Homeopathy (2006) 95, 187–189

doi:10.1016/j.homp.2006.05.006, available online at http://www.sciencedirect.com

SOCIAL AND HISTORICAL

20 years ago: *The British Homoeopathic Journal*, July 1986

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A new editor

Dr Peter Fisher introduced himself briefly as the new editor of the Journal, and paid tribute to both of his immediate predecessors: Ralph Twentyman for building the Journal's reputation as the leading international English-language journal at a difficult period for British homeopathy; and Anthony Campbell for introducing critical intellectual and historical rigour to the Journal. The new editor now appealed for help from colleagues in further developing the Journal. He saw the need to establish an element of peer review with a panel of referees for articles, and of reviewers for books. He also wished to recruit colleagues from abroad to contribute short pieces on important developments affecting homeopathy in their countries.

In his editorial, Fisher spoke of the 190th anniversary of homeopathy that year, counting from the publication in 1796, in *Hufeland's Journal*, of Hahnemann's classic "Essay on a New Curative Principle"; and suggested that it was a good moment to reflect on what needed to be done to make the bicentennial truly auspicious. He referred to the successful, if stormy, first century, when homeopathy spread widely despite fierce opposition, and compared it with the stagnation which has occurred since; largely because of the progress in medical science, but also because of complacency in homeopathic circles and dependency on received knowledge. Although advances in physics had given cause for hope, a new danger was the pan-European threat from regulating authorities, as the recent withdrawal of product licence of Pertussin had shown. Fisher concluded that the one sure defence against this was to develop homeopathy, widen its ranges and make its results more certain.

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Novel design for clinical trial

This paper by Peter Fisher is entitled "An experimental double-blind clinical trial method in homoeopathy: use of a limited range of remedies to treat fibrositis". It describes a novel and perhaps useful way of dealing with the central problem in producing acceptable homeopathic research results; which is the difficulty in equating homeopathic methodology (based on symptomatology and individual treatment) with orthodox (based on pathology and standardized treatment). The author cited the experimental approaches which had already been attempted for rheumatological conditions, so far always pathology based: the "open-ended" type used by Gibson *et al*, allowing a free choice of remedy and potency; and the "single remedy" used by Broster *et al*, in a specified potency. The results of the second Gibson trial are reported in this issue. Both of their experimental groups were given orthodox treatment, but homeopathic treatment was added to one half, and placebo to the other half. They reported statistically significant results.[1] However, the present author described drawbacks for both these methods, which limited the demonstration of homeopathic effectiveness; the first based on the prescriber, the second on the limitations of the remedy.

In an attempt to obviate some of these problems, the present study had two main features:

1. The selection for study of a disease which lacks a pathological definition, but is defined purely in terms of its symptoms (fibrositis was chosen).
2. The use of a restricted range of remedies selected to cover the range of symptoms of the disease (*Arnica*, *Bryonia* and *Rhus* were used, all in 6c; and each prescription was scored for "goodness of fit").

Three pages deal with experimental detail and analysis of results, using non-parametric statistical

methods. Homeopathy produced a significant improvement, but only when the prescribed remedy was well indicated.

In his conclusions, the author suggested that "experimental design of this type may be capable of yielding data on the actions of individual remedies without the necessity for very large-scale trials. They can also provide evidence about the specificity of remedies—the most striking finding of this trial is the demonstration of the narrow spectrum of homoeopathic remedies"; and that "the whole area of trial methodology in homoeopathy requires further investigation. It may be that the main use of the "hybrid" type of design which we have described will be for pilot studies to define promising areas for further investigation.[2]

Data collection

Jeremy Swayne presented a paper "Data collection and research in homoeopathic medicine" to a British Homoeopathic Research Group Meeting. He introduced it with a strong condemnation of the state of homeopathy at the time: "The prevailing sadness that accompanies my enthusiasm for homoeopathic medicine is that it is such a mess. He spoke of inconsistency, confusion, wooliness and complacency; and the uncritical acceptance of the repertory and materia medica, where there ought to be a living and evolving matrix of practice and experience, retaining only the best of the old. It was necessary to look carefully, comprehensively and critically at what we were doing.

Although temperamentally unsympatheric to technology, the author saw the computer as essential; but was concerned that so many resented the intrusion of audit and mechanization into their clinical practice, and sensed a widely felt resistance to academic work in general practice. To answer this, he recommended a short paper by John Horder in the *British Medical Journal* (BMJ 289; 27 October 1984). Swayne stressed the importance of integrating the different activities; clinical practice, education, academic study and research, making them mutually supportive. Within this pattern, data collection would be justified, enormously beneficial and fun—if it could be made relevant, creative and stimulating, and most of all, rewarded by feed back.

The author outlined the five possible functions of data collection; audit, research, refinement of clinical practice, development of material medica and repertory, and the servicing of the decision support system by the development of an expert system. He saw the last function as a highly sophisticated and as yet remote use of a computer, but one which would depend on good data collection. In the final section, the author dealt with the "appallingly difficult" challenge which this presents if the project were to be made universally relevant and useful, and discussed all the points which must be considered for the creation of data sheets.[3]

A second paper on this subject is entitled "Information technology and the future of homoeopathy" by David Witko. This author was obviously highly "computer literate", providing a good complement to Swayne's concerns to encourage the less enthusiastic. Witko appeared keen to press ahead with implementing the possibilities of the computer. He likewise discussed points for creation of a database, but described the development of an expert system as a "long-term" rather than a "remote" objective! He described the expert system, giving an illustration of how it might be used. He mentioned a group which was forming to develop these methods, and gave an address for contacts.[4]

Book reviews

DPT—A Shot in the Dark by Harris L Coulter and Barbara Loe Fisher

This is a comprehensive review of the experience with pertussis immunization in the USA. There is some bias; Coulter has an interest in homeopathy, and there are over 100 cases of alleged vaccine damage. Nevertheless, the reviewer considered that the writers attempted to give a balanced view of this controversial subject, referring to over 300 books, articles and documents, listed in an extensive bibliography. He concluded "Although this book is clearly relevant to the US public at large, and written in a style appropriate to that readership, the British health professional would be foolish to dismiss it on these grounds. In the very least it combines more information about pertussis immunization than any single work of which I am aware; and further points out the shortcomings of many of the conclusions drawn from the major studies affecting medical consciousness on this issue today. The more socially conscious reader will find examples of the entangled consequence of mixing economic, political, legal and medical incentives.[5]

Champion of Homoeopathy—The Life of Margery Blackie. By Constance Babington Smith

After expressions of appreciation to the Royal Family and members of the Royal Medical Household for their help and support, the book is then divided into three parts. Part 1 traces her life as far as the setting up of her practice in Kensington, and describes the deep relationships she developed with friends and mentors. Part 2 starts with her Presidency of the Faculty and describes her enormous efforts in the field of education as Dean of the Faculty, with her fervent insistence on classical homeopathy. It also gives lovely touches about her personal tastes and private life at Castle Hedingham. Part 3 covers the period as Royal Physician; but also the loss of those close to her, and

the catastrophe of the 1972 Trident air disaster. Finally, there is her award of the CVO in 1979, retirement, and last days at Castle Hedingham.[6]

Classical Homoeopathy by Margery Blackie. Edited by Charles Elliott and Frank Johnson

In the preface, the editors state that the material in the book is drawn from Margery Blackie's teaching and writing over the whole span of her career. The reviewer, RAF Jack, a friend of Dr Blackie's, has written a long and enthusiastic review. He noted that the editors had taken pains not to obtrude any of their own views or opinions, so that only Dr Blackie's voice is heard. The task of sifting through a vast amount of material took over 3 years; sadly, Frank Johnson died the day before publication; this issue contains his obituary.

The editors summarize the book as follows: "The first part describes the thinking behind homoeopathy and the principles on which the successful homoeopathic prescription is based... The major constitutional remedies are then studied in detail, either individually or differentiated within groups of related remedies. This is followed by the symptomatic treatment of illness or disability, analysing each of the remedies that may be of value, and distinguishing the particular circumstances in which one remedy is likely to be indicated in preference to another. The final part is a compact materia medica, summarizing 111 of the remedies already described".

Dr Jack referred to the balanced approach which runs all through the book: both in her insistence on the use of conventional medicine when appropriate; and in her use of potencies. It appears that she regularly used low potencies, although being one of the first and greatest advocates of high potency prescribing. He quoted: "In gardening terms I compare my high potencies to a shower of rain and my low potency to the watering can that I must use occasionally on some corner of the garden in order to weather a critical stage". The book is full of such illustrations, of tit-bits of information and aphorisms, and of interesting anecdotes.

Finally, the reviewer made two timely comments about Dr Blackie, with examples of each point: "She is refreshingly honest about her limitations of knowledge or experience in homoeopathy"; and "Writing with the authority of her life-time experience in homoeopathy, she is not afraid to challenge great authorities like Kent, and unashamedly debunk long cherished, but inaccurate teachings of the past .....

Hopefully this approach may help subsequent teachers and authors to follow suit".[7]

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Homeopathy (2006) 95, 190–193

doi:10.1016/j.homp.2006.05.002, available online at http://www.sciencedirect.com

REVIEWS AND ABSTRACTS

Conference Report: Improving the success of homeopathy 5: A global perspective; London, January 26–27, 2006, Royal London Homoeopathic Hospital

Since 1997, the Royal London Homeopathic Hospital has sponsored a conference on homeopathic research approximately every 2 years. This year's conference, the fifth in the series, entitled "Improving the Success of Homeopathy: A Global Perspective," took place on January 26–27, 2006. The conference's chairperson was again Dr Peter Fisher, the hospital's Clinical Director, as well as the editor of "*Homeopathy*."

This year's conference included a large variety of presentations on clinical research, outcome studies, cost-effectiveness studies, as well as various controlled scientific studies on plants, animals, and biological systems. The first presentation was to be made by Dr Xiaorui Zhang, head of the Traditional Medicine department at the World Health Organization (WHO). Sadly, she was unable to attend due to a special meeting that she was required to attend at WHO. However, she did send a presentation that was read by Dr Fisher. A special report on homeopathy is presently being prepared at the WHO. Some sceptics of homeopathy received an unpublished draft of this document and issued a public attack on WHO because the report was supposedly "too positive" for homeopathy. Despite these attacks, Dr Zhang asserted that the WHO will publish its report at some point in the near future.

Dr Zhang's presentation highlighted the fact that 60–80% of the world's poor population depend on "traditional medicine" (the WHO uses these words in place of what others refer to as "alternative medicine" or "natural medicine") for primary health care, and even 70% of the general population of Canada and 80% of Germans used traditional medicines as complementary or alternative treatment.

Controlled clinical trials

There was only one new double-blind, placebo-controlled randomized study presented at this conference. In Brazil, a double-blind randomized and placebo-controlled clinical trial was conducted on 52 subjects who were occupationally exposed to mercury (48 dentists and 4 miners) (Beringhs-Bueno and Paschalicchio, 2006)* The proceedings of the conference are available from the Royal London Homeopathic Hospital and will be published at: www.rlhh.org.uk. The treatment group was given *Mercurius* 7C or 12C (7 drops three times a day during 7 days, stopping for 14 days, and then repeating this process over a total of 60 days). Patients submitted their blood, urine, and hair for analysis prior to treatment and at 30 and 60 days after treatment. The level of mercury reduction in the hair sample was statistically significant. The treatment group experienced a greater increase in mercury excretion through the urine than the placebo at 30 days, though this was not significant. There was no significant difference in results from subjects given *Mercurius* 7C *vs Mercurius* 12C.

The remaining clinical trials discussed below in this section were not presented at this conference but are worthy of mention because they were discussed during the conference's workshops. In light of the mercury trial, the first toxicological study on human subjects who were exposed to arsenic was published just prior to this conference.[1] A potentized homeopathic remedy, *Arsenicum album* 30C, was administered to a group of arsenic-exposed people in West Bengal, and thereafter the arsenic contents in their urine and blood were periodically determined. The activities of various toxicity marker enzymes and compounds in the blood, namely aspartate amino transferase, alanine amino transferase, acid phosphatase, alkaline phosphatase, lipid peroxidation and reduced glutathione, were monitored for 3 months. Subjects given homeopathic Arsenicum experienced higher excretion amounts of arsenic in their urine for the first 11 days than those given a placebo, with statistical significance on days 1, 2, 3, 4, 6, and 8. The results are encouraging and suggest that the drug can alleviate arsenic poisoning in humans.

A double-blind, placebo-controlled randomized trial on 50 patients with chronic obstructive pulmonary disease in which either *Kali bichromicum* 30C or a placebo was prescribed, for tenacious tracheal discharge. This study found highly significant effects in the treatment of these seriously ill patients.[2]

*References in brackets are to papers presented at the conference. [Note: Those references that were presented at the conference will have abstracts of their presentation at the website of the Royal London Homeopathic Hospital (www.rlhh.org.uk). Interested parties can also see at this website abstracts from the previous four homeopathic research conferences sponsored by the RLHH. The references below are to studies mentioned above but which were not presented at the conference.]

Extubation could be performed significantly earlier in the treatment group ($P<0.0001$). Similarly, length of hospital stay was significantly shorter in the treatment group (4.20 ± 1.61 days *vs* 7.68 ± 3.60 days, $P<0.0001$ [mean $\pm$ SD]). At the conference it was announced that this study is presently being replicated in Israel.

A new randomized double-blind placebo-controlled study on the use of a novel programmed dosage regimen of Arnica, named SinEcch™ developed by Alpine Pharmaceuticals (San Rafael, CA) has recently been published.[3] SinEcch comprises *Arnica* 1 M and 12C and was tested in the treatment of people undergoing a facelift. *Arnica* 1 M was given in three doses (pre-op, post-op, and bedtime on the day of surgery). *Arnica* 12C was given three times a day for 3 days, starting on the day after the surgery.

This trial utilized a novel computerized model for objective analysis of skin color changes as evaluated from before and after digital photographs of the patients' faces. Patients receiving active treatment had less ecchymosis (bruising) as measured by this method on postoperative days 1, 5, 7, and 10 (all of the days in which this measurement was tested), with statistically significant differences on day 1 ($P<0.005$) and on day 7 ($P<0.001$). People who did not take *Arnica* had between 11% and 41% more bruising than those who did and took 50% longer to reduce their level of bruising. On post-op day 7, the placebo patients had 30 cm^2 more bruising on their faces than the *Arnica*-treated group.

An important study by Bell *et al* on the homeopathic treatment of fibromyalgia was published in a major rheumatology journal, and it was announced that some researchers at the University of Sheffield (UK) are just starting a replication trial. Dr Bell attended this conference and it was a special pleasure for me to introduce her to Clare Renton, a member of the investigating team for the replication trial.

Clinical outcome studies

"Clinical outcome studies" are not conducted to convince sceptics of the efficacy of homeopathic medicines but generally to evaluate the results of the entire package of care provided by homeopaths. Distinct from double-blind and randomized clinical trials, outcomes research better represents the way that homeopaths provide care and that patients receive it. The outcomes research described below is diverse in focus but consistent in positive results, showing a high level of positive clinical outcome and high patient satisfaction.

Numerous clinical outcome studies presented at this conference evaluated the results of homeopathic treatment, often comparing it with conventional medical treatment. An international primary care outcomes study (IIPCOS- II) compared homeopathic and conventional treatment for acute respiratory and ear complaints (Jong, Riley, and Haidvogl, 2006). A total of 2055 patients suffering from acute runny nose, sore throat, ear pain, sinus pain, or cough were recruited and given either homeopathic (1200 patients) or conventional treatment (829 patients). Follow-up was conducted by independent investigators at 7, 14, and 28 days after treatment. Children (under 18) who received homeopathic treatment experienced "complete recovery" or "major improvement" at a significantly higher rate compared with children undergoing conventional medical treatment at days 7 and 14, but not at day 28 (because virtually all children were better at this timepoint). Adults who received homeopathic treatment had outcomes similar to adults who received conventional treatment, and both groups had high satisfaction with treatment.

Another outcome study of interest involved 14 physicians of the UK Faculty of Homeopathy (13 NHS GPs and 3 private practitioners) (Mathie and Robinson, 2006). The outcome scores from 958 individual patient conditions after two or more appointments found that 75.9% experienced a "positive outcome," 14.7% had no change, and 4.6% experienced deterioration in health. The high positive scores (+2 or +3 on a 7 point Likert scale from −3 to +3) were mostly in anxiety, catarrh, colic, cystitis, depression, eczema, irritable bowel syndrome, and premenstrual syndrome.

A randomized controlled trial of homeopathic care *vs.* self-prescribed homeopathic treatment in the prevention of upper respiratory tract infections (URTI) in children was reported at the conference (Steinsbekk, Lewith, Fonnebo, Bentzen, 2006). Two hundred and eight children under 10 years of age were recruited by post from those who had previously been diagnosed with URTI. These children were then randomized into individualized professional homeopathic treatment (the HC group) or who self-prescribed one of three homeopathic medicines in 30C (the SPH group), during a 12 week period. The mean number of days where parents rated their child as ill was 10.0 in the HC group and 13.7 in the SPH group ($P = 0.394$). The caregivers of the children had significantly less days off work due to childhood illness ($P = 0.048$), and there was a non-significant tendency for those in the HC group to use less conventional medical treatment.

An interesting qualitative study of 18 routine referrals to the Bristol Homeopathic Hospital was conducted in which patients with chronic fatigue, irritable bowel syndrome, or eczema were offered the opportunity to join the study until six patients were recruited for each condition (T Thompson, M Weiss, 2006). The patients were interviewed before and after a course of five homeopathic consultations with one of three homeopathic physicians over 8 months. Seventeen of the 18 patients completed the study. One-third had "substantial health gain," one-third were "helped," and one-third were "not helped." The researchers acknowledged that the treatment effect

was not simply due to the homeopathic drug but also to the homeopathic process, patient expectation, the engendering of hope, specific psychotherapeutic interventions, and general empathy.

An unusual outcomes study was conducted in France in which 149 accredited homeopathic doctors were selected from the Yellow Pages. They recorded how they treated patients with six specific pathologies (sore throat, osteoarthritis, asthma, contact dermatitis, essential hypertension, sleep disorders) during three different days in 2001 (Trichard and Chaufferin, 2006). The physicians were asked if they prescribed "only homeopathic medicines and no allopathic drugs," "allopathic drugs but no homeopathic medicines," "homeopathic and allopathic drugs," or "other products."

Although this study did not seek to evaluate results of treatment, it is very interesting to note that these homeopathic doctors prescribed "only homeopathic medicines" to 63% of patients with sore throat, 58% with osteoarthtritis, 62% with asthma, 82% with contact dermatitis, 85% with sleep disorders, but only 10% with essential hypertension.

A clinical outcomes study was also conducted evaluating United Kingdom veterinary practices (Mathie, Hansen, Elliott, Hoare, 2006). Eight veterinary members of the Faculty of Homeopathy participated. A total of 534 individual cases (390 dogs, 112 cats, 25 horses, 7 others) with two or more homeopathic appointments were evaluated, with 80.1% experiencing a positive outcome, no change in 11.8%, a deterioration in 6.2%, and a failure to record outcome in 1.9% of cases.

There were several presentations on the clinical results and the biological activity of a Brazilian homeopathic combination medicine called "Canova." Unlike most homeopathic combination medicines that are primarily marketed to the general public for minor acute ailments or that are used by clinicians for generally self-limiting conditions, Canova is used in Brazil for people with serious illness and immunological deterioration, including patients with AIDS and cancer. Canova is made from *Aconitum* 11X, *Thuja* 19X, *Bryonia* 18X, *Arsenicum* 19X, and *Lachesis* 18X. One clinical observational trial was conducted with 43 patients who either had AIDS or were HIV+ (Stroparo, DiBernanrdi, Buchi, 2006). Although the study found various improvements in the quality of life and even significant reductions in the viral load in patients, the researchers noted that some patients took some conventional drugs concurrently while others did not. Because there was no control group, it is impossible to determine from this trial if this drug was effective or not.

Despite the problems with this clinical study, other researchers have conducted some biological investigations of Canova. One group of university researchers showed that Canova, compared with a control treatment, increased the formation and function of macrophages (Cesar, Lopes, Abud, Guimaraes, Gabardo, Gremski, Buchi, 2006). Another study testing Canova recently published in the Journal of Infection and found that there were relevant differences in gene expression (45 upregulated and 102 downregulated genes) in the Canova-treated group as compared with a control group.[4] These genes were primarily involved in transcription, immune response, cellular signalization and transport.

Cost-effectiveness studies

A cost-effectiveness and quality of life study conducted in France compared the results of treatment from homeopathic general practitioners with that of non-homeopathic GPs and pediatricians in the management of recurrent acute rhinopharyngitis in children and infantile bronchiolitis (Trichard and Chaufferin, 2006). The study involved 499 patients with recurrent acute rhinopharyngitis and found that homeopathic GPs produced better results in medical effectiveness and quality of life for equivalent costs reimbursed by the French national health insurance. The homeopaths also prescribed significantly less antibiotics: 21% *vs* 90%. Evaluating the 520 patients with infantile bronchiolitis, the study found that homeopathic GPs obtained better results in medical effectiveness with lower costs reimbursed by the national health insurance than pediatricians, while homeopathic GPs had equivalent efficacy of treatment but lower costs to insurance than non-homeopathic GPs. Further, only 16% and 24% of the infants treated by homeopathic GPs received antibiotics and corticosteroids respectively, *vs* 65% and 63% of infants treated by non-homeopathic GPs and 35% and 57% of infants treated by pediatricians.

A retrospective observational study on patients with respiratory pathologies in Lucca, Italy evaluated medication consumption 1 year before the first homeopathic consultation and then for the first and second year after this consultation (Rossi, Crudeli, Endrizzi, Garibaldi, 2006). The study used computerized records to evaluate the numbers of drugs prescribed, the kind of drugs prescribed, and their cost. Patients with asthma and recurrent episodes of respiratory tract infections who were chronic users of conventional drugs were compared with matched controls. People with asthma who received homeopathic treatment reduced their conventional drug costs by 73.12% in the first year and 66.83% in the second year. People with allergies who received homeopathic treatment reduced their conventional drug costs of 66.31% in the first year and 66.16% in the second year. The costs of consultation and investigation were not evaluated, though the cost per doctor visit to either homeopathic physicians or to allopathic physicians is regulated at the same cost.

In the Tuscany region of Italy, complementary medicine has become so popular that the Regional

Health Services is actively promoting homeopathic medicine, acupuncture, and herbal therapy. For the first time in Italy, a regional government is formally advocating the use of these natural treatments to the public via an informational campaign which consists of posters placed in public transport, leaflets in regional health offices, and advertising in local and national newspapers.

Health services research

"Health Services Research" is a relatively new field of applied research that is observational or experimental and concerned with how health technologies and social/financial and individual factors affect the effectiveness and cost of health care as well as access to and use of health care, ultimately focused on its impact on health and well-being.

One presentation of health services research evaluated the prevalence and predictors of complementary and alternative medicine (CAM) by Kaiser (Health Maintenance Organization) patients in Northern California suffering from cancer, breast cancer, prostate conditions, or asthma (Borneman, Cohen, Gordon, 2006). The main predictors for CAM were: female, college educated, former smoker, higher health rating, lower health satisfaction, low satisfaction with advice from their physician, and a high "emotional belief" in the notion that belief and practices influence health.

Plant and animal studies

Two presentations on plant studies presented different but complementary results. One group of researchers tested the effect of gibberellin (a plant hormone) on the growth of lemna gibba (duckweed) (Scherr, Baumgartner, Spranger, Simon, 2006). Duckweed is one of the smallest flowering plants known, and commonly used on ecotoxicological studies because it is sensitive to various substances in low concentrations. These blinded studies tested various potencies of gibberellin and found that the 17X and 23X had highly significantly decreased growth.

A different set of studies looked at the effects of gibberellin on dwarf peas (*Pisum sativum* L). (Baumgartner, Thurneysen, Heusser, 2006). Dwarf peas are gibberellin-deficient mutants. It is interesting that these studies found that Gibberellin 17X had the most significant effect (and 23X the second most significant effect), but these potencies increased the dwarf peas growth.

Another plant study tested *Cina* 30C and *Santonin* 30C on root-knot disease which is caused by a nematode parasite that affects vegetable and other crops in many parts of the world (Sukul, Ghosh, Sukul, Sinhababu, 2006). The researchers tested five groups of Lady's Finger plants (*Abelmoschus esculentus*): (1) uninoculated untreated; (2) inoculated untreated; (3) inoculated and treated by foliar spray with Ethanol 30; (4) inoculated and treated with *Cina* 30C; (5) inoculated and treated with Santonin 30. The groups treated with *Cina* 30C and *Santonin* 30C had significantly reduced nematode infestation ($P<0.01$) in terms of the root-gall number the nematode population in the roots and soil and root-protein content.

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Homeopathy (2006) 95, 194–195

doi:10.1016/j.homp.2006.05.001, available online at http://www.sciencedirect.com

BOOK AND SOFTWARE REVIEWS

George Dimitriadis
***The Boenninghausen Repertory, Therapeutic Pocket Book Method**, Hahnemann Institute: Sydney, Australia, 2000*
Price AU$ 210.00, ISBN:0646396943

George Dimitriadis
***Homeopathic Diagnosis, Hahnemann through Boenninghausen**, Hahnemann Institute, Sydney, Australia, 2004*
Price AU$ 79.00 ISBN:0646433806, Website: http://www.hahnemann-institute.com/index.htm.

***The Boenninghausen Repertory** computer program for Windows*
Price AU$ 1190.00 available from http://www.balsol.net/pages/2/index.htm.

The Repertory

The two books and the associated software as best considered as a single unit for review purposes. The main item is The *Boenninghausen Repertory*, a new translation and revision of Boenninghausen's Pocket Book (*Therapeutisches Taschenbuch*) of 1846, "Renewed and Enlarged from His Later Works with Contributions from K-H Gypser". There has been a substantial re-ordering of the original seven-fold structure of the Pocket Book with added rubrics and remedies and alteration of grades. It is important to note that all these additions are made only from Boenninghausen's own later works.

A number of problems face the modern homeopath who would use this approach. These include:

1. Understanding the language of the rubrics.
2. Knowing what actual symptoms are referred to by the rubrics.
3. Learning how to analyze the case according to the method of Boenninghausen, and choose the correct rubrics for repertorization.

These tasks have been addressed in the present work. Dimitriadis has done an admirable and painstaking job of clarifying the first two in the layout of the book, and the introductory chapters cover the third point, the method of case work. A few examples are given to illustrate. Perhaps the most characteristic feature of the book is the extensive end-notes. Every rubric has its own end-note which, at least, gives the original German text and often also a lot of explanatory material about the origin of the rubric and its remedies, for rubrics that are not in the original Pocket Book; and for many rubrics further explanations about the application of the rubric.

Objections to the Therapeutic Pocket Book method are also addressed, such as the relatively few remedies included, and the paucity of rubrics compared with modern repertories, especially in the Mind section. These points are seen to offer no obstacle at all to successful prescribing once—crucially—the Boenninghausen repertorial philosophy is grasped, something that for the modern homeopath involves as much unlearning as new learning. This, the correct use of the method, is explained in the book, and further elaborated by Karl Robinson in his very useful article "The Logic of Boenninghausen" (see: http://www.homeoint.org/articles/robinson/bonninghausen.htm) which includes a number of illustrative cases.

Homeopathic diagnosis

However Dimitriadis has anticipated the need for more help, hence the second book *Homeopathic Diagnosis*. This gives over 50 cases from his own practice in Sydney, Australia as well as further explanations of the underlying method. The cases are exemplary in giving enough, but not too much, detail; a list of rubrics chosen, with, where necessary, details of why; and complete follow-up with explanations of exactly why a remedy or potency may have been changed. It is possible to understand the method much better from these examples and to gain encouragement in how successful it is in a wide variety of conditions typical of homeopathic practice. It is often necessary to think carefully about the reasons for the rubrics chosen, or the further management, but this is a feature, not a bug. *Homeopathic Diagnosis* also contains interesting material on the development of the Pocketbook from its origins.

Software

The computer program is very basic but performs the essential task of allowing rapid entry of rubrics and their analysis. There is a choice of entering rubrics by their numbers [as given in *The Boenninghausen Repertory* book] or from a tree structure. Analysis yields a remedy list sorted by sum of rubrics and then by score. That's it. The user of the better known repertory programs should not look for different analysis styles, eliminative rubrics, multiple clipboards or other exotica to which he/she may be used. The program is designed to facilitate analysis only

according to the method taught by the Hahnemann Institute, Sydney. Two features would greatly enhance the usability of the program: the possibility to search for rubrics by entering a word or part of a word in a dialog box, thus bringing to attention a list of similar rubrics, and the ability to do a remedy extraction to study a remedy. To buy the program without the book, *The Boenninghausen Repertory*, would be folly. One needs the book to become familiar with the repertory. It is hard to browse within the program and of course the vital explanations are absent.

The Boenninghausen Repertory is the main element of the three. The book is hardback and comes attractively printed on high-quality paper and is laid out to avoid having rubrics cross pages, thus making browsing easier. Type is in many places 7-point—those in denial about presbyopia beware—but is very clear. *Homeopathic Diagnosis* is soft-covered but otherwise similar in style and layout. Both books can be obtained directly from the Hahnemann Institute, Sydney. The program is a small file obtainable by download from the web site listed in the title of this article, or on CD requiring a dongle. Yes, another dongle unfortunately!

Finally, the cost. These are not cheap products. One needs a certain commitment to giving the Boenninghausen method a thorough trial, which involves careful study and practice over a period of time. I have used it increasingly over about 3 years and am well satisfied with the results. It is also a refreshing change from the hyper-complexity that abounds in modern homeopathy.

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