? A pilot study for a randomised, double-blind, placebo controlled investigation of the proving hypothesis. [British Homeopathic Journal, 90:126-130.](#)
- Möllinger H, Schneider R, Walach, H (2009) Homeopathic pathogenetic trials produce specific symptoms different from placebo. [Forschende Komplementärmedizin, 16:105-110.](#)

### Training workshop on conducting provings

The ECH proving subcommittee is organising a workshop in Brussels on the organisation and conduction of provings on Friday 12 November 2010 from 09:30 am to 05:30 pm.

#### Subjects of the workshop are the following:

- 1 how to organise a proving
- 2 the training of supervisors and provers
- 3 the actual proving and recording it
- 4 the compilation and publication of the proving results
- 5 how to do the necessary paper work for the competent authorities (medical ethical board), in compliance with your national and European regulations

#### The workshop is intended for

- homeopaths who consider to organise provings as a co-ordinator or initiator.
- homeopaths who want to acquire knowledge and training, as a prover or as a supervisor. The workshop is useful for education in homeopathic schools as part of the basic training.
- board members and officials of homeopathic organisations and schools, who consider to stimulate the conduction of provings in their organisation or school.

Participants will be invited to conduct a proving, each in their own country, with the same remedy.

More information can be found on the [ECH website](#).

### ECH General Assembly 13/14 November 2010

The upcoming ECH General Assembly in November provides the ideal opportunity for reflection on how the ECH is playing its role in Europe. The ECH has several subcommittees involving delegates from affiliated associations and teaching centres as well as other professionals whose expert input helps to enhance the scientific basis of homeopathy. At the General Assembly all subcommittees, i.e. documentation, education, provings, pharmacy, politics, research and patients/users interests will have simultaneous working sessions.

Please help us to make this gathering to a great success. Come and let us know what else the ECH, in your opinion, should do for homeopathy in Europe and join the ECH in contributing to the future of homeopathy in Europe, even if you have not participated in one of these subcommittees so far. It is of utmost importance that more people become involved in the work for homeopathy in Europe. Several subcommittees need more participation. We would especially appreciate it if more people from the new EU Member States were to contribute to our work. We seek to include delegates from all European countries in all subcommittees.

For more information please refer to the [ECH website](#).



#### SECRETARIAT

European Committee for Homeopathy  
Chaussée de Bruxelles 132, box 1  
1190 Brussels - Belgium  
Tel. +32-2-3453597  
Fax +32-2-3461826  
E-MAIL [info@homeopathyeurope.org](mailto:info@homeopathyeurope.org)  
WEBSITE [www.homeopathyeurope.org](http://www.homeopathyeurope.org)

#### EDITORS

Dr Barbara Bichsel,  
Dr Ton Nicolai,  
Dr Thomas Peinbauer,  
Dr Patricia Le Roux,  
Mrs Enid Segall

Please send any contributions for the newsletter to the ECH secretariat