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Ευρωπαϊκή Επιτροπή για την Ομοιοπαθητική

Γενική Συνέλευση - Βρυξέλλες 15-16 Nov 2008

Χρήσιμες Σημειώσεις / Εργασίες / Πρακτικά:

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European Committee for Homeopathy

ECH November 2008
Research Sub-committee Report

CLINICAL VERIFICATION OF HOMEOPATHIC SYMPTOMS

This topic was the essence of the 63rd LMHI congress in Belgium. Looking at all presentations on this area during the congress we conclude that several approaches are proposed for this fundamental step of homeopathy. Looking at next table we can distinguish 5 different methods or sub-methods for this verification :

Table of recent publications of clinical verification of homeopathic symptoms.

Condition/Study	N	Design	N Sympt	N Rem	Results
Van Wassenhoven. (82). (2005)	2148	LR retrospective	>230	100	Symptoms - Similarity - Globality
CCRH (83) Damiana (2007)	3032	Trad. Method	?		Symptoms
Rutten & all (86) (2008)	3367	LR Prospective	6	20	Similarity
Araujo (*). Anacardium orientale (2008)	5	Trad. Method	?	1	16 groups of symptoms - Similarity (constitution)
Gnaiger & all (*) (86b) Petroleum (2008)	25	Trad. Method	?	1	6 groups of symptoms - Similarity (constitution)
Dominici (*) Hydrogenium peroxidatum (2008)	18	Trad. Method	10	1	Symptoms of proving - Similarity
AFADH (*) Latrodectus Tredicim Guttatus (2008)	4	Trad. Method	?	1	24 groups of symptoms - Similarity (constitution)
AFADH (*) Tarentula Lycosa (2008)	5	Trad. Method	?	1	36 groups of symptoms - Similarity (constitution)
Louis (*) Borax (2008)	12	Trad. Method	?	1	6 groups of symptoms - Similarity (constitution)
Lustig (*) Neptunium muriaticum (2008)	2	Trad. Method	?	1	1 groups of symptoms - Similarity (constitution)
Marim & all (*) (2008)	5	Trad. Method	?	4	5 groups of symptoms - Similarity (constitution)

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Condition/Study	N	Design	N Sympt	N Rem	Results
Petrucci (*) Falcon Peregrinus Disciplinatus (2008)	8	Trad. Method	8	1	Symptoms of proving - Similarity
Pla (*) Salix Fragilis (2008)	2	Trad. Method	95	1	7 groups of symptoms - Similarity (constitution)
Scheepers & all (*) (2008)	37	Trad. Method	38	6	Symptoms + 13 groups of symptoms - Similarity (constitution)
Servais & all (*) Petroleum (2008)	11	Trad. Method	220	1	Symptoms
Stolper & all (*). (2008)	26	Trad. Method	23	2	Symptoms of proving - Similarity
Uyttenhove (*) Cheirantus cheiri (2008)	300	Trad. Method	6	1	Symptoms of proving - Similarity
Uyttenhove & all (*) Hecla Lava (2008)	262	Trad. Method	?	1	Symptoms of proving - Similarity

(*) Proceedings of 63rd LMHI congress 2008 (Belgium)
(84) Van Wassenhoven M. XIX GIRI meeting "A Universal approach to health: the intelligent body" - Retrospective LR study. 2-4 December 2005 Monaco. www.giriweb.com
(85) Stolper CF, Rutten ALB, Lugten RFG, Barthels RJWM. Improving homeopathic prescribing by applying epidemiological techniques: the role of LR. *Homeopathy* 2002;91, 230-238. & Rutten ALB et al. Repertory and the symptom loquacity: some results from a pilot study on LR. *Homeopathy* 2004: 93, 190-192. & Rutten ALB et al. LR onderzoek: uitkomsten September 2005. *Similia Similibus Curentiir* 2005; 35:4, 9-12.
(86) Rutten ALB, Stolper CF. Lugten RFG, Barthels RWJM. New repertory, new considerations. *Homeopathy* 2008:97:16-21.
(86b) Gnaiger - Rathmanmer J, Schneider A, Loader B, Bohler M, Frass M, Singer SR, Oberbaum M. Petroleum a serie of 25 Cases. *Homeopathy* 2008; 97:83-88.
(*) Proceedings of 63id LMHI congress 2008 (Belgium)

Total: **9.269 patients** are already included in recent systematic clinical verification of homeopathic symptoms. This number will increase very rapidly with the creation of an international Databank of clinical case in Italy. (Cli-Fi-Col project).

The 5 methods are :

The TRADITIONAL METHOD (selection of only indisputable cases) can be done verifying
* Only the symptoms from proving of a single remedy (looking at the similarity law)
* Groups of symptoms or constitutions (looking at a broader similarity)
* Association of symptoms (looking at the similarity law and globality rule)

The STATISTICAL METHOD (looking at all cases) can be done
* Retrospectively in a clinical databank of cases (all remedies and all symptoms).
* Prospectively in a population (some selected symptoms).

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It is obvious that the aim of each researcher is not the same when using one or another method.

The **traditional method** is often used as verification of a proving that has been done previously by the same author. It is also often used to verify an interpretation (an "image" or "constitution") coming from the study of provings.
The **statistical method** is aimed to improve the tools used in homeopathy, looking at certainty that could be used to improve or even elaborate a new homeopathic repertory of symptoms.

The Research Sub-committee of the ECH could propose some priorities for the clinical verification of homeopathic symptoms and also propose the ad hoc method for each priority, including concrete advices to organise the work by potential researchers in this primordial area for homeopathy.

This document is aimed to start a discussion on the clinical verification of homeopathic symptoms.

Dr Michel Van Wassenhoven

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Lenger Karin : Homeopathic Therapy - A Quantum Jump
A model of the function of homeopathy

Lecture on the General Assembly in Brussels, 15.-16. Nov. 2008

Since my detection of homeopathic photons in high potencies (1,2), I had to think over in which way these photons work with the pathological pathways to make them healthy (3). Charles Boiron said on the LMHI-Congress in Oostende that all kinds of homeopathy are wellcome.They can be combined with each other or not.
It is important for the proposal of a reaction mechanism of homeopathic photons that some of their properties are known. The two methods which I used for the prove of homeopathic photons show different properties in dependence of the method:

Which properties of homeopathic photons can be shown by :

I) by the Tesla-coil-method (1):

1) Detection by magnetic resonance: the medicated globuli lay in the maximum of the magnetic field of the coils;
2) the Tesla-coils and the remedies must have the same frequency, when the magnetic field is attenuated
3) Measuring the heights of the potencies:
   an increasing electromagnetic field controlled by µV separates the homeopathic photons from the sugar globuli. The magnitude of the field is characteristic for each potency; e.g. a lower field is necessary for separation of D or C 200 or 200K; a very high field separates LMK and a more higher field even CMf photons.
   Conclusion: water-alcohol homeopathic dilutions will need other characteristic fields for the separation of the photons, because the magnetic fields of water-alcohol and of sugar are very different.
4) Homeopathic photons have more than one resonance frequency:

Resonance frequencies of some Remedies :

Remedy	**MHz**	**MHz**	**Other MHz**
Argentum met. LMK, CMf	2,060	6,9	
Arnika	2,060		1,828
Cantharis vers.LMK,CMf	2,060	6,9	
Oxalicum acid	2,060		Not measured yet
Bovista gig.CMf	2,060		4,77

5) Frequency spectra of the high potencies could be obtained by stimulation 3 min at one resonance frequency , the spectrum could be measured at the other resonance frequencies.

II) by the modified Photomultiplier-method (2):
a copper coil of 20 windings around the measuring chamber was connected with 2,060 MHz (or other frequencies) of a generator:

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6) Measuring the homeopathic photons after separation from the sugar globuli by their resonance frequencies, mostly used 2,060 MHz.
This is a confirmation of the results with the Tesla-coil-method

7) Determination of the coefficients of the fitting curve Bo, Bi,B2, to according to Bajpai's equation (2):
Bi indicates
coherent structures- measured in **Biophotons emitted from living organisms**
B2 indicates
Holistic, coherent structures - measured in **homeopathic potencies** and in **non-living systems**

Biochemical Homeopathy (3)
Biophysical Assumptions:
Healthy state:
Enzymes of healthy biochemical pathways
are working by the uptake of coherent Biophotons with distinct frequencies to get the energy for this procedure and achieve higher energy niveaus to maintain the steady state between anabolism and katabolism. The coherent Biophotons are characterized by the Bi - coefficient of Bajpai's equation.
Assumption: each enzyme needs Biophotons with different frequencies to form enzyme substrate complexes in higher energetic states.

Ill state:
Is caused e.g. by: psychological problems, by drug provings or abuse of medicaments:
The enzymes cannot maintain the steady state, because the energy states have changed into too many higher or too many lower states (ground states) by either more uptake of photons or by emitting too many photons. The biochemical explanation is that firstly one enzyme is blocked, its product is simoultaneously the substrate of the next enzyme which cannot work because of a lack of its substrate and so on, sequences of enzymes will be blocked.

Healing
Therefore, sequences of substrates in high potencies of the reaction chain of the pathological enzymes are necessary. The energy of the homeopathic photons - characterized by the holistic and coherent B_2 - coefficient of Bajpai's equation - with distinct frequencies react according to the physical resonance principle: too many excited states are forced to be emitted, too many ground states are stimulated by the uptake of the homeopathic photons. Each pathological enzyme reaction chain needs their characteristic frequencies, which means several remedies, to achieve the normal healthy state for which only the uptake of Biophotons is necessary. Of course, the homeopathic remedies are determined according to the law of similars, which means that the frequencies of the ill body must match the frequencies of the remedies. During disease probably frequencies and simultaneously symptoms which can be shown also by laboratory-values are developed by the patients.
In chronicle diseases more than one reaction chaine of enzymes is disturbed. Laboratory-values show which ones are interrupted. Therefore, if it is known, the irreversible inhibitors,

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then the reversible inhibitors and at last substrates in high potencies of these ill pathways can be taken for healing, one after another
Finally, the chronic disease is cured in a short time (3).

Chronic diseases
Ortega (4) wrote in his book, that the symptom picture of each remedy has symptoms of all three chronic diseases, Psora, Sycosis and Syphilis. The decision if the remedy is more Psorical, Sycotic or more Syphilitic depends on the bigger number of symptoms of one miasma. This leads to the assumption that all three miasmatic chronic diseases as our heritage are distributed in the DNA.
Curing a patient with chronic disease I observed the following: because of the symptoms of the patient and their laboratory-values, I begin to give in high potencies lethal poisons, mostly in matter substance irreversible inhibitors, then reversible inhibitors, after that, substrates of the pathological reaction chains. It is known, that in homeopathic healing we go back to the normal state by using the remedies.
Therefore, it is concluded that the Psoric state uses substrates of the enzymes, the Sycotic state the reversible inhibitors and the Syphilitic state the irreversible inhibitors of the pathological reaction chaines, all in high potencies (3).

Examples:
Paralyses, Nerv-synapsis

Enzyme, Receptors	**Psora**	**Sycosis**	**Syphilis**
	Substrate	**Reversible inhibitor**	**Irreversible inhibitor**
Acetylcholinreceptor	Acetylcholin	Atropin and Derivates	Cobrotoxin Bungarustoxin
remedies	Acetylcholinum mur.	Bell,Stram,Hyosc. Sol-nigr.	Najatrip. (cobra) Bungarus
Acetylcholinsynthetase Vesicles in the membrane	Acetyl-CoA + Cholin + Ca^		Tetanustoxin, Diphteritoxin
remedies	Aceticum acid, Cholinum, Calcarea, Calc-phos, Causticum, Mang-ac. Lecithinum, Glycerinum	Rhus-tox, Nat-mur,K.-carb.	Tetanus, Diphterinum, Cicuta, Conium, Picric.-ac.EPA
Acetylcholinesterase	Acetylcholin	Aluminium	Venom of black mamba, Dendroaspis polylepis
remedies	Acetylcholinum mur. Aceticum ac, Cholinum	Alumina	Dendroaspis polylepis

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ECH 6 . General Assembly - Research Sub-Committee
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"The Physics of Homeopathy"

Cyril W. Smith PhD

This paper describes how fundamental research into the physics of water can contribute scientific evidence for **"Evidence Based Homeopathy".**

Coming from a background in radar and physics, the writer became involved in the diagnosis and therapy of patients hypersensitive to their electromagnetic environment in 1982 and it was the frequencies in the environment that mattered to these patients. Later, it was found that the acupuncture meridians have characteristic frequencies naturally present on them. Where there is a connection to the autonomic nervous system (ANS) additional frequencies characteristic of the ANS appear. The presence of frequencies in the whole body field of a person indicates the body systems which are under stress. The writer has contributed a series of invited Chapters between January and July 2008 on the theory of homeopathy to the web-site www.hpathy.com on which sections of this paper have been based and where references will be found.

The **"Verification of Homeopathic Symptoms"** can make use of a *similiter* between the frequencies in the body field of a patient and those on the acupuncture meridians. Following from the work of Dr. R.Voll, the state of the autonomic nervous system (ANS) which is usually the first system to be affected in this way, can be assessed. The correction of a frequency to its normal endogenous value may be achieved by eliminating the stress related frequencies and then supplying frequencies to recover the normal state. These may be frequencies characteristic of a specific homoeopathic potency or an allergen dilution, frequencies generated through acupuncture or, specific frequencies selected from the patient's whole-body field pattern. All these can be used for therapy. If the patient's stress is due to a toxic chemical, any frequency correction will remain a palliative until de-toxification is achieved.

There are two sources of the above frequency resonances: (1) water molecules hydrogen-bonded to a chemical and (2) water in domains of coherence. The latter require the continued presence of the geomagnetic field for stability and all frequency imprints and homeopathic potencies will be erased if this is removed by shielding with a steel box. Any chemical frequency signatures are unaffected.

The characteristic endogenous frequencies present on acupuncture meridians (and chakra points) and cover the range from 10^{-4} Hz to 300 GHz. Normally, these frequencies fluctuate slightly in a quasi-periodic manner characteristic of (mathematical) chaos. They occur in one of two phases - *stimulatory* or *depressive* of biological activity. When there is a stress or disease in a target organ, its meridian frequency spreads into the whole-body

field. The frequency signatures of toxic chemicals in the body may also appear. Frequencies due to adaptation or addiction to the electromagnetic environment may be present (e.g. 50 Hz, 60 Hz) but, it is rare to find electrical sensitivities without on-going multiple chemical sensitivities.

In recent years, there have been important developments in physics which are relevant to homoeopathy (see: www.hpathy.com). Coherence is a fundamental property of liquid water. Domains of coherence appear spontaneously on condensation from the vapour. In a coherent system, frequency becomes *a fractal* quantity with no absolute value. Patterns of frequencies repeat in many parts of the electromagnetic spectrum. It is this which links the frequencies of the chemical bonds, such as in the "Mother Tincture", to frequencies of biological significance in the potencies. If there was not a duality between frequency and the chemical bond, spectroscopic analysis would be impossible. Frequencies convey bio-information, fractality makes it accessible. The precision of frequencies potentised into water may reach parts per million.

Clinically significant information can be imprinted into a vial of water by *succussion*, (sharply banging a glass vial). This creates a homeopathic *potency*. Imprinting can occur through the glass of a vial containing water by immersing it in frequency imprinted water. Alternatively, water placed near to a source of frequencies (an oscillator and coil, a chemical or a potency) can be imprinted with frequencies by a strong magnet or a toroid (ring) of a ferrite material. A sequence of seven unidirectional voltage pulses will also potentise. These could be nerve impulses.

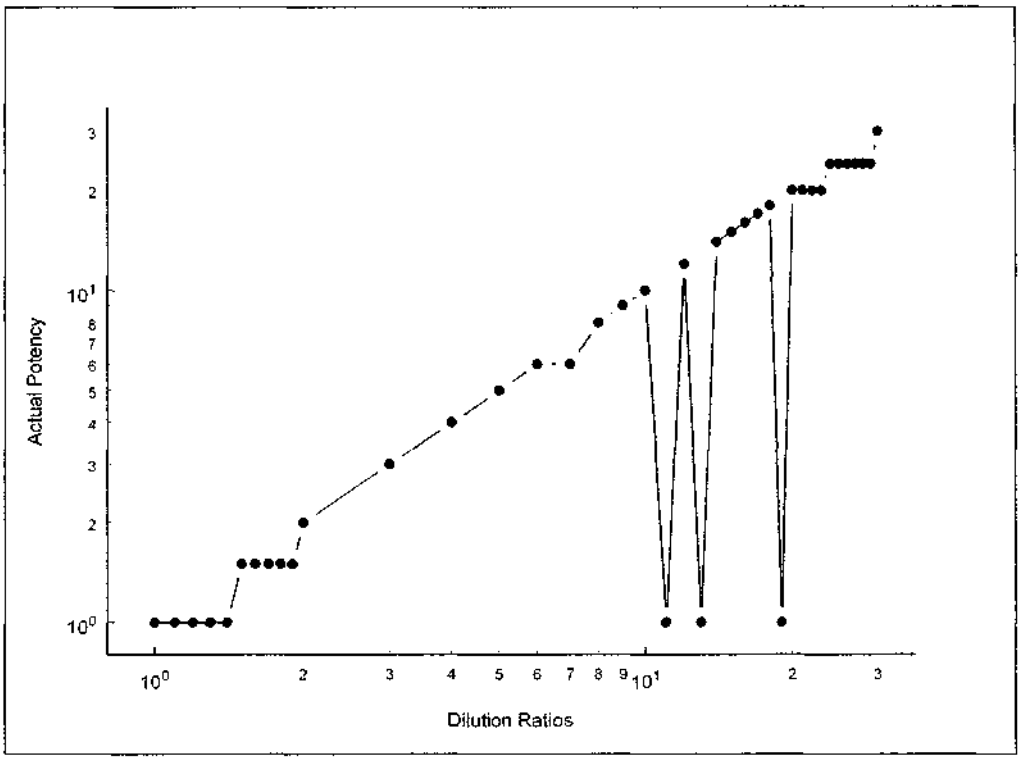
Heating potentised water alters the imprint - it becomes "hidden". It can be recovered by the application of certain frequencies which include those of the heart acupuncture meridian and chakra or the microwave resonance of molecular hydrogen.

To measure frequencies in water the writer had to develop the dowsing techniques initially devised for the diagnosis of reactions in very hypersensitive patients - persons incompatible with technology! This was the only technique able to cover the frequency range and sensitivity required. It was later extended to the detection of resonances in water, allergen dilutions and homoeopathic potencies.

When water is potentised with a frequency and then serially diluted, the original frequency disappears and is replaced by that frequency multiplied by the dilution ratio but, not all dilution ratios do this. Some do no potentise - they give no frequencies as shown in Figure 1.

Figure 1

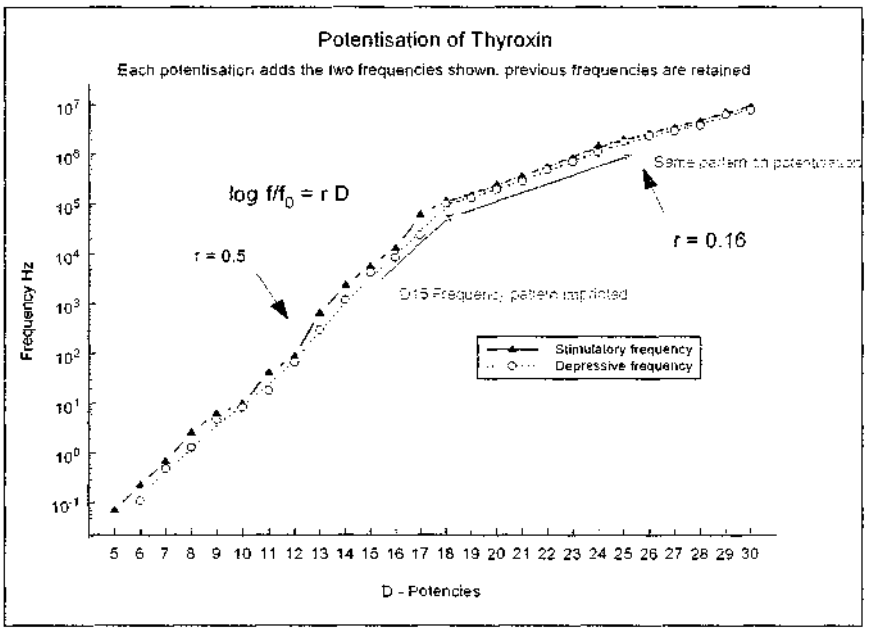
Effect of dilution ratios and succussion on the potencies resulting from a 1 Hz frequency imprint.



The importance of the physics of water in the potentisation of homeopathic remedies can be demonstrated using the measured frequencies for potencies of thyroxin shown in Figure 2. Water was imprinted with the complete pattern of frequencies previously determined for thyroxin of potency D15. This was further potentised by conventional serial dilutions and succussions. The frequencies measured for each synthesized potency were exactly the same as those for the potencies prepared from the "Mother Tincture" of thyroxin. Yet, the synthesized potencies had started from nothing but water. Importantly, there was no discontinuity at potency D24 which is the dilution at which not one molecule of the original substance should remain (Avogadro's Number). This is where the chemists have to give up!

Figure 2

Frequency Pattern for D-Potencies of Thyroxin. Potency D15 was synthesised from the constituent frequencies. Dilution and succussion gave the same frequencies (shown in red) as measured for potencies coming from the "Mother Tincture".



A potency or a water imprint is erased if the geomagnetic field was shielded from it even briefly with a steel box. The water erasure threshold is about 1% of the Earth's magnetic field Erasure must occur when the thermal energy is able to break up order due to magnetic energy. From this one can calculate that a domain of phase coherence in water must be 53 urn in diameter. This threshold is independent of the imprinted frequency over at least the 13-decades from 10 Hz to 10^{+10} Hz. One microliter of water is needed to take up the imprint of a single frequency but, if the water is alkaline more is needed. The concentration of coherent domains in water can be estimated from the number of imprints it is possible potentise. The number of frequencies that can be imprinted into the typical tablets, pills and pillules used in homeopathy are given in Table 2. This sets a fundamental limit to the quantity of information that can be potentised.

Table 2

Frequency Information Capacity - maximum number of frequency imprints

Small pillule (1 mm diameter)	446 imnrints
Large pillule (3.5 mm diameter)	395 imprints
Tablet (6 mm diameter)	584 imprints
Water (pH 7)	-1000 imprint/ml ~1 imprint/μl

For one electrically hypersensitive patient, the frequencies of a homoeopathic potency as prescribed were exactly the frequencies found independently which that patient needed to have stimulated. The patient needed stimulation at: 1.5 Hz, 5.6 Hz and 1.6 kHz. Only the homeopathic potency Calc. carb. 10M contained exactly these frequencies.

Having found that frequencies in the environment could synchronise and entrain acupuncture meridians, a next step was to see whether homeopathic potencies would do likewise.

The common remedy Arnica, described as the best traumatic, has the frequency pattern given in Table 3. The acupuncture meridians influenced reflect the effects for which it might be a homeopathic *similiter*.

Table 3
Frequencies for Arnica 6C
↑ = stimulatory (hyperactive), ↓ = depressive or stressful (hypoactive).
Frequencies are given in Hertz (Hz) in scientific notation.

Frequencies	Acupuncture Meridians
$\uparrow 3.021 \times 10^{-3}$	Sympathetic ANS
$\downarrow 5.102 \times 10^{-2}$	Pericardium or Gall Bladder Meridians
$\uparrow 3.030 \times 10^{-1}$	Parasympathetic ANS
$\downarrow 4.314 \times 10^{0}$	Du Mai Meridian
$\uparrow 7.801 \times 10^{0}$	Heart Meridian

This potency of Arnica stimulates the sympathetic and parasympathetic branches of the autonomic nervous system and the heart meridian. It depresses activity associated with the Du Mai meridian and the Pericardium meridian which would account for its effectiveness in the treatment of bruising.

Table 4 (Column 1) lists the acupuncture meridians, first the hand and foot 'Ting Points' then the additional points of "Classical Acupuncture" and finally the Chakra Points. The nominal frequencies endogenous to these points are given in the second column. The third column lists homeopathic potencies which were found to stimulate a particular meridian. These potencies represent a selection from what happened to be available at that time. In some cases, more than one remedy or more than one potency would stimulate a given meridian. The fourth column gives the stimulating frequency as measured in the homeopathic potency involved. There will of course be other frequencies in the potency which are not active in this case. Comparison of Columns 2 and 4 shows how close these frequencies can be. This Table shows that there is at least one factor characterising a given homeopathic potency which can be correlated with the acupuncture meridian system and the chakra system and emphasises the unity of CAM.

Table 4
Homeopathic Potencies Interact with Meridians

Meridian Points	Meridian Endogenous Frequencies	Homoeopathic Potency	Matching Frequency of the Potency
Ting-Hand	**Hz**		**Hz**
Lyl	2.95×10^{6}	Proteus 30C	2.92×10^{6}
LU1	2.36×10^{7}	Calc Phos 30 C	2.36×10^{7}
LI1	2.70×10^{6}	Cuprum met. 6C	2.67×10^{6}
ND1	2.70×10^{4}	Electricitas 200C	2.710×10^{4}
Ci9	2.46×10^{6}	Opium 30C	2.43×10^{6}
AD1	9.84×10^{7}	Thuja 30C	9.30×10^{7}
Orl	3.85×10^{6}	Arsen.Alb 10M	3.78×10^{6}
TW1	6.00×10^{3}	Merc. Sol. 30C	5.940×10^{3}
He9	7.80x10°	Staphysagria 30C	7.808x10°
He9	3.84×10^{8}	Staphysagria 30C	3.84×10^{s}
SI1	1.23×10^{6}	Cadmium met. 1M	1.23×10^{6}
Ting-Foot			
BL67	5.50x10°	Naja trop. 6C	5.513x10°
Kil	9.50×10^{-4}	Sulphur 30C	9.502×10^{-4}
GB44	2.46×10^{6}	Opium 30C	2.43×10^{6}
FatDl	3.64×10^{7}	Apis 6C	3.64×10^{7}
Ski	1.72×10^{5}	Arnica 6C	1.72×10^{5}
FibDl	8.00×10^{2}	Aurum met. 30C	8.015×10^{2}
St45 R	2.16×10^{7}	Tabacum 30C	2.16×10^{7}
St45 L	2.20x106	Graphites 10M	2.40×10^{6}
JD1	1.48×10^{7}	Silicea 6C	1.410×10^{7}
Livl	4.80x10°	Conium 6C	4.807x10°
Pnl	2.70×10^{6}	Cuprum met. 6C	2.67×10^{6}
Other Points			
Pe9	1.34×10^{7}	Arsen.Alb. 10M	3.78×10^{6}
Ren24	1.43×10^{1}	Calc. Carb. 30C	1.433×10^{1}
GV14	1.49x108	Calc. Fluor. 6C	1.48×10^{s}
EX 8=9	3.00×10^{3}	Plumbum met. 30C	3.020×10^{3}
Chakras			
Crown	2.50×10^{-1}	X-ray 200C	2.512×10^{-1}
Forehead	1.48×10^{8}	Calc. Fluor. 6C	1.48×10^{s}
Thyroid	$8\text{-}10 \times 10^{1}$	Rad. Iod. 200C	8.120×10^{1}
Heart	7.80x10°	Staphysagria 30C	7.808x10°
Heart	3.84×10^{8}	Staphysagria 30C	3.84×10^{s}
Umbilical	2.30×10^{1}	Arg. Nit. 200C	2.301×10^{1}
Pubic	8.10×10^{1}	Rad. Iod. 200C	8.120×10^{1}
Coccyx	$8\text{-}10 \times 10^{1}$	Rad. Iod. 200C	8.120×10^{1}

If a homeopathic potency is not quite correct for a patient, there is what is described as an "aggravation". In allergy testing, it is usual to use 5-fold serial dilutions (1+4). The potencies commonly used in homeopathy are not sufficiently finely graduated for these patients. With very sensitive patients, it is good practice to precede any testing by finding a dilution (potency) of any allergen which will neutralise the reactions which are usually severe. Failing any known allergen for the patient, a sample of saliva may be potentised until a neutralising dilution is reached. This may be used to switch-off any reaction which may suddenly occur (within seconds) during testing since it is the same fault in the ANS which is being triggered by whatever method.

It is possible to hide a frequency imprint or chemical frequency signature so that the body does not recognise it and it no longer entrains. This may be done by succussing it next to an oscillator output coil at a particular frequency. The frequencies 2.65 GHz, 1.42 GHz and 384 MHz and 7.8 Hz have these unexpected properties. They are fractally related to transitions between spectral lines in the far-infra-red rotational spectrum of water. The frequency 384 MHz is the high frequency branch of the heart meridian and heart chakra. This frequency and the low band frequency 7.8 Hz can "restore" a hidden imprint. The heart chakra can supply this frequency.

Work with electrically hypersensitive patients showed that when a body system is under stress the endogenous frequencies of the related acupuncture meridians appear in the whole-body frequency field. The autonomic nervous system is usually the first to become compromised in this way. Tables 5 & 6 list homeopathic potencies which stimulate the sympathetic and parasympathetic branches of the ANS. The list is not exclusive. It is intended to demonstrate the possibility of accessing the ANS through homeopathy using Voll's acupuncture connections. Potencies stimulating the greatest number of the Voll summation points were selected for this Table from the many potencies tested. In addition to the frequencies of Voll's ANS linked meridian points the sympathetic ANS points carry the frequency $3x\ 10^{-3}$ Hz and the parasympathetic points carry the frequency $3 x 10^{-1}$ Hz.

The possibility of stimulating the ANS with homeopathic potencies immediately opens the way to applying objective instrumentation to homeopathy and homeopathic trials. There are several techniques already available to assess the status of the ANS. These include the resting cardiac parasympathetic activity and cardio-respiratory coupling which can be assessed by heart rate variability analysis. The sympathetic activity can be assessed through galvanic skin responses, thermoregulatory function and the sympathetic cardio-accelerator and vasoconstrictor responses. It is now possible to correlate brain-stem autonomic functions with electroencephalograms.

Table 5
A '+' indicates Homoeopathic Potencies Stimulating Sympathetic ANS

Voll's Points	GB20	GB19a	GV16	TW1	BL16	BL24	St44c	BL33	BL63
Homeopathic Potency									
Arsenicum alb. 1M	+	+	+	+		+			
Lycopodium 6C	+	+				+	+	+	
Chamomilla 30C	+	+	+					+	
Ac. fluor. 6C	+	+	+	+					
Crotalus 6C/12C			+		+		+		
Electricitas 200C			+	+		+			
X-ray 200C	+	+					+		
Carcinosin 200C	+	+			+				
CA colon 200C	+	+			+		+		+
Petroleum 30C							+	+	+
Rad. Brom. 1M	+					+			+

Table 6
A '+' indicates Homoeopathic Potencies Stimulating Parasympathetic ANS

Voll's Points	St 10a	GB 10a	GB lib	St 8c/d	St 16	St 15	St 18	St 20	Ki 20	Ki 21	Ki 19	BL 35	BL 34	BL 32
Homeopathic Potencies														
Arsenicum alb. 1M				+		+								
Graphites 10M	+		+	+										
Cu. met. 6X		+	+		+			+						
Carcinosin 200C	+				+		+	+				+		
Phosphorous 6C		+						+						
Electricitas 200C	+		+											
Crotolus 6C/12C	+							+						
Rad. iod. 200C				+										
Conium 6C									+					
Lycopodium 200C										+				
Naja trop. 6C											+			
Arnica 6C													+	+

Peppermint is commonly regarded as antagonistic to homeopathic potencies. A peppermint schnapps had the frequencies given in Table 6. Note that it contains 384 MHz.

Table 6
Frequencies for a Peppermint Schnapps
↑ = stimulatory (hyperactive); ↓ = depressive or stressful (hypoactive).
Frequencies are given in Hertz (Hz) in scientific notation.

Frequencies	Comments
$\uparrow 7.802 \times 10^{0}$	Heart Meridian
$\downarrow 5.812 \times 10^{+3}$	Sanjiao (Triple-Warmer)
$\uparrow 2.25 \times 10^{+6}$	Stomach meridian (left side)
$\downarrow 3.84 \times 10^{+8}$	Heart Meridian
$\uparrow 1.42 \times 10^{+9}$	Hydrogen molecular resonance

If a tube of frequency imprinted water is succussed while close to a bottle of peppenrtint schnapps, its frequency pattern is "hidden". This means that the activity of a homeopathic potency will be neutralised by this. This "hidden" frequency is not erased by placing in a steel box. It can be recovered by succussing in the presence of 7.8 Hz which also becomes imprinted. Succussing near the heart chakra should suffice provided the person's endogenous heart frequency was normal.

For some clinical and environmental purposes, it may be sufficient to hide frequencies so that the body does not recognise them although there remains the possibility that the heart frequencies will be able to un-scramble the hidden bio-information. Some devices for protection against the electromagnetic environment make use of this phenomenon. I have used it to make pharmaceuticals tolerated by sensitive patients.

Chinese acupuncture recognises 11 organs in the sense of them being general structural and functional entities. There are 6 Yang organs (Fu) and 5 Yin organs (Zang) which interact closely with the channels or meridians serving them. There are 12 channels ranning parallel to each other in the limbs and these are paired, one is Yang and the other Yin. The pericardium is given a channel and there are some other channel systems including the Ren Mai (Yin) which runs up the ventral mid-line of the body and the Du Mai (Yang) which runs up the dorsal mid-line. Together these make up the 14 channels or meridians on which the 361 'Classical Chinese Acupuncture Points' are located. These channels or meridians are divided into 'Three Courses' - Ventral, Dorsal and Lateral.

If the each of the frequencies of the Yin and Yang branches in one Course are imprinted into separate vials of water and the vials are then placed close together, **no frequency can be measured.**

Any three of the four frequencies of a Course can be imprinted into a single vial of water but, **any attempt to imprint the fourth frequency erases all frequencies. In** a normal healthy state, the sum total of the frequencies around each 'Course' is **zero** but, if any organ within the 'Course' changes its frequency so as to depart from its healthy endogenous value, an 'alarm' frequency will appear.

In Table 7, the patient had only one Lateral Channel (Course 3) frequency corresponding the Triple-Warmer meridian. For this, the addition of Arsen. alb + Conium + Opium v\ould be needed to generate a zero. The Yellow enhancement indicates the Dorsal Channels (Course 2) and the frequencies and potencies involved. Here, only Sulphur would be needed to needed to complete the Course and generate a zero throughout.

Table 7
Homoeopathic Potencies to Cancel a Patient's Frequencies Imprint
↑ = stimulatory (hyperactive); ↓ = depressive or stressful (hypoactive).
Meridians with nearby frequencies are listed (Voll notation).
Frequencies are given in Hertz (Hz) in scientific notation.

Patient's Imprinted Stress Frequencies	Meridians or Systems Affected	Homeopathic Potencies Stimulating that Meridian
t3.021x 10"^{3}	Sympathetic ANS	
^7.811x 10°	Heart meridian & chakra	Phos ac
t6.023x 10^{+3}	Triple-Warmer	Merc sol
il.23x 10^{+6}	Small intestine	Cd met
t9.00x 10^{+6}		
ll.28x 10^{+7}	Joint degeneration	
t3.28x 10^{+7}	Fatty degeneration	
l9.40x 10^{+7}	Allergy	
t2.865x 10^{+8}	Urinary bladder	Naja trop
^3.84x 10^{+8}	Heart meridian & chakra	Phos ac
t6.38x 10^{+8}		

A further example is shown in Table 8. Here, the frequency pattern of a patient is compared to the frequency pattern of the homeopathic potency Lachesis 200C. The degree of frequency matching may be a useful indication of the selection of a correct *similiter* and a **"Verification of Homeopathic Symptoms".** In this case the paired-values correlation coefficient is 0.94.

Table 8

Frequency Matching Indicates a Possible Similiter

↑ = stimulatory (hyperactive); ↓ = depressive or stressful (hypoactive).
Meridians with nearby frequencies are listed (Voll notation).
Frequencies are given in Hertz (Hz) in scientific notation.

Frequency	Nearby Meridians	Lachesis 200C
Hz		Hz
↑1.514×10^{-2}	Small intestine	↑3.112×10^{-2}
↓7.611×10^{0}	Heart	↓6.142×10^{0}
↑$5.000\times 10^{+1}$	50 Hz	↑$5.013\times 10^{+1}$
↓$6.006\times 10^{+1}$	Triple-Warmer (Sanjiao)	↓$6.114\times 10^{+1}$
↑$2.95\times 10^{+5}$	Skin Degeneration	↑$2.25\times 10^{+5}$
↓$1.23\times 10^{+6}$	Small intestine	↓$1.32\times 10^{+6}$
↑$3.45\times 10^{+6}$	Organ Degeneration	↑$3.15\times 10^{+6}$
↓$7.70\times 10^{+6}$		↓$7.30\times 10^{+6}$
↑$3.18\times 10^{+7}$	Fatty Degeneration	↑$2.80\times 10^{+7}$
↓$8.40\times 10^{+7}$	Allergy	
↑$1.80\times 10^{+8}$		

A question which needs to be addressed is whether and if so to what extent, does the chemistry of a pharmaceutical give rise to an H-bond frequency signature which has a homeopathic activity. I have had to neutralise a patient allergic to the frequency signature of a required pharmacological preparation so this is not a trivial question. As an example, the frequency signatures for *Soluble Aspirin* and *Aconite 6C* are compared in Table 9 which shows how well the frequencies match although they appear in opposite phases of biological activity.

Table 9

Frequency Signatures for a Homeopathic Potency and a Pharmaceutical Product

Frequencies are given in Hertz (Hz) in scientific notation.

↑ = stimulatory (hyperactive); ↓ = depressive and stressful (hypoactive)

Soluble Aspirin	Aconite 6C
	↑4.911×10^{-4}
↑3.032×10^{-1}	↓3.013×10^{-1}
	↑7.712×10^{0}
	↓$5.513\times 10^{+2}$
↓$1.23\times 10^{+6}$	↑$1.22\times 10^{+6}$
↑$7.10\times 10^{+6}$	↓$7.10\times 10^{+6}$
	↑$3.35\times 10^{+7}$

Homeopathy works and seeks to cure an unstable (mathematically) chaotic state between stable conditions of health and disease. Homeopathy attempts to switch the patient back from chaos to health before a stable disease condition sets in. The conditions of health and stable disease states must have linear properties because they are susceptible to double-blind trials. It is fundamental to operations involving the state of (mathematical) chaos that the same starting conditions will never produce the same outcome. This makes it fundamentally impossible to do a double-blind trial involving homeopathy and patients in a (mathematically) chaotic state.

Consequently, one must consider the question, "Do you want to have to say to your patients - 'Wait until your illness reaches a recognisable and stable disease state?' ". "I then could use a remedy which had been successfully tested in double-blind trials. The alternative is to use an 'un-provable' homeopathic remedy immediately to recover your health state before a stable disease state takes hold".

Society needs homeopathy and society needs homoeopathic concepts. The effects of environmental chemicals and frequencies of environmental electromagnetic fields at intensities insufficient to produce significant heating are becoming more and more apparent. These are the 'proving symptoms' of the frequency patterns of 'environmental potencies' taking effect. Chronic exposure can result in adaptation until proving and disease states become indistinguishable.

Homoeopathy needs the development of its theoretical basis to survive in a 'high-tech' world. But in the light of the controversy which has attended previous claims in this field, caution, and independent repetition of results is required.

WATER AS A HEALTH MESSAGE

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Water is, indeed, by far, the largest natural liquid on Earth and the "Water Planet" accounts for close to 1.4 billion megatons of water, 75 p. 100 of it being in the oceans, seas, ice-caps, lakes and rivers, the remaining being held in underground water tables and in the ever whirling atmospheric masses.

Water has shaped the surface of the earth but it is also the unavoidable support of life. When it is extracted from living cells by drying or low-temperature freezing, most are killed and those which do survive enter a state of "suspended animation" which will last until the initial water content is restored.

As a chemical, water is a very strange compound with many anomalous properties (density, freezing point, specific heat, compressibility …). Water scientists as Jose TEIXEIRA, H.E. STANLEY and Rustum ROY, have thoroughly described the very peculiar behaviour of this polar molecule which is susceptible to establish strong links with its neighbours by hydrogen bonding in tetrahedric arrangements. Moreover, in many cases, these building blocks can merge together in much more complex structures, 3-D clusters and polyhedric arrangements which appear to be specific. In presence of hydrophilic solutes, like CI Na, the whole water mass gets organized as multiple shells around the dissolved ions, whilst, when a hydrophobic compound is added, water molecules enclose hollow clathrate structures. Similarly they coat nanobubbles with one or two layers as they are hydrodynamically bound to large molecules like proteins or nucleic acids.

All these structures, however, are in continuous motion and change at the pico-second level which drives Jose Teixeira to say : "there are no permanent clusters in liquid water". However, depending upon its prior treatment, these evanescent structures do appear, move and disappear to be regenerated again. In other terms, water is a statistically structured fluid.

This, ladies and gentlemen, is the very basis of homeopathy : try and develop in a water system a given structure by the combined action of intense mechanical stirring and successive dilution. This, of course, is quite well known, but what is really new is that, today, we have novel experimental tools which allows us to challenge a long-lasting issue. Fundamentally, when a sample of water containing foreign compounds is diluted and dynamized in many successive operations until the added products have phased out, do we end up with a distinctive medium or only an aliquot of the dilution fluid ? The answer given by low temperature thermoluminescence is quite clear: The ultra high dilutions have a given selective identity.

Without going in too many details, let us just explain the basic concept of this method. A representative sample of "dynamized" ultra high dilutions is frozen to liquid nitrogen temperature (-196°C / 77 K) and its ever moving dynamics turned in as a stable solid. We assume, then, that the statistically significant structures which were present in the original liquid are frozen stiff and appear now as isolated "defects" in the organized network of hexagonal ice. The material is further irradiated by Gamma Rays, X Rays or Electron Beams and the whole solid is "activated". It is then rewarmed progressively under a photo multiplier and / or spectrograph and, as thermal energy is fed in, the different traps containing the "activated species" empty the one after the other and, in doing so, they emit light. This thermoluminescent glow is some kind as a finger print of the frozen solid where "defects" play a leading role and since these defects are directly connected to the structure of the original liquid, this recording appears to be specific to the dilution.

Actually, this low temperature thermoluminescence is just the transposition at sub-zero temperatures of the classical thermoluminescence methods developed for dating ceramics or geological events and which have been in regular use in India since decennia thanks to the pioneering work of Professor GARTIA in Manipur. In our own studies we have found that ultra high dilutions - beyond the Avogadro number, which means dilutions in which all chemical products have disappeared - display, nevertheless, substantially different glow curves for Na CI, Li CI, histamine, potassium dichromate, all different from the solvent one. This, undoubtedly, demonstrates that, at the origin, the dilutions were structured under different and specific modes.

From our very recent, unpublished, experimental data it appears that the nanobubbles of the dissolved gases generated at the succussion time, might play an import role in this process.

As such, we may conclude that ultra high dilutions are susceptible to carry a specific "health message" and constitute the basis of a reliable therapy. At that point, it is not my purpose to endeavour to deal with the numerous clinical testing done in double blind, which have been reported by Philippe BELON, Michael FRASS and many others, in respectable international reviews, but I only want to show how very recent experimental work supports this idea. In doing so, I am perfectly aware that homeopathy has had for decennia its own detractors but I think that it is fair to say to this distinguished audience that "water-based health messages" conveyed by homeopathic preparations do lie on solid sound scientific basis and should get their due place in human therapeutics.

Ladies and Gentlemen, as a conclusion, may i quote His Excellency The Prime Minister of India, Dr. Manmohan SINGH who wrote in his message to the LIGA 2005 Conference in Berlin :

"The discovery of homeopathy ... proved to be a great boon for humanity by strengthening the immunity of the body ... As a holistic system of medicine it tries to address the conditions which create health disorders and, therefore, deals with the root of the problem" and Dr. Manmohan Singh to add "safety and efficiency of the homeopathic drugs and the absence of side effects has made it popular all over the world".

Ladies and Gentlemen, when we are planning our future actions in the health field for the best interest of mankind, let us not forget that we hold there an important asset which should not be overlooked since it comes as a natural complement to the use of biologicals and chemical drugs. With homeopathy we take care of the patient first, as a whole, and no longer address only his disease.

PreSiminary information

Title: Toward an Integrated Medicine: Complementary and Alternative Medicine (CAM) in Europe.

Acronym: CAM-PER

Thematic priority: HEALTH

Call: HEALTH-2009-3.1-3: Complementary and Alternative Medicine

Type of instrument: Coordination and support actions (Coordinating Action)

Maximum duration: 24 months

Deadline: December 3rd, 2008

1. State of Art and Concept

CAM is a group of diverse medical and practices and products that are not presently considered to be part of conventional medicine. The use of CAM IN Europe is very common. From recently published studies, it emerged that CAM is becoming increasingly popular in Europe with up to 65% of the population reporting that they have used this form of medicine. Approximately 30-50% of the European population use CAM as self-support and 10-20% of the European population has seen a CAM physician/practitioner within the previous year. Many mainstream general practitioners share their patients' concerns about conventional medicine. Over the last 15 years they have moved from a position of silent interest to one of open enquiry and growing use. Large numbers of mainstream doctors are either referring to CAM practitioners or practicing some of the more prominent and well-known forms of CAM.
Moreover, many doctors believe that these therapies are useful or efficacious. A major response to these changes is the growing number of practitioners of the various CAM modalities who have organized themselves in professional groupings underpinned with appropriate education and training.
In the European Union there are approximately 150,000 medical doctors who have taken training courses in a particular CAM therapy such as acupuncture, homeopathy, phytotherapy, with figures for each therapy that are comparable to those of mainstream medical specialties.
Most doctors practicing CAM work in the ambulatory sector as GPs or medical specialists (any sort of specialty), in several European countries some of them work in mainstream hospitals including university teaching hospitals

The list of what is considered to be CAM changes continually, as those therapies that are proven to be safe and effective become adopted into conventional health care and as new approaches to health care emerge.
The UK Chamber of Lords has proposed a classification, in accordance with WHO indications.
The list is not intended to be ail-inclusive but rather it is an attempt to provide an indication and framework of the main types of therapy we have considered without attempting to resolve the difficulties inherent in formulating an exact definition of CAM. These therapies and disciplines fall into three broad groups:

- The **first group** embraces what may be called the principal disciplines, two of which, osteopathy and chiropractic, are already regulated in their professional activity and education by Acts of Parliament. The others are acupuncture, herbal medicine and homeopathy. Our evidence has indicated that each of these therapies claim to have an individual diagnostic approach and that these therapies are seen as the 'Big 5' by most of the CAM world.
- The **second group** contains therapies which are most often used to complement conventional medicine and do not purport to embrace diagnostic skills. It includes aromatherapy; the Alexander Technique; body work therapies, including massage; counselling; stress therapy; hypnotherapy; reflexology and probably Shiatsu; meditation and healing.
- The **third group** embraces those other disciplines which offer diagnostic information as well as treatment and which, in general, favour a philosophical approach; they are indifferent to the scientific principles of conventional medicine, and through which various and disparate frameworks of disease causation and its management are proposed. These therapies can be split into two sub-groups. Group 3a includes long-established and traditional systems of healthcare such as Ayurvedic medicine and Traditional Chinese medicine. Group 3b covers other alternative disciplines which lack any credible evidence base such as crystal therapy, iridology, radionics, dowsing and kinesiology.

In spite of the impressive growth of CAM, overall the current legal situation of CAM across Europe is patchy. The European Parliament, the Council of Europe and the WHO have each adopted resolutions that call on the Member States to start a national policy on CAM. However, a recent WHO global

survey shows that only a few countries have a national policy, laws or regulations on CAM, some countries only regulate specific CAM therapies, and other countries have no national policy, laws or regulations on CAM at all or even have no plans to establish these.
The CAM-PER project aims to satisfy the need of information and standardization, creating a knowledge base concerning the CAM demands. Furthermore CAM-PER will establish a consensus on terminology and methods among European users.

2. Overall strategy of the workplan

The project work plan is broken down into 6 work packages, including:

- **WP1: State of the art and Scenario building:** This workpackage will be focused on strengthening the relations among the International CAM Community, in order to build up a clear European state of the art for what concerns:
  - CAM integration in the EU Countries Health Systems, including existing legal framework.
  - CAM market in EU and use of CAM in the different health field
  - Patient knowledge/awareness about CAM
  - Medical prospective and point of view on CAM
  - Users needs and demands
  - Professional background and existing education of CAM professionals.
- **WP2: CAM terminology and Methodology definition:** The CAM community, together with semantic experts will be involved in proposing a CAM Glossary an Methodology definition. The main methodologies associated with the most widely distributed CAM (homeopathy, acupuncture, phytotheraphy) will be explicitated. For these methodologies standard processes will be described, with the aim of underlining the critical points (milestones) in terms of clinical outcome assessment and clinical risk. The consensus will be reached on these themes trough Meetings and Events that will involve the International CAM Community.
- **WP3: Networking and Output analysis:** this workpackage includes two tasks:
  - T3.1 Networking of existing initiatives collecting data related to CAM: the networking of existing initiatiatives on CAM with the aim of standardising, thanks to the common Glossary defined, the data collection and storage in order to put the basis for evidence-based CAM.
  - T3.2 Output analysis: During this workpackage specific indicators of efficacy/efficiency and risk proposed in WP2, will be validated and used for CAM Output analysis. These analysis will be performed directly using the information provided by the realities involved in the project and best practices will be underlined and analysed.
- WP4: **Guidelines implementation:** According to the best practices emerged in WP3 and to the scenarios depicted in WP1, the Institutional Partners involved in project together with Scientific Societies will develop specific guidelines. These guidelines will be also tested in specific pilot sites and will include specific monitoring frameworks that will build up the basis for the future European research on CAM.
- **WP5: Dissemination:** This workpacage includes 3 tasks:
  - **T5.1**: **Communtity Building:** this scope will be pursued trough periodic events such as Conferences, Worshops and publications, as well as continuously trough an existing CAM-web portal. This portal will allow the networking of CAM professionals.
  - **T5.2 Patient information:** this task will be developed trhough publications, and ad hoc information distributed trough the dedicated CAM portal.
  - **T5.3: Dissemination through CAM Educational programs**
- **WP6: Project Management**

Project Gantt																								
Workpackages	**Months**																							
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**
WP1: State of the art and Scenario building																								
WP2: CAM terminology and Methodology definition																								
WP3: Networking and Output analysis																								
WP4: Guidelines implementation																								
WP5: Dissemination																								
WP6: Project Management																								

3.Expected Results

CAM practices are achieving a continuous increasing of importance among the population, both users, citizens and health care professionals and institutions.
At the moment it is evident a lack of a systematic classification in Europe of the CAM practices, which represent a complex set of deeply different disciplines. This fragmentation is also due to a lack of a common regulation in the field. The direct consequence is a fragmentation of knowledge and difficulty in finding reliable information, evident both for general users and for professional users. Furthermore professional users do not have the possibility to access to reliable guidelines.
CAM-PER aims to help solving this issues by establishing a European Network that will collect and systematise knowledge and experiences on CAM (knowledge, methodologies, existing guidelines, national and international legislation, etc.), involving different institutions across Europe, thus enabling a knowledge informed exchange and cross-dissemination of lessons learnt, models and future implementation strategies.

The objectives of the CAM-PER project are:

- To improve citizens' health security in the use of Complementary and Alternative Medicine (CAM), also analyzing users' needs;
- To collect and analyze the CAM methods and practices in use in Europe, and to build a CAM glossary, with Multilanguage characteristics, validated by the International CAM Community.
- To identify and analyze the available information sources (websites, previous relevant experiences, etc.) and the best practices to build a scenario description in each European country and to collect all the available knowledge about CAM;
- To generate information and knowledge about CAM.
- To set up of a CAM INFORMATION NETWORK (law, medicine, biology, science, research fields) that could bring together different kinds of users: private users, Associations, Professionals, European and National Institutions (Ministries, Regions, Professional Associations, Registers, etc.).
- To monitor system of use of CAM in EU in different field (pregnancy, childhood, elderly people, etc)
- To monitoring system of state of the CAM integration in EU States Health Services.
- To set up of a DEDICATED NETWORK for the CAM Professionals (professional updating and training, sharing of data, operative procedures in the clinical practice and in the medical and biological research , standards, indications on CAM integration in conventional therapies , efficiency/effectiveness, side effects, drugs safety, etc.).
- To design and monitor a surveillance system of adverse effects.

Also, CAM-PER will try to contribute to the integration the different European initiatives on CAM practices and to definition of a common training model and a common cultural approach thanks to the realization of the following specific objectives:

- Continuous exchange of knowledge, developing training paths and professional accreditation systems. Private and University CAM training programs will be designed.
- Fostering co-operation on research into methods for improving CAM practices including teamwork training, quality improvement initiatives and improved use of technology to transfer and check information, and to disseminate the practical results of such research so as to inform best practice.
- Dissemination of best practices about CAM in Europe - it is important to share and disseminate those initiatives of demonstrated effectiveness and sustainability.
- Development and diffusion of a CAM culture in Europe.

Another important dissemination tool that CAM-PER will develop will be a CAM-PER website, an innovative tool of integration and dissemination of knowledge, by connecting:

data bases and scientific international revues;

- web sites on CAM and institutional sites on CAM;

Public Administrations in Europe;

University and Medical Centers and professional organizations;

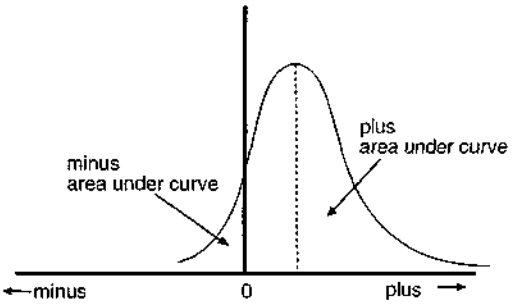
Citizens organizations;

In this way the CAM-PER website works as a strong tool of networking among all European political, professional and public institutions involved in CAM studies and work. The portal is aimed to making easier the availability of the information about CAM, and will assure the correctness of the supplied information, to protect the health of all European citizens.

Verification of symptoms
Do it the bayesian way

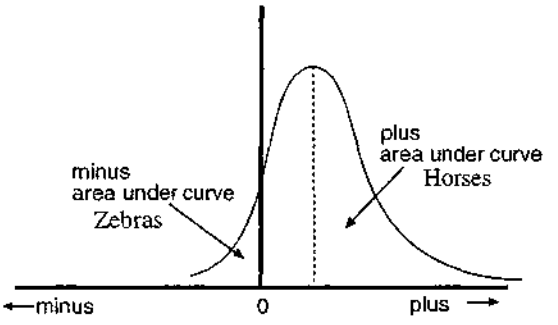
Lex Rutten
Erik Stolper, Roland Lugten, Rob Barthels
Committee for Methods and Validation

Each symptom is a chance-continuum



0 = mean prevalence in whole population

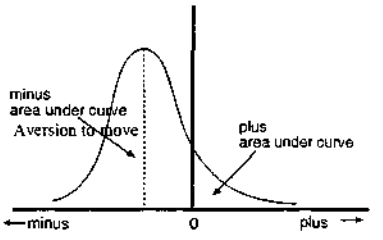
If you hear hoof-beat, think of horses, not zebras



Frei: polarity analysis

Desire to move: lyc. (1)
Aversion to move: **LYC**. (3)

Result 'desire to move': lyc. (-2)



Evaluation of clinical practice

- 10 practices
- 3 1/2 years
- 4094 patients
- 4072 evaluated prescriptions
- Good result : >1 on GHHOS scale
- 6 symptoms

Occurrence symptom '**fear of death**' in prospective assessment of 4094 patients

'Fear of death' seen in cured cases:
Add *medicine to the repertory-rubric*?

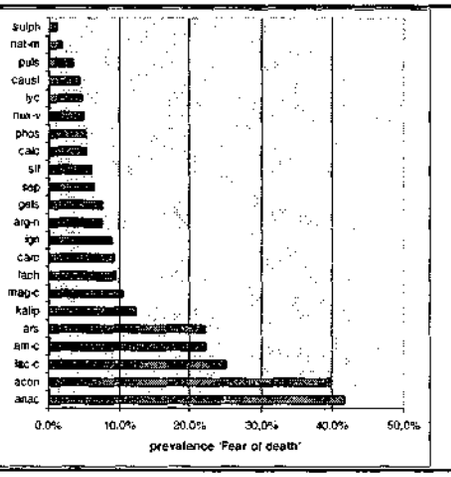
Repeatedly seen (>3?), therefore in **bold type** for:
- aconitum
- arsenicum album
- calcarea carbonica
- lachesis
- lycopodium
- phosphorus
- sepia

In *Italics* for: Ignatia, natrium muriaticum?

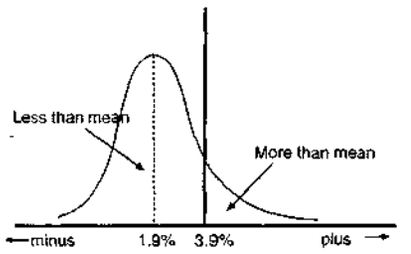
Prevalence fear of death

Mean prevalence in whole population:

3.9%



If you hear 'Fear of death' think of ...., not Nat-m.



Bold type for repeatedly (>3x) seen:	**Bold type** for >3x **average**:
- aconitum	- aconitum
- arsenicum album	- arsenicum album
- calcarea carbonica	- ammonium carbonicum
- lachesis	- anacardium
- lycopodium	- lac caninum
- phosphorus	- kalium phosphoricum
- sepia	

Theoretical principle: Bayes' theorem

Posterior odds = LR x prior odds

odds = chance / (1-chance); chance = odds / (1+odds)

$$\text{LR} = \text{Likelihood Ratio} = \frac{\text{prevalence in medicine population}}{\text{prevalence in remainder of population}}$$

Difference in daily practice

Suppose you consider Natrium muriaticum (50% chance of success) and then it appears that the patient has a fear of death.

Existing method:	Bayesian method:
Nat-m. is in rubric 'fear of death'.	LR = 0.5
Result: chance of success **increases** (to 70%?)	Result: chance of success **decreases** to 33%

Advantage LR versus absolute occurrence

- Every polychrest will turn up in every rubric eventually using absolute occurrence
- LR is based on sound mathematical theory
- Homeopathic practice becomes Evidence Based Medicine
- But: we need to know the prevalence of symptoms

Dutch assessment of 6 symptoms

- Diarrhoea from anticipation (prev. 4.4%)
- Fear of death (prev. 3.9%)
- Grinding teeth during sleep (prev. 5.3%)
- Recurrent herpes lips (prev. 5.0%)
- Sensitive to injustice (prev. 9.3%)
- Loquacity (prev. 6.5%)

LR values 'Fear of death'

Outcome

- 53 significant LR values
- Small rubrics must be supplied, large rubrics must be reduced
- Existing keynotes are confirmed
- More than 50% of our results differ from the original repertory-entries
- 50 medicines are resposible for 70% of our successes

Future research

- Prospective LR assessment is feasible for symptoms with prevalence 2-20%, mostly keynote symptoms
- There are about 600 keynote symptoms in Clarke's materia medica
- So: 100 assessments of each 6 symptoms

In the meantime, other bayesian possibilities

Retrospective LR assessment: relative results, not prevalence of symptoms

Polarity analysis of existing repertory

Casuistry: rather not, only suited for rare symptoms

Consensus meetings: gathering of successful cases concerning one medicine

Consensus meetings: estimated prevalence in remainder of population

Baryta carbonica

Total number of patients = 10

Symptom	n=
Delusion being laughed at	4
Problems with learning	6
Timid	3
Hides from strangers	1
Retardation	3
Enlarged adenoid	3
Talking during sleep	2
Somnambulism	1
Desire to travel	1
Sees no danger	1
Fear of failure	2

Participants and sponsors

Rob Barthels, Hetty Buitelaar, Paul Fruijtier, Gerard Jansen, Jean Pierre Jansen, Stan Jesmiatka, Christien Klein, Roland Lugten, René van der Reijden, Lex Rutten, Erik Stolper, Janny Verhey and Mechtild Wijdeveld.

KVHN (Royal Dutch patient's organisation for homeopathy), the Louise van Eeghen foundation, SFWOH (foundation for homeopathic research), the Blackie Foundation Trust and VHAN (Dutch homeopathic doctor's association)

HIGH DILUTIONS RESEARCH NETWORK

Welcome to the HDnet project!

HDnet is a directory for researchers interested and actively involved with High Dilutions. It was conceived to reveal "who are doing what, where and whom with" related to HD research. These information are important to establish international collaborations, to help research agencies, governments and decision makers. HDnet registration is not recommended for homeopathic practitioners or therapeutics, except those involved in research.

HDnet is not a repository for files, but a directory for researchers and related links. For those not involved with research, HDnet suggests the free access as "readers", without any registration. The registered users will be classified accordingly theirs research activity. Such classification will be used to define the available tools (in development) and permissions attributed to each user.

This is a beta version of the HDnet, made available for tests, corrections, suggestions and any other comments, aiming to reach a higher quality and reliable software, fitted to the High Dilution Researchers community.

At this moment, we are opening HDnet for registrations and tests only. You can insert your personal data and your technical production (articles, books, lectures, thesis, abstracts, ...). All data inserted in this beta version will be preserved to the official version!

The official language will be English, but the interfaces were also developed in Spanish, Portuguese and French (please, if verify the texts in your language are rightly written). Technically, others languages can be included, whenever we find a collaborator dedicated to translate the words and expressions (about 200 terms).

All comments, corrections and suggestions must be sent to me, using the e-mail: hdnet@fea.unesp.br

During the next three months, we will develop the tools for search, management, forums, announcements, ..., and to include your suggestions. To make our contact easier, I have included a link in the header (see "suggestions' in the dark blue bar), pointing it to my e-mail address (hdnet@feq.unesp.br). Also, in order to keep you informed about the updates, I will insert an activity report, available in the link "todojlst" (in the dark blue bar).

You are free to share this information with your contacts, but advice them that this is a beta version, and the current objective is verify the software, correct texts and collect suggestions for future development. The first official version of HDnet will be launched in early 2009.

Thanks for your comprehension and collaboration.

Have a nice work!

Prof. Dr. Carlos Renato Zacharias
Sao Paulo State University - UNESP
Guaratingueta, SP, Brazil

Search

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Ευρωπαϊκή Επιτροπή για την Ομοιοπαθητική

Γενική Συνέλευση - Βρυξέλλες 15-16 Nov 2008

Χρήσιμες Σημειώσεις / Εργασίες / Πρακτικά:

Provings:

HDP Guidelines CRITERIA: MINIMUM STANDARD

(Referring to: Homeopathic Drug Proving Guidelines, ECH Subcommittee Provings)

I. COMPULSORY

A. Proved Substance (HDP Protocol 6.2; Appendix 1)

1. Exact name of the substance, Source, Composition, Toxicology
2. Original Manufacturer and Manufacturing technical requisites (HDP Protocol 6.1)
3. Potency of the proving substance and technology of the preparation
4. Accessibility of the substance for confirming provings or its therapeutic use
5. Preparation of Blanks (placebo, inert control substance) if used
6. Safety (HDP Protocol 6.8; 6.2.3)

B. Investigator: (Sponsor, Monitor)

Name, qualifications and address of the responsible Principal Investigator(s) (HDP Protocol 6.1.5; Appendix 2)

C. The volunteer/ prover:

Group demographics (HDP Protocol 6.2.6), including the number of provers and their sex and age distribution.

Case Report Form (CRF) of each individual prover, including
- Medical history
- Inclusion and exclusion criteria
- Withdrawal critaria (HDP Protocol 6.5)
- Informed consent (including storage of electronic data)
- Prover information sheet

D. A description of the type/ design of the Homeopathic Drug Proving (HDP Protocol 6.4) Existence of a written protocol

E. Outcome: number of volunteers involved/dropouts

F. Adverse Event Report Form - Diagnostic and therapeutic measures taken.(CRF Last Page)

G. Place of storage and duration of availability of the proving data (CRF) (HDP Protocol 6.10; 6.13; 6.15)

II. LEGALLY COMPULSARY

(Depending on legal requirements of the country of the proving)

A. Approval of an ethical committee or legal equivalent
(HDP Protocol 6.12, 6.8)

B. Insurance protection for investigators and volunteers (HDP Protocol 6.14)

III. RECOMMENDED / HOMEOPATHIC QUALITY

A. Former provings of the proved substance - bibliographic sources.
(HDP Protocol 6.2)

B. Curriculum vitae of Principal Investigator and Observers.

(Appendix 2)

C. Lifestyle of volunteers during proving period. (HDP Protocol 6.4)

D. Qualifications of symptoms (CRF)

- **Intensity of proving symptoms** (rating: vague, light, clear, strong, bothersome).
- **Spontaneous symptoms or symptoms by interrogation.**
- **Hetero-anamnesis (family, friends, people familiar with the prover).**
- **Modalisation of symptoms.**
  Environmental influences

E. Symptoms classification: (CRF)

ES = existing symptom at the start of the substance intake

NS = new symptom that has not been experienced before

OS = old symptom. Give the dates of occurrence and disappearance

AS = altered symptom, existing but modified

CS = cured symptom. It existed up to the taking of the experimented substance

FS = family symptom that has not been experienced by the concerned person but that has been manifested in some member of his family. Give the reference of the member of the family

F. Proving's objectives and purposes. (HDP Protocol 6.3)

G. Translation of the volunteer's wording in repertorial symptoms.

H. Statistics (compilation of symptoms in different categories).
(HDP Protocol **6.9)**

I. Accessibility of the proving's data, documents and volunteer's symptoms in their original language/wording. (HDP Protocol 6.10; 6.13; 6.15)

Working document: to all members of the subcommittee provings of the ECH (comments and critics please!)

Criteria for symptom-remedy-cure correspondences: a critical approach of clinical verification

Which are important criteria for a reliable symptom-remedy-cure correspondence in general practice and in **verification of proving symptoms?** Is it possible to elaborate a checklist, and is this desirable? It can be important to avoid too much "wishful thinking".
Clinical verification is only possible if the remedy is the only treatment (not combined with phytotherapeutic or regular treatment).
In medical science, verification can only be measured in levels of probability; a 100% certainty in treatment is only obtainable in specific situations.
Even the following criteria cannot avoid mistakes in a single case, but a pool of several similar cases can exclude errors in interpretation and renders the verification more consistent.
In cases where different remedies were used in a consecutive manner it is necessary to take all remedies into consideration (would the 4th remedy have a result if the first 3 remedies weren't administred before, or one of them?).
In case of the administration of a blank (or placebo), results can be considered as circumstances effects. Clinical verification of blanks seems to be a very interesting topic.
Checking these correspondences can afford the therapist a level of probability that the cure is related to the remedy.

Remedy-Cure Correspondences: (as well in regular medicine as in complementary medicine):

1. **Time related correspondences:**

   Promptness of the result in relation to the normal evolution of the illness or the symptoms (time and space): in acute diseases the effect has to be prompt and in the increasing phase. In the decreasing phase effects are more dubious. The normal evolution of the illness/symptoms has to be taken in consideration.

   Before and after relationship: relation between duration of illness/symptoms and intake-effect: a symptom or illness of long standing, e.g. several years, disappears in short time, e.g. few days or weeks. In this category also, so called, incurable diseases with no spontanuous healing to be expected.

   Moment of intake and normal evolution: increasing and decreasing phase of illness (see above).

   Administration of remedy and result correspondence: intermittent administration of the remedy: every dose is followed by a comparable result.

   Duration of the result/effect: follow-up of long enough duration depending on symptoms and pathology.

2. **Seat of action correspondence:** local affinity of the remedy (tissue, organ).
   A remedy can have local affinities (tissue, organ...), known from toxicology, phytotherapy, clinical experience and provings.
   Rademacherian organopathy is strongly included in homeopathy
   E.g Hekla lava is a remedy with affinity to bony structures, especially cheekbones, and proves to be an important remedy in its pathology.

3. **Kind of action correspondence:** how is the remedy acting
   Known physiopathological action of the remedy: causes inflammation, irritation, paralysis, ulceration . . . . . .
   The physiopathological action can be observed in toxicology, which provides the 'raw' material and by provings, which give refined pathologies.
   E.g. Cantharis causes irritation of the bladder. One can verify if this specific irritation is cured by Cantharis if the remedy is prescribed on these premises.
   This includes also the evolution of the pathology/symptoms, which can be expected (e.g. inflammation leading to ulceration)

4. **Dose- effect correspondence:** results depending on dose
   The effect is only obtained by a specific dose or potency (in a specific case: patient and symptoms).

5. **Therapeutic idea correspondence:**
   Treatment planning according a therapeutic theory (e.g.similarity), methodology or strategy. This has to be stated before the treatment or intake of the remedy.
   Therapeutic idea: e.g. a nosode is necessary to cope with hereditary problems
   Preventive measures: e.g. Belladonna is a preventive for scarlatina
   Use of signs leading to the remedy which is effective
   Range of action: a remedy has a 'stop spot' and a pathology beyond the range of action of a remedy can not sufficiently cured by it.

6. **Etiological correspondence:** cause-remedy relationship
   Relation etiology and the chosen remedy: trauma, coldness, warmth, moist....
   E.g. Hypericum in trauma of nervous tissue, Bellis perennis in cases of pathology arising after sudden cooling down being heated.

7. **Biochemical correspondence** and clinical results.
   E.g. laboratory tests return to normal

8. **Lifestyle correspondence:** effects of changes in lifestyle and environment
   Changes in lifestyle and diet, strong emotional events, even climatic changes can be troublesome for verification. They have to be taken in consideration.

9. **Level of amelioration correspondence.**
   Amelioration, disappeared, change in appearance...

10. **Level of cure correspondence.**
    Total cure, partial cure, single symptom cured, ...

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H. Kiene: Komplementare Methodenlehre der Klinischen Forschung, Springer Verlag 2001

Application for a statement (vote) of the Ethical Committee of the Landesarztekammer Hessen (Frankfurt/Main 15th of march 2004) for a homeopathic drug proving

„Application for assessment of a medical scientific research project in man"

(Antrag zur Beurteilung eines Medizinischen Forschungsvorhabens am Menschen)

I Specifications were made as follows

Name of the project: **Homoeopathic drug proving**
Multi centre study yes/no: No
Responsible director/supervisor of the drug proving: **Gerhard Bleul**
Conductor of the proving: **Dr. Heribert Mollinger**
Place of the drug proving? **Bad Camberg**
Sponsor: **Phonix Laboratories,**
Pharmazeutische Produktions- und Handelsgesellschaft mbH, 71145 Bondorf
Was the same application made at an other Ethic Committee? **No**

II. Description of the project

1. Object of the trial (detailed):
Proving of the effects and compilation of the remedy pictures of two not yet proved homeopathic remedies. By once or repeated application of the homeopathic remedy reversible symptoms and changes of the health condition are provoked, observed and documented to get enabled to administer the remedy at the diseased person according to the law of similars.
Both remedies are registered and available in the market, but a remedy picture is due to lack of former provings not existent. This project has the goal a) of amplification of the knowledge of these remedies and b) of their introduction into Homeopathic Materia Medica.

2. Begin and duration **of** the project: **May 2004 to July 2004**

3. a) Examination of patients: **not applicable**

3. b) Examination of healthy provers:
Updating of previous findings and anamnestical data, review of exclusion criteria like mentioned in the journal before the start of the proving.

4. Number of provers: 18

5. Anticipated duration of the phase of intake of the remedy and observation for each prover:
Intake of remedy 1-5 days, observation 4-6 weeks

6. Age of provers: **approx. 30-60 years**
Lower limit: 18 **years**
Upper limit: 65 **years**

7. a) Embedding criteria for provers:
The provers are homeopathic physicians, who take part in the proving voluntarily and free of charge. They are recruited from the provers' group of the conductor of the proving (Dr. Mollinger) which exists since 1996. They have taken part in several homeopathic drug provings without exception und need no further training.

The provers have to be healthy, i.e. free of symptoms that need treatment. During the provings no therapy has to be necessary neither accomplished. The beginning of a necessary therapy consequently ends the participation in the proving, in which case the journal is completed as far as necessary.

7. b) Exclusion criteria for provers:

Absolute exclusion criteria (ace. to DZVhA-consensus HDP)

- **A disease that needs treatment**
- **Drug therapy ongoing or still effective**
- **Pregnancy and nursing**
- **Age under 18 years**
- **Lack of intellectual insight into essence, importance and consequences of a HDP**

Relative exclusion criteria

- **Oral contraceptives or IUD**
- **Ongoing substitutional therapy (i.e. thyroid hormones)**
- **Special circumstances and influences (uncommon circumstances in life)**

Relative exclusion criteria are documented in the diary und marked by adding abbreviations to the Code (C = Oral contraceptives, D = IUD, S = substitutional therapy, L = special circumstances in life).

8. Description of trial:
- Open trial:
- controlled trial (i.e. randomized double blind trial with or without placebo resp standard therapy):

Homeopathic drug proving with two remedies unknown to the supervisor, the proving doctor (observer), the provers and to the conductor, no placebo.

9. In case of drugs/proving phase: **compare 5**

10. Is the trial about a
- Diagnostic proving / - pharmacokinetic proving/ - pharmacodynamic proving /
- Therapeutic proving / - compatibility proving / - epidemiological trial /
- Other proving (i.e. trials for clarification of causation, pathogenesis, prognosis of diseases, for evaluation of standard values): **compare 1**

11. Is the trial about?
- A proving, to which the pharmaceutical law is applied to: Yes.
- A proving, to which the radiation protection ordinance or the X-ray ordinance are applied: No
- A proving according to the medicinal products law: No

12. In case of drug provings: Is the remedy / the drug
- newly developed / - not presented / - presented at the Bf ArM / - registered in other countries / registered, presented for new indication and dosage ?
- **registered: but until now without HDP** (s. **II1)**

13. Are doubts persisting in the congruence of the trial with the Helsinki declaration of 1964 in the revised versions of 1975, 1983 and 1989? No

14. In case of provings according to medicinal products law: **not applicable**

15. Does the trial serve
- directly patients' interests? **Indirectly yes.**
- a purely scientific goal without straight diagnostic or therapeutic usefulness for patients? No
- new perception of remedies (compatibility, pharmacokinetic and pharmacodynamic)? **Yes**
- future development of diagnostic and therapeutic procedures? No
- the collection of knowledge about origin and prognosis of diseases? No
- the collection of epidemiological knowledge of special questions about the health status of the population? No

Other possible targets: **Perception of specific homeopathic action of remedies.**

16. Which typical side effects or complications are to be expected?

Reversible light to medium disturbances of the health condition

17. Are there any risks for the provers/patients? If yes, of what kind? No

18. Does the trial implicate additional strain for provers/patients?

a) necessary blood samples? **None**

The provers have to complete a journal for several weeks.

19. How can complications be identified and treated?

In case of straining complaints during proving and observation phase the proving doctor has to be consulted immediately. If necessary an examination has to be done. If necessary a too strong effect of the proving substance has to be antidoted with homeopathic remedies or treated with allopathic remedies for the short term.

20. Insurance?

a) Insurance company and Nr. of policy:

The provers' insurance is secluded by the sponsoring Company Phonix Laboratories. The insurance company requires a positive statement of an Ethical Committee.

21. Qualification of the principal investigator, supervisor and proving doctors of the proving

a) according to Drug Proving Statute

List of conducted provings and of publications of provings of (principal) investigator, supervisor, conductor and proving doctors

b) according to Medicinal Products Statute: **not applicable**

22. Has the Principal Investigator of the clinical trial been informed by a scientist who is responsible for the pharmacological-toxicological proving about the possible risks of the clinical trial? **Not applicable**

23. Has the Principal Investigator of the clinical trial been informed about the results of the biological security assay and technical innocuousness as well as about the possible risks of the clinical trial? **Not applicable**

23. Have similar trials been conducted or are being conducted at present? If yes, which are the results?

Homeopathic drug provings (HDP) are conducted since 200 years. They were introduced by Samuel Hahnemann and are today accomplished in all continents. In the last decades standards have been developed and published by various boards and authorities

ECH: Homeopathic Drug Provings Guidelines, Provings Subcommittee, Brussels 2004

Bleul G (Hrsg): Homdopathische Arzneimittelpriifungen - Prinzipien, Durchfuhrung, Dokumentation - Ergebnisse der Konsensuskonferenz das Deutschen Zentralvereins homoopathischer Arzte 1998 - 2000. Kothen: InHom; 2002)

Sherr J: The Dynamics und Methodology of Homoeopathic Provings. West Malvern: Dynamis Books; 1994

Niedersachsische Akademie fur Homoopathie und Naturheiiverfahren: (1990 Croton tiglium, 1991 Cardiospermum halicacabum, 1991 Fabiana imbricata)

III.

1. Explanation and clarification of the proving?
   This is done with the presented information booklet of the proving and in a direct personal informational meeting.

2. By whom? **Proving doctor.**

Supplement: Protocol
Information material
Informed consent
Certificate of provers' insurance
Certificate of qualification of principal investigator, supervisor, coordinator, proving doctors
Investigators Brochure
(Description of material not applicable as no trial according to Medicinal Products Statute)

Positive vote (statement)

An basis of these specifications a positive (vote) statement for a randomized, double blind HDP with two homeopathic remedies was issued by the Ethical Committee in 2004

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European Committee for Homeopathy

Entanglement

A working paper

The concept of ..entanglement" is derived from the world of quantum physics, where systems are described. A parallel is made between systems of quantum physics and systems of clinical trials.

Classical and non-classical placebo effects
(Rainer Schneider and Harald Walach)
From *Quantum Theory (QT)*

1. In quantum physics a system has no defined status before the measurement (only overlapping likelinesses for defined measurement results).
2. If one masures the state of a part(icle) of the system (spin of an electron), the value of the corresponding particle is assessed directly.
3. The elements of an undestroyed quantum system remain correlated.
4. Quantum systems are such systems that contain observables that are not commutating (complementary) (location and impulse of a particle).
5. In quantum systems such complementary quantities occur, which are not identifiable simultaneously. Non commutating observables are such observables, of which only one is clearly defined. If one is defined the other one is maximally undefined.

To *Weak Quantum Theory (WQT)*

1. If some marginal conditions of the quantum theory are dismissed (i.g. the Planck-constant), it is possible to set up an axioma, from which entanglement could also occur in different (macroscopic) type systems: weak quantum theory (WQT)
2. The WQT predicts, that entanglement can be expected in a system, if

a) it contains complementary or incompatible observables
b) one of these observables is local, i.e. characterizes one part of the system, while the other one is global.

Empirical Examination (Drug proving etc)

1. In a randomized, placebo controlled trial the blinding of all involved persons (e.g. volunteers, patients) as far as the group relatedness of the volunteers is concerned is the **global observable** of the system RCT.
2. The **local variable** of the system is the precise affiliation of each volunteer to one study group.
3. Both are complementary in the sense, that the identification of one makes the other one undeterminable: If the trial is blinded, the group affiliation is unknown, is the latter known, the trial is no longer blinded.
4. From that we can deduce, that the study groups (Verum and Placebo) are correlated, even if there is no conventional interaction between the two.
5. Consequently a part of the placebo effect (the non-classical one) is circumscribed by entanglement.

The reason for the introduction of the concept of **"entanglement"** into homeopathic drug provings (HDP) has its origin in the fact that in modern double blind randomized studies with verum and Placebo the old problem of homeopathy was repeatedly verified: there is no significant difference observable between symptoms in the verum group and in the placebo group. This always added to the scientific judgement homeopathy was nothing more than a placebo therapy. So far in modern placebo controlled studies the results were always alike, with lots of verum symptoms in placebo groups. On the other hand all homeopaths know about the effectiveness of "their" remedies. Some scientists (H Walach and others) came up with the entanglement theory that paralleled certain findings in HDP studies with quantum physics. Of course the theory had to be adapted as the connection between quantum physical systems and clinical trials is not obvious at first sight.
The theory now says that the measurement of one observable (placebo group) influences a correlated observable (verum group). Various studies were made to further assess this theory, with no clear outcome so far.
Interesting enough the situation seems to change when we introduce another observable into the system: in this case a second verum. Latest studies of this kind seem to demonstrate clearly that there is a clearly observable difference between the symptoms of the three observables. In other words, if you conduct provings of two verum groups and one placebo group you find significant differences in the results (symptoms).
A survey with these results is waiting for publication. (Mollinger, Schneider, Walach, 2006). Another study with the same design for confirmation of the first results is being worked out at the time being.
Question: is this concept of any help for homeopathy and especially for HDP?

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European Committee for Homeopathy

Guttingen, March 17th, 2008

Meeting of the **Subcommittee Provings,** Oostende, Congress Centre "Kursaal", Sunday 25/5 de 9h00 a 13h00, Salle Mercator after the LIGA congress.

MINUTES (Luc Uyttenhove)

Participants:

Dr. Heribert Mollinger (coordinator)
Dr. Frank Wieland
Dr. Jean Pierre Jansen
Dr. Frederik Schroyens
Dr. Didier Lustig
Dr. Jack Hendrickx (SC Pharmacology)
Dr. Joseph Hackl
Dr. Luc Uyttenhove
Dr. Rangelov Izvetko
Dr. Isidre Lara
Dr. Reinhard Flick
Dr. Nella Corgiolu

Excused: Dr. Jacques Imberechts

1. Welcome and introduction, presentation of members

2. Minutes of the last meeting (Heidelberg 10 - 2007)
(Minutes see handouts)

a) Agenda: **Discussion and supplementation.**

Point 4 of the agenda will be discussed first. Jack Hendrickx has to attend SC Pharmacology.

3. Coordinator of SCP.
Finding a new coordinator on the next SCP-meeting during the GA. Preparation of the election in Brussels

a) Heribert Mollinger will not run for coordinator
b) Jean Pierre Jansen declared his interest
c) Suggestions and discussion.

Heribert Mollinger will stay member of the SCP
General accepted nomination of Jean Pierre Jansen as future coordinator
Agenda of the next meeting in Brussels will be prepared by Heribert Mollinger and Jean Pierre Jansen

4. **Preparation of a common meeting of the Subcommittees provings and Pharmacy in Brussels in November 2008, with Jack Hendrickx.**
Possible topics:
   a) *Endangered remedies (new lists only after common meeting)*
   b) *Quality standards of the booklet concerning the proving substance (see handouts)*
   c) *Other topics*

What is the actual danger?
Strategy necessary: what is important?
Registration difficulties:

Loss of source of the remedy or remedy is not well known
Definitions of remedies in pharmacopoeia differ.

Important labos tend to limit sources (for registration) for economic reasons
About 1800 remedies will not be registrated.

Registration is needed but also an attestation for selling it.
If registration is failing a remedy can not be sold by pharmacists.

Pharmacies can not make their own raw materials
Magistral remedies: prescription for 1 patient
Officinal remedies: patient asks for it, pharmacist can make it himself

Does proving help? Pharmaceutical data are necessary, but missing of proving is not essential for a remedy to be endangered. Literature is mostly sufficient for registration, if referring to exact remedies.
Recent provings are often not accepted in several countries in registration committees; they predominantly refer to old literature (a few MMs or Repertories, homeopathy is considered a traditional medicine).
There exists a wide variation in approach in different countries. Old texts are accepted as well enough, because their proof is accepted.
Jack Hendrickx will write a paper to explain all pharmaceutical topics and requirements as basis for common meeting of both subcommittees.
Important also: Procedure of proving has to be accepted
Legal, economical and qualitative topics
Another topic for common discussion: Does the booklet and checklist match the actual pharmaceutical requirements

The agenda for the common meeting in Brussels will be elaborated by the coordinators.

5. **ECH HDP Guidelines ("the booklet").**
   a) *Update*
   b) *Checklist. Final remarks (see handouts)*
   c) *Provings on ECH website: 2 levels*

Discussion: Is labelling necessary?
Who are the users?
ECH: storage of provings as complete as possible; the checklist is a short overview, to consider as a "passport" for the proving.
Compulsory items are linked to ECH guidelines which should be read.
Everything in the checklist is explained in the booklet!

2 levels:

1. Level of information: possibilities, people can use it: for the **inside** homeopathic world (also guide)
2. Level of compulsion: label to be given which shows the qualification to the **outside**

How to grade? Which criteria?
To whom? Will authorities require an ECH stamp?
Minimum standard is necessary to get an ethical vote?
Preparing a kind of classification: stamp yes or no?
Stamp for internal meaning or external acceptation?

Trial and error in contact with official instances: different countries have different rules
Who will do the work of labelling? Who has the right?

People have possibility to use checklist and guidelines.
Heribert Mollinger: checklist takes only short time to fill out
If it is done before the proving, it gives a structure to the proving

Suggestion: label only related to the compulsory part

Conclusion: remarks added to label: stamp yes, but (e.g.) no placebo control

To add to the Checklist: "A written protocol exists" at point D and this in the latest corrected version

6. Verification.

a) Letter/proposal to repertory authors concerning structural change in repertories for better verification of new remedies (see handouts)
b) Structure of repertories.
c) What is necessary as basis for verification? Ways and techniques of verification. Discussion

Council: different levels of verification of a proving symptom

Verification resembles healing

Practical level: by repertorization
By people not dealing with the proving
Several repertories exist. Only Kent is open for additions. The SCP votes for a repertory with the structure of Kent but only new remedies

Frederik Schroyens:
There exists already a filter for small remedies
Other filter: new added provings
Repertory views: information can be left out or showed
No other repertory necessary: new view possible even without Kent's scheme. View can be changed at any time
Link to literature is possible? This has been done
He will send around a PPT-presentation about these topics
Information available without need of Radar o.a.: MM of new provings centralised and available

List of provings to be in the repertory view should be elaborated. Which provings do we find interesting (contemporary provings?)

Philosophical level:

Verified or not verified?
Accompanying symptoms disappear: which value
If a used rubric is followed by cure it is verification: rubric can be used to lead to the choice of the remedy
Verification is technically only possible on symptom level.
On the other hand, verification requires healing. Definition of healing is necessary.
More topics discussed, not thoroughly:

- Rubric 10 times used, only in 2 cases cured?
- Hering's rules as a criterion are often absent
- Cured symptoms during proving? Patient is also prover
- Suppressive curing?
- Cure or amelioration? Neptunium: constipation proving/cases cured, but there is only a short follow up
- Partly cured symptom: general improvement important
- Process of prescribing and verification following minimum standard:
- Luc Uyttenhove will send around work about relation cure-remedy
- Clinical finding - verification: how to state?
- How do we consider signs?

To be discussed further in next meeting

7. **LIGA 2008 (Oostende):** *Discussion of topics, the SCP presented during the LIGA congress (various handouts, the authors of the SCP should bring)*

Positive: All full texts of the presentations on CD-ROM for participants.
Impulse to verifications and provings
Remarks: Too many speakers: attending the congress was a task on itself

Suggestion: 1. Before presentation proving presentations should be overlooked by SCProvings members: open discussion possible and feed back
2. Guidelines for speakers with consent.

8. Collection of provings in provings database

a) Databases: www.provings.com. www.provings.eu. www.HDP-online.eu.
Sherr temporary problems with domain name (now open); linked to Materia Medica
Storage of new provings on website
b) Actual developments and trends. Various websites for provings in the Internet. Collaboration of sites and concepts. Linking.
c) New: Provings on ECH website
Links are important
Open or closed?
Clificol: is expensive: provings can be implemented after the clinical cases work is finished
Winchip necessary (interface): some excluded
All professional sites costs
Copyright questions

) Coordinator subcommittee provings, Dr. med. Heribert Mollinger, Seeweg 35 CH-8594 Giittingen

ECH Website: Professional structure (fee) or not (free)? Has to be demonstrated.
ECH wants to buy software

Opinion of SCP:
Creating links for interested people
Central storage

Updates

a) Ideas and aims of the future work of the Subcommittee Provings.
ECH action plan of the meeting of Brussels 11-06. Future development and structure of subcommittee work. Who does what in the SCP?

Stimulate schools to stimulate proving in the educational programme: can not be implemented. Old proved remedy - new substance
Training of investigators

b) **List of remedies to prove.**
To be discussed in Brussels together with Subcommittee Pharmacology.
Earlier: State of affairs concerning remedies that are in danger losing their registration in various European countries. Swiss (HAS) lists (dist. by Spagyros). Other lists. Distribution (is done how, by whom?) (See part Rem-List" of your handouts). Publication on ECH website?

c) **Ethic votes - ethic commissions** - New viewpoints, developments? (See part "ethics" of your handouts)

To be studied on beforehand: General level or country level (sometimes not even necessary)
Look for people who did it already
Addresses of insurances

d) **Entanglement** Compilation of the term "entanglement" and discussion of its importance for today's provings. (See part "Entanglement" of your handouts and ppt presentation if possible). New literature. Short discussion.

To be discussed: Heribert Mollinger will work further on this topic and present it during the next meeting, if possible

e) Europium (Latest developments of the plan of a Europe wide HDP)

Interest in this proving: in most countries
Blinding? Outside of homeopathic world and different populations.
Preferably the organization would be organized separately in various countries, but not as a multimember proving.
Project: should appear on the website of ECH: emphasizing blinding

f) Appearance and publications of SCP work on the ECH website
Who writes texts and takes care of website updates for the SCP?
1 person who takes care for this: Heribert Mollinger after resigning as coordinator, also Jean Pierre Jansen

10. Next meeting: Brussels, GAfrom Nov 14-16, 2008.

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European Committee for Homeopathy

Guttingen 15.11.2005

Clinical verification of symptoms from HDP

Some themes about verification to discuss

Verification is the next necessary step after the proving of a homeopathic remedy. Only by clinical verification the proving symptoms prove their "validity" as homeopathic symptoms. So every homeopath who conducts drug provings must be interested in some verification-process from which he obtains further information about the validity of the symptoms he obtained from HDP.

Each symptom that appears during a drug proving

a) is integrated in Materia Medica
b) gets the ranking 1 if integrated in a repertory
c) gets a higher ranking if clinically verified
d) gets the highest ranking if verified often and by various homeopaths

Main question:

How does a symptom get verified?

Possibilities:

1. if the symptom itself is cured (vanishes; is ameliorated)?
2. if the symptom and the other symptoms (of the disease) is cured?
3. if the patient is cured?
4. if the cure (1-3) lasts a certain time?
5. if the symptom appears during treatment (proving symptom)?

Is verification possible on the level of a single symptom?
Is verification possible only on the level of the totality of symptoms?
Is verification possible only on the level of the cured disease?
Is verification possible only on the level of the cured patient?

On the one hand we tend to use the word healing on a level of totality (of symptoms, of the whole patient). But in a drug proving we accept a symptom even if it is the only symptom of a prover without regard to any totality. The prover does not have to develop the picture of a complete (artificial) disease or a totality of symptoms. Each and every symptom that appears during a HDP is written down, be it a single one or one among a lot of symptoms.

Second question

Which are necessary preconditions for homeopaths to verify symptoms?
She (he) has to be able to compare the Materia Medica of the new remedy with the symptoms of the patient. New remedies do not appear in old books and are hard to find in repertories.
Structure of repertory (?)

Third question

Documentation and communication of verified symptoms.
How does the finding of verification of one or the other symptom get back to the authors of materia medica and repertories?
Data base for verification (?)

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European Committee for Homeopathy

Guttingen, 06.09.2008

Meeting of the subcommittee provings, Saturday/Sunday Nov 15/16th 2008
Place: Hilton, Boulevard de Waterloo, Brussels.

AGENDA

Sat.: 1st session 11.30h - 13.30h (Moe)

1. **Welcome and introductions**

2. **Presentation of members**

3. **Minutes of the last meeting (Oostende 05-2008)**
   (Minutes see handouts)
4. **Presentation, discussion and supplementation of the Agenda.** Discussion of the procedure of the pre-election of the new coordinator (only candidate Jean Pierre Jansen). Possibility for the candidate to present himself and his plans and ideas concerning the future work of the SCP

5. **Pre-election of the new coordinator by the SCP**

6. **ECH HDP Guidelines ("the booklet"). (If not finished, 3rd session)**
   a) Update. Final remarks. Further translations?
   b) Checklist. Final final remarks (see handouts)
   c) Provings on ECH website (Inclusion/exclusion criteria ace. to checklist/booklet)

Sat.: 2nd session 14.30h - 16.30h (Moe)

7. **Verification.**
   a) Working document by Luc Uyttenhove: Criteria for symptom-remedy-cure correspondences.
      i. Presentation by Luc
      ii. Discussion.
      iii. Working plan
   b) Structure of repertories.
   c) What is necessary as basis for verification? Ways and techniques of verification.
   d) Possible contribution of the SCP to "Verification"

Further discussion of topics not completely covered from above.

Sun.: 3 session 09.30h - 11.00h (Jan)

8. LIGA 2008 (Oostende):

Review, commendations, critical remarks and suggestions by the SCP members

9. Collection of provings in provings database

a) Provings on ECH website

b) Actual developments and trends. Various websites for provings in the Internet. Collaboration of sites and concepts. Linking.

c) Databases: www.provings.com. www.provings.eu. www.HDP-online.eu.

Sun.: 4th session 11.30 - 12.30 (Jan)

10. Common meeting of the Subcommittees Provings and Pharmacy

a) Endangered remedies (new lists possible after common meeting?)

b) Quality standards of the booklet concerning the proving substance (see handouts)

c) Other topics. Possible ways of further communication between the two SCs about this and other topics of common interest.

d) Working papers. Distribution of tasks, who does what.

11. Updates

a) Ideas and aims of the future work of the Subcommittee Provings.
State of affairs concerning the ECH action plan of the meeting of Brussels 11-06. Future development and structure of subcommittee work. Who does what in the SCP?

b) **Ethic votes - ethic commissions** - New viewpoints, developments? (See part "ethics" of your handouts)

c) **Entanglement**
Interest in and examination of a possible access to this topic.
Compilation of the term "entanglement" and discussion of its importance for today's provings.

d) **Europium**

e) Appearance and publications of SCP work on the ECH website
Who writes texts and takes care of website updates for the SCP

f) Other topics

12. **Next meeting: April 24th - 25th**2009, **Bratislava/Slovakia**

Guttingen, Sept 6th of 2008
H Mollinger

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European Committee for Homeopathy

Guttingen, 19.10.2006

Collection of provings in databases

Subject brought up by Frederik Schroyens from Archibel in Brussels Nov 2004.
Since then in our SC discussion of the submission criteria, quality standards etc.
Website: www.provings.com
Website run by Jeremy Sherr
The purpose of this website is, to collect provings, to qualify provings that have been conducted according to ECH quality standards und to make them distinguishable from provings that do not match with our criteria. Access should be and is for everybody who is interested to add provings or to learn from stored provings. The operating part works in various languages, the provings are to be collected in original language.

A different project was introduced by Josef Hackl and Lothar Buchinger for the Austrian society for homeopathy (OEGMH). It combines the collection of provings with the possibility for online-provings, where symptoms are registered for every prover directly online. This website is password-protected for the online-provings part and will be freely accessible for the provings-files part. Submission criteria according to ECH guidelines. Languages are German und English so far. It has to be decided yet how far the protected and unprotected parts reach.

Other websites.

School of homeopathy /www.homeopathyschool.com/provings.html
Homeopathic College of Canada www.homeopathy.edu
Canadian Academy of Homeopathy www.homeopathy.ca
Institute of Classical Homeopathy, San Francisco www.classicalhomoeopathy.org
The International Academy of Classical Homeopathy www.classicalhomeopathy.com
New England School Of Homeopathy - Dr. Paul Herscu And Dr. A... www.nesh.com
Hahnemann College of Homeopathy www.hahnemanncollege.com
Pacific Academy of Homeopathy www.homeopathy-academy.org
Northwestern School of Homeopathy www.homeopathicschool.org
The British Institute Of Homoeopathy International www.britinsthom.com
Colorado Institute for Classical Homeopathy coloradohomeopathy.org
www.homeopathyhome.com/reference/provings
www.homoeopathie-wichmann.de

InHom project (ICE) Koethen. \www.lnHom.de(http://www.dzvhae.com/portal/loader.php?org=36300&seite=Index
Website is being built up, will also collect provings of German origin and freely accessible for everybody. Sponsored by DZVhA).

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Luc:

I think it would be interesting to have a meeting with SCPh.
Cooperation with pharmacists is necessary to meet the quality standards of the booklet concerning the proving substance.
Important is also to know which remedies could be endangered and which ones have to be proved (registration matters). The availability of the "souches" of rare and endangered remedies can be secured by pharmacists, so further proving can be done to get later registration of the remedy. A thorough cooperation is necessary

Jack:

As for the "endangered remedies":

1. Some doctors have a wrong perception of which remedies are "endangered"; they think that when a remedy is not registered for industrial production, that it then would disappear. This is untrue; there are other solutions to get it.
2. What are the real dangers for availability of remedies?
   - Lack of proper definition of the raw material (e.g. Nosodes, several plants, etc)
   - Unavailability of the raw material (e.g. extremely rare animals or plants)
   - Lack of certified producers of the raw or starting material (e.g. tinctures)

   Expiry date problems for rare remedies, iso's, et

   Unharmonised preparation methods result in "different" remedies from country to country, from region to region.
3. Discussion of possible solutions: I propose to make a remedy bank since years; perhaps there are other proposals costing less?

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European Committee for Homeopathy

Action plan and more

Excerpts from the paper from Brussels 2006 concerning the SCP work

The ECH General Assembly and the European homeopathic doctors' associations agreed on the ECH action plan 2007-2010. As far as the work of the subcommittee provings is concerned, the following points were adopted:

• enhancing quality of materia medica / repertories
reliability of proving symptoms, clinical verification criteria, definition of cure, criteria for confidence rating of symptoms, criteria for the inclusion of new symptoms into the materia medica, etc.

• getting acceptance of provings guidelines and a proving protocol as a standard (including approval by ethics committee; guidelines are currently being translated)

• promoting high-quality provings

• laying down a training programme for proving supervisors

• establishing a provings database and website

That means that your subcommittee is supposed to achieve these targets by 2010.

Ελληνική Εταιρεία Ομοιοπαθητικής Ιατρικής

www.homeopathy.gr

European Committee for Homeopathy (ECH): *www.homeopathyeurope.org*

Ευρωπαϊκή Επιτροπή για την Ομοιοπαθητική

Γενική Συνέλευση - Βρυξέλλες 15-16 Nov 2008

Χρήσιμες Σημειώσεις / Εργασίες / Πρακτικά:

Pharmacy:

ECH SUBCOMMITTEE PHARMACY

ENDANGERED REMEDIES
WORKING DOCUMENT

DEFINITIONS

remedy : every homeopathic medicinal product (HMP) like defined by the European Directive 2001/83/EC (and amendments, hereafter called "the Directive") art. 1:

Medicinal product:
Any substance or combination of substances presented for treating or preventing disease in human beings.
Any substance or combination of substances that may be administered to human beings with a view to making a medical diagnosis or to restoring, correcting or modifying physiological functions in human beings is likewise considered a medicinal product.

Homeopathic medicinal product:
Any medicinal product prepared from products, substances or compositions called homeopathic stocks in accordance with a homeopathic manufacturing procedure described by the European Pharmacopoeia or, in absence thereof, by the pharmacopoeias currently used officially in the Member States. A homeopathic medicinal product may also contain a number of principles.

Substance:
Any matter irrespective of origin which may be:
human, e.g.
human blood and human blood products;
animal, e.g.
Microorganisms, whole animals, parts of organs,
animal secretions, toxins, extracts, blood products;
vegetable, e.g.
Microorganisms, plants, parts of plants, vegetable
secretions, extracts;
chemical, e.g.
elements, naturally occurring chemical materials and chemical products obtained by chemical change or. synthesis.

This definition includes the homeopathic stocks themselves being also "prepared.... in accordance with a homeopathic manufacturing procedure described by the European Pharmacopoeia or, in absence thereof, by the pharmacopoeias currently used officially in the Member States

raw material : any product, substance or composition of substances from which homeopathic stocks are made; sometimes, raw material and stock are the same.

prepared : manufactured (on industrial level, by an authorized manufacturer (commonly referred to as *homeopathic laboratory*, term to be avoided) as meant under Title IV of the Directive) or formulated (on pharmacy level, like meant in Directive 89/341/CE).

Manufactured HMP have to comply with the Directive, i.e. they have to be registered as a **speciality** by one of the 3 authorized registration procedures.

Formulated HMP are excluded from the Directive since they cannot be registered. They are preparated in 3 ways:
a. **magistral formula:** any medicinal product prepared in a pharmacy in accordance with a prescription for an individual patient.

-b. **official (officinal) formula:** medicinal product which is prepared in a pharmacy in accordance with the prescriptions of a pharmacopoeia and is intended to be supplied directly to the patients served by the pharmacy in question.'

c. **delegated magistral formula** : any magistral formula prepared by an authorized industrial manufacturer or by an other pharmacy than meant under a., on demand of a pharmacy meant under a. *(legal basis?)*

So, industrial authorized manufacturers so far delivered two kinds of HMP : manufactured ones (most of the time in serial mode) and delegated magistrals (originally one-by-one, but often in small series for recurrent remedies like polychrests)

RAW MATERIALS **AND** STOCKS

During decades, the raw materials were in general acquired by the HMP manufacturers or exceptionally by specialized companies. The raw materials they used were regulated in two ways:

- if the raw material or stock was described in an EU official pharmacopoeia, the substance had to comply with this pharmacopoeia (exceptions were tolerated, see next point)
- if the raw material or stock was not mentioned in or differed from such a pharmacopoeia (which has been the case in 80% of the cases!), the manufacturer had to construct its own validated method of preparation and quality control

From these raw materials they made their own stocks.

This situation gave way to an important diversity in used sources for what should be in the end: all the same HMP

At pharmacy level the situation has been quite unclear and not harmonized. As far as known, Belgium is the only EU member state where there is specific legislation about the raw materials and stocks used in formulations: all components of a formulated preparation (prescribed or not) have to comply with the RD of 19/12/1997, saying that these components had to be:

- authorized to be sold as a primary material for such kind of preparation
- purchased from an authorized dealer or producer of that component
- accompanied by a certificate of quality control compliant with the label of the component.
- OR, if the component were available as a speciality, the pharmacist could use the speciality as a starting material in his formulation.

In practice it meant that the pharmacies had to buy their stocks or starting products for formulations almost always from the authorized HMP manufacturers.

ENDANGERING MECHANISMS

A remedy is not endangered if it is **practically available for patients who need the remedy.** To be so,

- the remedy should be experienced as "needed"
- its raw material nor stock nor dilution should not be forbidden by any (local or other) regulation
- it should be affordable to the patient; if this turns out to be the limiting factor, public authorities should interfere to make it affordable (social security system or whatever other systems)
- its raw material or stock of first safe dilution should be available with analytical or control certificate, **or**
  it should be registered under the Directive

It should be stressed that since the publication of the Directive in most EC countries there has been established a provisional "notification" of remedies: this is a list of remedies to be declared as present in the market at the moment of publication of the Directive. Competent Authorities (CA) have taken such measurement because the registration procedure was expected to take very much time and effort, as well from CA as from the applicants. Therefore it was decided that all notified remedies could stay on the market until their registration application would have been treated. If a remedy's registration would be denied, the remedy would loose its notification, if its registration would be accepted, its notification would be replaced by registration.

Which situations lead to an endangering situation?

1. The remedy is legally **forbidden** (ex. in some countries some raw materials are forbidden to the market like hard drags, toxic plants like Kava Kava, etc, even in diluted form): in such case the remedy is completely unavailable. It is unclear what happens if the prohibition is only local (e.g. in one country);

there could be a conflicting situation with the principle of free circulation of goods in the EC.

2. The **source material** (plant or animal, host or symbiont, infectious material, mineral or chemical) has **vanished** or is **endangered** due to eradication, extinction, evolution etc. or is protected and therefore practically impossible to obtain in a legal way. The remedies thereoff are to be considered endangered

3. The authorized **manufacturer chooses not to apply for registration.** Consequences:
    a. the authorized manufacturer is not allowed to re(produce) unregistered remedies as a speciality. He theoretically could be authorized to produce and sell a stock or raw material (if he makes an application with quality control file), but which manufacturer would want to do that, and for what economical reason? Because if it would be sold thereafter as a starting substance for further processing in a magistral or officinal preparation, it should be delivered as a serial made product and with quality certificate. The costs will be excessive, and the turnover too small. However, it remains unclear if he is allowed to preparate an unregistered remedy as a delegated magistral.
    b. the reason why he chose to refrain from registration is important:
        i. economical reasons; possibly these reasons will not play for other manufacturers (e.g. access to a bigger market, lower costs, less margin, easier access to the materials, etc). As long as at least one other manufacturer holds and exploits a registration of the questioned remedy, the remedy cannot be seen as endangered
        ii. strategic reasons: by reducing the number of remedies, the ones that are still produced become more "needed"; this is an extremely questionable policy in homeopathy.
        iii. technical reasons: if a manufacturer cannot fulfil the requirements that are asked for in the registration file, he can refrain from further study, research or other practical arrangements to become suited for registration. Such cases makes you wonder on which quality basis the remedy was available from this manufacturer before the Directive or under notification regime **or**
        iv. the manufacturer is unable to prepare the remedy for one reason or another (e.g. no authorisation to prepare/manipulate high risk nosode material)

As for the technical reasons, there have been many discussions in the past about the necessity to demonstrate the "homeopathic character" or later on the "homeopathic use" of a remedy as a part of the registration file. For as far as this had been the case, the registration as such was "endangered"; but as long as the raw material or stock is legally available for magistral or officinal preparation, there is no need to classify the remedy like "endangered"

4. CA **refuses registration files.** Since in such case the notification disappears, and if point 2. iii is the case, the applicant cannot produce the remedy anymore. It depends if some other manufacturer finalises his attempt to register the same remedy successfully. If no one would be able to register a certain remedy despite all effort, the remedy could become endangered. Indeed, as long as there is the raw material or stock authorized and available for processing in a pharmacy, the remedy stays theoretically available. Anyway, it depends if the starting material can be practically and legally acquired by enough different pharmacies in order to qualify it as "practically available.

5. The **starting material for magistral or officinal preparation is unavailable.** This could be for some reasons:
    a. the raw material or stock or dilution material is too rare or too expensive: practical unavailability
    b. the raw material or stock cannot be purchased or processed legally (e.g. no quality certificate, no authorized producer, isotherapy, etc..)
    c. the remedy is not registered. Indeed, when the raw material or stock or dilution is unavailable as starting material for magistral or officinal preparation, but if it is available as a registered remedy e.g. as a tincture or dilution, a pharmacist is allowed (in all countries??) to use this "speciality" as a starting material for a magistral (!! not an officinal!!) preparation. However, there are (improbable!) practical limits: suppose a registered 30 K is only available exclusively as a speciality. So all lower potencies like 6K or 12 K cannot be prepared magistrally from this 30K dilution.

So in this case (point 5), together with registration failure, the remedy is to be seen as endangered indeed.

From all this technical info comes one simole **conclusion:**
if a remedy is not registered under the Directive, and at the same time the starting substance to preparate the remedy as a magistral (delegated or not) or officinal preparation is unavailable, the remedy is to be seen like endangered.

So, in order to prevent a remedy from becoming endangered, there are two ways:
- register the remedy under Directive 2001/83/EC, **or**
- obtain a primary material authorization for selling a starting material of the remedy (raw material, stock or (first safe?) dilution) to an authorized producer or pharmacy in order to generate a magistral or officinal preparation.

In reality, all non-registered remedies will have to be secured inside a long time proposed Remedy Bank, in order to stay available as a starting material for individualized preparation, corner stone of classical homeopathy like explicitly mentioned in the preamble of the said Directive.

This document is a working document, open for discussion during the joint SC meeting of the Proving SC and the Pharmacy SC (General Assembly ECH, Sunday 16/11/2008, at 11.30 a.m)

Jack Hendrickx,
industrial pharmacist
Co-ordinator
PHARMACY SUBCOMMITTEE
ECH

ECH SUBCOMMITTEE PHARMACY

(former SC Pharmacopoeia, Materia medica and Pharmacology)

MINUTES to the SUBCOMMITTEE MEETING in OOSTENDE , 25-05-2008

AGENDA

1. Welcome & introductions
2. Apologies for absence
3. Minutes of last meeting ; matters arising from last Council meetings
4. "Which measures can be proposed in order to assure reproducible, safe and documented homeopathic preparations": discussion of proposals for obtaining :
   - correct identity (documentation) of raw and starting substances
   - indifferent materials used in contact with homeopathic substances.
   - documentation of preparation procedure
   - required precision of dilution, dynamisation, impregnation parameters

Date and place of next meeting (joint meeting with Provings SC, September 2008)

The meeting took place in the margin of the LMHI world congress in Oostende. The meeting was opened by the coordinator at 10.15 am.

Present: Gabrielle Barben (microbiologist, CH), Linda Cicigoj (pharmacist, SI), Fruzsina Gabor (doctor, HU), Joseba A.Ruiz Golvano (pharmacist, ES), Jorg Haberstock (doctor, DE), Jack Hendrickx (pharmacist, BE, coordin.), Lee Kayne (pharmacist, Scotl. GB), Steven Kayne (pharmacist, Scotl. GB), Isidre Lara (doctor, ES), Nonna Petrova (doctor, BG), Gema Pons (pharmacist, ES), Pietje Sligcher (doctor, NL) ; invited : Amarilys de Toledo Cesar (pharmacist, BR).

Excused : Degremont Philippe (FR), Martin Dicke (NL), Mariano Marotta (IT), Gerhard Peithner (AT).

After brief welcome, all participants presented themselves.

Point 3 was skipped, documents were not prepared, were promised to send later.

Point 4 item 1 was discussed in depth, point 2 was just touched, each of the following points will be subject of later meetings. The point was framed by the working document « PHARMACEUTICAL ASPECTS OF HOMEOPATHIC PHARMACEUTICALS ; points to consider on pharmaceutical standards for homeopathic medicinal products ». This document was briefly discussed during the last meeting of 19-11-2006 (GA, Brussels), and out of the ppt. presentation were distilled 5 motions which were adapted.
The following remarks came forward during discussion of « correct identity (documentation) of raw and starting materials » :

- what is in fact the problem ? : since long the Proving committee puts out the warning for « endangered remedies ». One of the reasons that could (but doesn't have to) endanger a source material is the lack of registration (as a remedy) or authorization (as a raw material or stock). Amongst other reasons registration files are refused because of the poor definition and homeopathic documentation of remedies (Hekla lava, Murex,.), and the (apparent ?) absence of provings (clinical mm, list to be provided by Proving CS). Also, the pharmacopoeia materials do not always match the materials in the materia medica (Apis, Merc, sulf. Zinc.phos., Petroleum, Bryonia, Cactus, etc.). Sometimes official pharmacopoeias differ from each other (Pulsatilla)
- what is the aim of discussing this paper ? : a powerful doctors organization could be needed to clear-cut in this kind of dillema's. If the doctors decide about the materials to be used, or give way to two or more different verions of the same source material, this could solve dead end discussions. Our subcommittee can only suggest solutions to the Council, it is up to the Council's decision which proposals can be made out to the Pharmacopoeia authorities.
- actual authorized manufacturers (AM) give very poor if any information about the raw material, stock and production methids, and pharmacopoeia's contain vague information.
- ECH and ECCH have supported the petition of AEHA (German users alliance) demanding changes to the HAB before adapting the Eur. Ph. to these prescriptions, like :
    - intense trituration up to C3
    - integration of Korsakov method
    - closer correspondence of MM material with Pharmac. material.
    - hahnemannian globuli size for Q potenties

  Echamp reacted in a negative sence to these proposals (as could be predicted) ; also the answer of the Federal Institute for Drugs (Bf ArM) reacted reluctant: initiatives like these had to come from AM.
- some laboratories refuse to give basic information like quality control certificates ; their argument: it is a pharmaceutical product, produced under authorities control, so no need for documents.
- some problems about non-registration could be solved by magistral preparation. Pharmacists need to buy their source material for magistral and officinal preparation with a quality certificate. Refusing to deliver a quality certificate is to be understood like an attempt to prevent preparation inside the pharmacy.
- the BE authorities hoped that most of the stocks could be registred, so that the resulting « specialities » could be used in magistral preparations.
- in GB there are more than 500 tinctures available ; pharmacist can even prepare their own tinctures ; in many EU countries this is strictly forbidden. Also if stocks are imported, they need to come with quality documents.
- remedies that appear in the official pharmacopoeia : the quality control is in the monograph ; for all others : AM have to develop validated monographs for internal use. The refrain from making them public (invested too much research in it) ; the collection of e.g. plants is regulated by EU law, the preparation method is in the official pharmacopoeias. However, many pharmacists are not allowed to produce mother tinctures themselves, so they depend from the AM.
- there exists a « Bundesanzeige » listing short monographs of remedies that are not in HAB ; The following information was obtained from Gabreilla Garben after the meeting :

The original titel of the 3 Vol.:
Homoopathische Arzneimittel
Materialien zur Bewertung
Herausgegeben und bearbeitet von
Dr. Konstantin Keller
Dr. Sibylle Greiner
Dr. Peter Stockebrand
1995 (6th Lieferung)
Govi Verlag

A typical monograph is built like this:
Bezeichnung des horn. Arzneimittels (Remedy name)
Bestandteile des horn. Arzneimittels (Componets of the remedy)
Anwendungsgebiete (field of application)
Gegenanzeigen (Contra indications)
Nebenwirkungen (side effects)
Wechselwirkungen mit anderern Mitteln (interactions with other remedies)
Dosierung und Art der Anwendung (Dosage and application)
Definition des Ausgangsmaterial (Definition of starting material)
Angaben uber die Herstellung des horn. AM (specifications about the production of the horn remedy)
Darreichungsform (pharmaceutical form)

Concerning the Agenda - point 4:
4. "Which measures can be proposed in order to assure reproducible, safe and documented homeopathic preparations"
4.2. indifferent materials used in contact with horn substances:
All the materials used in contact with the remedies should undergo several test to find out if they are inert i.e. the fluid used as excipient will be shaked in the container at different temperatures. It has to be certain that no softening agents or ions will be "ectracted" by the solvent of the remedy under different circumstances.

4.3. The manufacturing of the remedies must follow the guidlines in the permitted pharmacopoeias.
The different steps of production must be documented based on the charge to make sure that you can trace back from the
remedy to the starting substanc. The GMP and GDP guidelines must be followed.

4.4. Precison in dilution: the ratios are important but it's not a matter of decimal places.
dynamisations: minimum 10 succussions per step.

impregnations parameters: the ratio 1 part dilution 100 parts pellets - the time and the method of
impregnation should be validated - i. e. optical check with a dye.

- some companies were mentioned that indeed give quality certificates.
- the question of labelling was put: should the raw material or stock be clearly defined and documented on the label ? Under what name ?
- in BG (8mln people) potencies over 30C only available in 2 phamacies, only 1 is producing. Als doctors are preparing, in fact all preparations must follow normal registration.
- the idea of the Remedy Bank, proposed by the coordinator on October 3rd 1999 to the ECH Council in Vienna, was launched again for discussion. Indeed such a collection of remedy material and data as reference material for research could also serve to provide AM and pharmacies well referenced raw materials and stocks, even first safe dilutions.
- the idea was well accepted ; the organisation should be non profit, and not seen as concurrence to AM ; it would look for cooperation with universities, horn, schools, doctors, pharmacists, CA and AM ; there was the remark that also non-medical doctors could contribute as well.
- AM could supply their material with partially closed files ; the reputation of the remedy bank should have enouh authority to guarantee quality
- any person or organisation could present their « own » remedy source material. Since the remedy bank has no commercial objective, such personal remedys should be treated confidentially, as far as authorization is possible and affordable.
- a proposition to elaborate a business plan for the project was unanimously voted in favour; the coordinator was charged with the elaboration by next meeting.

- item 2 or point 4 was slightly touched : contact materials are to comply with the normal legal and GMP prescriptions ; but are there other requirements for homeopathic use ? It was aggreed that such items coould be discussed later, together with pharmacopoeia items and e.g. precision norms for reproducible preparation.

Point 5 was than treated, like asked by Ton Nicolai
Subject was the 4th Draft of the paper « Definition of the source material of nosodes. The paper was the result of consultancy between ECH and ECCH, and documented by multiple literature sources (see references at the end) ; the need of the document became clear when the Joint EU Working Group for Nosodes failed to come up with a generally accepted model monograph for a registration trial (asked informaly for recently again by CA deputies during meetings in London (EMEA) and The Hague (CBG))
The document was analysed paragraph by paragraph, the corrections can be found in blue in attached file.
Some general remarks were made to the definition under point 2 of the document, like
-sarcodes should have a separate definition jhowever, the definition had been already accepted by ECH way before, after the SC advises
- sarcodes are different from nosodes, the example of Tuberculinum was given
- it was proposed to complete the definition with a more pharmaceutical definition, like a collection of special groups of animal and human material ; the definition given in this document will not help registration forward ; especially for HU the problem remains.

- Syphilinum was definitely to be in the paper
- the problem about pooled remedies like Lac Humana or Carcinosinum was discussed. The use of pooled remedies was in majority rejected.
- lyssinum must be collectable by vets checking dogs for rabies.
- the name giving was discused extensively ; labeling should be in accordance with legislation. Most members were in favour of putting traditional name first, followed by scientific name and method of preparation (or pharmacopoeia)

Finally some varia were discussed :

- Linda Cicigoj will present during the next meeting the content of the course for pharmacist that is starting in her country
- Lee Kayne remembered the fully elaborated courses and diploma's for pharmacists including prescribing established in GB
- Jorg presented the propositions for including Q potencies, Korsakov dilutions and other items of classical homeopathy into the HAB
  at the same time he gave way to his deception that the joint paper on safety, quality and availability was rejected by Echamp.
  he made an explicit plead for more transparant information from AM about their remedies ; mentioning already the preparation method would be a big step forward.
- Fruzsina Gabor should prepare a list of questions to be send out, helping to solve the difficult dialogue with CA in her (and probably other) country (ies)

The meeting was closed at 15.45 Thanks for all your positive contributions.
Next meetings will be during the General Assembly from 15 to 16 November 2008 in Brussels. Ther will be also a joint meeting with theSC Provings to look at the problem of endangered remedies.

ECH SUBCOMMITTEE PHARMACY

Minutes of the Meeting in Brussels (BE)
on 17-18-19 November 2006
Hilton, Brussels

Present: see attatchment; the Sunday meeting was partially attentded also by Patricia Leroux (FR, Council)

Excused : Kayne Steven (GB), Wild Christine (DE), Klein Christien (NL)

We sincerely thank Jorg Haberstock for taking the notes during these meetings.

1. **Wellcome & introduction, apologies for absence**
2. **Minutes of last meeting** : the minutes were approved
3. **Situation of horn. Pharmacy in Europe**
   - **Slovenia** : a basic course by Slovenian society for horn. Pharmacists is started since Oct. /06: 12 days of 10 hous each + 20 hours of practice
   - **Spain** : the legal situation for homeopathic pharmacy is complex and partially de-centrallised. Rules for preparation and equipment 3 or 4 levels) differ from district to district. A Master course for pharmacists in homeopathy is envisaged. Getting raw materials for preparations is a growing problem.
   - **Italy** : astonishing news : since 4/08/06 : horn. Single remedies available in supermarkets (pharma-counter) (Germany and GB already), dispite 15000 pharmacies. Registration not developing. Price wor of Laboratories
   - **Bulgaria** : during last 40 years, homeopathy was forbidden. Now, a general pharmacy organisation exists for homeopathy, education can start now. Most products available in pharmacies, but pharmacist lacks education, so no good consultancy. One of the three organisations for homeopathy is Boiron-controlled. Own production in pharmacies is not available, only few pharmacies have the complete range of imported homeopatica. In total 4000 pharmacies.
   - **Germany** : Availability of remedies shifts to the pharmacies, pharmacist education is very successful (doctors : decreasing!) There is an fairly open market, sending of remedies by mail for instance is allowed
   - **France** : absolute power of one laboratory group, prices are kept very low for the current remedies, rare remedies very expensive. General quality is going down, pharmacist training only in function of the

laboratory spectrum
- **Belgium** : registration committee specifically for homeo; no actual update of evolution (compare : NL); Initiative HOPE blocked by lack of initiative from member states. Anxiety about building medicines : schools lack pupils, will laboratory (-ies is not there anymore) take over?. Universities take small initiatives like seminaries about homeopathy (no homeopathic pharmacy)
Intresting publication : 100 remedies for acute situations (UNIO); result goes to research.

4. **Joint position paper on the Availibility, Quality and Safety of homeopathic medicinal products in Europe.**
The discussed text was proposed by DZVHAE and ECCH.and presented by Jorg Haberstock (DZVHAE). The proposal to make a draft out of the paper which can be adopted was rejected by the proposers, it should be adapted and taken as a whole like discussed in the SC. The proposal is the ECH to join the paper as a large group of what was discribed as "users" of homeopathic medicinal products, (users should be understood as practitioners, not patients). In the discussion in the pharmacy Subcommitteea lot of problems showed up caused by differences in views between pharmacists and practitioners on homeopathic pharmacy in general.
Follow-up : resulting from the discussions, two documents were produced . A first one was produced by Jorg Haberstock, according to his personal notes of the discussed items. In parallel, an adapted proposal was edited by Jack Hendrickx, co-ordinator, according to his personal notes of the discussion. This latter document was sent to the people listed up in ECH as interested members of the Pharmacy SC, with the request to comment on the sent document..
Both documents (see attachments) were presented for advise ECCH and DZVHAE.. As a result, no joint position came out. It was decided by the Officers of ECH to withdraw the file from the Co-ordinator and to let it be handled by Jorg Haberstock. The Coordinator aggreed, and proposed that both documents should be compared/commented by the atendants of the SC meeting in Brussels. At the moment of the redaction of these minutes, no result was known.

5. **Pharmaceutical aspects of homeopathic pharmaceuticals** (dod)
This document was proposed by the co-ordinator, in combination, with a ppt. document **Pharmacy strategy, proposals for harmonised pharmacopoeia.**

The doc2 contained 5 proposals for motions to be discussed and to be voted upon by all attendants. The motions were documented with dod, providing 15 points of consideration about pharmaceutical standards for homeopathic medicinal products.

After considering all points in a limited time frame on Sunday, the five

motions were brought to vote. Motions 1 & 3-5 were adopted unanimously. Motion 2 was adopted only after adaptation ( ). The co-ordinator would bring these motions to the interested members for comment, and finally to the Council for adoption.

Motion 1: ECH demands urgently a position from the European Commission about harmonization of EU-MS national regulations around F.O. and F.M. in public pharmacies, and about primary materials used for these preparations; this position needs to envisage solutions for the specific problems around homeopathic F.O. and F.M. Delegation of homeopathic magistrals to industrial companies should be reconsidered

Motion 2: ECH demands that the definition of homeopathic medicinal products in the worici will be harmonized with the existing European definitions in other parts of the world where HMP are regulated as such.
The denomination "H(M)P" should be protected against misuse

, and the aspect of similitude should be included in the Definition.

Motion 3: ECH demands the urgent development of homeopathic GMP and GPP for as far it is necessary to comply with the specific characteristics of homeopathic preparations in industry as well as in public pharmacies.
ECH proposes that the Pharmacy Subcommittee takes charge of the elaboration of a draft GPP for European public pharmacies.
These rules should be developed in close cooperation with trained pharmacists from industry as well as from public pharmacies, as well as with ECH organisation as such.

Motion 4: ECH demands to be involved in a more efficient dialogue for harmonizing homeopathic Pharmacopoeia in Europe.
Homeopathic pharmacy training should be included in the basic pharmacist training at European universities.
HMP should be integrated in social security systems
All existing and new HMP schould be maintained in a safe dilution grade on the EU market

Motion 5: ECH demands the integration of GAPs (Generally accepted procedures) in homeopathic GMP and GPP, rather than to wait for evidence based homeopathic pharmaceutical norms.
At the same time special efforts should go to research on homeopathic pharmacy aspects, in order to correct GAPs and

leading to evidence based homeopathic Quality.

6. **Update on Joint Working group for nosodes**
   Ton Nocolai's document "some thoughts about 5 state-of-the-art nosodes, and the Immelman article on safety of homeopathicals was presented; by lack of time, the subject was postponed.

7. **Availability of raw and starting materials for homeopathic preparations: private or cooperative initiative.**
   The subject was presented, discution was postponed.

8. **How to adapt current GMP/GPP with respect to homeopathic individualized preparation**
   The itemwas accepted as major subject of 2007 meetings.

9. **Next meeting**
   No date was fixed yet, place will be Brussels.