

Do homeopathic pathogenetic trials produce consistent and recognisable symptom pictures? Results from a pilot pathogenetic trial study

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Background: Homeopathic Pathogenetic Trials (HPTs) are a key foundation of homeopathic treatment as they provide the set of symptoms characteristic of a particular homeopathic medicine, commonly referred to as a 'remedy picture'. The ability of a practitioner to identify a homeopathic medicine suitable for the patient, based on these remedy pictures, underpins the successful clinical practice of homeopathy. In modern times, protocols for administering HPTs have been established, influencing most trials conducted since 1994. Researchers have used HPTs to explore whether participants can identify symptoms of a known homeopathic medicine and are able to differentiate symptoms from placebo and other known homeopathic medicines. A meaningful and relatively unexplored question is whether multiple HPTs of the same homeopathic medicine produce consistent sets of symptoms.

Objective: To test whether HPTs generate consistent and recognisable sets of symptoms in consecutive trials.

Design: Practising homeopaths, blinded to the homeopathic medicine under investigation, were given the set of symptoms generated during an unpublished HPT and asked to identify the homeopathic medicine used.

Homeopathic trial substance: *Ozone*, prepared by homeopathic method to the ultramolecular dilution of 30c (equivalent to a 1 in 10⁶⁰ dilution), was chosen at random from twenty potential medicines.

Results: Seven practising homeopaths were asked to make three guesses as to the identity of the remedy. Initially, they were asked to make their guesses out of the full list of possible remedies (N = 2372). Two out of the seven homeopaths guessed the identity of the remedy correctly, corresponding to a highly significant result (p < 0.0001). Subsequently, when their choice of possible medicines was restricted to a list of 20, the same two practising homeopaths selected the correct medicine, however none of the other practising homeopaths did, resulting in a non-significant result (p = 0.2).

Discussion: The selection of the correct homeopathic medicine from the unrestricted list (N = 2372 medicines)

by two practising homeopaths is noteworthy given that the homeopathic medicine used during the HPT was diluted well beyond Avogadro's number and would, as such, not be expected to produce any detectable - let alone recognisable - symptomatology. Possible reasons why the remaining five homeopaths did not guess correctly are explored in the paper.

Conclusion: The results show that practising homeopaths are able to correctly identify a homeopathic medicine from the set of symptoms it generated during a HPT. This demonstrates that such symptom pictures generated by taking an ultramolecular homeopathic medicine are recognisable and specific to the substance taken, unlike the random symptoms generated by a placebo. Furthermore, since identification of the remedy was based on past HPT information held in the materia medica, this demonstrates that HPT-generated symptom pictures are consistent **over time, thus validating the HPT methodology**. These promising preliminary findings warrant replication; possible improvements to the trial design were identified and should be incorporated into future studies.

An open observational study on efficacy of miasmatic prescription in the prevention of Japanese Encephalitis

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The recurrence, resistance to vaccines and medicines and the rise of infectious diseases is quite alarming in India. One among them is Japanese Encephalitis (J.E.), an endemo-epidemic acute encephalomyelitis accompanying a viral infection. The first case of J.E. was detected in 1979 in Andhra Pradesh state. Initially Belladonna was administered in a small way with good results, but the Government did not take any effective steps. Since 1990 it had become an unmanageable problem. Between 1993 and 1999 recorded J.E. cases were 5308, and 1511 children died. In spite of vaccination it continued unabated. The Government sought the help of homeopaths in combating this epidemic in 1999.

As prophylactic drugs, Belladonna 200 on 1, 2, 3 days one dose each, Calcarea Carb 200 on 10th day and Tuberculinum 10 M on 25th day were administered in a phased manner to

all children in the age group of 0-15 years in the month of August every year for three consecutive years. Symptom similarity, complementary relationship, virulence and underlying miasms were taken into consideration while selecting these drugs. This project was named B.C.T. After its commencement in 1999 the mortality and morbidity rates of J.E. fell drastically. 343 cases were reported in 2000 with 72 deaths, in 2001 only 30 cases with 4 deaths, in 2002 only 18 cases but no deaths, in 2003 and 2004 no cases were recorded. The Government had officially published the statistics and acknowledged the efficacy of homeopathy. This is the first major involvement of homeopathy in the field of prevention of epidemic diseases in our country. Neighbouring states which have not adopted this method continued to show higher incidence of J.E. cases. After witnessing the decline in India other nations are showing keen interest in this innovative method. Subsequently the Virologists of the Institute of Tropical Diseases, Kolkata conducted experiments on Belladonna's antiviral effects on Chorionic Allantoic Membrane and ascertained the efficacy of these drugs. The findings were published in American Journal of Infectious Diseases. Endemics and epidemics should be studied from the miasmatic viewpoint to understand their virulence, change of patterns and recurrence. This work has been carried out under the personal supervision of Dr. G.L.N. Sastry.

Keywords: Epidemics, Homeopathic prophylaxis, Belladonna, Calcarea Carbonica, Tuberculinum.

Economic evaluation of the Bristol Homeopathic Hospital: final results of the BISCUIT feasibility study

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Aim: NHS commissioners need to know if services reduce NHS costs such as GP consultations, hospital visits and medications to inform their funding decisions. The aim of the BISCUIT study was to test the feasibility of economic evaluation of homeopathic packages of care from the Bristol Homeopathic Hospital.

Methods: Using a prospective matched controlled cohort design, 15 case participants from the Bristol Homeopathic Hospital and 19 community controls were matched for GP practice, condition, age and sex. We collected data on personal and NHS costs, wellbeing and quality of life five times

over 15 months. GP medical record data were extracted on NHS resource use for all 34 BISCUIT participants. Descriptive analyses from a NHS cost and societal cost perspective were carried out by an independent statistician. To identify key attributes of value for a Discrete Choice model, we interviewed Bristol Homeopathic Hospital patients. Interview data were analysed using a framework approach.

Results: To be presented

Conclusion: Results should be taken with caution. However, findings suggest that homeopathic packages of care offered by the Bristol Homeopathic Hospital may have an impact on quality of life and wellbeing. But further work is needed to devise methodologies to robustly test resource usage, especially given the substantial variation in resource usage amongst individuals.

Quantum coherence domains and nanoparticles — one and the same thing?

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Understanding the physics behind the action of homeopathic dilutions has recently gathered momentum with the new links that have been drawn between homeopathy and the burgeoning field of nanoparticles. The advantages of such a connection are clear in that this relation brings homeopathy research into the fold of conventional material sciences. And it is all the more attractive in that nano-pharmacology is an emerging field of research which is currently drawing a lot of attention and consequently research funding. On the other hand we have theories such as the Quantum Coherence Domains (QCDs), which have previously been put forward to explain homeopathic dilutions, immediately begging the question as to whether these quantum domains have anything to do with conventional nanoparticles.

In this presentation I will offer an overview of Quantum Coherence Domains and how they differ and contrast from nano-particles. I will then put forward the idea that QCDs are to be considered as nano-particles themselves, albeit of a different type entirely from those that have been studied until now. I will present the way in which these quantum-nano-domains are formed and how they are able to record specific information. The way this information is then fed back to the patient will be presented, showing how it can modulate the complex sets of biochemical interactions at the basis of homeostasis.

I will present evidence that quantum-nano-domains offer greater explanative power than conventional nanoparticles in a number of experimental settings. The evidence for these quantum-nano-domains will be reviewed, highlighting areas which remain problematic, and those open to further investigation and replication.

In the end we are still faced with a very complex problem, we are only slowly unravelling. At the present time