

His Majesty King Charles III to continue patronage of the Faculty

The Faculty of Homeopathy is delighted to announce that His Majesty King Charles III has been confirmed as Patron of the Faculty of Homeopathy.

As Prince of Wales, His Majesty became Patron of the Faculty of Homeopathy in 2019, marking the 175th anniversary of the founding of the organisation. Following a major review of Patronages on the occasion of the first anniversary of the Coronation, Buckingham Palace has confirmed the news that His Majesty has graciously chosen to retain and continue this Patronage.

Dr Gary Smyth, President of the Faculty of Homeopathy, commented:

"It is an enormous honour to enjoy the Patronage of His Majesty The King. We are deeply grateful for this generous endorsement, and the continued, long-term support of Homeopathy as part of an integrative and sustainable approach to healthcare. This news marks a significant milestone for the Faculty of Homeopathy, in this 180th year since the founding of the organisation. This strengthens our resolve to advance our important work to promote and support the highest standards of practice, education and research in Homeopathy. I look forward to continuing to raise awareness of this valuable system of medicine."

This award of Patronage follows the appointment of homeopathic physician Dr Michael Dixon FFHom (Hon) in December last year as leading the Royal Medical Household – the medical wing that comprises a range of physicians and surgeons to the Sovereign and to the Royal Household. He was awarded the CVO in the Birthday Honours List.



White House Photo / Alamy Stock Photo

ISSUE HIGHLIGHTS ...

- Uniting the profession
- Senator Royal Copeland
- Four-part feature
- Dream proving
- A paradigm shift in practice



Gill Graham MFHom (Int) elected Vice President

At the Faculty AGM in March, in London, Gill Graham became the first International Member to become Vice President of the Faculty.

"I would like to offer my heartiest congratulations to Gill and wish her every success as Vice President. I am confident that she will bring a fresh perspective to this important role, and I look forward to working closely together in the future." Dr Gary Smyth, President of the Faculty of Homeopathy.

Just as we went to press we heard that King Charles was to continue his Patronage of the Faculty. He was our Patron when he was Prince of Wales and we are honoured that His Majesty has decided to continue his association with the Faculty, supporting Homeopathy in general.

The other big news for the Faculty has been the appointment at the AGM of Gill Graham as our first International Member Vice President. A fantastic achievement Gill, and we offer our warmest congratulations. Of course, Gill is such an important member of our Editorial Team as well, and we are delighted for her. Gill's appointment marks the end of what was once a gigantic barrier in the Faculty between 'us' and 'them'. With the new membership categories, (the meaning of each category being described on the website,) we can all be one community, we can work together for the good of our patients. Please read Gill's editorial piece and let us have your responses. Gill has also contributed a 'selfie' interview. So, any readers who do not know what a talented person she is will find it all in her own words!

As I write this towards the end of May the sun is streaming through the office windows. The temperatures have been such in Scotland that many male members of the population have declared it a 'Taps off' month, meaning shirts should be removed to reveal an expanse of bare flesh that in many, if not most, cases would have been far better covered up. Thankfully, this does not happen very often.

The other event during May was the appearance of the Northern Lights in many parts of the country, (including above our house). There were many stories in the press about sightings of the phenomenon, but the one I liked best featured a man who, while walking along a street, sent photos of a beautiful glow in the night sky, only to find out when he turned the corner it was caused by the purple-coloured lighting of a Premier Inn.

We have a lot for you to read over the summer months in this expanded issue*. In a four-part feature entitled **Many routes, one destination**, we introduce different aspects of the patient-

practitioner interaction. First, Dr Sujata Naik discusses *The Art of Taking the Case*, followed by Dr Keith Souter who poses the question *What has belief got to do with it?*

Gabi's contribution entitled *What's in a word* reminds me of my efforts to explain the intricacies of the difference between a patient saying, 'I'm feeling not very well' and 'I'm not feeling very well' to students. When translated into Scots, the two phrases have different meanings! The latter is a lot more serious than the former! Finally, our good friend Tiago from Brazil discusses the importance of choosing the right remedy.

There is a fascinating Hecla Lava case and some interesting historical items. The instructions on how to make a remedy from Hahnemann particularly resonated with me – not only for my background but because the letter was in response to a communication from a patient sent on my birthdate!

Dr Jeremy Swayne has pointed out that it is sometimes difficult to determine whether what we have added to articles are Editorial comments or an introduction and what is the work of the contributor. Thank you for this, Jeremy – we will ensure this is clarified in future.

The Press has reported two interesting examples of trials studying methods of desensitising children to peanuts at an early age. The first at The Great North Hospital, Newcastle involved giving patients M&M chocolate-coated peanuts, increasing the daily dose from one to six over time and under close supervision. In the second study at King's College London, smooth peanut butter was given to babies to see if it could provide lifelong allergy defence. Teenagers who ate it up to age five were 71% less likely to develop an allergy than if the food was shunned. Colleagues will appreciate what might be termed a tautopathic approach to medicine!



This is your journal so whatever you want to say about content, we want to hear it. The Editorial Team is still writing a large amount of content. Not that we are complaining! Inclusivity is the flavour of the month. With an expanding membership – not many organisations are doing that! – there are lots of opperperchancities (as my Grannie used to say) to contribute. We do appreciate the support we get and offer our thanks to those colleagues who have sent in material.

One person who did just that was Dr Kathryn Vale who offered a response to my piece about Acers. Thank you, Kathryn! You may recall I mentioned the tiny seedling that we bought last year 'up north'. Well, it survived the winter and is now looking very healthy (see picture above).

Have a fantastic summer – we will be back in the Autumn just before the Faculty's 100th Congress in Edinburgh for which I hope you have registered having taken advantage of the Early Bird rates.

Steven Kayne

EditorSimile@facultyofhomeopathy.org

*Sponsorship by Saltire Books

CORRECTION

It has been pointed out to us that the reference for a case entitled 'Jewish Lady case' cited by AIH President Dr A Bekker in his guest editorial in our March edition was excluded. We apologise for this omission.

Treuherz F. 50 Years Since Liberation: A Case. In: My Journey in Homeopathy, Much Ado About Nothing. New Delhi: B Jain, 2022.

Any references excluded due to space limitations are always available on request.

simile

Editor: Steven Kayne

• EditorSimile@facultyofhomeopathy.org

Clinical Editor: Gabriella Day

• ClinicalSimile@facultyofhomeopathy.org

Feature Editor: Gill Graham

• FeatureSimile@facultyofhomeopathy.org

Design and Production: Helen Jones

• ProductionSimile@facultyofhomeopathy.org

Uniting the profession

We are delighted that the Faculty's newly elected Vice President (and our Features Editor) Gill Graham has contributed this editorial in which she discusses the issue of inclusivity for homeopathic practitioners.

'Collaboration has no hierarchy. The Sun collaborates with soil to bring flowers on the earth.' Amit Ray

I recently came across the doom filled article, published in *The Lancet* in 2005¹ with the woefully dramatic title 'The end of homeopathy'. Although there were many articles that 'corrected' the data used to reach this derisory conclusion; almost 20 years on, we continue to flourish as a profession, despite similar, weak journalistic attempts to annihilate us.

Our own past President, Dr Peter Fisher, addressed the errors and inconsistencies in the report which led to the article, and which could be applicable to many in the same vein: *'This meta-analysis is subject to fundamental criticisms. Regrettably, the media have already reported The Lancet's version of the story. Homeopathy's popularity is growing worldwide despite many such attacks. To paraphrase Mark Twain, "reports of the death of homeopathy are much exaggerated": the facts simply are incompatible with The Lancet's claim that the end of homeopathy is nigh. Regrettably, this attack will only widen the divisions. The way forward is open, transparent science, not opaque, biased analysis and rhetoric.'*²

Plus ça change, it would appear. *The Lancet* article was, as we know, nothing new, historically it is what we are used to. I include an article in this edition that I wrote on Senator Royal Copeland, who fought tirelessly against the detractors and who, in 1938, co-authored the Federal Food, Drug and Cosmetic Act. Since then, the FDA has relied on a document known as the Homeopathic Pharmacopoeia of the United States to determine what counts as a homeopathic drug. This was nearly 100 years ago. Because of strong characters like Peter Fisher and Royal Copeland (see pages 7-9) we can address the narrative, but we cannot do it alone.

Just to be clear, and to consolidate, the reason why eminent homeopaths such as Dr's Copeland and Fisher refer to robust evidence and sound research, some basic facts are worth repeating. 'By the end of 2019, 221 randomised controlled trials of homeopathy on 115 different medical conditions had been published in peer-reviewed journals. Of these, 129 were placebo-controlled on

77 medical conditions and were therefore eligible for detailed review. 45% were positive, finding that homeopathy was effective; 4% were negative, finding that homeopathy was ineffective; and 51% were inconclusive.

These results are surprisingly similar to the effectiveness of conventional medicine. A study printed in 2015 in the *British Medical Journal (BMJ)* found that of 3,000 commonly used NHS treatments 50% are of unknown effectiveness and only 11% are proven to be beneficial.³

Luckily, we have many distinguished physicians in the Faculty, who 'instead of discarding "a priori" – these alternative therapeutic methods, have incorporated some forms of alternative medicine or products in their clinical practices. It is not rare to hear respected clinicians suggesting that an unconventional treatment approach might be seen as an "integration" rather than as an "alternative" to standard medical practice.'⁴

The focus of this editorial, given the situation we invariably find ourselves in, with frequent, unfounded attacks, is to invite continued and new collaboration between us, as homeopaths, to honour homeopathy's rich history of research and evidence supporting its effectiveness. I would like to see us strengthening our bonds with all organisations and individuals who reflect the values that Hahnemann set out in the *Organon* as to what constitutes a good homeopath with ethical boundaries.

As you will see, I have included a short review of the film 'Introducing Homeopathy'. The final, brilliant outcome was a prime example of collaboration at its finest. Both medical and non-medical homeopaths featured cases where their patients' lives had been transformed, often after years of allopathic treatment. Most of the cases to be fair, were from non-medical homeopaths who had areas of expertise, for example in drug withdrawal, fertility, AIDS and PTSD. Also, there was a huge focus on the vets and their valuable work with both domestic and farm animals. A determined, dynamic production team: homeopaths, doctors, naturopaths, osteopaths and many others

in the integrative medicine world, a film crew, collaborators and volunteers from around the world all came together to produce something extraordinary, as a team. I became involved from the review side, and the same quick, effective communication made for successful reporting, increasing the exposure and ongoing marketing and publicity. Collaboration like this is beautifully conveyed by Ryunosuke Satoro: 'Individually, we are one drop. Together, we are an ocean.'

As we saw in the film, and are experiencing now, slowly but surely, the barriers demarcating professional homeopaths from medical homeopaths are coming down, given the excellent training available on both sides, and with skills and backgrounds converging to enable the very best case taking and results, appropriate to the homeopathic paradigm. With the availability of on-line directories such as the Faculty's register of practising members, the 4H and Homeopathy UK's websites, the patient has the right to choose a practitioner who is best suited to them. This is also applicable to overseas, where the Faculty is encouraging membership and communication, making us internationally aware and seen. We experience shared worldwide participation in conferences, teaching and research as evidenced in our upcoming Congress, which also has an all-important social element.

It never was the end of homeopathy. 'Damnant quod non intelligunt' (They condemn what they don't understand.) Let's continue to work together to ensure future growth; there is hope, unity and success in working as a team.

Gill Graham
Vice President

ggraham@facultyofhomeopathy.org

References

1. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(05\)67149-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)67149-8/fulltext)
2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1375230/>
3. <https://www.homeopathyawareness.com/research-and-evidence/>
4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4363517>



Faculty members are invited to submit comments for publication in this section. Letters should normally be no more than 350 words. Acceptance will be at the discretion of the Editorial Team.

More on Acers

From: Dr Kathryn Vale MFHom of Hastings

I have finally had a chance to read *Simile* for December 2023 and was slightly perturbed to see your comment 'acers do not seem to feature in any of the homeopathic materia medica or repertories'.

Sycamore Seed was proved down here in Kent/East Sussex in October 1997 by the Guild of Homeopaths and I have been using it for ten years mostly for a variety of conditions, including squashed baby heads from forceps, kids with dental braces / spinal twists / 'loosening boney structures' especially the sphenoid bone – so pituitary problems – and duality in mind and body eg transgender issues.

Full materia medica details may be found in *The New Materia Medica* by Colin Griffith (Watkins Publishing, 2007).

Okoubaka¹, was also proved down here in 1994 and is used for gluten/wheat gut



Okoubaka bark

issues as well as general detox from therapeutic drugging – since a note of it from 1972 and then 1991 in Germany [Dr Schuren] led to an article in *Prometheus* (Vol 12, June 1994).

Both remedies are covered in the *Comprehensive Repertory of New Remedies* by Colin Griffith (Watkins Publishing, 2015).

The Faculty seems to be missing out on modern gems such as Buddleia Japanese White Oleander, Chalice Well Water, Rose Quartz, Turmeric and many others, without which my practice would suffer.

1. Okoubaka is a genus of tall forest trees native to West Africa

The Editor replies

I am indebted to Kathryn for contributing this response and putting the record straight! Her letter has been abbreviated due to space constraints but it is hoped to publish more in a future edition.



SPRING MEETING

Bergamo, 25th-27th April 2024

The ECH May Newsletter reported that over 70 members (plus a further large number online) attended a very happy and productive weekend in the lovely Italian city of Bergamo. Particular highlights were the presentation by Professor Paolo Bellavite and the initial meeting of the NextGeneration4Homeopathy network, which has now been established as our latest Working Group. The Agrohomoepathy Working Group attracted well over 400 physical and online participants from a wide range of professions and from every continent across the globe. There will be a fuller report of their meeting in the ECH June newsletter.

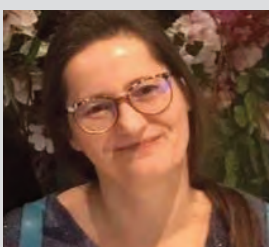
PROVING VOLUNTEERS - Are you willing to help?

After years of searching for an epidemic remedy for the whole world's gone mad – the bigger picture (whilst trying to find homeopathy's blind spot)

I am excited to let you know that we now have a serious candidate to bring to your attention! We called it under its acronym Aelia (and that is your only clue for now!)

Before unravelling its secrets, we are now looking for about 25 happy volunteers to organise a proving in London within the next months, And therefore support its way to official registration...

**Email me at drdurieu@gmail.com
and let's plan this together!
Caroline Durieu MD, Belgium**



Obituary

Dr Andrea Radnai (1968-2024)

We regret to report the passing of Dr Andrea Radnai, who passed away on the 12th March 2024 following a short illness. She was President of the Hungarian Homeopathic Medical Association between 2016 and 2020.



Introducing Homeopathy, the film. A short review.

A full version of this article can be found in May's issue of Hpathy.com

"Only he who finds empiricism irksome is driven to method."

Johann Wolfgang von Goethe

'Introducing Homeopathy' premiered at a red-carpet event at the Joint American Homeopathic Conference (JAHC) in Reston, Virginia on April 19th 2024.

In a running time of 2 hours, 7 minutes, the production team travel throughout the US to meet practitioners and patients who discuss cases of transformative healing. To validate and further explore the results of the healing witnessed, top researchers, scientists and professors from around the world are consulted and interviewed.

"We are privileged to enter the lives of people and to help them."

Dr Linda Johnston

For over 2 hours, I was mesmerised by the endless cases that were discussed, beautifully documented, and featuring real patients who told their stories, with comments from the homeopaths who were taking their cases. Also included was veterinary homeopathy, and cases discussed and analysed. Each case was intercepted by experts, citing homeopathic philosophy, history and research, every segment connecting logically and flowing into the next, questions were answered, completing the jigsaw about the totality of homeopathy and why the approach is as it is. I feel this allows the viewer to take stock, one is not overwhelmed with endless individual patients and their stories, rather they are introduced slowly, and their backgrounds revealed. We are left waiting in anticipation for the case outcomes to be disclosed.

What is the verdict...

The film was engaging, from start to finish.

If the goal was to educate and inspire people, it was achieved. There is no doubt a non-homeopath with an interest in their health would be intrigued, captivated, and curious. It has been carefully produced and directed, telling, simply, the truth; it has brought to light the sheer power and beauty of this medicine, whilst demystifying any myths. It would be criminal to continue hiding the truth, particularly with the state and cost of healthcare in the US, not just financially, but to alleviate the toll on people's health from often dangerous, addictive drugs, often casually prescribed, with no thought as to the consequences. As Paola Brown said, "homeopathy is the safest category of drugs the FDA has ever regulated."

It answers fundamental questions, which are often asked, and corrects misconceptions. It proves without doubt that homeopathy is not just placebo (any more than any other system of medicine). The researchers were able to add their evidence in this respect and discuss the latest research coming out on humans, animals and plants, destroying the myth that there is 'no research'. Lastly, the cases shown and told by the patients themselves leave us convinced of its power.

To give a balanced analysis, any review normally looks at both sides of the coin and critically addresses the content. So, what was there not to like about the film? The only thing I may change would be to shorten it slightly, as it is perhaps a little long, and some people, given the complexities of it, may find their attention span challenged. Not a criticism but a suggestion, would be to consider giving details of websites where people can find out more information with lists of qualified practitioners. Maybe an e-mail where also

someone who could answer any questions from the audience, also listed in the credits.

"The highest level of health is really altruism, being able to use your physical and emotional nature to be able to be of use to humanity - that's what true health really is and that is the goal of homeopathic care."

Dr Mitch Fleisher, MD

Having said this, in my opinion and that of everyone I have talked to and whose comments I have seen online, valued the content of this film and what it could mean for our profession. I pondered, not being a film maker, what is supposed to make a good film? I came across many sites, but a concise definition, seemed to include the fact that when the cinematography, editing, writing, sound, music, and people all come together, there is potential for the film to be great; all these attributes, in equal measure, were met. Let's hope that this film succeeds in its goal of being 'the voice of our profession' and for its message to be heard loud and clear. With over 550 million users through the world, it is not simply the second most used system of medicine in the world according to the WHO, with highly successful clinical outcomes, it is also a strong preventative model which could transform the lives of many throughout the world. Well done to all involved, you have excelled in working as a highly motivated driven team who have shown without question that homeopathy is the 21st century medicine.

Should you wish to donate to help further support the film here is the link: <https://introducinghomeopathy.com>

Gill Graham

FeatureSimile@facultyofhomeopathy.org



Report on COVID-19 case collection

Rutten L, Eizayaga J, Gold P, et al. Homeopathy for Acute Viral Infections: A Bayesian Repertory for Reliable Use of Common Symptoms

Homœopathic Links 2024;37(01):011-016 DOI:10.1055/s-0043-1778050

A recent worldwide COVID-19 case collection assessed the prevalence and likelihood ratio (LR) of symptoms, resulting in a bayesian repertory and repertorisation app. This approach resulted in a clear and reliable differentiation between selected medicines, with common symptoms, combined or separately. The assessed COVID-19 symptoms are mostly common symptoms and occur in several other acute viral infections. Common symptoms are symptoms, throughout the body, common to most viral infectious disease, for example, fever, headache, weakness, etc. Use of this repertory and app is likely to improve the effectiveness of homeopathy in these infections

due to the hierarchical approach built within the app to categorise the unique combination of common symptoms specific to each case. The use of the online app is free of charge. This offers an opportunity to experience the usefulness of common symptoms with the bayesian approach in case evaluation. This repertory could be a showcase of homeopathic treatment based on systematic and reproducible data collection. We invite practitioners to test the app in daily practice while treating acute viral infections and give feedback via the new button at the last screen of the app.

Antimicrobial Resistance (AMR) in Turkeys

Baur-Bernhardt S, Käsbohrer A, Doherr MG et al. Assessing the Feasibility of a Two-Cohort Design to Assess the Potential of Homeopathic Medicinal Products to Reduce Antimicrobial Resistance in Turkeys (The HOMAMR Project)-Study Protocol

Homeopathy 2024 Apr 4. PMID: 38574753 DOI:10.1055/s-0044-1781448. (PubMed)

Antimicrobial resistance (AMR) is a serious public health concern worldwide. The European Union requires a reduction in the use of antibiotics by 50% by 2030, with separate regulations on organic production that give preference to homeopathy and phytotherapy in organic farms before the use of conventional medicines (including antibiotics). The authors have designed a two-phased

project whose overarching aim is to investigate the potential role of homeopathic medicinal products (HMPs) in combating AMR in turkeys (the HOMAMR project): a two-cohort feasibility study using turkey-farm data that have been collected and analysed retrospectively, followed by a prospective two-cohort study in turkey farms that would examine the impact of HMPs on

changing antibiotic use. The authors say that to knowledge, this is the first feasibility study on the treatment of turkeys using homeopathy, and whose retrospectively obtained data will inform a prospective study that would examine the impact of HMPs on antibiotic use in commercial turkey raising, fattening and breeding production.



Constipation

It is estimated that about 15% of adults have problems with constipation, and that number is higher in both children and seniors.

The School of Homeopathy has an article on its website featuring several remedies that colleagues may find interesting.

<https://www.homeopathschool.com/news/2024/01/constipation/>

American Journal of Homeopathic Medicine

The AIH has generously provided a link to allow members of the Faculty of Homeopathy to access the winter 2023 issue of the AJHM.



It can be found at :

<https://homeopathyusa.org/AJHM/AJHM-Winter-2023.pdf>

The link requires a password available on request from the Editor Simile@facultyofhomeopathy.org

The content includes an interesting case quiz, a long case of erectile dysfunction in a diabetic patient, a detailed account of the materia medica of iron and its salts, a discussion of homeopathic suppression in the *Organon* and an appreciation of the life of Dr Jacques Jouanny who passed away in 2023.

History of Homeopathic Practice in America

As the Faculty is becoming ever more international, it is important to address and make our members aware of important issues faced by homeopaths around the world. The situation in America now, is critical, as the FDA continue to debate the inclusion of homeopathic products.

Gill, therefore explores the contribution made to American homeopathy by Senator Royal Copeland (1868-1938) – Professor, Doctor, Homeopath, Mayor, University Dean. The man responsible for how homeopathy and its Pharmacopeia first became recognised by the FDA, and brings us up to date with the current situation.

"History has its eyes on you!" I recently saw Hamilton, the musical, and these words were delivered by George Washington to Hamilton urging him to act with caution because his actions would be written about, analysed and the consequences detailed in historical narrative for centuries to come, and at the mercy of those responsible for its delivery. This immediately brought to mind Royal Copeland, and how applicable these words were to him, at this moment in time, with the current FDA discussions around homeopathy.

As homeopaths, we are indebted to Senator Royal Copeland for his dedication to our subject, although many of us may not be aware of the part he has played in our evolution. The words *"History has its eyes on you!"* are particularly relevant to him, as his actions as a Senator led to his sponsorship of the famous Foods, Drugs and Cosmetics Act (FDCA) of 1938 which empowered the FDA and which gave recognition to the Homeopathic Pharmacopeia. History is currently being weaved together as the FDA are now in the process of reviewing its inclusion. Since 1938, lawyers, doctors, homeopaths, historians, and Food and Drug Administration (FDA) officials have questioned the inclusion of the Homeopathic Pharmacopeia of the United States (HPUS) in the Federal Food, Drug and Cosmetic Act (FDCA). Some say its inclusion simply slipped through, and it was going to be addressed and regulated at a later date. It is clear that now, in 2023 the FDA has been stirred into action over the years, and is indeed reviewing its stance. This will be discussed further on in the article after focussing on some key, interesting facts about Royal Copeland and his part in our history.



Royal Copeland was depicted by Natalie Robins in *Copelands Cure*¹ (a book written on Copeland's lifelong struggle for the acceptance of homeopathy by the mainstream medical community) as 'a well-meaning blowhard who promulgated his homeopathic vision over a long career that ultimately landed him in the US Senate, where he earned the nickname 'General Exodus' because congressmen fled in droves during his harangues.'² He was also described as 'a shameless self-promoter, he had sincere convictions;'¹ his dedication was instrumental in strengthening the pure food and drug laws shortly before his death in 1938.

On glancing back briefly at his life and achievements, it is clear how his passion, energy and perseverance helped him to become a significant and important figure in homeopathic history. Copeland's life story and his wish to eliminate brutal treatments such as bloodletting and other shocking attempted 'cures' common at that time, serves as a backdrop for the struggle that began in the 1840s between homeopathy and the fledgling American Medical Association.

Born into a Methodist family, his father was in the lumber business. By the time he graduated high school, he knew he wanted to become a physician, but financially couldn't afford it, so went into teaching first. At the same time Copeland attached himself as an extern to the local homeopathic family practitioner, Dr Edgar Chase, and consequently acquired valuable experiences which proved to be formative, including acceptance of the laws of homeopathy, which he saw as "one of the great laws of nature, as fixed as the law of gravitation".¹

He read the *Organon* annually, however made it clear that homeopathy was not all there was to medicine, he went on to be an eye surgeon, which is testament to this, however he used it as necessary and indicated with his patients. Ironically, he was not a fan of every natural healing modality, being particularly sceptical about naturopathy and chiropractic medicine.¹ He referred to chiropractors as 'faith healers' and named it 'drugless healing'. His sole objection was that the healer had to have a 'fully-fledged medical degree' and that no person is qualified to set himself up as a healer of disease, nor is he justified in taking charge of a sick person 'unless he is fully informed regarding the physiology, anatomy and histology of the human body'.¹ Comments such as these, (clearly very outdated!) must be seen in the light of homeopathic training at the time which was exclusively for medical doctors; it does however further confirm his conviction to homeopathy and its healing potential.

The University of Michigan Medical School, where Copeland worked, was the first medical school in the US to have its own hospital, 10 years later the homeopathic hospital followed. By 1892

homeopaths supervised over a hundred hospitals across the nation. At the age of 22, Copeland, MD, ophthalmologist, surgeon and homeopath, opened his own practice in Bay City, Michigan, where his practice went from strength to strength.

By 1891 there were close to 14,000 practicing homeopaths and 80,000 Orthodox doctors, who soon became known as 'dominant' doctors. Copeland was determined to change the balance of doctors who practiced homeopathy, such as his drive and passion for his subject. However, homeopathy was not lost to all dominant professors, at Harvard Medical School, a professor remarked, following Robert Koch's development of tuberculin, that "the use of tuberculin is a form of vaccination which illustrates better than any example to me the approval of homeopathic principles by our school".¹ Likewise, further motivating support, no doubt, was from one of Copeland's most respected figures of the time, conventional doctor, Sir William Osler, who was quoted in January 1901 in a newspaper as saying "No one will deny that as many patients recover under homeopathic treatment as recover under any form of treatment."

Politics

Even whilst running a busy medical practice, Copeland found time for politics and was elected mayor of Ann Arbor as a Republican, which he served for two years, he was then elected to the Board of Education, although he only served for one year. Following his marriage to Frances Spalding, they moved to New York City, where he had been offered the post of Dean at the New York Homeopathic Medical College and Flower Hospital, where he remained until he was asked to serve as the President of the New York Board of Health in 1918, making a very positive impression on the public in his attempts to reassure them during a devastating outbreak of influenza. Due to extensive coverage of him in the press, he became a candidate for the US Senate in 1922. He subsequently switched parties and became a Democratic nominee to challenge GOP US Senator William M. Calder, who in short, he defeated with ease. The honorary chairman of

Copeland's Senate campaign was Franklin D Roosevelt, who had been Assistant Secretary of the Navy in the Woodrow Wilson administration and the Democratic vice-presidential nominee in 1920.

During his political career, which progressed, with twists and turns but was undertaken with great enthusiasm, it was evident that Copeland was not going to forget his roots in health, so was vocal about much, including the toxic air and environment he was working in in the Senate. He sponsored a resolution for the improvement of 'living conditions in the Senate Chamber.' Copeland's resolution was adopted by the full Senate in June of 1924 and the heat and humidity of Washington DC likely helped the New Yorker's resolution to pass. By 1929, the US Senate had its first air conditioning system due to Royal Copeland's insistence about improving working conditions for senators.

As we have seen, relevant to us is Copeland's deep commitment to homeopathic medicine; he made certain that homeopathic medicines were included when he sponsored the Federal Food, Drug and Cosmetic Act in 1938. It was one of his last successes as a member of the US Senate. Just four days after the Federal Food, Drug and Cosmetic Act was passed, Royal Copeland was dead, described as "thin and weak after suffering a sudden general circulatory collapse, which was complicated by a kidney ailment." He therefore had defied his own advice to the Senate which was to heed the ill effects of overwork and stress. So great was his dedication, he had worked himself into an early grave, compromising his own health for his passion for homeopathy and its future.

Copeland held many titles, throughout his long, distinguished life. To summarise, he was a professor of homeopathic medicine at the University of Michigan, Mayor of Ann Arbor, Michigan, Dean of the New York Homeopathic Medical College and director of Flower Hospital, New York City Commissioner of Public Health, and Democratic US Senator from New York, 1923-1938. As a conventionally trained medical doctor, he immediately went on to qualify also as a homeopath, then to

specialise as an ophthalmological surgeon, all whilst integrating his homeopathic skills. Most significantly for the homeopathic community, as has been mentioned, was as a Senator, late in his career, he sponsored the famous Foods, Drugs and Cosmetics Act (FDCA) of 1938 which empowered the FDA and which gave recognition to the Homeopathic Pharmacopeia.

What is evident on knowing his story, is that it is rare that someone is brave and confident enough to put their head above the parapet and work against the tide, it is too easy to do otherwise and be swept up by the mainstream or as we could now say, 'current trends', which requires little effort and zero critical thinking. This extraordinary man's energy, dedication and commitment led him to the top, with the ability and influence to direct the course of history for homeopathic medicine.

Dr Copeland authored a number of published papers including:

- Copeland (September 1904). In defence of the attenuated drug. *Medical Century*. 12 (9): 257–264.
- Copeland, Royal S. (May 1909). The scientific reasonableness of homoeopathy. New York. [hdl:2027/mdp.39015071593936](https://hdl.handle.net/2027/mdp.39015071593936).
- Royal S. Copeland (1935). *Doctor Copeland's home medical book*. Philadelphia: John C. Winston. OCLC4758731.

Much more can be said about him both personally and his achievements, however, it is necessary to move on to the situation we are now in. If we fast forward to 2024, the FDA and homeopathy are now once more a hot topic and the future for homeopathy as we now know it is under threat in the USA. It is for this reason; it is good to give focus to Royal Copeland and his significant life in the context of what he built and how, and the implications of the current situation.

The situation today with the FDA is critical

On December 6, 2022, the FDA issued a final guidance, Homeopathic Drug Products, that describes the agency's approach to prioritising regulatory actions for homeopathic products posing the greatest risk to patients. The FDA state:

'This guidance describes how we intend to prioritise enforcement and regulatory actions for homeopathic drug products marketed in the United States without the required FDA approval. As discussed below, FDA has developed a risk-based approach under which the Agency intends to prioritise enforcement and regulatory actions involving certain categories of such products that potentially pose a higher risk to public health.' <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/drug-products-labeled-homeopathic-guidance-fda-staff-and-industry>

Americans for Homeopathy Choice (AFHC) headed by Paola Brown, is constantly updating us on the situation and actively campaigning to protect the availability of homeopathic remedies with a consistent legal framework. Please access this site for up-to-date information: <https://homeopathychoice.org/>

AFHC's goal is to work with Congress and the FDA to restate the longstanding, clear distinction in the law between homeopathic and pharmaceutical drugs



and to guide FDA enforcement policies to distinguish between products which meet homeopathic standards and those which may be adulterated, misbranded, or improperly labelled as homeopathic. This will ensure continued access to homeopathic medicine, an essential component of health care for a growing number of individuals.'

<https://homeopathychoice.org/our-organization/>

Paola Brown and her team at AFHC are actively campaigning for justice and have clearly outlined their goals. Returning to Washington and Hamilton at

the beginning of the article, Washington's final word of advice to Hamilton was: "you have no control / who lives, who dies, who tells your story." Hopefully Royal Copeland would be proud of homeopaths today (particularly Paola Brown) and the action being taken to preserve both his memory and our right to take non-toxic medications with hundreds of years of positive evidence behind their usage, with the same commitment, rigour and unshakable conviction that he demonstrated.

Gill Graham

FeatureSimile@facultyofhomeopathy.org

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Hahnemann House
TRUST

Instructions on preparing a remedy

From the Hahnemann House archives (<https://www.hahnemannhouse.org/>)

Here is a letter translated from the French from Hahnemann to an unnamed patient. It includes some fairly complicated instructions for making up his remedy. (Reproduced from ECH Newsletter April 2024).

Paris 18th June 1837

Sir !

I learn from your grateful letter of 8 June that my cares for your restitution have not been in vain, notwithstanding the very chronic state of your pain. This good news gives me hope to have still more success in the future especially if you continue with perseverance to observe the prescribed regime both in mixing with all wine 5 or 6 parts of water, or even a little more, and when you take some exercise by walking daily in the open air. You prepare the powder mixed with 15 tablespoons of drinking water in a bottle with an added filter, after having shaken it well, a long piece of charcoal, tied at the end with a wire which you leave coming out of the neck (which is) closed with a cork to be able to pull out the charcoal each time before shaking the bottle. From this preparation you will give each morning a teaspoonful of coffee in a second bottle filled with ¾ of 6 tablespoons of pure drinking water which you take three times a day, after having shaken the bottle ten times, two tablespoons by mouth (morning, afternoon and before bed) to conform to this instruction each day.

When you one day feel a little overwhelmed, leave taking it for one or two days.

In wishing you the very best success, I greet you and your dear family both on my behalf and that of my dear Melanie with all my heart.

Your faithful Samuel Hahnemann



Many routes, one destination

In these four articles the authors consider different tools to aid them in their case taking and remedy selection

The Art of taking the Case

A review by Dr Sujata Naik MD, MFHom (Int)

The Faculty of Homeopathy treated its members to a wonderfully enlightening webinar by Dr Brian Kaplan on 20th of April 2024. Based on his book - Homeopathic conversations, 'The Art of taking the Case' (2001), it was a treatise on the most vital, yet delicate task of a homeopath in treating a patient.

From trained medical doctor in Johannesburg and later a well-known physician in the UK, to becoming a Fellow of the prestigious Faculty of Homeopathy, Dr Kaplan's journey is truly inspiring.

He began the talk by mentioning that no doctor-patient conversation, whether of orthodox medicine, psychiatry, psychotherapy, or acupuncture, beats the conversation with a homeopath, for it may be the most therapeutic session the patient may have ever experienced! Though it is not designed to be a therapeutic process, the unfolding of the entire journey of one's experiences that the patient narrates to the homeopath could be greatly cathartic for him. Yet, for the homeopath, it is a match-making process, meant to arrive at the remedy that would most closely match the patient's symptoms!

Brian explained how Hahnemann introduced homeopathy when orthodox medicine was undergoing a radical change. The discovery of the cowpox vaccine by Jenner and of homeopathy by Hahnemann happened in the same year: 1796. Hahnemann, surprisingly, contrary to popular belief approved of the vaccine and supported Jenner.

Prior to the discovery of homeopathy, orthodox medicine was primitive, almost

barbaric, with procedures like blood-letting being the treatment of choice for most ailments. In 1810, Hahnemann, through the *Organon of Medicine*, introduced a new way of speaking with and treating a patient. What was essentially different about Hahnemann was not just his theory of, 'Like treats Like', but what happened in his encounter when a patient walked into his room.

Orthodox medicine is based on objective information: 70% history, 25% physical examination and 5% investigations. That gives a picture of different diseases to make a scientific objective diagnosis that is useful, but limited. The patient's feelings, emotions and relationships may be given a polite hearing, but none of that information is used to find a remedy! This is in stark contrast to the approach of a homeopath who has a more subjective way of listening to a patient. Hahnemann says that listening to the patient in a certain way can change everything. The plain white sheet the homeopath uses is like a screen on which the patient projects his life history: like a 3D movie of their life. This helps the homeopath to see and feel what the patient is going through.

Homeopathy teaches the practitioner to understand how the subjective

experience of the patient's life, that includes his illness, affects him.

An orthodox physician emphasises the objective presentation of the patient, a psychiatrist the subjective, however it is only a homeopath who gives importance to both the objective and subjective information given by the patient. Orthodox medicine hates subjectivity, therefore, it is weak in dealing with illnesses that have subjective symptoms such as Irritable Bowel Syndrome! It is called a 'syndrome', because an objective diagnosis cannot be made.

Brian described how Hahnemann devised the groundbreaking method of case taking.

Aphorism 83 elaborates how case taking should be conducted. The practitioner should be unprejudiced, must never interrupt the patient's natural narrative and ask the patient to speak slowly, to avoid missing vital points during case taking. Until the patient completes his narrative and has given away all that he has to share, the homeopath should not call off the conversation. He emphasises that the physician should not get caught up in the names of the diseases; a line may be drawn in the middle of the page with the orthodox (clinical) findings on the left and the

homeopathic understanding on the right.

Tact in questioning and listening and deep knowledge of human nature is important to be a good homeopath. Therefore, some knowledge of philosophy and psychology could be helpful. The art of silence is of great value. Keenly watching the patient's facial expressions can give more insight than asking direct questions.

Being up front about sensitive issues like sex and reproduction can help make the patient more comfortable and share his inner thoughts.

Dr Kaplan spoke about 'countertransference', a term coined by Freud, and experienced by many homeopaths. This is a feeling that the patient triggers in the doctor or homeopath: it may be a parental trust or hope, a feeling engendered that is extremely useful in understanding the patient. However, the homeopath must know when to step back.

Another important phenomenon is 'projective identification' and its utility in homeopathy. To differentiate, 'countertransference' is the homeopath's response to the patient, whereas

'projective identification' is for the homeopath an unconscious process of feeling unprompted emotions arising in him or her that may indicate the patient's unexpressed state: for example, anger or helplessness.

The relationship between the homeopath and patient is vital to the accuracy of case taking.

Brian mentioned three qualities essential in the homeopath for his interaction with the patient:

1. empathy
2. unconditional positive regard for the patient
3. being absolutely genuine.

The homeopath must inspire confidence in the patient that they can share everything with him, even suicidal thoughts, very freely.

The order in which the history is taken is not as important as the manner in which the history is taken!

The opening question to the patient should always be, 'What brings you here?', rather than, 'What is your problem?' The latter will start them talking about the disease, while it is the former that will encourage them to talk

about their main symptom. Brian emphasised the correct direction of case taking, certainly an art the way he describes it! Encourage the patient to tell his story, about what his illness does to him and not just the name of the diseases from which he is suffering.

He also discussed the advantages of group supervision over individual supervision, mainly in giving a cohesive perspective, not to speak of the accumulation of the varied individual experiences brought together. He also spoke of the concept of the wounded healer, observing that there must be some degree of transference that makes one want to be a healer and a homeopath!

In conclusion, the webinar gave us a fantastic insight into the journey of a patient's experience with his homeopath, with the case taking process forming the crux of the entire treatment regimen! Truly Brian's lecture has been a guiding light in understanding the beauty of homeopathy, a rational science, the strength and accuracy of which rests on the art of taking the case!

Dr Sujata Naik
dr.sujatanaik@yahoo.com

What has belief got to do with it?

A review by Dr Keith Souter MFHom (Spec Reg)

Dr Souter is a specialist in medical homeopathy, having been a GP in Yorkshire for 30 years, a medical journalist, author of homeopathy books and prolific novelist of westerns, mysteries and crime stories.

Plausibility, delusions and heuristics

I am sure that virtually everyone who practises homeopathy has been challenged by colleagues with a question like, 'Do you really believe that it works?' Or, 'Surely as a scientist you must know that it's impossible.'

I have been there too many times to mention. It is never easy trying to defend something that seems implausible. If one is unaware of Avogadro's Law, then homeopathy seems very reasonable and plausible.

The two main principles of homeopathy are the Law of Similars or the similia principle and the use of potentised remedies. The similia principle feels right, it is logical and entirely plausible. The use of potentised remedies, especially those which have undergone potentisation

beyond the Avogadro Number, corresponding to 12C in the Centesimal scale is the great stumbling block to plausibility.

So, I entirely appreciate and understand why anyone with even a basic knowledge of chemistry would challenge the idea that homeopathy could work, and I understand why they would challenge my belief that it works. Yet I do firmly believe it works, I have practiced it over many decades, and I use remedies myself.

Homeopathy and Phrenology both seemed plausible

As every homeopath knows, Dr Samuel Hahnemann (1755-1843) developed the homeopathic method in the early

nineteenth century and laid the foundations in his 1810 book the *Organon of Rational Healing*. The name comes from the Greek homoios, meaning 'like,' and pathos, meaning 'suffering.'

Phrenology was a system devised by Dr Franz Joseph Gall (1757-1828) at the end of the eighteenth century, which proposed that the shape of the skull mirrored the convolutions of the brain. The name comes from the Greek Phrenos, meaning 'mind' and logos, meaning 'study of.' So, phrenologists were the first to claim to study the mind.

From extensive anatomical studies and empirical observations, Gall had concluded that the brain was made up of organs or faculties, each of which represented the temperaments, the



emotions, the mental abilities and the controlling functions of the body. By assessing the shape of the skull, the size of its prominences, its lumps and bumps, he came to believe that it was possible to predict an individual's strengths and weaknesses, their potentials and their failings.

This seemed perfectly plausible and it was endorsed and taught by anatomy professors in several medical schools.

Of course, as the years went on scientific advances touched all areas of medicine. It was realised that the brain was a far more complex organ than had been supposed by Gall and his followers and that there was virtually no correlation between the brain and the shape of the skull in terms of function. Gradually phrenology was discredited until it eventually went the way of the dodo. As a scientific study phrenology died out because it was no longer deemed plausible. No one believed in it any more.

Yet it is interesting to note that the term psychology came later, from the Greek psyche, meaning soul or spirit and logos, meaning study of. Although the phrenologists had beaten them to the punch, it is ironic that ever since then the phrenological head has become an iconic symbol of anything to do with the mind.

On the other hand, homeopathy continues to thrive and helps people all over the world, despite the plausibility gap between the potency issue and its therapeutic efficacy. According to sceptics it shouldn't and it can't work.

Yet we homeopaths know that it does, as do patients all over the world.

The mind and mental symptoms

At the start of my medical career, I fully intended to become a psychiatrist. I found the subject fascinating and very challenging. I enjoyed the process of talking to patients and trying to understand their symptoms and the mental mechanisms that produced them.

Note that I used the term 'mechanism.' That was deliberate because when I started in that first psychiatric post my consultant gave me a book on the subject, so I went away and read up on all these mechanisms of the mind, which included denial, sublimation, regression, projection and suppression. It all seemed so plausible.

It did not take long, however, before I

realised that psychiatric practice back in the seventies was based on powerful psychotropic drugs and ECT. Knowing about the mental mechanisms did not seem to have a lot to do with the therapeutic measures we used. So, somewhat disillusioned I left psychiatry and entered general practice, where over many years I evolved my own style of practice. Eventually I left and built up my own holistic medicine practice utilising homeopathy, hypnotherapy and acupuncture.

I do not regret my sojourn in psychiatry because case-taking and formulating a case, rather than arriving at a diagnosis taught me how to focus on the individual's life, their experiences, their thoughts and emotions. It gave me a great basis for taking case histories in homeopathy. In particular it made me realise how important the mental symptoms are.

'Heuristics: empirical rules that reduce or limit the search for solutions in complex areas. They are not necessarily logical, but can be based in part on intuition, experience and the 'sixth sense'...'

Heuristics and bias in homeopathy

I have been interested in heuristics and bias in homeopathy for a long time. It was the subject of my dissertation for specialist accreditation in 2004, which became a book in 2005 and was the subject of my Richard Hughes lecture in 2006, followed by a paper that same year.

Behavioural Decision Research is the branch of psychology concerned with judgement and decision-making. There is now a wealth of information, which shows that in a complex and changing world we tend to use simple empirical rules or heuristics. In general, these empirical rules are successful, and fairly accurate, even though they are not necessarily based on the same logical sequences as are algorithms.

Algorithms are named after the ninth century Persian mathematician, Al Kwawarizimi. The word refers to a detailed sequence of actions to perform in a finite number of steps, in order to accomplish a task. Any computer programme is by definition an algorithm.

Heuristics are essentially empirical rules. They reduce or limit the search for

solutions in areas that are difficult, complex or poorly understood. They are not necessarily logical, but can be based in part on intuition, experience and the 'sixth sense' that people develop after they have been practising a discipline or craft for a length of time. They are rules of thumb.

In the 1970s Kahneman and Tversky introduced their 'heuristics and bias' approach in judgement and decision-making research. Their work highlighted the reflexive mental processes that are used unconsciously to make complex decisions manageable. These heuristics often arrive at a very accurate result in a slick, quick manner. Sometimes, however, they are biased and can be inaccurate.

They described three general judgement heuristics that are employed in making judgements under conditions of uncertainty. These are:

The Representativeness heuristic - this heuristic involves judging the likelihood of an event, based on similarity between that event and existing knowledge about past similar situations. Essentially, judgements influenced by what is typical in a situation.

The Availability heuristic - this heuristic refers to the way in which probability or frequency judgements are influenced by the ease with which past examples are recalled. Essentially, judgements based on what comes easily to mind. Impressive past cases for example.

The Anchoring and adjustment heuristic - this heuristic refers to the tendency to make a judgement that is biased towards a certain value (anchoring) and then to adjust up or down to arrive at the ultimate result.

You can see how these heuristics are unconsciously utilised during the case-taking process and in remedy selection. And I use others that I have added, such as the recognition, elimination, and affect heuristics.

I operate more heuristically than algorithmically in my homeopathy practice. I have a library of homeopathy books, including materia medicas and repertories that I dip into, but I do not use a computer in the process. Some of my prescriptions come from that sixth sense I mentioned earlier. One could call it intuition, which I believe is essentially an heuristic processing of all the information that I elicit from the case.

Cases of belief and delusion

One of the books that I enjoy dipping into for pleasure rather than in a search for a remedy is Best of Burnett, compiled by Dr HL Chitakra. It is full of nuggets of wisdom from Dr James Compton Burnett (1840-1901) accumulated over his years of practice along with his case reports and an index of remedies used in his many cases.

The Mind sections in most repertories take up a lot of room, because they are so important. Within that the Delusions are very prominent. While these are not quite the same as the false, fixed beliefs that are impermeable to reason that I came across in my early foray into psychiatry, yet when you elicit one in a patient it can be highly significant.

Following the example of Burnett I now turn to five short cases of belief that I approached heuristically to select a remedy.

A DEVIL IS COMING FOR ME

This twenty-eight year old man contacted me initially because of steroid withdrawal syndrome. He had been using topical steroids for several years and his skin had been extremely troublesome ever since stopping. He felt that the steroids were evil. On questioning this he expressed a belief that the topical treatment had opened him up and taken away his defences. He slept badly and told me that he was scared every night because he had a feeling that a devil was going to come for him. 'Just like Dr Faustus,' he said. Some nights he barely slept at all.

I considered Anacardium, but I had a case with this same delusion some years previously, which responded well to Mancinella 1M. I was wary of his sensitivity, however, so prescribed Mancinella 30c nightly for a week and then one twice weekly.

His fear and the delusion that stopped him sleeping rapidly disappeared, and gradually his skin improved.



I PRAY FOR THE WORLD

This fifty-eight year old lady came to me because of severe Raynaud's syndrome affecting her hands and feet which had not responded to any treatment over the years. She was also aware that she had a short temper with people.

She was neat, precise and extremely critical about her family, her friends and the people in her church and parish.

'It's not fair because I live a good life. I go to church, I do the flowers and I help with the magazine. But the church is so cold that I suffer because of it.'

She complained that people did not help themselves enough and that 'it all makes me so cross. Sometimes I can't stop myself from telling them off.'

Then followed her belief that she had a special relationship with god and that it was only her praying that prevented catastrophes from happening. 'Really, truly, I pray every night and morning for the world. It's happened several times when I've not prayed, if I was too ill, a disaster happened. Last night I prayed that you would be able to help me.'

Her critical nature and her firm belief that her praying was in itself critical to prevent disasters happening was most striking. I prescribed Veratrum album 30c night and morning before praying for three days, then one weekly.

Her Raynaud's markedly improved. Her belief in the effect of her praying continued, as indeed I had no expectation of any change, for it was important to her and part of her life. However, she did volunteer to me that she was much more relaxed and had lost her short temper.

I'M A JINX

This thirty-three year old lady called me because she was unhappy with life, in low spirits and had some 'bad habits' she wanted to address.

The bad habits were smoking and nail-biting of both hands and feet, and she admitted that she became stropky if she drank too much. In addition, she had various skin problems including acne, which troubled her. She described a desire to flee from life and situations.

But the main concern came out gradually after a follow up consultation. She felt that bad luck followed her, so that her life was a mess and that she made people anyone she became close to unhappy.

'I feel hemmed in. I'm like Jonah. He was a jinx, wasn't he? He was swallowed by a whale and lived inside it. How awful was that, trapped and carried about, but unable to get out. Well, I feel like that.' She hugged herself and shuddered.

I had treated her with Sepia, as she had the desire to escape situations. Then as she described her feeling that she was a loner, a pariah, the leprosy miasm became more apparent. I noticed how much she shrugged and felt everything was her fault.

I prescribed Hura brasiliensis 1M for three doses.

The nail-biting disappeared, her body language improved and became more relaxed and she lost the feeling of being a loner and a jinx.

I HEAR THEM TALKING INSIDE ME

This middle aged woman contacted me first about her warts. She had tried everything over the counter and had also been treated by her GP and her local dermatology clinic, but without success. I thought it would be one of those cases where homeopathy would have a good result, as warts very often respond well to the right remedy. But as we talked and she told me about her headaches, sudden piercing headaches I became less complacent. Then when she told me that she could hear voices talking about her in her abdomen, I became very concerned.

The availability heuristic immediately brought other patients back to mind from my days in psychiatry. Hearing voices, especially voices talking about one in the third person could well be an auditory hallucination. It is potentially a symptom associated with schizophrenia. I had come across this several times back then.

So, I delved deeper to understand more about the voices. Especially since she was also complaining of headaches. The differential diagnosis that was forming would of course also include an organic brain cause.

I was relieved when she told me that her headaches had been investigated by a neurologist within the previous year, and nothing had been found.

'That's typical for me, nothing is ever found and nothing helps,' she said. 'It's like these warts, they make me ugly.'

I asked how distinct were these voices in her tummy and she told me that she couldn't hear them clearly. 'They mumble when I rumble.'

When I asked how she knew they talked about her, she replied, 'I just know. My rumbles sound like mumbles and grumbles and I'm used to that.'

Further questioning revealed that she could hear her borborygmi, which she called her voices.

I treated her with Thuja 30c, repeatedly over the next three months and the warts gradually all cleared. When I asked about the noises in her tummy, she smiled and told me that they too had gone.

This case pleased me, since Thuja was a remedy often used by Compton Burnett in his case studies. And of course, he was the first homeopath to coin the term vaccinosis, for which he often gave this remedy.

THINGS THAT GO BUMP IN THE NIGHT

This last case is actually about myself! The background to this is that I wear several hats. I am a member of the Medical Journalists Association and have just reached the 40th anniversary of my local newspaper column Doctor's Casebook. I also write novels and this event occurred as I was doing research for an historical crime novel set in Pontefract in the fourteenth century. I wanted to include some background into the Black Monk of Pontefract, a ghost said to haunt a house in the town, purportedly built on the site of a gallows. The house is reputedly one of the most haunted in the country with frequent poltergeist activity and from time to time ghost watches take place. I excitedly signed up for one.

Well, along with about eight other ghost-watchers we began our vigil, armed with all sorts of technical meters and sensors that made strange beeping noises in the darkened rooms. But we didn't see a spectre or experience any poltergeist activity.

So, we did some table-turning, which was quite alarming as the table under our fingertips started edging around the room. The next stage was to use an upturned glass

on the table. We all placed a finger and then asked questions.

The glass moved around and seemed to give yes and no answers to our questions. In turn we each removed our fingers, yet it still kept on moving. The answers were sometimes very emphatic. Someone asked if it (the spirit) was angry and the glass almost dashed off the table.

Then it was asked if there was anyone present it was angry with and who it didn't want in the house. It immediately shot to me.

I had not signed up to stay the whole night as I just wanted a taste of a ghost watch, so I left at one o'clock, much to the disappointment of the others who were signed up for the whole night and had brought sleeping bags.

I did not actually believe in ghosts beforehand, but I was relieved to go and felt quite rattled as I drove home. I genuinely felt shocked, so I took an Aconite 200c tablet. It calmed me down almost immediately.

Do I believe the spirit of the Black Monk of Pontefract wanted me to go? I'm not sure if I do believe it or not. Perhaps I shouldn't have taken the Aconite.



Dr Keith Souter

dr_keith.souter@btopenworld.com

For More Generalista Homeopatas

In this second contribution to *Simile*, Brazilian Homeopath, Anthropologist and Affiliate Faculty Member, **Tiago Amorim**, discusses the importance of choosing 'the right remedy'.



There are no ideal choices: human decisions are attempts to adhere to the best among relatively interesting options. Are there exceptions to this rule? Clearly yes. However, the vast majority of the time, we are not torn between good and bad, beautiful and ugly, excellent and terrible (if it were so, our lives would be much easier!).

In the practice of homeopathy, it is no different. Our medicine often presents us with games of choice featuring equivalent alternatives, similar in terms of therapeutic quality. While it is true that every homeopath should be familiar with the principles and ideals of this profound philosophy, it is also true that, in the concreteness of daily life, in clinical practice, one must choose between a good remedy and other good remedies.

There have been many attempts and strategies to solve this dilemma – the adherence to the best treatment in the specific case. There is no shortage of interpretations and theoretical proposals that claim, from Hahnemann's manuscripts onward, to be the new and better approach to homeopathy. One that I particularly like is the Sensation method by Dr Rajan Sankaran. It seems to reveal a great intuition about the method and philosophy of homeopathy. Let me explain.

According to this approach, the choice of a remedy for a specific patient depends, more than anything else, on the sensation experienced throughout the overall picture of the symptoms. That is, how the patient translates the overall impression of their state of life and illness to themselves (and how this translates in terms of the kingdoms of nature and their respective characteristics). Some patients seem to experience life as animal essences, others as plant-like, and still others as mineral. Clarity about this will help the skilled homeopath identify the central disturbance affecting the individual and, from there, prescribe the medication that best aligns with the healing process (preferably occurring

from top to bottom, from the psychic to the physical plane).

If we think about it, Dr Sankaran's way of seeing things requires homeopaths to have a sensitivity that goes beyond intellectualisation or technical mastery of homeopathy. Knowledge of miasms and kingdoms, the *Organon*, and materia medica are important conditions but not sufficient for effective work. Because the homeopath, facing the patient seeking assistance, needs to reach that invisible mass we would call the individual expression of suffering; something existing between the lines or behind the words and expressions of the sick person.

And how to do that? How to overcome technicalities – a risk always present even in an art of healing like homeopathy – and act as flesh-and-blood individuals, sensitive to the patient's fundamental pain? In other words, how to set aside medical, scientific, or technical specialties a bit and take on a position not only as an artist – concerned with the form and beauty of the healing act – but as a generalist within homeopathy?

Because, as Dr Sankaran himself says, the homeopath is a generalist, and this seems to me the best choice among the other available options. Even acknowledging the advances that medical and therapeutic specialisations have provided in the last fifty years, for example, I personally embrace the posture of a generalist in this world of specialists (those who know a lot about a little).

By definition, homeopathy does not look at the parts but at the whole, and this is in deep connection with the mentioned Sensation method. However, the same method is just a way to rationally explain what, in my view, is above any rationalism. Necessary? Without a doubt, as a considerable portion of homeopaths has fallen into the mistake of practicing homeopathy as if it were allopathy – something rationalistic and fragmentary – and thus, the work of Dr Sankaran becomes, in some way, not

something new but a different reminder of the primary philosophy of our medicine.

Allow me a personal note. For years, I studied Philosophical Anthropology, especially the stream initiated by José Ortega y Gasset and Julián Marías, two of the greatest names in 20th-century philosophy. My master's degree is precisely in Anthropology, and the thesis written in 2018 is a defense of Literature as a means of understanding human life. But look at my intellectual and professional journey: being an anthropologist, I also became a psychoanalyst, a homeopath, and, more recently, a doctoral student in nutrition. Why the interest in seemingly disparate areas?

Because my interest is focused on people, not just the rational understanding of the permanent and transient elements of a human being. It is necessary to find ways to see each person better. Yes, fundamentally, it's all about seeing the other in their individuality, unique expression, or sensation. Paradoxically, what I am asserting is that, to access the whole, it is necessary to better understand its parts through knowledge of physiology and symbolism, culture and personality, matter and spirit. In a very summarised way, the generalism I advocate sees diet and religious practice as aspects of the same reality, and the recognition of their mutual connection with all other aspects as a way to enhance the homeopath's ability to see. Studies and deep dives into different areas and themes would thus be like refining therapeutic lenses (or at least removing one of their obstacles).

If, on one hand, specialisation has allowed us to discuss the benefits of stem cells, on the other hand, it has made us lose sight of the person inside the body with stem cells. The attempt to choose a remedy based on the 'totality of symptoms', cross-referencing patient complaints with elements described in the materia medica of the remedy, is, in

my view, insufficient. One of the reasons is this: materia medicas are formed from descriptions of symptoms by healthy patients exposed to diluted substances, and the described result is the general equation of the majority studied. While relevant and even necessary, this is not enough for comprehensive and truly curative clinical practice.

Unique individuals sit in front of us and express their pains. They don't

silently ask for the cure of their ulcer or psoriasis. They ask for the cure of who they are and the deeply individual way in which they become ill and express their illness. In this sense, the homeopath needs to be a good generalist, even if it requires restraining their specialist, methodological, or technical impulses. Ideally, a homeopath should not think like an allopath! Because it's not about seeing the affected part very well or adding up,

like a mathematical healer, the patient's complaints with a view to the single medicine. It is, indeed, about traversing the apparent causes and touching the invisible core of illness. And for that, in addition to sensitivity or art, one needs psychology, and nutrition, and anthropology, and history, and medicine, and...

Tiago Amorim
saturno.tiago@gmail.com

What's in a word?

Dr Gabi Day FFHom offers her view on the importance of the art of choosing 'the right words'.



The power of the word. In homeopathy we can use the words a patient uses to lead us to a kingdom, a miasm, a sensation and ultimately to a remedy. Significant words a patient uses can be extracted from the case to illustrate the core issue and then we can find their reflexion in a remedy from our materia medica. But, can we also use words themselves to achieve healing? Uniting the power of our words and our remedy, perhaps we can achieve far more than with either alone.

Ilse Pedler's thoughtful contribution to a previous edition prompted me to think: What's in a word? Ilse hinted at how poetry can encapsulate an idea succinctly. Is this just mere words or is there a deeper underlying energy behind the words?

'Sticks and stones may break my bones, but words can never hurt me.' Is this true?

Think of the impact on a child when an adult says, *'Your sister has the beauty, but you have the brains.'*

Consider the underlying message in that.

Contrast the statement, *'Your sister was the prototype, but you are the finished product.'*

Just feel the difference

A study has been described to me in which a number of individuals were approached by a reporter and during the conversation certain words were dropped into the conversation. These words included 'toy' and 'Philadelphia' and other 'key' or 'trigger' words. (Unfortunately I have not been able to find the source of this study, so if anyone can identify it please advise me.)

Later a reporter approached the same individuals and asked them to give the name of a male actor. They all said, 'Tom Hanks'. They had been easily, subtly and effectively programmed subliminally. They were completely unaware of this.

In the medical world the concept of pharmaceutical companies providing education has been controversial for a long time. It is easy for doctors to say that the education or other promotional

events do not influence their prescribing habits, however I would argue that that is only the case to the degree that we are fully aware of the impact the words are having. And when under stress we often bypass a lot of our more appraising faculties and revert to what seems comfortable and as we know-a feeling of comfort can be triggered by the smell of coffee or a cake baking. Can we really trust that our more primitive and instinctual responses will in no way be influenced by the hospitality of corporations looking for profit?

We know brains are programmable. And the more often an idea is impressed on your brain, the deeper a belief it records, a belief that can take years to undo. Often the belief is so deeply ingrained that it is held in the subconscious so that the holder is not even aware of it. And yet it shapes their life. In 'The Untethered Soul', Michael Singer talks of walling ourselves off against the pain of an idea. To take down this wall is perceived as threatening and so the idea is avoided and in avoiding the idea we allow it to persist.

We also need to be aware of the lack of objectivity in the information presented to us as evidenced in the media, to my mind ever increasingly. Media stories are frequently delivered with emotive language that can influence our emotional reaction to a story- seemingly asking for a reaction of outrage or pity or other strong emotion and increasingly even the tone in which the news item is delivered is heavily inflected with emotion. It is well recognised that sensationalist headlines attract more interest in the vein of a soap opera and of course media corporations are money making machines, not benevolent institutions. Not only that, but the movies and television programs we are exposed to can heavily influence our perception of reality and when we watch 'docu-dramas' how do we separate truth from fiction? How much

credence do we give to actors and actresses whom we feel we know well as they are so familiar to us via our TV screens and we then attribute a greater importance to their words on unrelated subjects than we do other unfamiliar and yet more qualified voices?

A frequent bug bear of mine in one of my roles, which involves visiting predominantly elderly and often isolated patients in their own homes is the presence of a huge television, screen, which dominates the room and blares out depressing and alarmist headlines directly into the heart of the home and the mind of the individual facing it. This heavy influence is unmitigated by conversation with friends and family due to the breakdown of the family unit, ongoing fear of covid and the extent to which we have been brainwashed into the idea that we need to be endlessly productive in our lives, (often to the detriment of the family network), which tends to result in a fruitless activity, the direction of which is less often self-directed than it ought to be.

In a lecture, Brother Anandamoy of Self-realization fellowship, described the traditional notion that one went out to work during the day, as if going into battle and in the evening retreated into the sanctuary of one's own home to recuperate and re-centre. As he insightfully noted, we no longer leave the battle outside the door - it comes directly into our homes, assailing us through the tv and radio, but now even more invasively via our mobile phones. There is no respite and when we re-consider the powerful influence of a few well-placed words (toy, ...) on our cognitive processes, we need to seriously reflect on whether we can truly be capable of autonomous thought, when we are bombarded by this incessant stream of corporate driven narrative.

So, if thoughts and experiences are held and buried deep in the psyche or elsewhere in the body and we spend years avoiding them, how can we access them?

The book Psycho-Emotional Pain and the Eight Extraordinary Vessels discusses a method of addressing this through acupuncture, but I believe we have a powerful tool in homeopathy.

The techniques more recently developed to access subconscious thought patterns and beliefs have the potential to draw out hidden pathological beliefs, beliefs that can wreak havoc in a system, like woodworm in a house.

Even the three-legged stool approach can address the issue - if we can effectively encapsulate a key idea. Do we necessarily need the simillimum to disrupt that aberrant thought process and begin the process of re-writing the program? Or can a remedy that captures the essence of the delusion suffice?

Equally we need to consider the harm that can be done by using ill-considered words in a consultation. The 'nocebo' effect can cause harm by introducing a negative idea to a patient. For example when a patient who goes to their doctor with a minor complaint, but the doctor's reaction elevates the complaint to a serious threat to their existence.

Top of my recommended reading list for patients is the book, 'The Four Agreements' by Don Miguel Ruiz. The book beautifully describes how we create our reality with words, often given to us by adults when we are children. In his book he offers that the words themselves may be lies. For example - the implication

that a child, born into this world as perfect needs to 'do' something in order to become something in life, implies that they were born flawed. He states that lies like these create a false reality in which we can never feel good enough.

A world in which we continually lie to ourselves, to create a false self to hide the perceived flawed original and then bury those lies deep under layers of social acceptability is a world of shame and deceit, where we continually need to misrepresent ourselves in order to feel acceptable. The more we avoid facing the original lies that taught us we were not good enough, the more we lose ourselves, our authenticity and stray from our true path.

It is my belief that using homeopathy we can uncover these fundamentally erroneous beliefs, uproot them with an energetic mirror and work with the patient to restore the original unadulterated version of themselves, restore their faith in their authentic self, retrieve their power and blossom from there.

On a more general level can we switch off the prevailing narrative that tells us we are not enough, that we need more stuff in order to be happy, that we should be afraid?

Can we replace it with a voice that tells us we are enough as we are, that we are more powerful than we know and that we have been designed to thrive in a benevolent universe?

We have all experienced times when words seem to have woven a dark cloud around us. For me a safeguarding training event in which I learnt about the drug dealing network 'County Lines' left me in a very dark place. In the same way our mood can be transformed by words describing a beautiful vision of a future world. The opposing mental states that these two scenarios can induce can have a profound effect on the biological function of the organism. And this effect must not be underestimated.

In light of this we need to be fully aware of the power of our choice of words. It all depends what we want to create. Let us weave magic for our patients with our words. Using our words and remedies to undo past hurts and wrongs and misconceptions and misunderstandings and create something authentic and beautiful in their place.



Dr Gabi Day

ClinicalSimile@facultyofhomeopathy.org

Note from Clinical Editor, Dr Gabriella Day

Samantha Jugdev has kindly prepared a report of a dream proving, conducted under the auspices of NCIM. Here is the first part, which along with a brief description of the marking nut itself, includes the reports of the dreams experienced by the participants in the proving. A description of the homeopathic remedy picture will follow in our next issue, along with a discussion of the possible significance of these findings and a consideration of the relevance and potential implications for our world today. Perhaps after reading this part, you could reflect on the themes arising and make notes on your own interpretation, to compare and contrast with the author's in the next issue. As always, we would love to hear your reflexions.

Dr Gabi Day

ClinicalSimile@facultyofhomeopathy.org

Anacardium – Dream Proving Part 1

Samantha Jugdev, Dental Surgeon, BSc(Hons), BDS(Brist), PGCME, FFHom(Dent)

A REMEDY FOR OUR TIME?

Introduction

Every year, as part of the teaching at NCIM, students are invited to take part in a dream proving. The mystery remedy is sent out to students and it is up to the individual whether they volunteer to take it or not. Everyone records the dreams they experience over the following three days. The aim is not to gain a proving that can be used in the compilation of a repertory, but to provide a learning experience as a collective group and give us a deeper understanding of a remedy. The dream proving session is always a very interesting experience, when the dreams are shared as a group, definite themes can be observed running through them. Every year we learn more through the experience of the remedies given and this proving from 2021 was no exception.

Anacardium Orientale (Marking Nut Tree)

Anacardium orientale is a tree that grows in the mountainous tropical parts of India and is mainly used as a source of timber. Its greenish-white flowers develop with the black nut growing out of the end of it giving its name Ana – without and Kardia – heart. The nut is edible when ripe and similar to the cashew nut. Not only is the tree used for timber, but the oil from the outside of the nut is initially a pale milky colour which turns black when exposed to air. The oil is flammable and a skin irritant. A common use for the black oil is as a laundry marker, hence its nickname "Marking Nut Tree". The mark from the oil does not wash out and also retains its irritant properties causing localised redness and irritation of the skin for the life of the garment. It can also be used in the treatment of warts and piles and as a beauty treatment on the face to remove skin and allow new growth. It has also been used as an antiseptic. The ingestion of the leaves can cause gastroenteritis, haemorrhoids, headaches and even death.



THEMES OF DREAMS

Protection/Chase

There was a dream of having pressure to do a task. They had to achieve something, but they were being chased and needed to protect someone she was with, so didn't feel relaxed.

There was a swimming competition and many competitors were jumping into the pool. She was chasing and swimming and staying away from someone who was chasing them. She had to protect a small

child who was with her and they needed to keep swimming.

In one dream there were two ambulances that were travelling towards each other and they were forced to stop before they crashed. Their lights and sirens were the only intense colours in the dream. They quickly sorted out their stand off and then drove on their way.

Trenches

One participant dreamed of being in a lane and could see sea waves up in the sky. She

was with a friend and they were being protected from a big body of water in a trench, but a man came and told them to "move along, move along."

There were dinosaurs, camels and tall animals in a sitting room with chintzy curtains and muted dull colours. In the middle of the room was a sunken place that you wouldn't go near, like a trench.

There was a dust cart game, which was fun. She was on a track with a friend and they turned around and careered down the track and hill. There was a trench between

the wheels, but she wasn't scared; it was exhilarating. They had to keep the cart on the track or else it could have gone into the trench.

There were 4 in a car and the driver was the guide. At the end of the road was a dam wall and the water flooded the golf course.

One dream was of being in a railway embankment with grass up the side, which was dried and cream in colour.

Mountains and Stairways

There was a dream about being in a hospital, with a big wooden staircase, which was bent and there was a big hallway. Outside the person needed to climb down the wall and steps appeared like bricks in the air. She felt good with it and that it was good she was climbing down. She wasn't scared until she was down at the bottom and not until then felt scared.

One dream was of mountains full of tourists. There was a banquet hall at the top of the mountain with double doors covered in plastic. She was allowed into the hall, but only by the servants' staircase. There was the voice of God on the tannoy to welcome them.

Someone else dreamt they were in a tall building and at the top of the building she was in a room. She was seen by company, but was trying to hide and close the door, but it was difficult. There were symbols in dull colours on the door, but she didn't know what they were.

Tidying/Busyness vs. Poverty, Illness and Filth

Someone was gardening, not digging, but filling up rectangular segments full of soil and then putting them into the ground. There were then six plants: lavender and white furry things, which were poorly looking. Her son then kicked them. Then she was in the shower and there were clothes and towels everywhere, which weren't hers.

In the banquet hall (as described on top of the mountain) there were people with AIDs and also pickpockets. A foreigner had laughed at her and she felt excluded and didn't know what was going on.

Another dream was of a dirty hotel. There was poverty and it was agricultural, but no money. She was sat on a landing at the top of the stairs with Princess Ann, who was looking for a sock. One person had made up their bed nicely. There was a

squalid toilet. The space was empty and she was bewildered by this.

Someone was with their family living in a single room apartment and the beds were crammed in. The children had a bunk bed with the bottom of this very close to the floor. The room was a mess with used tissues and bedding and clothes everywhere. She had to tidy up and scoop up the rubbish in big armfuls and sort out the bedding.

There were 2 melamine serving trays, which some scientists who wanted to test the surface of because they thought there was something on them like a virus, but the person didn't want them to see the trays, so they hid them.

Removing Blocks to Communication/ Feelings

The dreamer's dad was dying (he had passed away in real life the previous year), she was with him and he was less substantial and she could see he was leaving. A friend had come to drum him home. She woke up and cried; she felt grief but not about the dream. She had a good feeling from the dream - like relief that she could see how it all worked.

Another dreamer had a patient booked in for 5pm, but she had to collect her mother and son from school, but only had 45 minutes. She had things to do and obstructions, but miles to go and didn't know if she could do it.

There was a dream about discussing the India vs. Australia cricket series with his son. There was a theme of sharing.

During the week of the proving two participants had had conflicts at work and had held their ground without giving in, which both reported as unusual for them.

Colours/Dull/Light/Dark

The dreamer was trying to see their apartment that was in sheltered accommodation, like a village around a quadrangle. They were trying to take photographs of it so that they could advertise and wanted it to look pretty, but the lawn was perfectly manicured, with perfect square edges and very green, with no flowers. Everything was very bland looking, with only the grass having colour. In the communal dining room it was also bland with pine look laminated tables and chairs, which were perfectly arranged, clean and boring. There was a feeling of frustration that everything was perfect and boring.

There was a dream where the person was at a hair-dresser's, waiting. The décor in the salon was mainly cream and very 1950s, including the style of dresses that the female hairdressers were wearing. They had finished with the other clients, but had to clean everything down before they could cut her hair. The person wasn't allowed to cross the floor before it was completely dry. The tiles then turned navy blue and then the hairdressers were men.

Someone else dreamed of looking through a key-hole into a sitting room which was coloured with browns and duck egg blues.

Disconnection and Wooden

In a room there were tall objects; when she approached them they started to look like long neck dinosaurs and giraffes. They were made out of wood block, like a clay or creamy colour and as they moved they clonk, clonk, clonked into shape. There was nowhere to move and she couldn't get into the space, but she managed to dodge them.

One person had physically felt disconnected during the middle of the day. There was a sensation below the diaphragm, which started in the solar plexus. This wasn't painful, but very evident, like an oblong plank of wood on her diaphragm. Her breath was fine, but like an elongated tube, disconnecting the top and bottom of her body.

Female/Male identity

There was a room, like a living room, with doctors sat on sofas. They were all very clever. They were wanting to change and were encouraging talk about gender identity. Someone had tight leggings on, then suddenly half of the doctors changed and wore tight leggings and looked very female.

The above dream at the hairdresser's also had a change from a feminine environment to a masculine one.

Terror and Nightmares

One participant had terrifying dreams over a few nights and woke in fright and needed her partner to come and protect her. Some of these dreams were about concentration camps and the holocaust.

Dr Samantha Jugdev

samanthajugdev@thirtythreedental.co.uk

Part 2 will follow in our next edition

Clinical Editor, Dr Gabriella Day, introduces an article....

Homeopathy is loudly declaimed by many outspoken members of the 'orthodox' medical system and mainstream media. Why would you enter into a field that has been described by some as 'worse than witchcraft'?

In his writing, 'The Problem with Paradigms' (*Remodelling Medicine*, Saltire books, 2012), Jeremy Swayne relates,

'Petr Skrabanek quotes from *The comforts of unreason: A study of the motives behind irrational thought*, in which the author offers absolutely unexceptionable advice for any researcher: 'We must search our mind beforehand to find out what we would like to be true, and having got that clear, constantly discount our natural tendency in that direction'.... David Reilly, a doctor responsible for producing some of the most convincing research evidence for the activity of those homeopathic high dilutions that Skrabanek derided, asked him how many positive randomised double blind controlled trials he would need to conduct in order to convince him. To which Skrabanek replied that he would never be convinced.'

In the light of such close-minded obstinacy, how do we understand how others overcome this barrier?

In his Webinar, Brian Kaplan described how it was the Case Taking process that filled him with enthusiasm for homeopathy, engendering in him a passionate curiosity for understanding the inner state and world of his patient. In this excerpt from his book, 'Homeopathic Method, Implications for Clinical Practice and Medical Science', published by Saltire books, Jeremy Swayne discusses Paradigms as relate to the opening of the practitioner's mind towards homeopathy.

I believe Brian and Jeremy's words are of great significance, because in identifying potential homeopathic practitioners, perhaps we ought not to be appealing to their rational minds, but to their hearts.

Dr Gabi Day

ClinicalSimile@facultyofhomeopathy.org

The Paradigm shift, Dr Jeremy Swayne FFHom

In this extract from his thought-provoking book entitled *Homeopathic Method* (Saltire Books, 2013), Jeremy applies the paradigm concept to homeopathic practice.

Trevor Thompson, Consultant Senior Lecturer in General Practice in the Academic Unit of Primary Health Care at the University of Bristol wrote a PhD thesis exploring the experience of doctors who had adopted homeopathic practice.¹

*We took the experience of a group of 20 medical doctors of diverse backgrounds, who had taken up the practice of homeopathy to various extents. We then related their subjective experience with homeopathy to the precise articulation of Kuhn's views of paradigmatic transition from *The Structure of Scientific Revolutions*.² Our purpose in doing this was to understand if the individuals' journeys of engagement with homeopathy could be convincingly demonstrated to have these Kuhnian features – treating each person's transition as a small revolution in itself. Our conclusion is that the experience of these doctors is in accordance with what is predicted on the basis of Kuhn's theories.*

Remember that in Kuhn's terms we are concerned with a scientific revolution. Not one motivated primarily by moral sentiment or metaphysical speculation, (though these are present in some degree in all scientific thinking), but one "inaugurated by a growing sense . . . that an existing paradigm has ceased to function adequately in the exploration of an aspect of nature to which the paradigm itself had previously led the way." The motivation for these doctors to work in a new way had to be because the biomedical scientific paradigm and model in which they had trained and which had 'led the way' in their practice of medicine did not do the job for which they had trained sufficiently well. 'Anomalies' (situations in which the paradigm failed) had to have accumulated to such a degree as to cause a 'crisis' that precipitated change. The new way of thinking and working had to be based in a new paradigm that addressed the anomalies in a completely new way. The anomalies that made Ptolemy's model of a universe centred on the earth inadequate were resolved by Kepler's and Copernicus's model of a universe centred

on the sun. For these doctors, the anomalies thrown up by the biomedical method had to be resolved by the homeopathic method if Kuhn's predictions were to be fulfilled in this case.

The biomedical paradigm has been a great success, but as Kuhn pointed out, great success is not the same thing as complete success. A paradigm may enable us to achieve insights that are true for one aspect of reality, but that are not universally true. Newton's insights remain true in one field of mechanics, but not in the field of quantum mechanics. The insights of the reductionist biomedical paradigm are true insights but cannot be completely true within a more holistic perspective. Thus for doctors to adopt the homeopathic method to resolve anomalies in their biomedical repertoire is not to deny the power of the biomedical model nor to abandon its usefulness, but to acknowledge its incompleteness for the task in hand.

Thompson's 'experimental' subjects demonstrated the characteristics prescribed by Kuhn as criteria of 'revolution' leading to the commitment to a new paradigm, while not denying the

inherent value of the old. The critical anomalies included the potential for harm resulting from biomedical interventions, particularly adverse drug reactions; their ineffectiveness or limited effectiveness in many conditions; the failure of the model to accommodate many of their patients' symptoms; its failure to explain or offer a solution to many patients' illness; its focus on specific parts rather than to comprehend the totality of the problems that many patients present; its neglect of the narrative of the patient's illness.

The encounter with the homeopathic method came as a timely solution to these anomalies. It offered a way of construing and responding to patients' problems that overcame the shortcomings of the orthodox model. And it worked. How it worked was, and still is, something of a mystery, which is explored elsewhere in this chapter. The point being that their decision, as predicted by Kuhn, was taken in defiance of the evidence; their continuing commitment based on their informed empiricism; their empirical judgments informed by clinical skills learned within the orthodox paradigm. As Thompson says, "These transitions are not mediated by conventional empirical considerations, such as scientific data, but by local empirical events such as a patient getting better. . . . (For these doctors) their conversion to homeopathy is not based on theoretical considerations, but on how it solved for them the paradoxes of their previous (situation). So in terms of Kuhn's ideas, we have the anomalies, and we have a new (paradigm) for their explication".

Solving the anomaly that orthodox biomedical therapeutics often does harm by adopting a method in which direct risk, such as adverse drug reactions, is extremely rare is an obvious motivating factor in making the transition. Other anomalies, which relate to points in the above list of the useful experimental characteristics of the homeopathic method, need teasing out more fully. These include the problem of engaging with the narrative of the illness, and the problem of 'irrelevant' symptoms.

There are two provisos that need to be added to this analysis. It is not quite correct to say that these doctors adopted a 'new' paradigm. The basic principles of

the homeopathic method were established some 200 years ago, and several of them were not original even then. They embraced the importance of detailed symptomatology (not unlike Sydenham's pioneering clinical method) that took account of changes in the ill person as a whole, knowledge of the patient as a person in addition to their symptomatology, and recognition of the ability of the body and mind to heal itself when conditions conducive to that process obtain. It is worth noting that conditions conducive to healing that were stressed in the early literature of homeopathy were primarily conditions related to issues of life style, diet and public health that are relevant today and that were well ahead of their time. The other specific condition conducive to self-healing was, of course, the subtle stimulus of the homeopathic medicine selected by the painstaking study of the patient.

So doctors encountering homeopathy for the first time are encountering a model of practice whose conceptual framework is not new-minted in the process of their discovery of it, as a new Kuhnian paradigm is meant to be, but comes to them as a new discovery; a conceptual framework that transforms their approach to patient care. This transformation is not just a new diagnostic approach and way of prescribing, it affects the way they perceive the patient and the illness and their role as a doctor.

In a small survey of the effects of the study of homeopathy on their working life, doctors reported that they had relearned the art of taking a patient's history, had learned to listen more and be less dismissive of what their patients had to say, had developed a new outlook on chronic disease, had become more aware of natural healing, had begun to see patients more as a whole and not as much at a cellular biochemical level; that they were more aware of patients as individuals and that it was the whole person that sought treatment, that it had rekindled interest in clinical medicine, and that practice was richer and more fascinating as a result.³ The clinical method and perspective that they encountered in homeopathy may not have been strictly 'new'. The experience of medicine that it engendered for them may have been at

least implicit in their original vocation to medicine. But the encounter resulted in a transition from a biomedical paradigm within which they had learned a model of medicine defined by it, to an inescapably different way of construing the challenge of illness and the possibilities of health care.

The second proviso is that it can be argued that adopting the homeopathic method as a working model does not represent a paradigm shift because it does not subsume or displace a previous paradigm in the way that Kuhn predicts, and that the Copernican 'revolution' in astronomy exemplifies. Certain limitations of the biomedical model may be highlighted by this experimental model, but it remains valid and useful. By contrast with Ptolemy's astronomy which was obviously no longer true once Copernicus's observations were shown to be correct, the reductionist paradigm on which the biomedical model is based remains true within its own terms. The remodelling process is not a competition between models, it is a balancing act and a process of reconciliation.

Kuhn said that the new and the old paradigms could not be commensurable (measurable by the same standard), and often that will be the case, as with the astronomy of Ptolemy and Copernicus. But the challenge of relating different paradigms is not perhaps that they should be commensurable, rather that they might be commensurate – that is, coextensive, covering the same ground; landscape seen from the ground and from the air, but the same landscape. Newtonian physics remains valid within its own terms, relativity and quantum mechanics notwithstanding. Physicists seek a unifying theory for all three, which is an exciting prospect if elusive. But each is useful on its own terms. It is just not helpful to try to solve one kind of problem by applying a different frame of reference. The challenge is to apply the appropriate frame of reference at the appropriate time.

References on request

Dr Jeremy Swayne

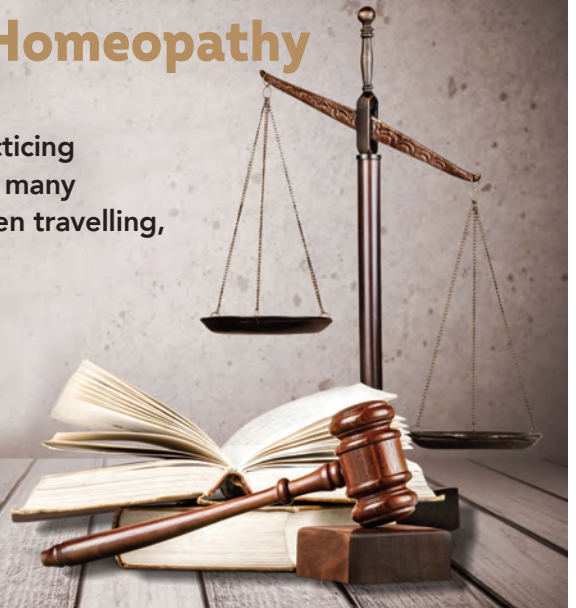
jem.swayne@btinternet.com

****A copy of Jeremy's book has been offered by the publishers to the best response to Jeremy's ideas.**

The Five Laws of Efficacy in Homeopathy

Dr Caroline Durieu, GP, is a passionate homeopath practicing integrative medicine in Belgium. She believes speaking many medical languages is just as useful in medicine than when travelling, even if english often wins... And homeopathy!

Ultimately, efficacy is all that matters, not only for patients, but also for homeopathy's reputation and growth. Here colleagues are reminded of the most important laws that underpin our practice.



1. Hahnemann's Laws

Efficacy is what the whole Organon is about obviously!

Did anyone count how many times Hahnemann writes 'the true physician'?

Amongst all aphorisms though, I would like to bring here to your attention a lesser known one: that is §141 'Those trials made by the physician on himself have for him other and inestimable advantages. .../... Again by such noteworthy observations on himself he will be brought to understand his own sensations, his mode of thinking and his disposition (the foundation of all true wisdom Γνώθι σεαυτόν), and he will be also trained to be, what every physician ought to be, a good observer. All our observations on others are not nearly so interesting as those made on ourselves.'

3. Sherr's Law

"Always wait until you see the remedy in the eyes before shooting" he says, using the metaphor of the First War's extremely successful Red Baron, always waiting to see the enemy in the eyes before shooting.

Just because we are homeopaths does not mean that homeopathy is always what the patient needs. Keep learning wide. Use micro-nutrients, Bach flower essences, aromatherapy, Schuessler salts, gemmotherapy, neurosciences techniques, nutritional advice, exercise medicine advices, ... there is always so many ways to go forward, one (or more) layer(s) at a time.

But don't prescribe a remedy with doubt. A remedy's chance to work depends on your gut feeling that it will. Refrain for the sake of the patient, yourself and homeopathy.

2. Nature's Laws

Be anchored to nature, and to reality.

As any good radio needs a good antenna, we need to feed our intuition well enough to be accurate. Take the time to connect to nature, to embody its laws, and most importantly, learn to keep that connection 24/7. Nurture your sense of purpose and your sense of humour.

Meditate. Learn to juggle with altered states of mind: alpha brainwaves where intuition is at its best, theta brainwaves for the best vibratory perception and connection with the patient.

4. Sankaran's Law

"If one element is not matching the remedy you have in mind, then it's on that element only that you shall focus your attention"

It's always so nice when we stumble upon an exciting remedy, and we could be tempted to overlook elements that are not matching our idea. But for the sake of efficacy, don't. Anything that catches your attention is catching it for a reason, always.

5. Einstein's Law

"Success come from curiosity, concentration, perseverance and self-criticism."

Aren't our most difficult patients our best teachers?

Caroline Durieu
drdurieu@gmail.com

POWER PACKED HECLA LAVA

A case of wrist ganglion

Dr Sujata Naik MD MFHom(Int)

Sujata describes a wonderful case showing the action of Hecla Lava on a ganglion cyst.



Patient: Female, Age 33

Mother of a 4-year-old son, texted me from Atlanta, US, two months ago. Her problem started 6 months back when she started experiencing pain in her right wrist during her daily yoga sessions. The pain was felt during the crunches when she had to rest her palms on the floor. Initially mild, the pain increased to moderate and then excruciating over the next couple of weeks. She also noticed a hard, nodular, bony pea sized swelling just below the thenar eminence of her right hand which was extremely tender and painful. She was unable uncork a bottle, turn the doorknob or even lift weight with her right hand. Her orthopaedic doctor advised acetaminophen to reduce pain and inflammation and a local steroid injection which she followed promptly. However, the pain, tenderness and swelling, after a short-term relief, came back with a vengeance. This is when she decided to turn to homeopathy.

During her case, when asked about the kind of pain, she described it as DEEP, CUTTING and ULCERATIVE. She mentioned that her wrist had become extremely sensitive, and the slightest touch would induce a sharp, shooting pain at the site of the lump. She also emphasised that there was nothing else that bothered her except this pain which is now getting unbearable.

PRESCRIPTION

Based on the presentation, the character of the lump on her wrist (bony, hard) and the



acute tenderness with the character of pain (sharp, severe and cutting), Hecla lava 200 c, tds thrice a week for two weeks was advised. (Patient has been off conventional medicines since over 3 weeks.)

FOLLOW UP

She called up after two weeks to inform about the tremendous comfort she is now



experiencing, the remarkable reduction in pain and the swelling too. She is amazed at rapidity of effect of homeopathy. The before and after pictures are proof enough.

DISCUSSION

Hecla Lava is derived from the fine ash deposited at a distance from the eruption of a volcano of Mt Hecla. The homeopathic remedy was first proved by Dr Garth Wilkinson, who, when on a visit to Iceland observed the sheep grazing in the vicinity of the mountain had large jaws with bony protuberances. After appropriate provings, Hecla Lava became a remedy widely known for its application in tumours, indurations, exostoses, nodosities, caries and also ulcerative conditions of nasal passages. Its use in gumboils is unparalleled.

Regarding the wrist ganglion, Ruta, Silicea, Calcarea, Symphytum, though more widely indicated and used, do not match the intensity, sensitivity and depth of pain of Hecla. Hecla Lava has constituents of Silica, Alumina, Lime and Magnesium. The deep, syphilitic pain of Hecla is very characteristic which makes it a leading remedy in malignant bony tumours like osteosarcoma. Although its sphere of action is limited, Hecla Lava, when indicated, is our best bet in pain from exostoses when the polychrests fail to give significant relief. Hecla Lava - truly, a simmering powerhouse!

Dr Sujata Naik
dr.sujatanaik@yahoo.com

HOMEOPATHY FOR CHILDREN, A DIFFERENT APPROACH

Marina Kostandinovic CCH, RSHom(Na), LFHom

Many parents, worldwide, regularly consult homeopathy professionals for their children's health conditions. Case-taking in paediatric patients is somewhat different than with adult clients. Most of the information comes from the parents and from our observation of the child. Prescribing a remedy according to the totality of the symptoms may be challenging due to frequent and rapid changes in the child's symptoms. In this article, I want to share my experience in prescribing remedies according to the mental picture of children or adolescents.

CASE 1: 2017

Baby boy, 2 months old

Eczema on the chin and cheeks. It started after vaccination, 3 weeks ago. His skin was very inflamed, with many blisters and open wounds. Baby was distressed and extremely fussy, especially during the night. Washing worsened the condition. Mother said she thought those eruptions were itchy, because baby used to move his head against her clothes or his crib lining, like he was trying to scratch his face. The administration of Rhus tox in various potencies gave only temporary relief and eruptions keep on reappearing.

While the baby was distressed, he curved his back backward. It was almost impossible to soothe him, the only thing the mother could do to make the baby quiet was to jump around with him in her hands.

Rubrics:

Mind, anger, stiffening out of body, bending backward; with Mind, quiet, carried only by being
Mind, rocking, amel

Chamomilla 6CH was given: one pill dissolved in water, a single dose. In the next few days, eruptions first became less inflamed and stopped oozing, then, day by day, they diminished gradually, until they disappeared. The boy is 7 now and has never had a problem with eczema since.

Case 2: 2022

Teenage girl, 15 years old

Problem with the menstrual cycle. She got her first cycle at 12 and has it each month, usually a day or two days late.

In February 2022 her menstruation was five days late and she was complaining of intense pain on the right side of the pelvis. The mother took her for an ultrasound, and it showed that the girl had a 5cm big cyst on her right ovary that should be removed surgically. The girl was terrified. "I'm so afraid of surgery and anaesthesia. Mom, I am sorry for being disobedient. I don't want to be sick. I'll do anything to escape going to hospital." The mother pointed out that her daughter was being sweet with her, because she was afraid. But usually, she is rude and arrogant. Same with her younger sister. But with her father, or in school, or at the doctor's office, for example, she is very kind and polite.

Rubrics:

Mind, haughty, stupidity and hatred
Mind, hard for inferiors and kind for superiors
Mind, delusion, wrong fancied, he has done
Mind, ambition, means employed every possible

I gave Lycopodium 15CH-one pill. She got her period 3 days later. In March, after the next menstruation, she went for another ultrasound and there was no cyst anymore.

The girl visited me again in July 2023. This time her period was 6 days late. She was worried, but her narrative was different. "I'm not worried if it is a cyst again, or I need surgery. What is more, if I go to surgery, I will spend half of my summer school break in a hospital instead of with my friend."

I asked the mother about her daughter's behaviour. "She doesn't act haughty anymore, but still wants to do things in her way." The girl added: "I can resist, I feel the urge to contradict."

Rubrics

Mind, frivolous
Mind, fear, arrested of being
Mind, contradiction, disposition to contradict

I gave her Belladonna 200CH-1 pill. She got her period two days later. Everything was fine until November when her period was again 5 days late. She took Belladonna 200CH-1 pill again and got her period again two days later. Since then, her period has been on time.

CASE 3: 2023

Girl 11 years old

"She woke up this morning with intense pain in her throat, her nose is stuffed and feels very chilly. She doesn't want to get up from bed. Usually, she is demanding and whining while she is sick, but this time she is quiet. She was just lying in her bed with her eyes shut."

Rubrics:

Mind, bed, wants to remain in
Mind, lying, with eyes closed

She took Sepia 30CH-1 pill. By the end of the day, the girl stopped complaining of the pain in the throat. The next morning, she got up from bed normally. The nose remained stuffed for a few more days, but it gradually got better.

Comments and questions are welcome! homeopathyhoboken@gmail.com

HOW I GOT TO TREAT SCEPTICS (AND EAT FREE MELON)

Dr Caroline Durieu GP, Belgium

Caroline gives an example of how we can use every opportunity to promote homeopathic practice

This story began early in July 2023. To unwind at the beginning of the school holidays, we went green pea picking with my kids at the local pick-your-own organic farmer.

I couldn't help having a look in the greenhouses to check on the much-awaited melons plants. It's not too common to grow melon in Belgium's weather, but we're lucky to have a team of cheerful and passionate farmers around! <https://www.facebook.com/LeBonMelondeFernelmont>

Anyway, the plants were NOT doing well, not AT ALL. They were tiny; the leaves were very dark coloured and wrinkled, and there were almost no flowers.

They explained to me that the plants had been colonized by loads of aphids ever since their receipt, and couldn't thrive as usual. They couldn't do much treatment-wise anyway to keep the 'organic' label.

I started treating my garden in the summer 2020 with the best results, so I couldn't help challenging that idea and offering help. Bouillie bordelaise has residues, even essential oils (though still overlooked...), but definitely not homeopathy's vibration-only, this has been discussed enough LOL

After days of mulling it over, the very desperate farmers beseeched me; "Do what you think is right. At this point we don't expect more than a 20% crop (of the flagship product!) so anything is worth trying".

So I started to think; I had only one chance! Plant health has 3 components:

- First the location/exposition/...
Melons usually thrive here.
- Secondly, as we all know: the soil.
Just as someone's housing can be an obstacle to cure, we all know soil matters for growing plants. Isn't this half the point of organic growing?
The greenhouse can be an issue and had to be addressed.
- Thirdly the plant itself.

I do believe polycrests are soil's best remedies, whereas besides Thuja and Silicea, I use lots of nosodes, sarcodes and spider remedies for the plants themselves.

In this case, I chose Carbo vegetabilis and Calaguala (a personal favourite alternative to well-known Lycopodium) for the soil, and Psorinum with Selenium micro-nutrients for the plants.

Two weeks after, whilst on holiday, I received the most joyful video. The aphids had vanished. The plants were coming back to life, producing many new bright green leaves and had started flowering! The farmer was so delighted and couldn't believe his eyes!

The crop had been delayed by a month or so altogether, but turned out to be around 70-75% of the usual, which is quite a result (about 600 melons at 5€ each, compared with 8-900 the previous years). I am still waiting for comparative numbers from the other farmers of the Cooperative.

But that's not the only victory.

It's a victory to help feed my village with healthy melons...

It's also the victory of the ripple effect of 'Seeing is believing', after the oh so common struggle of 'Believe and you'll see'.

It got people talking, and asking questions, and most importantly, willing to be treated themselves!

Efficacy-based medicine always makes the best case, and efficacy should be our biggest concern. Nothing argues with that.

Maybe agrohmeopathy is not as trivial as it sounds (come on, treating plants while there's a waiting list of suffering people needing help?), but an amazing entrance door to spread the word and help more people, or even teach people the basics of homeopathy!

Oh and last but not least, we got to eat free melon. 😊

More plant stories here

<https://www.instagram.com/hpp4all/>

Caroline Durieu
drdurieu@gmail.com



Interview with Gill Graham MFHom (Int), the Faculty's new Vice President, (by herself!)

This is not strictly an interview, clearly, it can't be as I would be talking about and to myself. Steven, our ever-innovative editor, following my appointment, said something like "Gill, please interview yourself."

"How novel" I thought, not sure of quite how to do it and desperately looking for a way out or at least, around. However, having given this appropriate reflection, the result will be, not an interview as that could border on the absurd, but an introduction to me, for those who don't know me, apart from maybe my role here as Features Editor.

Unlike many of you, I did not start out in the Medical Field, rather I am an Arts/Languages graduate; books, music, literature, writing have always been a love of mine. Holistic/integrative medicine found me as a young mother over 25 years ago when I had 3 babies almost all at once, (3 in 2 years-twins!) where I felt total disillusionment with the repetitive, potentially harmful conventional management of every day conditions being offered, particularly the endless prescriptions of antibiotics given to the children. My experience of the indiscriminate doling out of medications, generally in less than 10 minutes, without ascertaining the root cause, disturbed me greatly and highlighted its limitations and shortcomings, inspiring me to explore alternative, less harmful treatments, which worked with the body, as opposed to against it, and without the potentially dangerous side effects. In emergencies, obviously a conventional approach is needed, but integrated with a holistic approach, for as many of us have experienced, the best outcome.

I subsequently qualified in many holistic therapies, starting to study homeopathy in 2005 at what is now The University of West London (then Thames valley University/Purton House). The course offered was a BSc in Homeopathy, it has now been discontinued as have all degree courses in the UK in homeopathy, which I feel is tragic for our community, and the public, who are denied the wisdom of future graduates.

I feel privileged to have studied and dedicated myself to the subject at such a

deep level for 4 years full time, the final year focusing greatly on a research project, where much of my time was spent researching for my thesis, titled 'A Critical Analysis of the homeopathic treatment of Chronic Fatigue Syndrome.' I was advised to have it published and peer reviewed. It can now be found on Hpathy:

https://hpathy.com/homeopathy-papers/a-critical-examination-of-the-homeopathic-treatment-of-chronic-fatigue-syndrome/?utm_content=cmp=true

Unlike many other homeopathy courses, we were taught how to research, reference, and analyse the literature, including statistical data, both qualitatively and quantitatively. This has helped me enormously, when reporting on research in the field. I graduated in 2009 with 1st Class degree (BSc Hons.)

Immediately on leaving university, we as a family moved to Toronto, in Ontario, Canada, where I realised, I was going to have to do further training in order to practice, due to the upcoming regulation of homeopathy in the province. The principal of the college devised an 'Advanced Graduate Program' specifically for me, where I made up any subjects I may not have previously undertaken, most significantly Physical Exam modules, including differential diagnosis and many, many more hours of clinical practice. After 5 years of intense study, with some of the best teachers in the world, I felt more than prepared to practice.

Since qualifying, I have managed to merge my love of writing with my clinical work and soon started to write for various homeopathic organizations: the goal, to educate those who knew nothing about homeopathy, whilst also sharing some of my more academic work through various publishers. Over a period of 5 years I wrote monthly blogs, specifically for 4H on a variety of topics from homeopathic principles through to remedies for specific conditions (they are still there, although the website has been updated). At this time

and to date, I reviewed many of the films that appeared as well as writing other articles for other organisations, as required.

I have written much for Hpathy.com, where in April 2022, I received an Award for 'Excellence in Homeopathy', for my 'Accomplishments and Contributions to the Homeopathic World over the years'. In addition, I work closely with Ananda More who created the Magic Pills movie, as a guest writer for the Magic Pills blog. I covered many topics that were current; during Covid, I interviewed key, senior figures within our community, with particular reference to the Covid Data Collections. (Robbert Van Haselen, Peter Gold, Phillipa Fibert.) It was an interesting time!

I feel a profound responsibility to report and deliver balanced facts around homeopathy and integrated medicine and to highlight ongoing research. The statistics surrounding antimicrobial resistance are shocking and it is essential we bring alternatives to light, outside of our community. I strongly feel that we need to educate the public to take responsibility for their own health whilst emphasising the removal of 'maintaining causes'. I recognise that it is essential to use a holistic approach whenever possible whilst integrating conventional medicine when required, to avoid iatrogenic disease, minimise antimicrobial resistance and avoid the often dangerous consequences of polypharmacy.

Also lacking, in a purely conventional approach, is a focus on the prevention of disease, which we as integrated health practitioners are acutely aware of. As Mark Twain so brilliantly stated: "The Physician who knows only medicine, knows not even medicine."

In my quest to help change the system and educate people through practicing and writing, opportunities have sprung up allowing me to work with some fascinating people within our community and further expand my knowledge and outlook.



Faculty of Homeopathy
Hamilton House,
Mabledon Place,
London WC1H 9BB

Tel: +44 (0)203 640 5903

Email: info@facultyofhomeopathy.org
www.facultyofhomeopathy.org

When I was asked by Gary if I was interested in becoming Vice President, I was surprised, as it was never a role I saw myself in; he told me to go and "meditate on it." Well, as you now know, I accepted his offer, which I am sure wasn't given lightly. Why not me? (This was part of a long conversation with myself.)

Often our path is not straight, we need challenges to keep us motivated and interested in our subject. I realise that passion for our work or in any form doesn't come from nowhere; seeds are always planted, and can only grow if they are watered, and cultivated with love and hope for the best result. I have been with the Faculty for over 5 years now, over 3 with *Simile*, so know much about its workings and the wonderful characters who have made me feel very much at home. I have noticed a significant change during my time here, all for the good. We are evolving, and moving forward with the times, we are expanding our membership and approach to

many things. *Simile*, we have been told, is more vibrant, current and interesting than ever, encouraging interaction and debate. Our Journal is appreciated and feted as probably one of the best homeopathic journals worldwide. At the same time the Faculty continues to maintain the highest standards in the world as a homeopathic organisation. Hopefully, my appointment as Vice President is reflective of this evolution and change; I was told by a close friend who is also a colleague that this was one of Dr Peter Fisher's objectives for the Faculty, to move forward and progress in this way; to become more international and inclusive within our homeopathic community. In short, I hope to be of great support to our President, now and in the future, whilst representing the Faculty where necessary and I will do the very best I can.

Gill Graham
Vice President

ggraham@facultyofhomeopathy.org

Faculty Appraiser Training Day



Participants that took part in the event on Friday 15th March

Did you know that the Faculty is a GMC Designated Body for any doctors who maintain a licence to practise medicine and require an annual appraisal and revalidation service?



Dr Yubraj Sharma has recently taken over the position of the Faculty's Responsible Officer

OFFICERS

- **Gary Smyth, President**
gsmyth@facultyofhomeopathy.org
- **Gill Graham, Vice President**
ggraham@facultyofhomeopathy.org
- **Helen Beaumont, Immediate Past President**
hbeaumont@facultyofhomeopathy.org
- **Yubraj Sharma, GMC Responsible Officer**
ysharma@facultyofhomeopathy.org
- **Barbara Jones, Treasurer**
bjones@facultyofhomeopathy.org

ACADEMIC DEANS

- **Peter Gregory, Veterinary Dean**
gregorypeter23@gmail.com
- **Tony Pinkus, Pharmacy Dean**
tonypinkus@ainsworths.com
- **Yubraj Sharma, Medical Dean**
yubraj@world-of-light.com

PRACTICE REPRESENTATIVES

- **Barbara Jones, Veterinary Members' Representative**
barbjones570@gmail.com
- **Jacqueline Mardon, NHS Secondary Care Representative**
jackiemardon@googlemail.com
- **Andrew Sikorski, NHS Primary Care Representative**
andrew.sikorski@doctors.org.uk

COMMITTEE REPRESENTATIVES

- **Karen Hooton**
karenhooton10@hotmail.com
 - **Edward Thompson**
edwardbt1@gmail.com
- Joint Members' Committee Conveners**

STAFF MEMBERS

- **Alison Davies, Communications & Events Director**
adavies@facultyofhomeopathy.org
- **Lisa Peacock, Revalidation Manager and Academic Officer**
lpeacock@facultyofhomeopathy.org
- **Kerry Condie, Executive Assistant**
kcondie@facultyofhomeopathy.org
- **Liz Tucker, Membership Engagement Director**
ltucker@facultyofhomeopathy.org

? The CPD section is designed to consolidate learning points from the *Simile* content and to encourage reflexion on the topics discussed. Writing your answers down helps you crystallise your thoughts and formalise your ideas. Observations can be added to your appraisal document to demonstrate how you are constantly developing as a practitioner.

Sharing your answers in a future issue would earn you more credit, whilst providing an opportunity for others to benefit from your unique experience. What is obvious to you can represent a practice changing paradigm shift for others!

1. Write a vignette of the remedy mancinella
2. How do you distil out the most salient points from a consultation? Is there anything you might do differently having read this edition of *Simile*?
3. Keith Souter talks about how his psychiatry background informed his practice and Tiago Amorim refers to his anthroposophical philosophy. Do you bring a different background to your homeopathy that does or could augment your practice? If so, could you tell us more about it?
4. After an emotionally draining consultation how do you prepare your patient to go back out into the world, and how do you restore yourself?
5. Having read the 1st part of the Anacardium proving write down your thoughts on the significance of the findings, their meaning and how they might be of help in treating patients.
6. Write down 2 potential indications for the remedy Hecla Lava and 2 characteristics of a presenting complaint that would call for Hecla Lava rather than another remedy.

If any of the articles here have provoked a positive or negative response from you, submit your reflexion on this for publication.



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