

## REVIEWS AND ABSTRACTS

# International press abstracts

## Angustura vera

*Hélène Cezeyria*

By way of introduction, the author describes a clinical case: a 47-year-old man who was overworked and depressed. Several medicines were tried (*Nux vomica*, *Natrum muriaticum*, *Medorrhinum*), without great benefit until *Angustura vera* was prescribed and completely transformed his life. The symptoms leading to the prescription were an irresistible desire for coffee and a strong feeling of bitterness.

The other main symptoms of this medicine are then recalled: unexpressed hypersensitivity and irritability, with an appearance of excitement and gaiety; vertigo on crossing a stream; cramp-like pains in the muscles, especially: masseters, abdomen, thighs and calves; trauma to the periosteum; feeling as if the uterus were beating against the right ovary and the right hip; chilly; feeling as if the heart were swollen, with fear of dying, worse lying on left side; fear of falling asleep.

*Cahiers du Groupement Hahnemannien* 2006;4: 236–238

## Ammonium muriaticum

*Bruno Staquet*

Three clinical cases illustrate the use of this medicine: a case of sciatica worse on sitting, a case of forearm pain also worse sitting, and a woman with digestive symptoms who was overprotected by her mother.

The materia medica of this medicine is then summarized: melancholy, desire to cry but cannot; antipathy to certain persons; nose obstructed or with acrid watery discharge; sore throat, burning hoarseness; menses too early, flow more at night; diarrhoea during menses; icy coldness between shoulders; back-ache or sciatica when sitting, constriction of hamstring tendons. Several unusual dreams are described: being lost in a forest, falling into water, being bitten by a horse.

*Cahiers du Groupement Hahnemannien* 2006;4: 239–245

## The Zincum child and its peculiarities

*Micheline Deltombe*

The author, who is a paediatrician, describes the peculiar symptoms of children who respond to *Zincum*: they are very nervous, very sensitive, slow to understand and to answer. They are exhausted but are constantly on the move or fidgeting: either with their whole body, or only their legs. They cannot concentrate, are inattentive, moody, unruly, disobedient, and they provoke their schoolmates. They repeat everything said to them, have headaches when overtaxed at school. They are worse from retrocession of eruptions from sweating, from emotions. They pick their noses, have diarrhoea and involuntary urination when sneezing, coughing or walking. They grasp their genitals whilst coughing and may have hoarseness, asthma, and diarrhoea.

Two clinical cases end this article: a 5-year-old girl, who developed neurological symptoms after measles without a rash, and a 3-year-old boy with epilepsy and restless legs during sleep.

*L'Homéopathie Européenne* 2006;4:6–8

## Clinical cases according to the methode of Sankaran: *Opuntia vulgaris*

*Ingrid Van de Vel*

A clinical case is described: a woman with varicose veins and dyspareunia. The main feeling was: she tried to not be shrunken and constricted, then accepted it. A second clinical case is quoted from Dr Jayesh Shah: a man who had migraine and stress: he always had his hands clasped, felt as if locked in a room, a small box and tried to come out; he was between hope and hopelessness. The constriction feeling relates to the Cactacea, the alteration between hope and hopelessness belongs to the ringworm miasm: the medicine is therefore *Opuntia vulgaris*.

Then, Van de Vel quotes materia medica of this medicine, from TF Allen and JH Clarke: two species

were proved, *Opuntia vulgaris* and *Opuntia alba spina*. The main symptoms are: alternately praying and swearing; feeling as if head transfixed with a lance; bites inside of cheek on chewing; nausea extending from stomach down into bowels, with sensation as if diarrhoea would set in; urgency of

urination; oppression of chest; pain in muscles of neck, first left, then right side; very chilly, cold feet; dreams of women.

*La revue Belge d'Homoeopathie* 2006;2:80-112  
French - language journals reviewed by P. Colin

## BOOK REVIEW

### **Miasms As Practical Tools: A Homeopathic Approach to Chronic Disease**

John Saxton

*Beaconsfield Publishers Ltd*, Beaconsfield, Bucks, UK,  
2006

Price: £15. ISBN: 0-906584-58-2

This is a slim book with a hefty content. When I read a book from which I can profit, I have pencil in hand and I underline the sections that are of particular importance to me. In the case of this new book on the chronic miasms, I could have underlined almost the entire text; such is the richness of its material. Every paragraph is pregnant with observation and information; to lapse in concentration for a moment is to miss some important point or nuance. Nonetheless, it is written with clarity and read with ease.

This book is a welcome, modern presentation of miasmatic theory and practice, lifting both from the sphere of contention and controversy to the central position they deserve in case and remedy analysis, strategy of therapy, case management, and interpretation of response. The concept of miasms is presented as a practical therapeutic tool with which to enhance prescribing skills. The veterinary background of the author in no way reduces the book's relevance for the entire homeopathic profession. The theoretical model postulated is based on principles fundamental to life and all species, and the illustrative, animal case histories, unencumbered by human considerations and complexities, prove ideal vehicles for showing how miasmatic understanding of a case can be applied in practice.

The author gives an overview of how the concept of miasms arose and how it has developed from Hahnemann's original thinking to the more philosophical interpretations of today. Excellent pictures of the three primary, chronic miasmatic states—psora, sycosis, and syphilis—are provided, with discussion and case histories, and, to refresh our memories, concise clinical pictures of the five miasmatic nosodes, with the addition of Scirrhinum, and useful information regarding the miasmatic relationships of the bowel nosodes. Always, in keeping with the main title of the book, the practical aspects of this knowledge are emphasised. The reader is encouraged to take hold of the theories and facts presented, and to use and develop them further in a clinical context.

The central theme and theory of the book is based upon the profound influence the three primary miasms, considered as deep-seated predispositions to disease and disease patterns, exert upon the three basic physiological functions: creation or production (sycosis),

destruction or removal (syphilis), and maintenance or regulation (psora). This echoes an ancient wisdom that portrays the three aspects of the manifest God as creator, preserver, and destroyer: three fundamental forces, which are present in all facets of the creation. All organs and tissues function within the constraints of these forces. In health there exists a fluctuating and dynamic balance between the three physiological processes, always interacting and adapting to the needs of the moment, and presided over by the vital force of Hahnemann. This balance extends beyond the physical; it encompasses the emotional and mental aspects of being. The mental equivalents of the three functions are given, respectively, as creativity, selectivity and perseverance. The miasms create chronic disease through disturbing this equilibrium, each according to its inner essence. The disturbance of sycosis will change production to excess—overproduction and overreaction; under the influence of syphilis removal of obsolete material becomes destruction and perversion; and disruption of the self-regulatory mechanisms of homeostasis by psora, leads to deficiency.

On the basis of this premise, the author proposes a model, which illustrates, by means of an equilateral triangle, the balance of the three forces in an ideal state of wellbeing and health. Each side of the triangle represents one of the basic physiological functions. Since the normal balanced state of mental, emotional, and physical health is constantly fluctuating, the triangle is seldom equilateral. However, when the constitution is under acute or chronic challenge, the proportions of the triangle will be markedly changed due to considerable alteration in the ratio between the three functions. In this way the functioning of the body in disease can be visualised. Within the concept of the model it is essential to life that the integrity of the triangle is preserved. Since the three forces are mirrored in all aspects of nature, the same model can be applied to measure and illustrate the predominant action of remedies. Each remedy will present a unique and constant picture, which reflects its antimiasmatic influence. In this representation the functions depicted in the triangle are replaced by their respective miasms. This picture can be logically compared to the similar image of miasmatic activity in the patient, and the one can be compared and matched to the other. Fundamental to this approach is the knowledge that all three functional connections are always there, and likewise, in both patient and remedy, all three primary miasmatic influences are always present in varying degree. Challenges possess inherent miasmatic influence and will therefore provoke a matching miasmatic response in the subject. Repeated or continuous exposure to the same challenge will imprint a miasmatic pattern of disease in the individual and in the community, which may then be transmitted through inheritance.

In considering the important newer miasms, the Tubercular and the Cancer miasm, the author proposes that these are symptom pictures arising from the way in which the body responds to various challenge situations through the interplay of the three basic forces. These symptom pictures are far more fixed and predictable than the three primary miasms, which create disease by directly disturbing the balance of the basic physiological functions. Due to their more stable patterns, he classifies the Tubercular and the Cancer miasm as mixed miasms in contradistinction to being a mixture of miasms. In his experience it is the mixed miasms that create the most serious and obstinate conditions met in practice. In the most severe cases of mixed miasm, in which advanced pathology has developed, he advocates the regular use of the appropriate miasmatic nosode in conjunction with other indicated remedies.

Apart from the presentation of the theoretical model, the subject matter of this absorbing book is far ranging and, I am certain, represents the fruit of long and deep contemplation of every aspect of miasmatic theory and practice. The author considers the approach of Sankaran to the miasms, and concludes that the extra five miasms that he has proposed represent transitional stages along a continuum of disease rather than classic miasms in themselves, and that the term 'pace' in relation to this system is more appropriate. He also discusses the miasmatic tendencies existing within the three natural kingdoms: plants tending more towards psora, with some sycotic influences; animals overall showing a tendency towards sycosis and syphilis; the mineral kingdom being more related to psora and syphilis.

The vital role of suppression in the origin and compounding of miasmatic disease is thoroughly dealt with and emphasised throughout the work. In this regard the author tackles the contentious subjects of vaccination and the suppression of reproductive function in an admirably uncompromising way. We are left in no doubt of the danger to health both pose. With great insight he proposes that in addition to Hering's Law there 'is another law, a law of disease, which states that the suppression of the normal

function of a vital system will often drive that function inwards to become pathological within the same system'.

Excellent case histories are presented, each including a clearly motivated therapeutic strategy; these are extremely valuable and instructive. I was pleased to see the use of remedies in logical sequence, like moves on a chess board, each move being based on the indications thrown up by the previous potency and remedy. The judicious use of miasmatic, and when appropriate, bowel nosodes to elicit a response, particularly when a miasmatic block is encountered, is well illustrated.

This is an important book. It is refreshing to revisit the theory of the miasms under the guidance of a seasoned homeopath with modern insight and interpretation. I am sure that it will stimulate much thought, debate and opinion. For instance, regarding the relationship between the three germinal layers and the predominant action of the three miasms—is the endoderm the prime target of sycosis, or is it rather the mesoderm, which is the most actively proliferative tissue in the body; is the effect of syphilis especially upon the mesoderm, or rather the ectoderm, which is the focus of neurosyphilis; and likewise, is autoimmune disease primarily a result of syphilis, or is it possibly initiated by sycosis, of which the very essence is self-rejection; is AIDS a new miasm, and if not, is it essentially syphilitic, or rather sycotic, a result of escapism, excess and promiscuity?

I highly recommend this book to the homeopathic profession as essential reading. Both the inexperienced and the veteran homeopath will derive benefit from its study and be better able to employ the concept of miasms as a practical therapeutic mode. It is another fine feather in the Beaconsfield publishing cap.

David Lilley  
*Pretoria, South Africa*  
E-mail: [info@homprac.co.za](mailto:info@homprac.co.za)

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## LETTERS TO THE EDITOR

# NSAIDs, Myocardial infarction, rebound effect and similitude

Sir,

In the last issue of *Homeopathy*, I published a paper in which the evidence of the similitude principle in the light of fatal iatrogenic events of modern medicines was discussed in relation to the rebound effect or paradoxical reaction of the organism (secondary action or vital reaction of the homeopathic model).<sup>1</sup> I mentioned some work on nonsteroidal anti-inflammatory drugs (NSAIDs) and increased the risk of acute myocardial infarction (AMI) after interruption of treatment.<sup>2,3</sup> These reflect the results of experimental studies in which NSAIDs stimulate rebound platelet adhesion and thrombin activity.<sup>4,5</sup>

Very recently McGettigan and Henry have published a systematic review of 23 observational studies (17 case control and 6 cohort studies) of the effects NSAIDs, both non-selective and selective inhibitors of cyclooxygenase 2, on cardiovascular events in a population of 1.6 million of patients.<sup>6</sup> A dose-related risk was evident with rofecoxib, relative risk (RR) with 25 mg/day or less, 1.33 (95% confidence interval [CI], 1.00–1.79; 6 studies) and 2.19 (95% CI, 1.64–2.91; 7 studies) with more than 25 mg/day. Among the older, nonselective drugs, diclofenac had the highest risk with an RR of 1.40 (95% CI, 1.16–1.70; 9 studies), meloxicam RR 1.25 (95% CI, 1.00–1.55; 3 studies) and indometacin RR 1.30 (95% CI, 1.07–1.60; 6 studies). The data indicate that the risk increases early in treatment (first 30 days) and on first cardiovascular events.

In recent case-control study (33 309 cases; 138 949 controls) of the risks of hospitalisation with myocardial infarction and use of NSAIDs,<sup>7</sup> the RR estimates are: rofecoxib, 1.36 (95% CI, 1.18–1.58; 12 studies); diclofenac, 1.40 (95% CI, 1.19–1.65; 10 studies); meloxicam, 1.24 (95% CI, 1.06–1.45; 4 studies); indometacin, 1.36 (95% CI, 1.15–1.61; 7 studies). In another meta-analysis, Kearney *et al* studied the effects of selective and nonselective NSAIDs on the risk of serious vascular events for a period of at least 4 weeks duration (145 373 participants), reviewing data from 138 randomised trials and estimated a RR for rofecoxib of 1.42 (95% CI, 1.13–1.78) and for diclofenac of 1.63 (95% CI, 1.12–2.37).<sup>5</sup>

In elaborating a pathophysiological hypothesis for these cardiovascular events, I highlighted certain points: the events tend to occur after a short period

of treatment (< 30 days); are dose-dependent and often serious; they do not depend on a previous cardiovascular disease (first cardiovascular events). Studies of rebound effects or paradoxical reaction of the organism have found similar characteristics:<sup>8–11</sup> the symptoms are of larger intensity than those initially suppressed; the reaction is fast, within 30 days after the suspension of the medicine (related to the half-life of the drug); the effect is proportional to the intensity of the initial contrary action (dose-dependent); the rebound effect is idiosyncratic, unrelated to previous disease or risk factors.

The precise mechanisms by which NSAIDs including COX-2 inhibitors increase cardiovascular risk are not clear: reduced prostacyclin production in the vascular endothelium, suppression of nitric oxide synthesis, diminished neovascularization, abolition of adrenomedullin activity, and increased free-radical production have all been implicated. Platelets play a pivotal role in the development of these cardiovascular events, and all these mechanisms also affect platelet activity.

Linking the rebound effect and platelet activity and considering that antiplatelet therapy with aspirin is associated with reduced vascular mortality, Serebruany *et al*<sup>12</sup> sought to determine the effect of use and withdrawal of NSAIDs on platelet activity. Platelet characteristics from 34 aspirin-naive volunteers who were receiving unselective NSAIDs or selective COX-2 inhibitors were compared with 138 drug-free controls. Platelets were assessed twice at baseline (at least 1 month of treatment) and after a 14-day washout. Platelet activity during treatment was similar and unremarkable between groups. However, there was a highly significant increase of platelet activity after withdrawal of nonselective NSAIDs and selective COX-2 inhibitors. The authors concluded that drug cessation, rather than continuous therapy with these drugs, may be associated with rebound platelet activation, which may predispose to a higher risk of vascular events. Suspension of ibuprofen and other antiplatelet agents can also provoke rebound increase of platelet aggregation, with increased thrombus formation and cardiovascular events (AMI).<sup>13,14</sup>

If the similitude principle is a 'natural law', whose expression is modulated by individual idiosyncrasy (individualisation), the occurrence of serious iatrogenic events after withdrawal of enantiopathic drugs demonstrates the importance of the rebound effect (paradoxical reaction or homeopathic vital reaction) in promoting deep alterations in the organic balance. Homeopathy turns this effect on its head, using it to therapeutic advantage.

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Marcus Zulian Teixeira

Faculty of Medicine, Universidade de São Paulo,  
São Paulo, Brazil

E-mail: marcus@homeozulian.med.br

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## Patient compliance

Sir,

I read the article by Endrizzi and Rossi in the October 2006 issue of *Homeopathy* with interest.<sup>1</sup>

In a similar, but smaller scale project a few years ago a medical student followed up 100 consecutive patients that I had seen. She sent a questionnaire to all 100 patients of whom 69 responded. Of these, 50% had attended one consultation only; a further 28% had attended less than 3 times. The reasons for not attending follow-up sessions were equally distributed between 'homeopathic treatment had not helped' or 'better'. 16% said that treatment was too costly (Table 1).

**Table 1** Reasons for not returning per follow-up (69 responses from 100 patients)

Improved, did not require further treatment	17
No effect	17
Treatment too expensive	11
Planning to return	24

The frequencies of visits to GPs were compared before and after homeopathic treatment. 29 people reported visiting their GPs less after receiving homeopathy, 10 saw their GP more. Nothing could be ascertained about those who did not return their questionnaires but it seems unlikely that responder bias would have occurred because the people questioned would have wanted it to be known if homeopathy worked for them or if they had wasted money on an ineffective therapy. The inclusion of a stamped addressed envelope encouraged people to reply.

The homeopathic patients had mostly attended just one consultation. The conclusion was (as for most other studies) that two thirds of patients treated with homeopathic remedies felt better.

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Mollie Hunton

Stourbridge, West Midlands, UK

E-mail: mollie.hunton@btopenworld.com

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## OBITUARIES

### Dick Wilson

1 July 1931–26 May 2006

My Father was born in Glasgow and educated in Scotland at Glenalmond School. He won an English Speaking Union scholarship to study in the United States for 2 years before entering the family business, Wilsons of Scotland, predominantly a meat producing business. He headed the division which later developed the first canned pet food, Kennomeat and later Kattomeat. These went on to be an enormous success capturing a large share of the pet food market in the UK, the company was eventually sold to Spillers in 1964. It was around this time that my Father became interested in the world of complementary medicine and healing with a strong emphasis on homeopathy.

His interest in complementary medicine and healing came primarily from his close relationship with his Uncle, Andrew Wilson, who lived in Glasgow and was very close to the Glasgow Homeopathic Hospital.

Both my Father and my Great Uncle, Andrew Wilson, became trustees of The Scottish Homeopathic Research and Education Trust and were involved in a number of initiatives and fund raising. It was through their involvement in The Scottish Homeopathic Trust that they became aware of the sale of Nelsons in the early 1970s following the tragic death of Dudley Everett in the Staines air crash of 1974. They were approached by members of the homeopathic community who knew of their commercial background and access to funds, encouraging them to purchase Nelsons. In 1974 they bought the business, at that time very small scale, employing just six people based at the still existing premises of 73 Duke Street, just off Oxford Street in central London.

During the 1970s and 1980s the business grew steadily and my Father became increasingly involved in the world of homeopathy, setting up The Homeopathic Development Foundation, a charitable organisation for the promotion of homeopathy. This closed down in the late 1980s and its good will was transferred to The British Homeopathic Association. He continued to be a trustee of the Homeopathic Trust.

My Father was also interested in the Bach Flower Remedies, he had known Norah Weeks for many years and later became acquainted with John Ramsell. In the late 1980s John Ramsell approached Nelsons to ask for assistance with the business side of the Bach Flower Remedies, and in the early 1990s Nelsons acquired a licence to distribute, eventually purchasing outright the Bach Flower Remedies business.

My Father retired as a trustee of The Homeopathic Trust in the late 1990s, and as Chairman of Nelsons in July 2000.

Throughout the 1970s, 1980s and 1990s and on into the early 21st Century my Father worked tirelessly for homeopathy both in the commercial arena and on the charitable side. His passion and belief in this system of medicine never subsided right until his death. He spent the last 40 years of his life deeply committed to homeopathy, its furtherance and wider availability. He built up many long and trusted friendships throughout that time. He will be sorely missed by all who knew him.

Robert Wilson

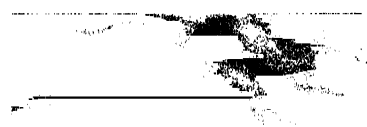
*Nelsons, London, UK*

E-mail: robertwilson@nelsons.net

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### Joyce Miller

5 June 1925–4 October 2006



Joyce Miller died suddenly, a pedestrian in a road traffic accident in Baker Street, on 4 October 2006. She had achieved 50 years in medical practice, working right up to the time of her death. She worked in Harley Street and lived nearby. She had created a successful and appreciative practice, built on homeopathy, anthroposophical medicine and osteopathy. She was a

sought-after lecturer in osteopathy and chiropractic. She was unmarried and her life was devoted to medicine.

Joyce was brought up in Pinner, Middlesex. During the Second World War the family moved to Weybridge where her father's work had relocated. Later while studying homeopathy she was in practice in Addlestone before moving to London. As a child, she had been hospitalized with measles; while a patient she is reported to have quietly observed the activity of nurses, doctors and patients in the unit. On discharge home she formally announced to her family, who were not medical, that she was going to become a homeopathic doctor. This methodology of observation and quiet determination seems to have moulded for her life.

She received her medical education at Aberdeen medical school between 1945-51. During the 1980s she worked in the outpatient department at the Royal London Homoeopathic Hospital. She is remembered as quietly working long into the evenings to help busy working patients. She would discuss patients with

colleagues, enlisting help, taking note of any useful tips, therapeutic ideas or names of expert colleagues and the clinical interests of others. She contributed from her experience in anthroposophical medicine and osteopathy.

She continued looking for new ideas, attending conferences and continuing medical education, right to the end of her life. She was a member of the Christian anthroposophical community in Chiswick. She practised and promoted eurythmy. She had learnt karate. She was about to embark on a painting course to augment her work with children, before her tragic death.

I am grateful to Joyce's sister Jean Goold, Peter van Breede and Suzanna Curry for help with this obituary.

Michael Finnegan  
*Royal London Homoeopathic Hospital, London, UK*  
E-mail: michael.finnegan@uclh.nhs.uk

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