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The clinical experience in the centre of integrated medicine, Pitigliano hospital using magistral homeopathic formulations: results in outpatients affected by chronic diseases and considerations on the chronic care model integrated with homeopathic approach

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This work aims to assess the rationale and the results of an integrated homeopathic protocol applied in the Ambulatory of a public Hospital for the treatment of chronic diseases among 1600 patients: we have classified them by age, sex, kind of chronic diseases and we have considered also the incidence of comorbidities; we have assigned an integrated protocol comprehensive of a magistral homeopathic formulation different for any conditions. Then we have collected the results after a fixed time of observation (different for any kind of disease) using Edmonton scale, SF12, family and work performance evaluations.

Results: Recurrent respiratory syndromes: 85% reduction of the use of conventional therapies (antibiotics, anti-asthmatics, cortisonics); 75% in symptom reduction (at the start and then after 2 months).

- Rheumatic syndromes : reduction of pain (from 55% to 85%); reduction in the use of conventional drugs (after two months 28% less; after 4 months 57% less)
- Tinnitus (reduction of 45% symptoms based upon visual analogic scale)
- Allergic syndromes (75%–100% reduction of symptoms; reduction in the use of conventional therapies: 75% in perennial allergies and 100% reduction in seasonal allergies);
- Chronic pain syndromes (such as headache, migraine, etc.): (reduction of pain from 45% to 84%, depending upon the different pain syndromes).

Our experience confirms the possible role of homeopathy in chronic diseases as longlasting therapy, useful to take into account the full complexity of this kind of patients and to try to discharge, when it is possible, the use of conventional drugs.

Homeopathy and public health: multimorbidity, polypharmacy, antimicrobial resistance, adverse drug reactions and homeopathy

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Multimorbidity and the linked problems of polypharmacy, adverse drug reactions and antimicrobial resistance are among the greatest challenges facing public health in the UK and all developed countries. I have given evidence to the House of Commons Health Committee and to the Commons Science and Technology Committee on these issues. In low income countries infectious diseases remain a major challenge, often linked to antimicrobial resistance. There is growing evidence, particularly from clinical effectiveness studies, that homeopathy has potential to alleviate this crisis.

I will overview the evidence around the incidence, nature, correlates and consequences of multimorbidity. Also the connected issues of antimicrobial resistance, polypharmacy, adverse drug reactions and drug interactions.

I will then review the clinical evidence for homeopathy, focussing on comparative effectiveness research into its potential to reduce consumption of antibiotics and other undesirable treatments. This includes evidence that integrating homeopathy into primary care reduces prescriptions of potentially harmful medication for upper respiratory infections and musculoskeletal conditions with equivalent or greater clinical benefit. Integrating homeopathy is also associated with healthier lifestyles and greater participation in self-care.

I will also review the emerging evidence for homeopathy as an adjunctive treatment in life threatening infectious diseases in developing countries, including malaria and multiple drug resistant TB.

If homeopathy is to realise these opportunities to contribute to public health, a clear and focused strategy is required. Networks and collaboration must be developed; irresponsible and speculative claims must be avoided. Instead we should concentrate on well-established treatment strategies and explore the potential of constitutional treatment in multimorbidity, treating people as individuals with complex health problems, not as multiple diseases each to be treated with different, and often multiple, drugs.

Proving ethics: at the coalface

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Background: Debate has emerged over the need to put proving's through formal ethics processes. No one argues that we should have ethical provings. But the process is at question, as in some countries there are significant hurdles to robust homeopathic research, unsympathetic ethics boards, and poor understanding of provings in general. Further, many have argued that by doing this kind of research, homeopathy is losing control of its ability to direct the narrative.

Concerns have been raised about the clinical relevance of many modern provings, health of provers, safety, adverse reaction processes, exit processes, prover coercion etc. In some countries (US, South Africa, Australia) thorough ethics processes have been put in place, sometimes constraining but more often, creating better and more transparent proving processes. Concurrently, proving guidelines are being discussed and re-written at the professional level.

Method: Endeavour College has previously put homeopathic provings to an ethics board. While successful each time there were significant discussion points, conflict, compromise and adaptation to the process depending on the substance involved and the make up of the panel.

Results: Endeavour College now has 5 completed proving's that have moved through this ethics process. In some years the successful submission has only been possible by;

- Re-proving existing substances
- Clearly naming the remedy beforehand
- Guaranteeing students could not be coerced or participate at all
- Altering conventional proving method

This paper goes into the specifics of the response when challenged by the ethics board.

Discussion/conclusion: For the successful navigation of a proving through a formal ethics process, flexibility, listening, adaptation, agility and persistence are required to bring a trial home. Even with this rigorous ethics process a successful clinically relevant proving cannot be guaranteed. Excellent method and supervision is also necessary, but a transparent ethics approval process is a fundamental and important step in the process.

Homeopathic treatment of respiratory illnesses in children: results from two randomized trials

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These studies were done to determine if homeopathic preparations are useful in the treatment of URI's in children, especially when there are no conventional treatments available and/or antibiotics are to be avoided. In the first study, children 6 months – 11 years old, diagnosed with AOM and managed with a delayed antibiotic approach, were randomized to standard therapy alone or standard therapy plus a homeopathic ear drop preparation. The primary outcome was whether or not an antibiotic prescription given at the index visit was filled; any antibiotic use was a secondary outcome. During the 12–15 day follow-up period, significantly fewer parents of children randomized to the homeopathic ear drops group filled the antibiotic prescription compared to those of children receiving standard therapy alone (26.9% and 41.2%, respectively, $P = .032$). In the second study, children ages 2–5 years old diagnosed with upper respiratory infection were randomized to receive a homeopathic combination product for cold and cough or a placebo. Parents were instructed to give a dose of study medication as needed for relief of URI symptoms up to 6 times per day for three days. Parents recorded changes in symptoms 1 hour after each dose, as well as changes in overall severity of URI symptoms in twice daily diaries. There was no difference in symptoms one hour after the dose between those receiving the homeopathic preparation compared to placebo. However, the homeopathic group reported a statistically significant improvement in 3 of the 4 URI symptoms at 12 and 24 hours after enrolment as well in a composite cold score. These studies should encourage health care providers to utilize homeopathy as an alternative to conventional therapies in the treatment of URI's in children.

Keywords: URI, Acute otitis media, Homeopathic combination products

Homeopathic Pathogenetic Trials (provings) do not always match homeopathic clinical practice. Possible answers from the qualitative research tradition

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Traditionally, Homeopathic Pathogenetic Trials (HPT, proving) are published following the head to toe schema. This is a relatively easy format for the unprejudiced observer. It leads to the first cured cases if one applies