

## SOCIAL AND HISTORICAL

# 20 years ago: *The British Homoeopathic Journal*, October 1988

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### Approaching AIDS

Several papers in this issue focussed on this recently identified disease. In his editorial,<sup>1</sup> Peter Fisher stated “There is a widespread, but more-or-less instinctive feeling in the homoeopathic world that homoeopathy has something important to offer in the therapy of this epidemic. After all, it could be argued that homoeopathy would hardly have outlived Hahnemann had it not been for the cholera epidemics of the 19<sup>th</sup> century in which homoeopathy achieved dramatic successes in many parts of the world ... But AIDS is a new disease and we would certainly not be justified in assuming that a similimum for every, or even any case of the disease must exist within the current material medica ... In this issue of the *British Homoeopathic Journal* we have begun the systematic application of the homeopathic method to the new and terrible problem of AIDS”.

The first paper is a proving of certain antibodies entitled “The effect of anti-tissue antibodies in healthy volunteers”<sup>2</sup> by Pascal Sequin. As infection by the virus was known to modify the T4 lymphocytes and the macrophages, a substance was needed which would produce the same type of modification in a healthy volunteer, and so lead to therapy. Antilymphatic serum (ALS), normally used following organ transplantation, was shown to be capable of this, but the study was incomplete because of difficulties with its use; in particular, the large doses required. The anti-tissue anti-body, anti-reticulo-endothelial system serum (anti-RES), was effective in very small doses, so this was used in the proving; which was novel, in that the treatment was given by suppository, but, more importantly, that the main parameters recorded were not subjective sensations, but immunological values. In their therapeutic work, the authors use both anti-RES and anti-dien-cephalon sera for healthy carriers who are HIV positive.

Two more papers investigate the possibility of a similimum for this new condition. “Cyclosporin: Similimum for AIDS?”<sup>3</sup> is by M J B Finnegan. The author detailed

the identification of Cyclosporin A from new fungal strains in 1969/70 in the US and Norway; and its extremely effective use in preventing graft rejection. In 1983, Sell *et al* had described similarity between AIDS and Cyclosporin A-immuno-suppression and proposed that a Cyclosporin A-like compound of fungal origin could be responsible for AIDS. Two pages describe its mechanism of action. The significant area of immunological dysfunction common to this agent and HIV suggests a possible similimum, and invites a proving experiment. The other paper “Acquired immunodeficiency syndrome: *Is Phytolacca Americana homoeopathic to the acquired immunodeficiency syndrome?*”<sup>4</sup> is by M K S Irwin. The materia medica of *Phytolacca* (common name Pokeweed) has many similarities to AIDS; especially in its affinity for glandular tissue. It has many uses in the varied manifestations of both AIDS-related complex and fully developed AIDS once the symptoms have been carefully studied; but the author concluded that it does not appear to be specifically homeopathic to the pathology of AIDS, especially at the cellular level, where it stimulates both T and B lymphocytes to divide. But “Pokeweed mitogen (PWM) is now well established as a research tool in immunology. It can also be used clinically to assess a patient’s immune response. Lymphocytes of patients who are infected with HIV respond poorly to PWM. Patients with HIV infection who respond least appear to have the worst prognosis”.

The final paper, “AIDS, some early clinical experience”<sup>5</sup> is by Michael Strange. Peter Fisher, in his editorial, described it as the largest group of AIDS patients receiving homeopathic treatment yet reported – about 200. He was impressed by its scale and quality.

### The Benveniste affair

In the wake of the well-publicized publication in *Nature* of a paper by Jacques Benveniste and colleagues, and the equally well-publicized scientific storm which ensued, three articles on the subject appeared in this issue of the *Journal*. In his “Research abstract: a turning point for homoeopathy”<sup>6</sup>, Peter Fisher outlined the work carried out at the highly-regarded French National Institute for Health and

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Medical Research (INSERM) on human basophil degranulation by the artificial anti-body anti-IgE; the effect continuing far beyond the Avogadro limit (even as far as 120× and 60c). There were some interesting observations. A regular periodicity was noted. Vigorous agitation (10 s vortexing) was required to transmit the degranulation effect; but increasing to 30 or 60 s did not further enhance it. The effect was transmissible through ethanol and propanol, but not through pure dimethylsulphoxide (DMSO). Heating to 70–80 °C, freezing and ultrasonic treatment all destroyed the effect, even when the original substances survived.

However, as Fisher commented “This discovery defies current scientific understanding, and because of this, and mindful of its reputation as the number one scientific journal, *Nature* was extremely reluctant to publish it. The first version of the paper was submitted in 1985. *Nature*’s referees demanded repetitions by other, independent laboratories with careful controls, blinding and precautions against mistakes, error and fraud. As a result, after three years, the research has now been repeated in six reputable, independent laboratories in four countries (France, Italy, Israel and Canada), with elaborate precautions – and the conclusions repeatedly confirmed. Even when the results were eventually published in *Nature*, the article was accompanied by an almost unheard-of ‘Editorial Reservation’ and a Leader entitled ‘When to believe the unbelievable’. In an astonishing development, the results were branded ‘a delusion’ only four weeks later in the same journal, following a 5-day visit to the laboratory by a 3-man team; John Maddox, the editor of *Nature* (a theoretical physicist); James Randi, a professional conjurer; and Walter Stewart, an expert in scientific fraud. Fisher wondered how many biologists (or conjurers) would presume to deliver a verdict on five years work in physics, involving collaboration between six independent laboratories, after just five days investigation at one of the laboratories.

The second article in this issue is “Press reactions to Benveniste”<sup>7</sup> by N M G Debbas and P J T Wiseman. The reactions were unanimous in proclaiming an important event, and in recognizing the seriousness of the work, but also in calling for further scientific evaluation. *Le Monde* stated “Benveniste’s observations are startling not merely because they point to a novel phenomenon, but because they strike at the roots of two centuries of physical phenomena”. Benveniste was himself very anxious about disclosing his findings, but had not hesitated to put on the line his established reputation: as he said to the paper “the prime obligation of a scientist is to scientifically observe the existence of a reproducible phenomenon and only then to question its significance and its mechanism”. Some newspapers, such as the *Wall Street Journal (Europe)*, the *International Herald Tribune*, the *Quotidien du Medecin* and *Le Monde* reported on the effect this discovery would have on the present understanding of fundamental molecular chemistry. Others concentrated on the application of the findings to homeopathy. *Agence France Presse*, *Le Point*, and the medical journal *Revue du Praticien* pointed out the oppositions and convergences and suggested possible explanations. The *Impatient* referred to the work of Claudine and Vinh

Luu in 1975, showing the ‘persistence of an imprint’ in water or alcohol, and Vinh Luu’s work with radioactive water following Chernobyl. However, scepticism remained, as with Jean-Pierre Lehn, the Chemistry Nobel prizewinner, who showed reserve and respectful disbelief, and called for scientific checking of the results which, if confirmed, would put in question the essential basis on which molecular science is based.

Benveniste’s reply to the accusations in *Nature* showed great anger, not at the enquiry itself, he had himself always been very open to the visit by an independent team from *Nature* to verify his claims; but at the way the enquiry was conducted, impinging on the honesty and scientific ability, not only of this group, but also of the other participating laboratories. He said “The only way definitively to establish conflicting results is to reproduce them. It may be that we are all wrong in good faith. This is no crime but science”.

Finally, “*Nature* v. Benveniste: An exchange of correspondence”<sup>8</sup> was between James Randi and Peter Fisher, both reproduced in this issue. Randi’s rather presumptuous letter “I am presently preparing an article on the Clamart matter and the subject of homeopathy in general” is followed by a full and considered reply. Randi made several points, the fourth being “Will you now suggest that the ‘many further experiments, both clinical and laboratory-based ... now in progress’ should be done double-blind, properly analyzed statistically and completely reported?”; to which Fisher replied “I am involved in replications of a number of important studies in homeopathy, and personally would welcome outsider monitoring, on the condition that this was done over an extended period, by suitably qualified observers with first-hand experience of the type of research concerned, and without preconceptions about homeopathy. The team which visited INSERM U200 would fail on all counts”.

## Joining the grown-ups

This nine-page paper by Jeremy Swayne, subtitled “Academic challenge and responsibility in homeopathic medicine”<sup>9</sup> was based on a lecture given to the sessional meeting of the Scottish Branch of the Faculty. His theme was the need for homeopathy to achieve true academic maturity, and the clinical excellence that goes with it. He said that, as a Faculty, we have to be not just a school of homeopathic medicine, but a university department of it, with all the ingredients of criticism, imagination, research and discovery that this implied. An academic attitude is first and foremost a thoughtful, reflective, questioning, critical one that should be present in all of us. He hoped that the data collection project he was involved with would help to meet the challenge. Swayne then proceeded to give an outline of the project and its present status. There are nine figures. A method of classification had been achieved, but the task of organizing data within it had hardly begun, and would require immense ingenuity and hard work. He said “Colleagues in Europe collaborating in this work have invited us to coordinate it. If we succeed we shall have the common core of homeopathic language, that can be

commonly shared among the whole homoeopathic community and integrated with the common language of conventional medicine, that I believe we need". In his conclusion, the author returned to his main theme; regretting lack of any collective will or sense of purpose. Regrettably, he had to say "Speaking for myself, I do not feel part of an organization committed to achieving an academic vitality of university quality; as I always have done, for example in my involvement with my other specialist college of General Practitioners".

## First congress of the OMHI

This is a report by Peter Fisher of the first congress of the International Homoeopathic Medical Organisation (OMHI) entitled "Homoeopathy at the dawn of the year 2000"<sup>10</sup>, held in Rome. The OMHI was formed, largely at the instigation of French members of the *Liga Medicorum Homoeopathica Internationalis*, following the disputes at the Extraordinary General Assembly in Washington the previous year. The OMHI was inaugurated in Paris by representatives from 12 countries. The opening session of the Congress ended with impassioned speeches from two highly respected homeopathic clinicians: Denis Demarque and Francisco Eizayaga, both of whom called for the scientific development of homeopathy: Demarque for the liberation of homeopathy from archaic theories; and Eizayaga for unrealistic superlatives to be replaced by documented and statistically analyzed research. In his summing up, Fisher commented that in Rome one "felt the pulse of modern homoeopathy".

## Homoeopathy in America

In "Homoeopathy in America: A status report"<sup>11</sup> Dana Ullman gave a striking review of its fortunes over the course of the last century. "At the turn of the 20th Century, American homoeopathy epitomised the highest standards of homoeopathic training and care in the world. Despite the fact that it was not accepted by the medical orthodoxy in America, homoeopathy was an integral part of the lives of massive numbers of Americans. In 1900, statistics indicate that 15% of the American doctors considered themselves to be homoeopaths. There were 22 homoeopathic medical colleges, including Boston University, University of Michigan, University of Minnesota, University of Iowa, and Hahnemann Medical College. There were also over 100 Homoeopathic hospitals, including New York City's Metropolitan Hospital with its 1,897 beds, Massachusetts Homoeopathic Hospital in Boston with its 534 beds, and Middletown State Homoeopathic Hospital (the famed mental health facility) its 2,162 beds". Many of the country's

business, artistic, political and religious elite were its advocates.

However, after 1915 its numbers sharply declined, and it dwindled to near extinction. This was "due to various sanctions imposed on homoeopaths by their orthodox colleagues, due to the infamous Flexner Report which led to the closing of many homoeopathic medical colleges, due to the decreasing quality of homoeopathic education in the homoeopathic colleges, and due to infighting amongst homoeopaths" (a cautionary tale!).

The early '70s saw its revival as the result of the emerging holistic movements of the time. By the early '80s its growth had significantly increased, and by the time of writing the article, it was once again blossoming, described in three pages. Widespread publicity was achieved by the National Center for Homeopathy (NCH), and the author details the considerable number of foundations and organizations for education and research. He made two interesting points: "There are more medical doctors who practice homoeopathy in the US than any other professional group"; and "There are probably less than 50 active lay practitioners of homoeopathy in the US. It is as yet uncertain if their practice is legal or not". There is considerable discussion of the legal status of homeopathic medicines; and, along with the growing acceptance of homeopathy, there had been increased efforts by sceptics to denounce it. Surprisingly, the American Medical Association was neutral, in contrast to its antagonism in the past.

## References

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- 8 Randi J, Fisher P, *Nature* V. Benveniste: an exchange of correspondence. *Br Hom J* 1988; **77**: 233-234.
- 9 Swayne J. Joining the grown ups: academic challenge and responsibility in homoeopathic medicine. *Br Hom J* 1988; **77**: 235-244.
- 10 Fisher P. Homoeopathy at the dawn of the year 2000: the first Congress of the OMHI. *Br Hom J* 1988; **77**: 251-253.
- 11 Ullman D. Homoeopathy in America: a status report. *Br Hom J* 1988; **77**: 267-270.

## BOOK REVIEWS

### Integrity of Homeopathy

Sheilagh Creasy

Verlag Peter Irl: Buchendorf, Germany, 2007

Price: € 34.00, ISBN 978-3-933666-19-2

This book starts with Sheilagh Creasy presenting her 'beliefs in Hahnemann's concepts of miasms'. Using her many years of clinical experience and of teaching homeopathy she present her experience of using miasmatic approaches in the treatment of chronic disease. Using a series of case reports, in depth studies of miasms (Psora, Syphilis, Sycosis and Tubercular) and their associated remedies. She starts from the premise that miasms (these 4) have been 'maligned and ignored' and her book does a good job of explaining the thrust of the 4 miasms covered and the associated remedies.

Behind this miasmatic and materia medica information there are many useful pointers in the clinical management of chronic disease, although some of them, such as the idea of latent and active miasms could benefit from further explanation. This book would be a useful companion for the more serious student of homeopathy or for any practitioner revisiting the way they work miasmatically, particularly for those who want to broaden the remedies that they think of in associated with different miasms. In practice I suspect this will be a book for those who have experienced Sheilagh Creasy's teaching and want to have a book to refresh them of some of the concepts and teaching she has covered.

Although I enjoyed some of her more personal diversions into different ideas and concepts, it is sometimes difficult to separate out hypotheses from information that is verified. It is perhaps unfortunate that her first chapter, while accurately talking about Hahnemann's Swedenborgian influences, presents her opinion that Hahnemann may have been a Jew as if it were well established.

On the positive side however, there are numerous insights into materia medica that her clinical experience brings, such as the comparison of different calcium and potassium salts, the idea that remedies that fit on one level reveal deeper acting (and often miasmatic) remedies as deeper aspects of the case. The book is a reminder of her wide range of clinical experience including, for example a discussion on the treatment of an AIDS patient who had also suffered Syphilis and the treatment of the early stages of Tuberculosis. This is a reminder to all those who have worked in homeopathy for a long time that they have valuable insights for our profession and we are indebted to all those that take the time to record them.

The book, like many things worthwhile, is not immediately accessible or easy to dip into, but students and practitioners who are prepared to look below the surface and

who are not put off by a lack of structure will get a lot from it.

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### The Essential Synthesis

Frederik Schroyens

Homeopathic Book Publishers: UK, October 2007

Price: £65.00, ISBN-13: 978-09557151-0-5

It is very rare to come across a book, which has less information than its predecessor – but this one has! Furthermore, this is the first printed repertory with a dedicated veterinary section!

Most people who practice homeopathy will, at some point, have come across Schroyens' Synthesis. My first copy of Synthesis (7th edition) was the biggest book I've ever owned! I have used it since I started treating animals with homeopathy and it has never failed to deliver the information I sought. Since then, I have acquired the electronic version included in the RADAR program. With all the new updates it has become quite a challenge to find the remedy I'm looking for. In all the new repertories we find numerous 'new' remedies, which sometimes have little relevance to veterinary work. Human therapists might have the same problem: should I go for the obvious polychrest or try a 'small' remedy? Many of these medicines have gone in the repertory with little (if any) proving, perhaps only with information from one case. The dilemmas presented by too many choices have gone into the thinking process behind this little masterpiece: we want to be able to go 'back to basics', to look up rubrics with remedies which have been proven and which information we can rely on.

The 'package' comprises:

1. The book – *The Essential Synthesis* concise, reliable, accessible
2. A textbook of repertory language for The Essential Synthesis
3. Installation CD for searching for rubrics

The result is impressive: a portable and more usable book. If it is reliability in the information, that you want, this is the book for you.

The repertory offers an easy to use thumb index. Inside, the emphasis is on clinically confirmed information. The page layout is familiar and easy to use but incorporates nice changes in structure – pain rubrics and sub-rubrics added to the main rubric where appropriate. This structure was introduced with Synthesis 9.1.

For me the textbook is the 'best' part. This little book complements the repertory in many ways:

1. A whole chapter with veterinary information. This chapter contains symptoms interesting for the veterinary surgeon and all the remedies of veterinary origin. It also has a list of veterinary concepts leading to the relevant symptom in the repertory – a fantastic tool for beginners as well as more experienced veterinary homeopaths.
2. A list of abbreviations of remedies found in the repertory
3. A list of keywords referring to page numbers in Synthesis
4. An extended list of localisations. In the alphabetical list you can search for a localisation and you'll know in which chapter symptoms of this localisation can be found – excellent! Especially as the answer might be in more than one chapter, so this will help you not to overlook the symptom you need.

The CD offers a read-only version of the Essential Synthesis with all author references and all cross references. There is a maximum of 3 cross references referring to the biggest rubrics to give the most practical proposals first. The author references have been omitted from the printed version to simplify the content and make the book more usable, but as this information is included in the electronic version the information has not been left out. All the authors

included have a minimum reliability so that immediate checking of the source is less needed.

The CD also contains the 'Textbook for Repertory Language' including an explanation of 1.500 key symptoms, full catalogues of remedies and author references, a *families database*, a *relationship of remedies database* and much more. And as if this isn't enough: you have the option of printing a *repertorisation grid* if you wish to repertorise manually.

With this package you have all the help you need on the go: you have the choice of using the Full Synthesis 9.1 (which has already been published) or this additional version. The Full Synthesis is there if you want to use modern proving and contemporary clinical experience alongside more classical approaches. The Essential Synthesis offers condensed, simplified and easy manageable information, which should take the 'mystery' out of repertorisation for most people working with homeopathy – human as well as veterinary.

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## OBITUARY

# Elizabeth Wincott 1941–2008



Elizabeth Wincott has died of cancer at the age of 67. She was appointed in David Ratsey's presidential term, as chief executive of the Faculty and the Homeopathic Trust in 1994. Faculty council meetings were chaotic affairs with 40 or so people clustered round the long table in the Boardroom of the old RLHH, all trying to get their points of view across. A subsequent president of the Faculty, David Owen was strongly aided by Elizabeth in asserting a new, more focussed and efficient order in the structure we broadly see today, with specialist committees and a much smaller, yet representative council.

She was a woman of passion and strong opinions. She possessed real drive to help others. She wore many hats in her career in the caring professions, doing a social studies course in Edinburgh in 1960 and getting her medical social work diploma at the London School of Economics. She married and then spent 3 years in Malawi before moving to New York. She studied for a doctorate at Columbia University and had a job as a social worker at the Mount Sinai Hospital and was involved with the care of haemophiliacs.

She returned to Britain and spent the rest of her career in health-related executive and trustee posts. She was variously the chief executive of the British Deaf Association, the Faculty of Homeopathy & the Homeopathic Trust and for a short while, chair of the Oxford Mental Health Trust. She became involved with Progar (Project group on assisted reproduction) and successfully led its campaign for the right of children conceived with donated sperm to know their father's identity.

In 2004, she was made chair of the Long Term Conditions Alliance which represents many of the 17 million people with long-term illnesses, which post she held to the end of her life, steering the organisation through some very difficult times financially.

She is remembered as a powerful, determined campaigner. I remember her lists very well – things that just had to get done soon on a piece of paper for reference at meetings. I also remember her insistence on retrying a particular Ravioli at a Liga meeting in Italy. It was a long walk, but you couldn't say no to her. I met her again recently, serving on the Advisory Board Regulating Homeopathic Products of the governmental organisation checking that medical products are safe. For Homeopathy in Britain, her legacy is in the smooth-functioning of the current structure of the Faculty and most clearly in her welding together the two charitable organisations supporting medical homeopathy. She was instrumental and very active in helping the British Homeopathic Association and the Homeopathic Trust to unite under the banner of the British Homeopathic Association.

There was a memorial service for her in Oxford in May 2008 at which the BHA was represented by John Cook, chairman. She is survived by her sons, Daniel and Ben and five grandchildren.

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