

## SOCIAL AND HISTORICAL

# 20 years ago: *The British Homoeopathic Journal*, April 1990

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### Data recording and analysis

The guest editorial<sup>1</sup> by Jeremy Swayne emphasises the need for carefully authenticated verification and revision of the huge repository of diverse and sometimes over-inclusive or incomplete homeopathic knowledge; essential for recognised facts to be the basis for the continuing inductive development of homeopathic principles for progress. He suggests a mnemonic for the attributes.

### The READ classification

“Analysing homoeopathic prescribing using the READ Classification and information technology”<sup>2</sup>, an 8-page paper by R A van Haselen and Peter Fisher, describes a data collection project involving the Glasgow, Royal London and Bristol Homoeopathic Hospitals. For the registration of clinical data, the Read classification was used; one which was already being used in orthodox medicine, and had been extended by Jeremy Swayne to incorporate the clinical aspects relevant to homeopathy. This classification was supported by the ABIES system; one of the most advanced relational databases at the time. Information entered was mainly obtained from the outpatient clinics. The main focus of this study was rheumatoid arthritis and its treatment; but one of the main objectives was to show the potential of this type of approach for more sophisticated analyses in the future.

There are nine figures: four ‘*pie charts*’ showing localization of Rheumatoid Arthritis and the changes with treatment; and five histograms showing age–sex distribution and prescription pattern of various remedies (Figure 9). Patterns of individual prescribers had to be interpreted with care, as skill level could be a potential source of bias; but the full potential of the type of analysis presented in figure nine would show itself when the patterns of a number were merged and analysed. For the first time it was possible to ‘*scan*’ large

numbers of cases for patterns. With the common nomenclature, it was now possible to compare and merge cases from different centres; while, as the classification could be translated into other languages, the authors thought that international merging of clinical data should at least theoretically be possible at some stage in the future.

### Data Collection Surveys

This paper by Thez Dempsey and Jeremy Swayne, “Thinking what we are doing”<sup>3</sup> presents data from the first and second Faculty Data Collection Surveys: in a database created by dBase III+. 132 doctors participated in two studies, each recording consultations undertaken during one working week (73 doctors in the first study, and 46 in the second). The results describe the use of homeopathy in different clinical settings by doctors with different levels of prescribing skills; the range of morbidity treated; the homeopathic medicines and potencies used; and examines the relationships between these different parameters. The report has 16 pages; with 17 tables of data. The authors state: “*It will be evident that this paper is based on a small sample of the work of a small proportion of homoeopathic doctors. In addition it only presents a limited selection of the data available from the two studies, even the areas of the studies to which it confines its attention*” (!) ... but continue “*nevertheless the paper demonstrates what can be done and how data of this kind can be used*”. They considered that a chief purpose of this presentation was to excite the interest and collaboration of their colleagues. One would hope that it might achieve its purpose.

### Folliculinum

Two papers deal with this remedy. The first, “Folliculinum: Efficacy in premenstrual syndrome”<sup>4</sup> by Bruno Martinez, is a brief study involving 32 patients. The effect was analysed using a questionnaire, and part of the reason for the small number was the fact that numerous questionnaires were not returned. Treatment with *Folliculinum 9cH* was between two and four months: one dose on the 8th and 21st of 28 day cycles; one dose on the 10th and 21st of 30 days or more. 88% of patients showed a satisfactory

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response. The most marked effects on symptoms were menorrhagia (100%), menstrual irregularity (82%), and swelling of the breasts (81%).

The second paper, "Folliculinum"<sup>5</sup> by Dorothy Cooper, gives an added perspective to the remedy. She said: "On reviewing some case histories I can see a direct relationship between the use of Folliculinum and menstrual problems, both menopausal and adolescent, but I have always found them to be exacerbated by pressure of some kind – domestic, work, parental or peer group, and it is on this indication that I have prescribed the remedy". She considered it should be given whenever the patient was not responding to homeopathy after extreme pressure, and cited three categories. The first kind is pressure of a dominant or possessive personality or group; and certainly where there is intolerant religious dominance. The second kind is that of circumstance or work; working to exhaustion point and seeming to be incapable of recuperation. The third kind is that of continued ill health or slow recovery after recurrent or severe infection; especially young people with 'post-viral syndrome'. Dosage was a single 30th potency, repeated only if necessary and not within three months. The author cited the nosodes and other remedies she had found strongly indicated in conjunction with *Folliculinum*; and sketched a brief outline of one week's work to show how she had been using the remedies. A particularly good combination was found to be with *Carcinosin*. This was better than *Carcinosin* on its own; again where there was overtiredness with conflict of loyalties resulting from excessive stress.

## Homeopathy in conjunction with allopathy

R A F Jack's short paper entitled "A case of colitis treated with *Secale*"<sup>6</sup> described the case of a 60-year-old woman, with a 10-year history of both thyrotoxicosis (treated with Carbimazole 15 mg) and colitis with Lomotil. She had resented with severe weight loss (from 9 to 6 stones within a year); bulky, malodorous stools (reduced to 4–5 times daily with 14 tablets Lomotil); voracious appetite and intense thirst; formication, especially at night; 'dreadful' calf-cramps at night; and exhausted, irritable and could not tolerate a warm room.

One month after commencing treatment with *Secale* 200, she was very much improved "I feel so much better". Weight was slightly increased for the first time in two years; frequency reduced to twice daily, with Lomotil discontinued; and formication and cramps reduced. However, there was a plateau after three months, with a setback threatened. Only after the author finally persuaded her to have thyroid function tests was Carbimazole increased to 20 mg for a period and improvement regained. A further setback responded to *Secale*, and this was maintained, in spite of reduction of Carbimazole to 5 mg, until her death several years later from an unrelated cause.

In discussing the questions which arose from the case, Dr Jack concluded that the indicated homeopathic remedy was not sufficient on its own, and that this case illustrates

that homeopathic remedies can be of benefit when taken concurrently with conventional drugs.

## Dr Jack and the Midlands Symposium

With the recent announcement of the death of Dr Jack, it is a happy coincidence that this issue of the Journal contains not only his paper, but an extended comment relating to him in the report of the "15th Annual on Homoeopathic Medicine"<sup>7</sup>, which is quoted below:

*"This well-established event in the homoeopathic calendar took a rather different form this year. It was felt that in recent years the habit of running concurrent lectures in advanced and elementary homoeopathy had led to a rather overcrowded and unwieldy programme. On this occasion, topics were tailored to the needs of those with some prior experience, a change leading to a simpler and better balanced presentation and rated by all as a great success.*

*Forty doctors, two vets and a pharmacist were welcomed by Dr R. A. F. Jack, founder of the Midlands Branch. The current breaking down of the Berlin Wall reminded him of the collapse, albeit for one year only, of another wall some 15 years ago, when bureaucratic orthodoxy crumbled sufficiently to allow the first Symposium to be recognised for Section 63 payment. Officialdom soon closed ranks, however, and it was not until three years ago that recognition was restored. But what the future held in store, under the reign of Mr Kenneth Clarke, Dr Jack did not care to guess.*

*'Midland Branch', he confesses, was rather a misleading title, since it included anywhere north of Oxford, extending west and northward to the remoter Celtic fringes of the Kingdom. By casting its nets so broadly, the Branch was able to draw talent from a wide area and so become a true centre of excellence in homoeopathy".*

## Obituary – Michael Fryer<sup>8</sup>

The two great loves in the life of Michael Fryer were homeopathy and animal welfare; both of which he pursued with his wife, Margaret (nee Cooper) who was his colleague and co-worker. He was also a professional singer, with an outstanding tenor voice. For 20 years he was Chair of the Hahnemann Society and Editor of *Homoeopathy Today*, which he launched in 1980 as a lively, modern magazine. He exemplified the truth of the saying that compassion must be all-embracing. In 1955 he founded the Crusade Against All Cruelty to Animals; pioneering the fight on behalf of the great whales, the baby seals and the fur-bearing animals. He saw the close link between his Crusade and The Hahnemann Society, as homeopathy provided the humane alternative to the use of drugs tested on animals and was in tune with his holistic view of life. It was a tribute to his total dedication to both causes that, among the many well-known figures attending the Service of Thanksgiving for his life, were Katie Boyle and Virginia McKenna.<sup>8</sup>

## References

- 1 Swayne J. Guest editorial: Data collection? Why bother? *Br Hom J* 1990; **79**: 73.
- 2 Van Haselen RA, Fisher P. Analysing homoeopathic prescribing using the READ classification and information technology. *Br Hom J* 1990; **79**: 74–81.
- 3 Dempsey T. Thinking what we are doing. *Br Hom J* 1990; **79**: 82–99.
- 4 Martinez B. Folliculinum: efficiency in premenstrual syndrome. *Br Hom J* 1990; **79**: 104–105.
- 5 Cooper DJ. Folliculinum. *Br Hom J* 1990; **79**: 100–103.
- 6 Jack RAF. A case of colitis treated with Secale. *Br Hom J* 1990; **79**: 106–108.
- 7 Edwin PJ. Fifteenth Annual Symposium on Homoeopathic Medicine (report). *Br Hom J* 1990; **79**: 117–119.
- 8 Fryer M. Obituary. *Br Hom J* 1990; **79**: 127–128.

## REVIEWS AND ABSTRACTS

# International press abstracts

### Ultra dilute aspirin and rebound effects

Aspirin remains the most widely used drug for prevention of vascular events. Recent observational epidemiological evidence has raised the concern that aspirin withdrawal for treatment non-compliance, surgery or side effects can carry an increased thrombotic risk. The delay to the thrombotic event was between 7 to 30 days in most reports and most frequently 7 to 10 days. The mechanism underlying this effect remains poorly understood. Using an in vivo model of laser-induced thrombosis, aspirin injected in one single dose of 100 mg/kg bw has also shown a prothrombotic activity in the rat 8 to 10 days after injection in the normal rat. The hypothesis was made that minimal concentrations of aspirin or ultra-low dose aspirin (ULDA) could induce this effect. ULDA showed prothrombotic properties in the same model of induced thrombosis that were very similar to those described after aspirin withdrawal, but the effect was observed only one hour after aspirin administration. This prothrombotic effect of ULDA is very similar to the effect observed after COX 2 selective inhibition with NS 398. The administration of both the selective COX 2 inhibitor and ULDA did not produce further changes. High-dose ASA counterbalances the lack of COX 2 with an antithrombotic effect. No effect of residual ASA was observed in COX 2  $-/-$  mice, thus confirming the existence of a COX 2 inhibition pathway. COX 2 inhibition produced by residual ASA is the probable cause of ischaemic accidents and drug-eluting stents thrombosis a few days after ASA withdrawal.

Doutremepuich C, Ageujouf O, Desplat V, Eizayaga FX. Aspirin therapy: An attempt to explain the events of prothrombotic complications after treatment discontinuation. *Thromb Haemost* 2010; **103**: 171–180.

### Likelihood Ratio assessment

**Background:** Signs and symptoms can be considered as diagnostic tests, updating prior odds by applying Bayes' theorem. In homeopathy, signs and symptoms guide the doctor when prescribing appropriate medicines but the powers of these indicators are largely based on common experience.

**Objective:** We want to know whether it is possible to calculate the power of arguments of signs and symptoms indicating homeopathic medicines, expressed in likelihood ratios.

**Methods:** An observational patient-outcome study as advocated for diagnostic test evaluation. There was no

independent observation of symptoms and results. Instead, observers were extensively trained in assessing each other's cases and the process was regularly monitored.

**Results:** A total of 4072 prescriptions for 4094 patients were recorded. The relation between six clinical symptoms and outcome was calculated. Variance between observers in assessing symptoms and results were considerable. Some indications of confirmation bias were detected by follow-up, and 48 statistically significant likelihood ratios regarding six symptoms were calculated.

**Conclusion:** A diagnostic patient-outcome study within homeopathy collecting a large amount of data is demonstrated. Results partly confirm clinical practice at a 95% confidence level. This kind of research could validate knowledge from practical experience.

Rutten ALB, Stolper CF. Diagnostic test evaluation by patient-outcome study in homeopathy: balancing of feasibility and validity. *J Eval Clin Practice* 2009; **15**: 1230–1235.

**2nd Annual HomeoNet Research Forum: "Company ameliorates": The Emerging Community in Homeopathic Research**  
November 13th, 2009, Montréal, Québec, Canada

### The Clinical Trial in Homeopathy — Exploring the Limits

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**Background:** Classical homeopathy involves individualized homeopathic drug treatment of the patient. Thus for any one conventionally diagnosed disease, the homeopathic drug given varies from patient to patient. Applying randomized controlled trial methodology to studies investigating the efficacy of homeopathic drugs in a classical homeopathy setting is fraught with difficulties, especially if the design is meant to maximize model validity (clinical applicability).

**Objectives:** To discover what adaptations to the standard randomized controlled trial design are necessary when designing a clinical trial in classical homeopathy with high model validity.

**Methods:** A literature review of homeopathic trials for Attention Deficit Hyperactivity Disorder (ADHD) was undertaken. The following databases were accessed using keywords 'homeopathy', 'Attention Deficit Hyperactivity Disorder', 'ADHD', and 'ADD': PubMed, EMBASE, Web of Science, ALT HealthWatch, AMED.

**Results:** 180 studies and discussion papers were identified. Trial design issues identified include: need for pilot data to establish estimate of sample size requirements for powered studies, need to have an extended treatment period to allow for practitioner prescription error, need to use drugs that have a history of use in the clinical literature.

**Conclusion:** For a RCT in ADHD it is recommended that a pilot study using the same homeopaths for pilot and future trial is undertaken. The treatment period should be 9–12 months for the pilot trial. Remedies with a history of clinical use should only be considered.

## The Effectiveness of Homeopathy for Mothers with Low Milk Supply

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**Background:** Insufficient milk production is a real problem for some women soon after giving birth and current conventional treatments can be inadequate to treat this condition. Homeopathy, a safe non-invasive therapy, is used in lactation management yet there has been no formal investigation of its potential to help resolve low milk supply.

**Objectives:** This study explores the potential benefit of a select number of classically prescribed homeopathic remedies to increase milk supply for mothers who have an insufficient milk supply within the first three weeks postpartum.

**Methods:** Individualized open label pilot clinical trial. This study tests a non-invasive and non-toxic therapy to help newborn babies achieve complete nutrition through their mother's breast milk. Phase I assesses the volume of formula consumed by newborn babies of mothers with low milk supply via a lactation aid. Phase II will provide women with low milk supply, who are also supplementing via a lactation aid, an individually selected homeopathic remedy. Flow volume will be indirectly measured by changes in formula consumption and compared to a set of control values previously established for infant formula consumption in women who have shown signs of insufficient lactation but were not treated with homeopathy.

**Outcomes:** The primary outcome will be the change in formula consumption over a three week period. Secondary outcomes include perceived levels of satisfaction and satiety in both mothers and newborns respectively.

**Results and Conclusions:** We will focus our discussion on the processes involved in getting this trial off the ground and running. Key points include building a team of collaborators, developing the trial protocol, the clinical trial application process to Health Canada's Natural Health Products Directorate, and applying for ethics approval at CCNM.

## Chronic diseases in the light of normal physiology: A homeopathic review

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**Background:** There are only five types of immune responses known to normal physiology (inflammation, exudation, allergic reaction, autoimmune reaction, regulation of carcinogenesis by activating cytotoxic function of the T-killer lymphocytes in order to eliminate cancerous cells). Each of these types occurs in chronological manner (starting with initial inflammation) and constitutes the depth of disease development. Homeopathic treatment of chronic disease also involves a chronological approach: "Hering's Law" posits that positive responses to treatment occur when symptoms shift from more vital organs to less vital organs.

**Objectives:** In this case study analysis we investigate the chronology of the symptomatology in two clinical cases of breast cancer and diabetes.

**Methods:** Two 'best cases' in the treatment of cancer and diabetes using an adapted form of classical homeopathic methods were documented. The patients received a series of homeopathic remedies, including daily dosages of constitutional and simultaneous dosages of organ affinity remedies over the course of 18–24 months and the changing symptom picture was observed.

**Results:** The cases resolved in a distinctive pattern. The chronic disease was resolved by the development of an acute inflammation during the treatment. The case of the diabetes had a rapid response consisting of recurrent inflammatory reactions (such as flu-like symptoms, gout). In the cancer case, the final state of the treatment developed an inflammatory reaction consisting of an exudation and excretion phase, which subsequently resolved the case.

**Conclusion:** Treatment started from chronic disease in an acute state (cancer) or from deep chronic state (diabetes) can be 'turned' into an acute state disease (the initial inflammation), leading to resolution. The state of initial inflammation may be a key to the ultimate resolution of such chronic disease. This reflects the concept of "Hering's Law". This observation warrants a further examination of this phenomenon using well-documented case studies and/or controlled trials.

## Intersex: Neither His nor Hers

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**Background:** Intersex individuals are born with possible anatomical and physiological sexual differences, resulting in many different intersex variations. Intersex best describes genital, gonadal and chromosomal variants, which are neither completely 'male' nor 'female'. Conventional medicine has historically defined intersex variations as a disorder in need of correction or potential elimination. Many intersex patients seek medical treatments for

conditions (such as Klinefelter Syndrome and Polycystic Ovarian Syndrome) frequently seen in intersex individuals. Homeopathic treatment addresses the *being* from an integrated approach that encompasses both the internal and external structures.

**Objectives:** To examine whether homeopathy can successfully treat individuals with intersex variations.

**Method:** This method of research is a case study analysis. Each case is approached with the understanding that the primary contagion is not a disease, but a variation of what society deems as normal. Two cases, one of Klinefelter syndrome and one of polycystic ovarian syndrome, were taken using a Hahnemannian approach to case taking.

**Results:** The Klinefelter case has been managed initially with *Phosphorus* 200c with *Sepia* 200D used as an intercurrent. The Phosphorus helped manage asthmatic and eye symptoms; while the Sepia helped manage testosterone and a monthly 'emotional period'. In the polycystic ovarian case, *Lachesis* 200c and *Sulphur* 30c were also used as intercurrents. *Lachesis* helped regulate cysts and recurring ovarian pain at the start of menses. The *Sulphur* helped with digestion, perspiration and acne, which are all secondary effects to polycystic ovarian syndrome.

**Conclusion:** This is a promising method of treating individuals with intersex variations. More research using more rigorous trial methodologies is needed.

## Medicinal plants for the treatment of infant colic: remedies from homeopathic formulations in Satkhira district of Bangladesh

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**Background:** Homeopathic medicine is a frequent choice of parents with a colicky infant in Bangladesh. The use of medicinal plants for the treatment of infant colic varies considerably between different districts of Bangladesh.

**Objectives:** The objective of the survey was to conduct a medicinal plants survey amongst the homeopathic medicinal practitioners of Satkhira district which, because of its mangrove [Sundarbans] forest regions, contains a diversity of medicinal plants.

**Methods:** Interviews were conducted of the homeopathic medicinal practitioners and medicinal plant specimens as pointed out by them were collected and identified at the Bangladesh National Herbarium.

**Results:** A total of thirty two medicinal plant species were used by homeopathic medicinal practitioners of Satkhira district to treat infant colic. These medicinal plant species

included *Alstonia scholaris*, *Carica papaya*, *Strychnos nux-vomica*, *Aegle marmelos*, *Saccharum officinarum*, *Oryza sativa*, *Cocos nucifera*, *Trichosanthes dioica*, *Luffa acutangula*, *Musa sapientum*, *Alocasia macrorrhizos*, *Lagenaria vulgaris*, *Trapa bispinosa*, *Maranta arundinacea*, *Cuminum cyminum*, *Streblus asper*, *Blumea lacera*, *Zingiber officinale*, *Swertia chirata*, *Centella asiatica*, *Foeniculum vulgare*, *Piper longum*, *Emblica officinalis*, *Holarrhena antidysenterica*, *Justicia adhatoda*, *Andrographis paniculata*, *Luffa cylindrical*, *Ocimum sanctum*, *Scirpus grossus*, *Agaricus albolutescens*, *Curcuma longa*, and *Solanum surattense*.

**Conclusions:** It is expected that scientific studies of the above-medicinal plants can lead to discovery of novel compounds to treat infant colic.

## Homeopathic products are used to treat diminution of milk of cattle: a pragmatic randomized survey in Bogra district of Bangladesh

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**Background:** Homeopathic products are made from minerals, botanical substances, animal substances, synthetic substances, and several other sources.

**Objectives:** A survey was carried out amongst the homeopathic practitioners of Bogra district, Bangladesh to find out the type of minerals, botanical substances, and animal substances used to treat diminution of milk of cattle. The rural population can scarcely afford to visit modern veterinary practitioners and obtain modern medicines to treat various cattle diseases. Instead they rely on minerals, botanical substances, and animal substances administered by the homeopathic medicinal practitioners to treat diminution of milk of their cattle.

**Methods:** Homeopathic medical practitioners were interviewed and botanical substances as pointed out by them were collected and identified at the Bangladesh National Herbarium.

**Results:** These botanical substances included *Aconitum napellus*, *Agnus castus*, *Ricinus communis*, *Vigna mungo*, *Oryza sativa*, *Saccharum officinarum*, *Piper longum*, *Cicer arietinum*, *Aegle marmelos*, *Amaranthus spinosus*, *Lagenaria vulgaris*, *Musa sapientum*, *Cynodon dactylon*, *Nigella sativa*, *Triticum aestivum*, *Bambusa arundinacea*, *Pisum sativum*, and *Sorghum vulgare*. The names of various minerals obtained through the interviews and guided field-walks included *Acidum fluoricum*, *Calcarea carbonica*, and *Natrum*

*muriaticum*. The animal substances mostly used to treat diminution of milk of cattle included *Labeo rohita*, and *Apis florea*.

**Conclusions:** Since the rural people of Bogra district, Bangladesh mostly do not have access to modern veterinary medical facilities, the above minerals, botanical substances, and animal substances can form the basis of treatment for diminution of milk of cattle without resorting to costly urban visits or veterinary practitioners.

## Framing a transdisciplinary perspective for health research: Where does homeopathy fit?

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**Background:** To grasp the complexity of health processes and enhance health care, researchers must integrate knowledge from different disciplines and paradigms of health. Integrating discipline-based knowledge in a common conceptual framework is a challenge because of conceptual and pragmatic divergences between health domains (e.g., biological, psychological, energetic). The concept of *transdisciplinarity*, defined in the literature as a boundary-crossing integration of the natural, social and health sciences, implies generating a novel perspective and the creation of new knowledge. In homeopathy, health is closely related to the *vital force*, a paradigmatic principle underpinning the expression of health and disease states.

**Objectives:** The purpose of this work is to synthesize and integrate health domains and key principles identified from the scientific literature into a transdisciplinary perspective of health, and then relate these concepts to the homeopathic principle of *vital force*.

**Methods:** We performed a Medline search using combinations of the keywords 'health', 'concept', 'biopsychosocial', 'model', 'framework', 'transdisciplinary/transdisciplinarity'. Relevant articles were categorized, and manually searched for additional references.

**Results:** We identified five main domains of health: biological, psychological, social, behavioral, and spiritual. Key principles identified in the literature and integrated in the framework include: 1) discipline-based epidemiological and clinical variables, 2) complex and bi-directional causal relationships between domains; and 3) subjective and self-perceived measures of health and well-being.

**Conclusions:** Health – or *global health* – is defined as a holistic phenomenon simultaneously emerging from, and underpinning the expression of illness/wellness in various health domains. Similarities exist between the concepts of *global health* and *vital force* used in homeopathy. Integrating discipline-based elements with *global health* may help to bridge current gaps between disciplines and paradigms of health.

## Medical and social impact of the homeopathic consultation on mothers

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**Background:** Homeopathic medicine, as a complex system, requires innovative evaluative approaches. Inclusion of qualitative research methods along with well adapted RCTs can markedly increase our knowledge by addressing why an intervention works, and how participants experience benefits and derive meaning from it. There is little sociological research done exclusively on homeopathy. In Quebec, as in many western societies, homeopathy has no legal legitimacy, despite an increase in homeopathic consultation.

**Objectives:** To explore, in Quebec's sociopolitical context, a) how mothers (as 'caring labor') get to consult a homeopath and for what reasons; b) why they then adopt this health practice; and most importantly c) the evaluation of its long term medical and social impact on health.

**Methods:** Qualitative research using thematic analysis, taking the perspective of social constructionism and standpoint epistemology for the study of interviews with mothers.

**Results:** Giving a voice (back) to participating women, we learn about a) the difficult trajectory that leads to homeopathic consultation; b) the various transformations that effect health behaviours and empowerment; c) the unequivocal therapeutic effectiveness of homeopathy on acute and chronic health problems; d) socioeconomic benefits, such as reduced medical visits and medication.

**Conclusions:** Homeopathic consultation offers a unique social environment which permits the sharing of expert-lay knowledge. Its therapeutic efficacy, emphasizing women's discourse on the subject, could provide a long term solution for the multiple needs of Quebec's health care system. This research will also permit revision of previous studies, which simplistically attributed the effectiveness of homeopathy to consultation length or patients' beliefs.

## Safety, tolerability and effectiveness of the homeopathic preparation *Euphorbium compSN* for the symptomatic treatment of rhinitis in young children

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**Background:** Homeopathic therapies are common for symptomatic treatment of rhinitis in children. Few safety data are available from postmarketing studies.

**Objectives:** To study safety, tolerability and within the limits of the study design, effectiveness, of the homeopathic preparation *Euphorbium comp* SN (Euphorbium) in young children in clinical practice.

**Methods:** Prospective non-interventional, observational study in 25 German practices. Children aged 2–6 years with acute rhinitis (physicians' diagnosis) received nasal *Euphorbium* spray (3×1 puffs/day). No concomitant nasal-spray therapies were given. Adverse Events (AEs) were recorded. Tolerability was assessed by physicians and parents separately. The primary effectiveness variable was overall symptomatic improvement.

**Results:** 283 subjects were followed for  $6.6 \pm 2.1$  days. Mean age was  $4.1 \pm 1.1$  years; 47% were girls. At inclusion, mean duration of illness was  $5.4 \pm 10.7$  days. 97% of physicians (96% of parents) reported 'very good' or 'good' tolerability. One (0.4%) probably treatment-related AE was reported: mild, transient burning sensation in the nasal mucosa, which resolved after discontinuation of therapy. There were no serious AEs. 48% of subjects had moderate to severe symptoms at first visit and 6% at final observation. No subjects had severe symptoms at final observation. Similar improvements were seen on specific symptoms. At study end, 95% of subjects improved, 82% were free of all symptoms and 89% had no sneezing or itchy nose. The mean time between starting therapy and first improvement was  $2.1 \pm 1.3$  days.

**Conclusions:** *Euphorbium comp* SN is well tolerated and appears effective for symptomatic treatment of acute rhinitis in children in clinical practice.

## Twelve clinical cases of eczema cured by *Borax*

Twelve children, between 5 months and 10 years old, were treated by *Borax MK* (one dose) with success. Most of the cases had pathological pregnancy or delivery: threatened miscarriage, difficult delivery, caesarean due to impending eclampsia or breech presentation, prematurely. In one case, the mother fell downstairs, and in another case, mother and child were separated immediately after the delivery while the infant was admitted to neonatal intensive

care. Mother and child were nearly always intensely close, the father sometimes rejected.

The fears of these children are numerous: fear of slight noises, of downward motion, of being touched, of going to toilets. We should think of *Borax* when we encounter problems of separation, autonomy, or rejection.

Philippe L. *Revue Belge d'Homoeopathie* 2009; 1: 140–155

## Indigo tinctoria

The author describes a clinical case of back pain and hypothyroidism in a 37 year old man. This patient had a peculiar sensation of enlargement of his face and of his thyroid, and dreamt of flying. The main symptoms of this remedy are recalled: active persons, flushes of heat from stomach to face, rheumatic affections aggravated by rest and sitting, ameliorated by motion, worms with anal itching, convulsion preceded by anger or excitation, easy vomiting, epistaxis after sneezing, palpitations and rush of blood to head.

Nicolas F. *Revue Belge d'Homoeopathie* 2009; 2: 170–186

## Aranea Diadema

This article begins with a clinical case of a man, 47 years old, who had atypical neurological symptoms withdrawing from intravenous drug abuse. He had cirrhosis due to hepatitis C, and AIDS treated with combined antiretroviral therapy. He felt as if his arms were too long, as if everything was unreal and made mistakes in speaking. The repertorization indicated *Aranea diadema*. After *Aranea 200 k* all the neurological and psychological symptoms disappeared within ten days.

Other typical symptoms of this remedy include: exact periodicity, icy coldness in bones, numbness waking, sensitivity to damp, to music, to noise, to vibration, restlessness, aggressiveness, fear of crowds and narrow places, deep despondency and longing for death.

Suerinck W. *Revue Belge d'Homoeopathie* 2009; 1: 69–76

French-language journals  
reviewed by Philippe Colin