



THE AUSTRALIAN HOMŒOPATHIC ASSOCIATION

ANSWERS

FREQUENTLY ASKED QUESTIONS

ABOUT

HOMŒOPATHY





AUSTRALIAN HOMŒOPATHIC ASSOCIATION INC.

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FOR FURTHER INFORMATION CONTACT:

Australian Homœopathic Association – National Office

PO Box 430, Hastings, VIC 3915

Phone: 03 5979 1558

Email: admin@homeopathyoz.org Website: www.homeopathyoz.org



1. WHAT IS HOMŒOPATHY ?

Homœopathy is a therapy based on the theory of treating like with like. Homœopaths treat a patient's symptoms by giving a highly diluted form of a substance, animal, vegetable, or mineral, which, taken in a crude dose, would cause similar symptoms when given to a healthy person. In assessing the patient, homœopaths often take into account a range of physical, emotional and lifestyle factors.

Homœopathy was developed over 200 years ago and is now used worldwide. It is acknowledged by the World Health Organisation as a valid form of health care. Its effectiveness has been clearly established by over 200 years of clinical experience and has a pharmacy of over 2000 medicines, which are non-toxic and non-addictive, owing to their method of preparation. Homœopathy is also cost effective.



2. HOW DOES IT WORK ?

Homœopathy works by using minute doses of substances, which cause symptoms similar to the illness being treated. Examples of the application of this principle are:

- The use of homœopathically prepared red onion (*Allium Cepa*), which, in a crude dose, would cause watery eyes and sneezing, may be used for hay fever and some allergies.
- The use of homœopathically prepared coffee (*Coffea*) as a treatment for insomnia.

The use of Ritalin, a stimulant drug for children suffering from hyperactivity, is an example of the unacknowledged application of the homœopathic principle by contemporary orthodox medicine.

Efforts to explain scientifically how homœopathy works have not been successful to date, but similarly some drug actions in orthodox medicine have not always been understood either. For example, the actions of salicylic acid (aspirin) and paracetamol (Panadol) have been used in orthodox medicine for over 70 years, but have only been fully understood since the 1980's.

If a homœopathic medicine is analysed, a pharmacologist would say it consists of water, ethanol and sugar. While such a description is true, it ignores the result that follows from taking the medicine. A chemist, for example, would accurately describe a compact disk as an object made of plastic and various chemical coatings, but would not detect the presence of music as part of their testing process. Both descriptions are accurate but incomplete.



3. WHAT CONDITIONS CAN HOMŒOPATHY TREAT ?

The system of homœopathy is based on the selection of a medicine that causes symptoms similar to those that the sick person is experiencing. This 'Law of Similars', as it is called, is a practical method of finding the substance to which a person is sensitive. Wherever a set of symptoms can be obtained, a condition can be treated. For example, headaches in different patients would each be treated with different medicines, according to the patient's individual symptoms. Therefore, homœopathy can treat a wide range of chronic and acute illnesses.

4. WHO USES IT ?

The majority of patients seeking homœopathic treatment have already utilised the conventional medical system for their complaint. Therefore, it is not uncommon for patients to come to a first consultation with a confirmed medical diagnosis along with results of medical investigations.

Those who use homœopathy come from a wide range of socio-economic groups, many of whom are children and adults from educated, affluent families.

Naturopaths, chiropractors and GP's may also prescribe homœopathic remedies as part of their treatment, depending upon their training.

5. WHY ARE PEOPLE SEEKING ALTERNATIVE TREATMENTS SUCH AS HOMŒOPATHY ?

Dissatisfaction with orthodox medical treatment is frequently given by patients as a reason for their visiting a homœopath. The following findings provide evidence for this trend. Personal referral from those who have experienced the healing potential of homœopathy is the major source of new clientele for homœopaths.



- **Every year in Australia 14,000 people die from medical errors in hospitals. (1995 figures) (*The Australian*, March 15, 1999,17).**
- 25% of Australian hospital admissions are for iatrogenic (medically induced) or drug related diseases. (*Current Therapeutics*, July 2000, 76-79).
- A large number of diseases are misdiagnosed by doctors. (*Independent Monthly*, Oct 1994, 36-43)
- There are 140,000 hospital admissions in Australia every year because of misused pharmaceutical drugs (*Australian Journal of Pharmacy*, 83, September 2002, 774).
- **The total number of adverse reactions to drugs in Australia from the 1999-2000 year (those resulting in hospital admission and those that did not) was 400,000 (*Aust Journal of Pharmacy*, 83, September 2002, 774).**
- **The reports of adverse reactions from natural medicine to the Australian Adverse Drug Reactions Advisory Committee (ADRAC) average 23 per year (*Aust Journal of Pharmacy*, 83, June 2002, 516-517)**



6. WHAT RISKS ARE INVOLVED WITH THE USE OF HOMŒOPATHY ?

Homœopathy carries few risks in its practice, when compared to other therapies. The method of preparation of homœopathic remedies makes them non toxic and non addictive.

7. HOW WIDESPREAD IS ITS USE ?

Homœopathy is used throughout the developed world. According to the WHO, 30 million Europeans use homœopathy. In the UK, homœopathy is available in five National Health Service (NHS) centres. NHS is the equivalent of the Medicare system. In 1993 37% of GP's practiced homœopathy and 42% referred their patients to a homœopath. A University of Exeter report found that 2696 people were members of homœopathic practitioner organisations. The Royal family has used it since 1830 and it has a wide acceptance throughout Europe. In France, the most popular cold and flu remedy is a homœopathic medicine. Homœopathy is also used extensively in the developing world, due to its easy access, cost effectiveness and low risk profile. Over 10,000 doctors in India use homœopathic medicine to treat their patients. Homœopathy is also used in veterinary medicine, both in Australia and overseas.

A study by MacLennan in 1996 found that 4.4% of his sample had used homœopathic medicines in the past year, and 1.2% had visited a Homœopath i.e. an estimated 240,000 homœopathic consultations in 1996 [MacLennan AH, Wilson DH, Taylor AW. *Prevalence and cost of alternative medicine in Australia*. *Lancet*, 1996, 347: 569-573]. Based on the 2004 registration figures of the *Australian Register of Homœopaths* (AROH), and making the conservative assumption that each AROH-registered practitioners has on average 10 consultations per week, an estimate of over 300,000 homœopathic consultations were made by registered homœopaths in 2004 i.e. an estimated 20% increase since 1996.



8. CAN THE HOMŒOPATHIC EFFECT BE ATTRIBUTED TO PLACEBO ?

This is the topic of many discussions about homœopathy. Homœopathy is effective on animals and children, which discounts the placebo theory. Research data is available in *The Lancet* Linde, K. et al. (1997). "Are the clinical effects of homœopathy placebo effect? A meta-analysis of placebo-controlled trials." *Lancet* vol. 350 pp. 834-843. The trend of the studies is that homœopathy is effective above placebo and requires further study.



9. HOW LONG HAS HOMŒOPATHY BEEN USED IN AUSTRALIA ?

The first homœopath to come to Australia was Englishman Dr Stephen Simpson, who arrived in Sydney in 1840.

Homœopathy started to become very popular in Australia during the time of the gold rush in the 1850s, which brought more doctors, some of whom used homœopathy, and other settlers who carried their own homœopathic supplies.

More information about the history of homœopathy in Australia may be obtained from the AHA's website: www.homeopathyoz.org



10. WHAT SUCCESSES HAS HOMŒOPATHY HAD ?

Homœopathy has gained increasing acceptance in Britain, Europe and the United States since the 19th century owing to its success in treating people during various infectious disease epidemics. The death rates from cholera, scarlet fever, typhoid, and yellow fever, following homœopathic treatment were significantly lower than from the orthodox medical treatment of the era.

For example, of 61 patients treated homœopathically at the London Homœopathic Hospital during the cholera epidemic of 1854, there were 15 deaths - whereas at the Middlesex hospital, where conventional treatments were given, there were 123 deaths from 231 cases. The comparative death rates were 16.4% for homœopathic treatment and 53.2% for conventional treatment. (*British Homœopathic Journal*, October 1989, Vol.78)

The yellow fever epidemic in New Orleans and the Mississippi Valley in 1878 is another example of homœopathic success. In New Orleans, 1945 cases were treated homœopathically with 110 deaths (mortality of 5.6%). In the rest of the South, 1969 cases were treated homœopathically with 151 deaths (mortality of 7.7%). This is a favourable comparison with a mortality rate for conventional treatment of at least 16%. (Harris Coulter, [1982, 2nd edition] *Divided Legacy: The Conflict between Homœopathy and the American Medical Association*, pp.298-302)

The effectiveness of homœopathic treatment for the 1918 'flu epidemic in USA is particularly striking. Julian Winston's [1999] *The Faces of Homœopathy: An illustrated history of the first 200 years* (pp.236-237) quotes from the findings in W.A. Dewey's article "A Chorus of Fifty in Harmony" in the *Journal of the American Institute of Homœopathy* in 1921:

1. A Philadelphian Homœopath, Dean Pearson collected 26,795 cases treated homœopathically with a mortality rate of 1.05% compared with a rate of 30% for conventional treatment.
2. Frank Wieland M.D. of Chicago told how in a plant of 8000 workers there was only one death. Gelsemium was practically the only remedy prescribed and neither aspirin nor vaccines were used.



Contemporary examples of Homœopathy's effectiveness are outlined in the next two sections.

11. ARE THERE HOMŒOPATHIC VACCINATIONS ?

The term *homœopathic vaccination* is a **misnomer**. *Vaccination*, a well understood medical term, relies on antibody formation. Homœopathic medicines do not rely on antibody formation. They affect the patient's initial pre-disposition to an illness, rather than the antibody/antigen reaction. There is a long history in homœopathy of disease prevention, using miniscule doses of the disease material for disease protection. When a homœopathic medicine is given to help protect the patient against infectious diseases, the correct description is "**Homœoprophylaxis**".

Homœoprophylaxis has been used for 200 years in homœopathy and precedes modern vaccination. There are numerous documented examples of the successful use of homœoprophylaxis throughout history. There are two contemporary examples of its use in Brazil:

- **In 1974 during an epidemic of meningitis in Brazil**, 18,640 children were treated homœoprophylactically and 6,340 were not. In the treated group four cases of meningitis were reported, in the untreated group, 32 cases were reported. Dr F X Eizayaga, *Treatise on Homœopathic Medicine* E Marecel, Buenos Aires pp 282-286.



- On the basis of this, in **1998 in Blumenau, Brazil**, a large-scale investigation of the use of homœoprophylaxis was undertaken in persons between 0 and 20 years. In the first six months of administration, the following results were obtained: of the 65,826 protected homœopathically, one case was reported. Of the 23,532 not protected, 7 cases were reported. A 12-month follow-up reported 3 cases in the protected group and 13 cases in the unprotected group. Statistical analysis demonstrated a 95% protection in children under six months and 91% protection in children over 12 months. Ref: *Meningococcal, its Protective Effect against Meningococcal Disease, Homœopathic LINKS Winter, 2001 Vol 14 (4) 230-4 Mroninski C, Adriano E, Mattos G.*



Australian studies on homœoprophylaxis have also been undertaken by homœopath and statistician Isaac Golden. He completed a PhD on this topic with Swinburne University in Melbourne in 2005. His findings include the results of a ten-year longitudinal study and are documented in the books:

Vaccination ? A Review of Risks and Alternatives 5th Ed 1997 ISBN 0-7316 8099-5 National Library Canberra (02) 62621434

Homœoprophylaxis: A Ten Year Clinical Study ISBN 0-646-32054 National Library Canberra

Homœoprophylaxis: A Practical and Philosophical Review ISBN 0-646-19529-8 National Library Canberra

PhD Thesis, Swinburne University, Melbourne

It is interesting to note that some pharmacological agents which are currently used in conventional medicine to augment a person's immune system - immunisation and allergy treatments, are based on the ancient (and modern) pharmacological principle of "similars." This, as already outlined, is the basis of the homœopathic theory and practice.



12. HOW IS HOMŒOPROPHYLAXIS REGULATED ?

The prevention of infectious disease remains one of the most difficult areas of medicine, with no perfect solution in sight. The use of homœoprophylactic medicine, despite some controversy within the profession, has a long and consistent history of use by some of our most respected prescribers. The first reference to such treatment can be found in Samuel Hahnemann's '*Cure and Prevention of Scarlet Fever*', 1801. In this text Hahnemann describes the prophylactic power of Belladonna in the prevention of scarlet fever. (*References listed below.*)

The following points are extracted from the policy statement of the *Australian Register of Homœopaths (AROH)* and are the basis for the registration of practitioners (See point 14):

- 1) Homœopaths may supply or prescribe homœopathic medicines for prophylactic purposes only upon the request of patients in their care.
- 2) In the course of consultation, homœopaths must avoid exerting undue influence upon the patient's decision on the treatment of their choice. When asked for advice about immunisation or prophylaxis, practitioners should avoid giving directives and instead encourage their patients to inform themselves of potential options, from a wide range of sources. Practitioners must encourage patients to make their own informed decisions about their treatment choice, in the light of their own particular circumstances.
- 3) As outlined in the '*National Competency Standards for Homœopathy*' (HLTHOM9A - Provide Specific Homœopathic Assessment and Care) practitioners are obliged to clarify their patients' expectations and the potential outcomes, and to provide information on infection control procedures, which include the NHMRC recommended immunisations and management strategies for acute infections.
- 4) Practitioners should document and date all discussions, advice and treatment with the patient. Prior to the provision of, or a prescription for, homœopathic medicines for prophylactic purposes, the consent of the patient or appropriate adult should be obtained in writing. This written consent by the patient or appropriate adult must include a clear statement indicating the following:
 - The patient understands that no prophylactic treatment guarantees immunity from infectious disease.
 - The patient understands that evidence for the efficacy of homœopathic prophylaxis is limited and is not accepted by public health authorities.



- The practitioner has informed the patient of the range of evidence and views in regard to homœoprophylaxis.
 - The patient has selected homœoprophylaxis by free choice, not as a result of pressure from the practitioner.
- 5) Homœopaths must be familiar with the current edition of *The Australian Immunisation Handbook*, published by the National Health and Medical Research Council and available by phoning 1800 671 811.
- 6) Homœopaths must be familiar with the legislation and reporting requirements for notifiable diseases in their State or Territory.



References on homœoprophylaxis:

- **Endler PC and Schulte J Eds.** *Ultra High Dilution. Physiology and Physics.* Kluwer Academic Publishers. Dordrecht, 1994
- **Ferley JP; Zmirou D; D'Adhemar D; Balducci F.** *A controlled evaluation of a homœopathic preparation in the treatment of influenza-like syndromes.* Br-J-Clin-Pharmacol. 1989 Mar; 27(3): 329-35
- **Jacobs J, Jimenez L M, Gloyd S, Gale J L, Crothers D.** Treatment of acute childhood diarrhoea with Homœopathic Medicine: A randomised clinical trial in Nicaragua. **Pediatrics 93 (5) 1994**
- **Poitevin B; Davenas E; Benveniste J** *In vitro immunological degranulation of human basophils is modulated by lung histamine and Apis mellifica.* Br-J-Clin-Pharmacol 1988 Apr; 25(4): 439-44
- **Reilly D, Taylor M, Beattie NGM, Campbell JH, Mc Sharry C, Aitchison T, Carter R, Stevenson RD.** *Is evidence for Homœopathy Reproducible?* The Lancet 1994 344. Dec 10 1601-6
- **Kleijnen, J, Knipschild P, Gerben ter Riet.** *Clinical Trials of Homœopathy* BMJ Vol., 302 9th February 1991
- **Dr. Sankaran P,** *Prophylaxis in Homœopathy.*
- **Bellavite P and Signorini A** *Homœopathy, A Frontier in Medical Science* North Atlantic Books Berkeley Ca 1995



13. HOMŒOPATHY AND ORTHODOX MEDICINE

Homœopathy has been practised for two hundred years. Throughout its history it has experienced an uneasy relationship with orthodox medicine. This has not been homœopathy's choice. Its successes have been belittled or ignored. The old school medical authorities of the day tried to omit the statistics of homœopathy's success in the London cholera epidemic (1854) from the report to the House of Lords. They were eventually compelled to include the information. In the 1878 New Orleans yellow fever epidemic the Surgeon-General refused to have a homœopathic physician on the Committee set up to deal with the outbreak. Consequently, the homœopaths set up their own Commission. Through Congress, a Board of experts was set up in 1879 to examine the issues arising. It accepted the report of the Homœopathic Yellow Fever Commission and ordered that it be printed with other documents in its own report. (Coulter, p.302)

The most recent attack, in a long trail of attacks on homœopathy, was on homœoprophylaxis in the New South Wales media in 2002. Homœopaths were said to be promoting "meningococcal vaccines", ignoring the Brazilian experience of homœopathic remedies minimising the risk of an infectious disease.

The accusation that some homœopaths promote homœopathic vaccines is seriously misleading. Firstly, homœopathic vaccines do not exist; secondly, 'to promote' is to advertise and urge people to embrace a mode of treatment. People who wish to avail themselves of homœoprophylaxis are already aware of this principle. Homœopaths have a protocol for handling the matter. (See point 12)

Those critics who maintain that homœopathy is 'useless', 'quackery', 'purely placebo' need to ask themselves why it is used more widely than ever. Its claims and record of safe use deserve objective assessment rather than prejudiced opposition.



14. HOW IS THE PROFESSION STRUCTURED IN AUSTRALIA ?

There are a number of homœopathic associations in Australia, all of which belong to the Australian Register of Homœopaths (AROH). In order to become a professional member of these associations,



criteria for entry into AROH must be met. The recently released Commonwealth 'Australian Consumer Handbook' contains the following entry on AROH:

"The Australian Register of Homœopaths Ltd is the national registration body for professional homœopaths and is the receiver and arbiter of complaints from the public against registered members. Homœopaths registered with the board have qualifications matched to the government endorsed National Competency Standards and are required to meet the Board's continuing education and insurance requirements each year. AROH's website is www.aroh.com.au.



AROH has a number of member associations in various States of Australia, with the *Australian Homœopathic Association (AHA)* being the largest of these, with Branches in each State. All member associations of AROH have a Constitution, which includes a Code of Ethics and Complaints Procedure.

15. IS HOMŒOPATHY COVERED BY HEALTH FUNDS ?

All major health funds except Medibank Private provide cover for homœopathic treatment.

16. HOW ARE HOMŒOPATHS TRAINED ?

AROH registers homœopaths who have undergone training at Registered Training Organisations or Universities, which comply with Commonwealth Government-recognised *National Competency Standards in Homœopathy (NCSH)*. This involves a minimum standard of a three-year Advanced Diploma Course of full time study and clinical training. The medical science component includes health sciences, pharmacology, symptomatology & diagnosis and physical examination. The study hours in the science component equals the homœopathic content in these courses. The University of New England (UNE) offers a homœopathic degree course, along with the Australian College of Natural Medicine (ACNM). The specification of approved training programs in Homœopathy are specified in the Government's *Health Training Package (HLT07)*, which embody the NCSH.

All AROH registrants must also meet annual Continuing Professional Development requirements as part of their registration requirements.



17. IS THERE ANY RESEARCH AVAILABLE ON HOMŒOPATHY ?

While scepticism of the efficacy of small doses of medicine is understandable from a strictly rational perspective, it ignores the large body of evidence from basic science, controlled clinical studies, epidemiological data, clinical outcomes trials, and historical review of the field. Some highly respected basic scientific research has begun to verify the claims that homœopaths have made for 200 years, and that various extremely low concentrations of biological agents can exhibit powerful biochemical effects. (Scientists have no way at present to assess the effects of less than a molecule of a substance).

There has been a large body of research on homœopathy. A review of 105 controlled clinical trials on homœopathy, published in the *British Medical Journal*, showed that homœopathic treatment was successful in 81 of those trials - Kleijnen et al, *Clinical Trials of Homœopathy* British Medical Journal 302; 316-23, 1991.

A group of researchers at the University of Glasgow and Glasgow Homœopathic Hospital conducted four studies on people suffering from various respiratory allergies (hay fever, asthma, and perennial allergic rhinitis). In total, they treated 253 patients and found a 28% improvement in visual analogue scores in those given a homœopathic medicine, as compared with a 3% improvement in patients given a placebo. (The result was significant at $P = 0.0007$). In the hay fever study, homœopathic doses of various flowers that are known to create pollen that initiates hay fever symptoms were used, and in the other studies, the researchers conducted conventional allergy testing to assess what substance each person was most allergic. The researchers then prescribed the 30C (100⁻³⁰) of this allergic substance (house dust mite 30C was the most commonly prescribed homœopathic medicine). The researchers called this type of prescribing "homœopathic immunotherapy," and they conclude from their research that either homœopathic medicines work or controlled clinical trials do not.



In addition to this body of clinical evidence, an independent group of physicians and scientists evaluated clinical research prior to October 1995. They reviewed 186 studies, 89 of which met their



pre-defined criteria for their meta-analysis. They found that on average patients given a homœopathic medicine were 2.45 times more likely to have experienced a clinically beneficial effect. When reviewing only the highest quality studies and when adjusting for publication bias, the researchers found that subjects given a homœopathic medicine were still 1.86 times more likely to experience improved health as compared with those given a placebo. The researchers also noted that it is extremely common in conventional medical research for more rigorous trials to yield less positive results than less rigorous trials.

Those interested in further inquiry into research should consult Bellavite and Signorini's *Homœopathy: A Frontier in Medical Science* (1995), North Atlantic Books, Berkeley, California. Dr. Peter Fisher, Director of Research, Royal London Homœopathic Hospital, UK says of this work that it is "an authoritative, up-to-date and comprehensive survey of the exciting empirical and theoretical developments in homœopathy. I warmly recommend their book to all who are interested in understanding homœopathy"



SOME HOMŒOPATHIC STUDIES:

1. **Manchanda R.K., Mehan N., Bahl R., Atey R.,** Double Blind Placebo Controlled Clinical Trials of Homœopathic Medicines in Warts and Molluscum contagiosum, *CCRH Quarterly Bulletin*, 1997, 19, 25-29. This trial was reported in two parts, one to evaluate the efficacy of homœopathy for warts (remedies included *Ruta graveolens*, *Nitricum acidum*, *Dulcamara*, *Causticum* and *Thuja*) the other to evaluate the homœopathic remedy, *Calcarea carbonica*, for Molluscum contagiosum. Placebo controlled studies involving a total of 147 subjects using single remedies in 30C potencies three times daily, 200C twice daily and 1M daily, for 15 days, showed that homœopathy was superior to placebo. *Thuja* was the most successful of the remedies used for warts.
2. **Shealy C.N., Thomlinson P.R., Cox R.H., and Bormeyer V.** Osteoarthritis Pain: A Comparison of Homœopathy and Acetaminophen, *American Journal of Pain Management*, 8, 3, July 1998, 89-91. In this trial, 65 sufferers of Osteoarthritis (OA) were split into 2 groups, and through a double blinding process were given either a homœopathic medicine or Acetaminophen, a commonly prescribed drug for pain relief in OA. Researchers found that homœopathy provided a level of pain relief that was superior to Acetaminophen, and produced no adverse reactions.
3. **Chapman E.H., Weintraub R.J., Milburn M.A., Pirozzo T.O., Woo E.,** Homœopathic Treatment of Mild Traumatic Brain Injury, *Journal of Head Trauma and Rehabilitation*, 14, 6, December 1999, 521-42. In a randomised, double blind, placebo controlled trial involving 60 subjects and a 4 month follow-up period, homœopathy provided significant improvement in parameters using measures such as "Difficulty with Situations", "Symptoms Rating Scale" and a "Participation in Daily Activities" scale.
4. **Davidson J.R.T., Morrison R.M., Shore J., Davidson R.T., Bedayn G.,** Homœopathic Treatment of Depression and Anxiety, *Alternative Therapies*, 3, 1, January 1997, 46-49. In this trial, 12 subjects suffering from major depression, social phobia or panic disorder, were treated for 7 to 80 weeks with individually prescribed homœopathic remedies and assessed on a clinical global improvement scale (CGIS) or self-rated SCL-90 scale and the Social Phobia Scale (SPS). Subjects were given homœopathic treatment either because they asked for it directly or because conventional treatment had been unsuccessful. The overall response rates for homœopathy were 58% on the CGIS and 50% on the SCL-90 and SPS.
5. **Sanchez-Resendiz J., Guzman-Gomez F.,** Polycystic Ovary Syndrome, *Boletin Mexicano de Homeopatia*, 30, 1997, 11-15. 36 women suffering from Polycystic Ovary Syndrome (PCOS), and fitting the mental picture of the homœopathic remedy *Pulsatilla*, were given *Pulsatilla 6C*, 4 hourly throughout the day for 2 weeks after the end of menstruation, and this was repeated for 4 consecutive cycles. At the end of the trial 30 of the 36 women had complete disappearance of the symptoms of PCOS and the production of normal ovulating follicles and a further 4 of the 36 became asymptomatic.
6. **Dorfman P., Lassere N.M., Tetau M.,** Homœopathic Medicines in Pregnancy and Labor, *Cahiers de Biotherapie*, 94, April 1987, 77-81. In this randomised double blind trial involving 93 women, a combination of *Caulophyllum*, *Actea racemosa*, *Arnica*, *Pulsatilla* and *Gelsemium*, all in 5C potency, was used to determine its effect on the length of labor and complication rates. The medicine was used from the beginning of the ninth month of pregnancy, and reduced the average time of labor to 5.1 hours, in comparison to the placebo, the use of which was associated with an



average labor time of 8.5 hours. The rate of complications for those using the homœopathic combination was 11.3% while the complication rate under placebo was 40%.

7. **Barnes J., Resch K-L., Ernst E.,** Homœopathy for Post-Operative Ileus: A Meta-Analysis, *Biomedical Therapy*, 17, 2, 1999, 65-70. Researchers examined the existing placebo controlled trials on this subject and, using the time to first flatus after surgery as a measure, found that those trials that used remedies potentised above 12C showed little difference to placebo, but those trials where the researchers used remedies potentised below the 12C threshold did produce results that were statistically better than placebo. Seven trials were examined in the study.
8. **Friese K.H., Kruse S., Ludtke R., Moeller H.,** The Homœopathic Treatment of Otitis Media in Children. *International Journal of Clinical Pharmacology and Therapeutics*, 35, 7, 1997, 96-301. In this trial, 131 children suffering from medically diagnosed otitis media were split into two groups. 28 were treated by a team of four ear, nose and throat practitioners using singly or in combination, nasal drops, antibiotics, secretolytics or antipyretics (Group B). 103 children were treated by one homœopath using single homœopathic remedies (Group A). The average duration of pain for Group A was 2 days, as opposed to 3 days for Group B. 70.7% of the Group A children were free of recurrences within the first year of treatment and 29% had a maximum of 3 recurrences while in Group B, 56.5% were free of recurrences within the first year of treatment and 43.5% had a maximum of 6 recurrences.
9. **Taylor M.A., Reilly D., Llewellyn-Jones R.H., McSharry C., Aitchison T.C.,** Randomised Controlled Trial of Homœopathy versus Placebo in Perennial Allergic Rhinitis, *British Medical Journal*, 321, 19 August 2000, 471-476. A group of 51 people suffering from allergic rhinitis were given either placebo or a 30C potency of their main allergen. The group given the homœopathic medicines showed significant improvement in nasal airflow compared to placebo.
10. **Jacobs J., Jimenez M., Malthouse S., Chapman E., Crothers D., Masuk M., Jonas W.B.,** Acute Childhood Diarrhoea - A Replication, *Journal of Alternative and Complementary Medicine*, 6, 2000, 131-139. In a replication of a previous trial carried out by Jacobs and others, 116 Nepalese children aged 6 months to 5 years suffering from diarrhoea were given an individualised homœopathic medicine or placebo. Treatment by homœopathy showed a significant improvement in the condition in comparison to placebo.
11. **Riley D, Fischer M, Singh B et al** Homœopathy and Conventional Medicine: An Outcome Study Comparing Effectiveness in a Primary Care Settings, *Journal of Alt and Comp Med*, 2001, 7, 2, 123-5 (Trials carried out by 30 practitioners at 6 clinics in 4 countries with 456 patients)

Further studies are available on the AHA website: www.homeopathyoz.org

