Homeopathy in Europe - United in Diversity
Paving the Way for Medical Homeopathy

25th Anniversary of the European Committee for Homeopathy (ECH)
Milestones of Homeopathy in the Course of History

1790
Samuel Hahnemann encounters the simile principle
While translating the Materia Medica by William Cullen, young Samuel Hahnemann first encounters the simile principle. This discovery lays the foundation for his lifelong exploration with the concept of homeopathy.

1816
Early practice of homeopathy in Bohemia
Dr. Ignaz Matthias Münchhoffer, M.D. (1767-1851) from present-day Slovenia begins work at the Dejvice Hospital in Prag, practicing homeopathic treatment methods for the first time. Münchhoffer becomes Bohemia’s first practitioner of homeopathic care and research. Through Münchhoffer’s influence, homeopathy quickly becomes popular.

1818
In 1818, Dr. Ignaz Matthias Münchhoffer publishes his first book on homeopathy, laying the foundation for his work and the subsequent spread of homeopathic principles.

1830
Europe in the midst of a cholera epidemic
Hahnemann fights cholera using methods different from conventional medicine. In a published treatment proposal, Hahnemann circumvents the use of bloodletting, which weakens patients unnecessarily, and instead uses homeopathic remedies, leading to better outcomes. Public recognition of homeopathy subsequently grows quickly, with the first homeopathic hospital being established.

1833
Publication of the homeopathic medical doctrine in English
Samuel Hahnemann’s groundbreaking book, “Materia Medicae Phosphoricae” (1810), becomes accessible to an English-speaking audience. This publication, translated into English in 1833, introduces homeopathy to the English-speaking world.

1839
Physician from Transylvania introduces homeopathy to British India
John Marie Hahnemann (1796-1868) becomes acquainted with Hahnemann and learns his methods. As a medical physician, he brings the healing art with him to Lahore, now in Pakistan, where to this day he is known as the Father of Homeopathy.

1835
France becomes the second home of homeopathy
Hahnemann moves to Paris with his second wife, Marguerite. Hahnemann quickly sets up practice in Paris and is active as a homeopath until his death in 1843. Before his arrival, there were representatives of homeopathy in France. Hahnemann’s practice in Paris becomes a meeting place for homeopaths from all over the world.
Raising Awareness for Complementary and Alternative Medicine to Better Health in Europe

Interview with the Former ECH President Ton Nicolai

Ton Nicolai was one of the co-founders of the European Committee for Homeopathy and he also served as its President for more than a decade. Since 2012 he has taken on a new role in EUROCAM, the European Interest Group for Complementary and Alternative Medicine.

What is EUROCAM and how did you get involved?

EUROCAM is a collaboration of 12 European umbrella organisations in the field of Complementary and Alternative Medicine (CAM), representing: (1) patients with an interest in promoting CAM, (2) medical doctors with an additional qualification in one or more CAM modalities, (3) authorised allopathic (mainly registered) with an additional qualification in one or more CAM modalities, and (4) practitioners with one or more professional qualifications in one or more CAM modalities.

The following associations are currently united in EUROCAM:
- Association for Natural Medicine in Europe (AMNE)
- European Ayurveda Association (EAYA)
- European Ayurveda Medical Association (EAMA)
- European Central Council for Homeopathic ECH
- European Council for Osteopathic ESO
- European Council of Doctors for Homeopathy ECH
- European Federation of Homeopathic Patients’ Associations EFFPA
- European Federation of Homeopathy ECHA
- European Federation of Osteopathic EFO
- European Federation of Traditional Chinese Medicine (ETCM)
- European Federation of Acupuncture and Related Techniques (EFART)
- International Commission for Traditional Chinese Medicine (ICTCM)
- International Council for Traditional Chinese Medicine (ICTCM)
- International Federation of Osteopathic Medicine (IFOM)

Collaboration among the various partners within EUROCAM seeks to achieve mutual advantage in several ways, e.g., through sharing costs by increasing the influence and visibility of constituent organisations and by achieving shared aims, as well as sharing knowledge, strategies and contacts. In combining their human and financial resources, EUROCAM’s constituent organisations work collaboratively while retaining separate organisations.

Biography

Ton Nicolai

Ton Nicolai was born in 1947 in the Netherlands. As a GP in Rotterdam he was confronted with the failure of conventional medicine to cure patients and started several CAM modalities. Finally he chose homeopathy, quit his work as a GP and started a homeopathic consultancy practice in Utrecht. Since 1999 he has served as an executive of the Dutch Homeopathic Medical Association VNH and the International Homeopathic Medical Europe (IHME). He was one of the founders of the European Committee for Homeopathy (ECH) and worked as its political coordinator, secretary and first President (2000–2012). Currently he is in the coordination and spokesperson of EUROCAM, the largest stakeholder group of patients, physicians and practitioners in the CAM sector. For his international work he was awarded Commander of the Order of Orange-Nassau. Furthermore he has received several other awards.
10 Years of Contracts on Integrated Classical Homeopathic Services

Founded in 2008, the management (private limited) company of the German Association of homeopathic doctors (DGHA) is a specialized provider of health services. It develops and markets health service programmes in physician-based homeopathy and other alternative healing methods. Its work includes, for instance, the provision of8 assistance to participants in billing and quality control of medical services.

Contracts on integrated health services concluded between the DGHA’s management company and two thirds of Germany’s statutory health insurance funds ensure that roughly 40 million insured in Germany have access to classical homeopathic care. These healthcare contracts redefine the holistic approach to homeopathy. They guarantee integrated (involuntary) interprofessionalisation, as well as international healthcare, and incorporate self-treatment into the care setting.

**Holistic approach to homeopathy**

The internal orientation is a mandatory characteristic of this non-small entity integrated approach, thus leading to mutual integration. The various signs and symptoms of disease are not treated sequentially but regarded as an integrated whole and therefore are treated as such with one single remedy.

As far as possible, any additional treatment by means of conventional medicine is avoided. In the great majority of cases, homoeopathy therefore does not supplement conventional medicine but rather replaces it. Homoeopathy is thus not a medical specialisation but a holistic approach. The contract that governs the supply of integrated health services supports this holistic approach.

**Integrated healthcare**

Under the provision of integrated health services, a general medical obligation arises for providing each care to insurance across service sector or across disciplines and specialisations.

In pursuit of the interaction underlying integrated healthcare (see Remuneration Model of 14/1245 of Art. 1 of the 83 § HVO 2015) leading to an existing need for integrated care by family and specialisation doctors, by medical and non-medical professionals as well as by pharmacists and integrated care facilities – the following provision could be taken at a point of departure: at least two service sectors or if only one sector is regulated, two disciplines must be governed by new contracts. Hence the supply of healthcare by public pharmacist constitutes a separate service sector which, together with at least one other (specifically the outpatient) sector, would fail the function of covering the content of an integrated supply system.

It is only through the conclusion of integrated healthcare services that international homoeopathic treatment of patients becomes possible. The holistic approach of these contracts alone breaks the conventional rigid structure in the supply of health services and introduces alternative supply structures.

Against this backdrop, the present contracts meet the preconditions of integrated healthcare provision in several respects, owing to the integration of treatment by family and specialisation doctors, the integration of pharmacist and other accompanying services for self-treatment.

**Integration of treatment by family and specialisation physicians**

The contracts define the interdisciplinarity/inter-specialisation provision of healthcare between
II. History & Documentation
The European Committee for Homeopathy from 1990 until 2015

25 Years of Promoting and Harmonising Homeopathic Healthcare in Europe (Part 1)

For 25 years the ECH has played a leading role in the development of homeopathy in Europe. Now the time has come to focus on its remarkable history by looking at its diverse activities from its very beginning until the present. Within the scope of this first part, which starts with a general introduction, the historical background that led to the foundation of the ECH is described. Moreover, the development of the ECH towards a professional organisation is highlighted including its efforts in the field of homeopathic education and research. [1]

Recalling the history of the ECH from its beginning to the present

In the period between the 1950s and 1980s the efficiency and competency of conventional medicine seemed to be unlimited. However, due to the acceleration of the pace of modern life and the increasing number of people seeking alternative therapies, the demand for holistic and preventive healthcare increased. The recognition of the importance of a healthy lifestyle and the role of diet in health and disease became more evident.

The European Committee for Homeopathy (ECH) was established in 1990 to address the needs of homeopathic professionals and patients. Its primary goal was to promote the scientific basis of homeopathy, to provide a platform for the exchange of knowledge and experiences among professionals, and to facilitate the harmonization of the practice of homeopathy across Europe.

Homeopathy, as defined by the World Health Organization, is a holistic approach to healthcare that focuses on the individual patient and seeks to balance the body’s vital forces using highly diluted substances. The ECH has played a crucial role in promoting the integration of homeopathy into the healthcare system and in establishing a regulatory framework for its practice.

In recent years, the ECH has contributed significantly to the development of homeopathy in Europe, advocating for the recognition of homeopathic education and training programs and working towards the harmonization of the practice of homeopathy within the European Union.

ECH, spring meeting 2015 in the Medical Faculty of the University of Lisbon (Portugal).

[1] Philipp Eich
In brief, the booklet covered all the features a doctor needed for practising homeopathy, including the theoretical basis, case history, case analysis, and the study of pharmacology. It also included a code of conduct, quality standards for homeopathic practitioners, patients' rights, comments on the reimbursement of homeopathy by health insurance, postgraduate training and a comprehensive chapter about exams.

At a detailed meeting of the Programme of Studies Teaching Standards, which had been firmly formulated since 1993, the "handbook"—as it was called within the ECHC—was given the title ECHC: Methods of Homeopathic Education in Europe. In November 2000 during the General Assembly, the booklet was renewed for the last time. The name was kept as "Handbook"—as Jeremy Buxton's excellent preparation and diplomatic efforts from all sides, the booklet could be given a final impetus. The booklet was unanimously agreed and was published on the Internet in 2001. France was the first country to print and distribute it in large numbers.

Some years later the Executive Committee of the ECHC and the President and the Council of the ECHC decided to merge their teaching programmes. Some amendments and improvements were necessary, but the process was not easy. Initially, because both programmes were quite similar, the modifications are based on the fact that the Guidelines for Homeopathic Education developed by the UMH between 2001 and 2007 were largely based on the ECHC handbook. Their revised document entitled Medical Homeopathic Educational Standards was published in 2009. Since that time the teaching programmes developed by the ECHC, which represents the minimal standard for the homeopathic educa-
1996 to 2015 the ECH has undergone a remarkable development from a small Gremial to a professional multi-national organization, now representing thousands of homoeopaths, physicians in Europe. Its activities in the field of homoeopathic education, practice and research have had a lasting impact on the harmonisation and standardization of the various systems within this medical system. Furthermore, the ECH has created a European identity for many homoeopathic doctors and enabled them to review and evaluate the national status of their profession within a European setting. Last but not least, it managed to incorporate homoeopathy into a more scientific framework, thus helping to improve homoeopathic practice for the benefit of patients as well as provide the basis for negotiations with policy-makers in the domain of unconventional medicine. As a result, the ECH is regarded by many decision-makers as being one of the most important organisations in representing homoeopathy at the European level.

Due to the mutual exchange and support of its members the ECH has facilitated the recognition of homoeopathy in the public, scientific and political sphere at national and European levels. This has resulted in the establishment of important networks not only among homoeopathic physicians inside the ECH but also with other CAM stakeholders including the industry and patients.

These achievements are all the more impressive as they have been accomplished almost exclusively by voluntary and unpaid members.

However, the main objective of the ECH, i.e. full integration of homoeopathy into national healthcare systems, has not been achieved, as yet. Opposition to such integration is still strong in some countries, while some other issues related to homoeopathy persist and need to be addressed by the ECH as well.

Nevertheless, the ECH has set course for a wide recognition of homoeopathy. Recent activities such as the planned Cochrane Collaboration or coordination with EMMR/WHO may produce promising results to be consolidated and expanded in the future.
III. Education
The ‘Société Savante d’Homéopathie’
A Major Step towards Unification and Recognition of Homeopathy in France

The SSN (Société Savante d’Homéopathie) was founded in 2004 on the initiative of representatives of two homeopathic medical associations in France, SNHMF (Syndicat National des Médecins Homéopathes Français) and SNH (Syndicat de la Médecine Homéopathique). The aim from the very beginning has been to promote the practice of homeopathy among medical doctors and the recognition of homeopathy within the medical profession.

Specificity of Homeopathy in France

The homeopathic landscape in France has in fact been divided into two camps: clinical and classical homeopathy. Instead of cooperating, these two camps jeopardised the reputation of Simpleson’s legacy and over the relevance of the other practices in such cases. Clinical homeopathy has a longstanding history of its own in France, with prominent leaders such as Dr. Léon Vaézynne and Dr. Roland Dorn. It is still the dominant form of practice in France, even though classical homeopathy is growing and bringing forth more and more practitioners.

Board of the Société Savante d’Homéopathie in 2015

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Master’s Programme in Homeopathy at the University of Barcelona

In 2015 the Academia Médico Homeopática de Barcelona (AMHB) celebrated its 125th anniversary. Since 2004, it has offered a Master’s degree in cooperation with the University of Barcelona (UB) which is in line with the basic teaching standards in homeopathic medicine and is taught by experienced medical and veterinary homoeopaths. Moreover, this Master’s Programme has been approved by the European Committee for Homeopathy.

The AMHB was founded by a number of distinguished physicians led by Dr. Juan Serraller Megías, Assistant Professor of Anatomy at Barcelona University, who became its first president in 1889. Dr. Serraller disseminated Homeopathic principles and obtained great success during the cholera epidemic in 1854. He kept himself and the AMHB in contact with European homoeopathy through his membership in different international homoeopathic associations and his participation in international homoeopathic congresses.

The AMHB has always promoted European and international cooperation among medical homoeopaths as when in 1924 the AMHB hosted the International Homoeopathic Congress and in 1925 Dir. Triquela, a member of the AMHB, was one of the founders of the Liga Médicorum Homoeopatienses Internationales (LHMIB) in Rotterdam. In 1998, coinciding with the 100th anniversary of the AMHB, Barcelona hosted the 40th Congress of the LHMIB with outstanding national and international participation.

The AMHB is strongly committed to the scientific development of homoeopathy. It edits, in cooperation with the two Spanish medical homoeopathic associations, the Revista Médica de Homeopatía (Homoeopathic Medical Journal) published by Elsevier. Recently, the AMHB has been admitted as scientific society to the Academia de Ciencias Médicas de la Salud de Cataluña (Academy of Medical Sciences of Catalonia) and the Real Academia Doctoral (Academy of Doctoral Sciences), which is the umbrella institution for all medical sciences in Catalonia. This important development is an acknowledgement of homoeopathic education and research.
Cooperation with medical societies for homeopathy

After an initial phase of criticism by the Austrian Medical Chamber (OAMC) and the Austrian Homeopathic Society for homeopathy (AWH) and ÖGSHM, the Student Initiative was able to dispel doubts and confirm their associations by the high quality of the seminars it organized.

Benevolent relations between the homeopathic societies are important to the SRI, its spokespeople tried to establish close contact with them. According to a number of friendly and constructive meetings held, one of the meetings organized by the presidents of both homeopathic societies as well as by Prof. Dr. Bacher, participants resolved that 130 hours of SRI undergraduate training would be recognized by both the OAWH and the AWH and credited towards the ÖAOK homeopathy diploma.

At another meeting it was decided that an additional 50 hours of postgraduate training with another association could be credited towards the postgraduate diploma program. This has resulted in the SRI organizing regular meetings of all homeopathic societies in Austria to provide a platform for debating current issues.

In addition, this has become a major component of the SRI's successful cooperation with homeopathic societies based on mutual respect and recognition. In summer 2005, the first seminar held in association with the OAWH took place, with Dr. Ruh’s talk on vaccination. More and more jointly organized seminars were to follow.

Introduction of homeopathy as an elective at the University of Vienna

The next major milestone in the history of the SRI was the introduction of homeopathy as an elective subject, comprising three hours a week per semester and led by University Professor Michael Prato, MD, at the Medical University of Vienna. In this sense of tremendous importance, the decision of the university’s management the SRI engaged a variety of students interested in the subject. The students' response was highly positive. The idea of offering an elective homeopathy course was greatly appreciated, and consequently a team led by Maria Kosic, the SRI spokesperson at that time, began working on the concept and contents of the subject.

"In the summer semester of 2005 the time had finally arrived: the first lecture series on homeopathy involving lecturers from all over Austria was a huge success."

Edgar Ochsner, Member Executive
IV. Patients
the patient’s right to access to homeopathy. They have taken up their pens, signed petitions, lobbied parliamentarians and health commissioners, attended meetings and held demonstrations in support of their right to receive homeopathic treatment on the NHS – and continue to do so today. As a result, patients have done much good work on one occasion the health authority complained about the number of letters they were receiving.

But today, due to technological developments in internet usage and social media, the table, their victories and well planned groups of people who wish to correct practitioners and defend homeopathy – not just from the NHS’s attacks, but globally – have had a tremendous effect on the demonisation of homeopathic services – stopping it underhand and unethical attacks to do so. [2]. However, patients and supporters of homeopathy do not give in easily. The BHA and the Friends of the Royal London Homeopathic Hospital [3] have led the campaign against the various threats to homeopathy on the NHS. They also work alongside other patient organisations like the Homeopathic Action Trust and HICS to promote and protect homeopathy in the UK.

Uniting to promote homeopathy
In 2011, another patient initiative united the enthusiastic supporters of all the UK’s major homeopathic organisations. They work as a collaborative under the name ‘Homeopathy’ (Hi). Although not a formally constituted body, press information, all participant organisations – comprising patient charities, medical and non-medical homeopaths, pharmacists, manufacturers and vets – have developed a strong and innovative relationship, seeking to promote homeopathy with positive messages to the benefit of the whole UK homeopathic community.

In today’s world, while letter writing, petitions and demonstrations still have a place in raising awareness, more sophisticated advocacy strategies are required. Patient and practitioner advocacy needs to engage directly with the scientific community and the media, and this project is doing so by attracting well respected and respected academics and thinkers who write an article on the subject for the journal. This article is a powerful tool for homeopathy advocacy and research.

References
[6] The Royal London Homeopathic Hospital (RLHH) was founded in 1854 as the London Homeopathic Hospital and received its Royal Charter in 1886. The new Royal London Hospital (RLH) was established in 1936 by the merger of the Royal London Hospital and the Royal London Homeopathic Hospital. The new hospital moved to its current site in Whitechapel in 1973
health insurance, doctors with additional qualifications in homeopathy were 15% lower [9]. Based on data from the EPID cross-sectional study, involving 8,083 patients and 905 physicians in France, Dulai A et al. (2013) showed that the health care expenditure for patients consulting GPs with additional qualification in homeopathy was 20% less in comparison with conventional GPs [10]. Similarly, Sturman P and Baur H (2012) showed that Dutch patients who had GP was additionally trained in a CAM method used here, and entrusted longer [12].

Homeopathy with upper respiratory tract infections (URTIs)

Upper respiratory tract infections are among the most frequent reasons that doctors giving primary care prescribe antibiotics, even though such prescriptions are often unnecessary or inappropriate, as only about one quarter of such infections are caused by bacteria [13].

Where studies providing moderate or strong evidence of the effectiveness of the homeopathic treatment of URTIs are evaluated, a positive effect can be recognized, particularly in the case of the following infections, which are normally treated by antibiotics: otitis media [24, 15], strep throat [16, 17, 18], colds [19, 20] and influenza-like syndrome [21, 22, 32, 34]. In other words, any reduction of antibiotic use with such ailments would support the EU’s strategy to combat antimicrobial resistance.

Homoeopathy with serious infections

Homoeopathy is also increasingly used to treat serious infections. Few people are aware that the greatest single treatable disease was one of the most rare: that homoeopathy rapidly grew in popularity and became established in Europe in the early 19th century. Subsequently, many of Europe’s hospitals were founded as homoeopathic hospitals, particularly in the 1830s.

In a double-blinded, placebo-controlled trial conducted at the Vienna General Hospital, Pfister et al. (2005) were able to demonstrate that, among 79 patients with sepsis, the long-term survival rate was significantly higher [25].

“In treating infections, homeopathy is able to look back on a history of experience spanning more than 200 years, with the first hundred years in the pre-antibiotic era. Homoeopathy as practised by physicians is well established in Europe.”

Michael Frass, Thomas Pielmeier

Contrary to this array of positive studies, Ostermann (2013) measured the opposite conclusion based on data from German health insurance (Krankenkassen) [12]. One possible reason is that the duration of previous contact with the physician was not taken into account in the pregnancy score, thereby limiting the comparability of the two study groups (and thus perhaps overall study validity).
Müllinger initiated this work which was then taken up by Jean Pierre Jansen (The Netherlands) when he became Coordinator in 2008.

The Subcommittee investigated the feasibility of conducting provings based on the ESHCE Guidelines and, in 2010, organized a seminar in Brussels for over forty potential contributors of provings. However, the following need to be noted:

- The economic burden was too high. An internet forum was set up to discuss reducing their situation.
- A revolting, the Subcommittee is frequently asked to advise others on history of provings and provide assistance to reduce the economic burden and other requirements.

Based on the guidelines, the Subcommittee developed a teaching model for basic homoeopathic education, which is available to homoeopathic schools.

Dissemination of Guidelines

Meanwhile, it has become clear that there was a need to provide regulatory authorities with guidelines for provings. In 2011, the Proving Subcommittee started a consensus process on schema in the provings guidelines of the ESHCE and the UHRI. During a two-day expert meeting in Barcelona, a draft was produced which was reviewed by other experts via the internet. The final version was presented officially during the UHRI’s Paris Congress in July 2012 by Anthony Ribe (Barcelona University) on behalf of ESHCE, and Jean Pierre Jansen for ECH and is considered as a best practice document. A revision is planned for 2016.
General Introduction to Homeopathic Medicinal Products

Any discussion of homeopathic pharmacy has to start by mentioning Hahnemann’s Organon, in which he emphasizes the importance of high-quality homopathic medicines. Discussion should also include a description of the interesting preparation methods of homeopathic medicines. ‘Organon § 264: The true physician must be provided with genuine medicines of unimpaired strength, so that he may be able to rely upon their therapeutic powers; he must be able himself to judge of their genuineness.’

Hahnemann spent several years experimenting on himself, his family and a group of fellow physicians using a wide range of natural substances, including plants, minerals, metals and materials of animal origin. In fact, he can be considered the father of experimental pharmacology. Each substance was tested by administration to healthy volunteers who kept detailed records of their physical, mental and emotional reactions. These tests were called ‘proving’ [1]. The reported symptoms of these experiments - homeopathic pharmacodynamics - were compiled in his Materia Medica. Reproducing this type of experimental kinetic proving and describing the basic principles of homopathy. Initially, Hahnemann assumed that these diseases-specific remedies could be listed, but gradually his ideas about homeopathy became more refined. Another observation arose from his desire to minimize the harmful effects of the medicines being used by doctors at the time. At the beginning of this pharmaceutical activity as a homopath, Hahnemann realized that plant juices were the most common preparations possible. These were all treated into two parts: the first part was the mother mixture (2) in a normal stage of issuing, the second part was the finest part of the medicine, prepared by the techniques of concentration and trituration. Potentization and dynamization are therefore understood as the preparation process which develops the homeopathic effects of the raw material into a series of stages creating the so-called state of ‘potency’. This appeared to increase the therapeutic effectiveness of the medicines.

The Latin word ‘potentia’ can be translated as ‘strength, ability, capacity and effectiveness’. Hahnemann used the term ‘potency’ to describe powers which generated certain effects. An effect is also generated by medicines; Hahnemann called them ‘therapeutic potency’, ‘healing potency’, or empty ‘potency’. He observed that the medicines became more effective when developed and strengthened by the techniques of concentration and trituration. Potentization and dynamization are therefore understood as the preparation process which develops the homeopathic effects of the raw material into a series of stages creating the so-called state of ‘potency’. This appeared to increase the therapeutic effectiveness of the medicines.

Source materials

Homeopathic medicines are mainly prepared from natural materials, mostly from plants, including roots, stems, leaves, flowers, bulbs, lichen, resin, homeopathic medicinal products like arsenic acid, and compounds like belladonna.

Trituration of certain substances like arsenic is a method of preparing medicines, which is often used in homeopathy.
Homeopathy in Law and Jurisdiction

At the beginning of the 1990s the European Parliament was aware that homeopathy could no longer be ignored. In Europe the free circulation of goods is a major issue and the homoeopathic market an undeniable fact. As there was no majority of EU countries interested in the regulation of homoeopathic practice, the lowest common denominator was to regulate the market for homoeopathic products to achieve harmonization of quality without any risk for consumer safety.

For the purpose of harmonizing the market of homoeopathic medicinal products the Council adopted Directive 93/75/EC requiring Member States to implement certain changes to the international legislation (proposed by Directive 92/31/EEC). Directive 93/75/EC was replaced by Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 on the Community Code relating to medicinal products for human use (OJ L 311/7 [2001]). A similar directive exists for veterinary use (2001/82/EC). From that moment on registration of homoeopathic medicines became compulsory for all EU members, the goal being a really harmonized market. The Homoeopathic Medicinal Products Working Group (HMPWG) was set up within the Heads of Medicines Agencies (HMA).

HMPWG is a European group dedicated to homoeopathic medicinal products for human and veterinary use. Its goals include:

- To create a forum for exchange of regulatory and scientific expertise regarding the assessment of the quality, safety and homoeopathic use of homoeopathic medicinal products for human and veterinary use;
- To provide guidance on the assessment of homoeopathic medicinal products in the EU in cooperation with the Heads of Medicines Agencies (HMA);
- To support the drafting of a list of safe dilution guidelines for homoeopathic medicinal products;
- To address regulatory and scientific issues concerning homoeopathic medicinal products on request by the European Commission, the EMA, the Heads of Medicines Agencies and the EUDCMPP.
- To draft guidelines for procedures for approval by the Heads of Medicines Agencies;
- To prepare guidance documents which will be presented to the Heads of Medicines Agencies;
- The HMPWG is composed of representatives from the National Competent Authorities (NCAs).
VII. Research
CAMcirella Results

1. Terminology and definitions differ significantly throughout countries.
2. Legal status and regulations are heterogeneous between countries.
3. CAM demand reflects needs and attitudes of European citizens.
4. Patients use CAM as an add-on or as an alternative to conventional medicine.
5. CAM provision is scattered across countries, towns and landscapes.
6. In Europe CAM is in line with worldwide trends toward CAM.
7. The roadmap will present future research strategies and guidelines.

Additional results

1. Different national (EU 27 + 12) and regional health regulations (e.g. Swiss Cantons) make harmonisation of CAM legislation for disciplines, training, certification and registration of practitioners difficult.
2. Citizens’ or patients’ attitudes and demands vary greatly across the investigated 19 countries (Stuhler, Schacht, Wiedenhofer 2012).

CAM provision

Direct comparison of CAM provision is difficult between EU countries due to differences in legal status. Given these limitations the following data were derived based on figures provided by CAM associations and cross-checked with available governmental data: approximately 328,000 registered CAM providers can be identified in the EU (population 500 million), comprising 178,000 non-medical practitioners and 150,000 MDs. This suggests up to 65 CAM providers (35 non-medical practitioners and 30 MDs) per 1,000,000 inhabitants, compared to the EU figures for GPs (general practitioners) which are 95 per 1,000,000 inhabitants. Acupuncture (n=96,300) is the prevalent method for both physicians (88,000) and non-medical practitioners (16,300) followed by homeopathy (n=5,000; 45,000 MDs ×6,500 NMPs). This number corresponds to 11 homeopathy therapists caring for 100,000 inhabitants across Europe. In Finland and Malta ECH data (218’000) could not identify a single homeopathic doctor. In Denmark and Sweden there were two. On the other hand, Germany, Austria, Hungary and Italy have more than 1,000 MDs with additional EU standard training. No doubt a considerable number of therapists practice homeopathy under the radar of detection in several countries.

Legal status of homeopathy

Only Switzerland has regulated and registered homeopathy as a profession in the EU regulated professions database under “natural health practitioners” as naturopathy/homeopathy. Latvia and Liechtenstein have regulations that may be seen as a regulation of a homeopathy profession. Latvia has regulated “homeopathic doctors”. Liechtenstein has registered “naturapathic with a homeopathy specialisation”. 22 countries have regulated homeopathic treatment; 14 countries have no specific homeopathic treatment regulations, but general CAM or other health legislation may regulate homeopathic practice: Russia and Former Yugoslavia, Cyprus, Finland, Ireland, Iceland, Israel, Luxembourg, Macedonia,

Homeopathy Provision by MDs and Non-Medical Practitioners per 100,000 inhabitants (EU 27 + 12)

190 CAMcirella Results with a Focus on Homeopathy

Centres. Results with a Focus on Homeopathy 191.
Institute for the History of Medicine of the Robert Bosch Foundation (IGM)

Established in 1980, the Institute for the History of Medicine of the Robert Bosch Foundation (IGM) in Stuttgart is the only research institution of its kind in Germany with no university affiliation. The Institute owes its existence to the early interest of William Henry industrodi Robert Bosch (1861–1942) in the history of healthcare in general and homoeopathy in particular. IGM is an entity of the private Robert Bosch Stiftung GmbH, with its present research focus being on the history of homoeopathy and on the social history of medicine.

At regular intervals IGM organizes advanced training seminars, workshops and international meetings.

Publications
- The journal *Medizin, Gesellschaft und Gesundheit* — Medizin, Gesellschaft und Gesundheit is the official organ of the Institute for the History of Medicine (IGM) in Stuttgart. Founded in 1985, it publishes articles on the history of medicine, healthcare, and related topics.
- The series *Studien zur Geschichte der Medizin — Studies on the History of Medicine* offers monographic studies on various aspects of the history of medicine.
- The book *Samuel Hahnemann’s Medical Care Studies in Germany* provides information on Hahnemann’s medical practice.
- The series *Studien zur Geschichte der Homöopathie — Studies on the History of Homoeopathy* offers monographic studies on various aspects of the history of homoeopathy.


The journal *Medizin, Gesellschaft und Gesundheit* is available online at the IGM's website.

The series *Studien zur Geschichte der Homöopathie — Studies on the History of Homoeopathy* is published by the IGM.

The book *Samuel Hahnemann’s Medical Care Studies in Germany* is available at the IGM's website.
Over the past 25 years, the European Committee for Homeopathy (ECH) has carved out a role as a leading think tank and patron of medical homeopathy at European level. This book traces the remarkable evolution of a lobby group which, true to the motto of ‘United in Diversity’, has brought together people from many different linguistic and cultural backgrounds in pursuit of a common goal: building a shared future for homeopathy in Europe. This exploration of homeopathy as it is practised in the various European countries is aimed at both professionals and interested lay people.