

# INTERNAL NEWS

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## A MESSAGE FROM THE PRESIDENT

Dear ECH members, dear colleagues,

Now is an appropriate time to reflect and review the last year for the ECH but also to look forward to the upcoming events of the second half of this Presidency.

The short summary below will give an idea about what ECH has worked on in 2014. It is again an impressive list and I'd like to thank all my council and subcommittee members, but also Charlotte, Cristal, Chris and Saqib in the offices in Gent and London for their great commitment.

A lot of work and energy has been invested in the participative strategy project Homeopathy 2020 Europe, which is the basis for our future work.

On 14 November 2015 we will celebrate our 25th Anniversary in the beautiful town of Bruges in Belgium. A Symposium, a Classic Concert, a Gala Dinner and the book presentation on "Homeopathy in Europe 1990–2015 with an outlook to 2020" will build the worthy frame for this event.

I wish you all a Happy and Healthy 2015, great success in your activities and endeavours and I hope that you continue to support ECH, so that we will be able to achieve our primary aims.

Yours sincerely,

Dr. Thomas Peinbauer  
President

European Committee for Homeopathy

## AT A GLANCE: THE YEAR IN REVIEW

### ECH HIGHLIGHTS AND THE MOST IMPORTANT ACTIVITIES FOR MEDICAL HOMEOPATHY IN EUROPE IN 2014

#### January

- Delegates from 14 European countries assemble for the 1st meeting of the CEN/TC 427 "Project Committee – Services of Medical Doctors with additional qualification in Homeopathy" at the Austrian Standards Institute in Vienna. ECH participates as initiator and liaison organisation. ECH President Thomas Peinbauer is elected as chairman.
- ECH responds to HMPWG's public consultation on "Second list entries of stocks for which homeopathic use is justified".

#### February

- By invitation from the Syndicat National des Médecins Homéopathes Français (SNMHF) ECH presents a report about Homeopathy in Europe, with special emphasis on the problems of the availability of homeopathic medicinal products, to the 3èmes Assises du médecin homéopathe, in Paris.

#### March

- The kick-off meeting for the ECH Congress 2016 takes place in Vienna.
- FIAMO invites ECH President Thomas Peinbauer to its 12th National Congress in Florence/Italy to speak about trauma, vulnerability and resilience, with emphasis on collective, institutional and individual trauma, using the Lancet report 2005, ECH's financial crises and a case report as examples.

#### April

- ECH initiates discussion on homeopathy at the European Parliament's CAM Interest Group meeting "CAM: reducing the need for antibiotics". Prof Dr Michael Frass (Medical University of Vienna, Austria) and Ms Liesbeth Ellinger (IAVH Past-President, NL) speak about homeopathy as an alternative to antibiotics in human beings and animal husbandry.
- The ECH spring meeting takes place at the Royal London Hospital for Integrated Medicine (RLHIM), in the UK. Homeopathy 2020 europe (H2020e) begins with a strategy workshop attended by subcommittees and invited guests.
- ECH participates in the events of International Homeopathy Day 2014, held in Austria and Spain. Uni. Prof. Dr. Peter Benedetto presents the TAASS-study at a press conference organised by ÖGHM, the Austrian Society for Homeopathic Medicine, and the patient organisation "Homeopathy helps" (Verein Initiative "Homöopathie hilft!"). Dr. Peinbauer reports on "Homeopathy in the European context – new studies underline its efficacy", with a focus on Robert Hahn's new review of existing meta-analyses in homeopathy. In Madrid representatives of ECH and LMHI meet authorities of the Spanish Medical Chamber and the Ministry of Health.

#### May

- ECH begins the dialogue and research phase for H2020.
- Elections to the European Parliament are held in the European Union. It is the 8th parliamentary election since the first direct elections in 1979, and the first in which the pan-European political parties fielded candidates for President of the Commission.

#### June

- EUROCAM meeting in Brussels: ECH signs EUROCAM's joint working agreement together with ANME, EUAA, ECCH, ECPM, EFHPA, ETCMA, ICMART and IVAA. The EUROCAM website goes online.
- ECH attends the Meeting Point Conference in London.

#### July

- ECH participates at the 69th LMHI Congress in Paris and applies to become an associate member of the International Council. ECH holds its second H2020 workshop to discuss the results of the 2nd survey on finances and possible future strategies for ECH's membership fees and financial development. ECH and LMHI present together the new harmonised proving guidelines.

#### September

- ECH meets Prof. Martin Dinges at the Robert-Bosch-Institute for History in Medicine, in Stuttgart, to define the future cooperation for ECH's 25th Anniversary in 2015 and the ECH Congress 2016.
- ECH and ECHAMP have a joint board meeting at the DHU Company in Karlsruhe/Germany, to discuss synergies, strategies and the ongoing projects of both organisations.
- The H2020 project group meets for its 3rd workshop in Brussels. The ECH council continues with a Council Retreat to focus on how cooperation, communication and organisational structure of ECH – especially in the Council - works and could evolve.
- The CAMDOC Alliance (ECH, ECPM, ICMART and IVAA) responds to the letter of the European Council of Medical Orders (CEOM) to pursue further in-depth dialogue on the subject of Complementary and Alternative Medicine.
- EUROCAM sponsors an information stand about the different CAM modalities at the annual conference of the European Public Health Alliance (EPHA) in Brussels.

- EUROCAM sends a welcome and introductory letter to all members of the newly elected European Parliament.

#### October

- ECHAMP invites ECH, EFHPA, ECCH and IVAA to discuss and assess the results of a "website analysis" survey about the availability of high quality information on homeopathic and anthroposophic medicine on the internet and to share ideas on possible cooperative actions to improve the quality of this information.
- ECH takes part in the European Congress on Integrative Medicine (ECIM) in Belgrade, with additional attendance at the IS-CMR Meeting and the Workshop on Competences and Regulatory Issues related to Integrative Medicine.
- ECH responds to HMPWG's public consultation on "HMA Q&A on FSD as LHRD/100", "Assessment report FSD Atropa belladonna", "FSD Atropa belladonna 2a List Entry", "Assessment Report FSD Chimaphila umbellata", "FSD Chimaphila umbellata List Entry".
- EUROCAM encourages EPHA to develop a CAM position in accordance with the EPHA policy-making procedures and offers help and assistance where it is necessary and suitable. EFHPA supported this move and also wrote to EPHA.
- The Association of Homeopathic Physicians in Bulgaria invited ECH to its annual national congress for lectures on "Homeopathy in Europe – new chances and challenges" and "Homeopathic provings", with an additional 1-day-seminar led by Hélène Renoux and Thomas Peinbauer.
- The Turkish Ministry of Health publishes its Traditional and Complementary Medicine Regulation

#### November

- The CEN/TC 427 project committee holds its 2nd meeting at the CEN office in Brussels, discussing all comments to the first draft document and finalising a second version for the public consultation.
- The ECH General Assembly takes place in Brussels with the final presentation of Homeopathy 2020 europe, a commemoration for Fruzsina Gábor and the election of two new board members (Sara Eames as Vice-President, Arlette Blanchy as Treasurer), together with two new Subcommittee Coordinators (Ilse Muchitsch for SC pharmacy, Anna Pla for SC research). We thank Yves Faingnaert, Karin Bandelin and Günter Lang for their valuable work for ECH and homeopathy.

#### December

- EUROCAM meeting in Brussels: The CAM 2020 booklet and the position paper on "The role of CAM in reducing the problem of antimicrobial resistance" were published and sent to multiple stakeholders.
- ECH congratulates Mrs Biancamaria Bruno on her election as new Chairperson of the HMPWG.
- ECH supports the Slovenian Homeopathic Medical Society (Slovensko homeopatsko društvo) with an open letter to all members of the Assembly of the Medical Chamber of Slovenia, which finally emphasises the demand for restrictions to be lifted on 17 December by a 40-18 vote.
- On 6 December 2014 Systematic Reviews publishes the systematic review and meta-analysis on individualised homeopathy by Robert Mathie et al, which tackles the conclusion of the Lancet in 2005. This review is unprecedented in its quality, a landmark in the history of homeopathy research.



## EUROPEAN COMMITTEE FOR HOMEOPATHY

9th General Assembly, Hotel Bloom, Brussels, 22 November 2014



## HOMEOPATHY 2020 EUROPE STRATEGY PROCESS

### ECH STRATEGY PAPER 2015–2020

#### Introduction

For almost 25 years the founders of the European Committee for Homeopathy (ECH) and their dedicated successors have built up a highly respected European think tank for homeopathy. 40 associations from 25 European countries have been working together to reach the central aim of the ECH, which is the full integration of homeopathy within the European healthcare system.

Founded in 1990 by Liga Medicorum Homoeopathica Internationalis (LMHI), the ECH has been seeking to raise greater awareness amongst EU institutions and European NGOs on the role Complementary and Alternative Medicine (CAM) in general, and homeopathy in particular, can play in European health care.

In 2012, responsibility for the ECH was passed to a newly elected Council, whose task is to continue the successful development of ECH. The first step taken to reach this goal was to establish a participative strategy process for the years 2015-2020. To strengthen the impact and sustainability of the organisation in the face of current developments, ECH is redefining its position within the European and global context to best serve its mission.

All member organisations, active participants of the subcommittees, the administration, the council members and number of stakeholders have been actively involved through the workshops, in London (April 2014), Paris (July 2014) and Brussels (September 2014), and several questionnaires to which we have received a good response. We would like to thank you all for your contributions.

The result of the H2020e process is this ECH strategy paper, a roadmap with a focus on medical homeopathy in Europe towards 2020. The following 8 topics have been defined: EU Lobbying and networking, Legislation and Regulation of Homeopathy in Europe, Regulatory affairs & Availability of Homeopathic Medicinal Prod-

ucts, ECH-LMHI relations, Social media & internet, ECH Congress, Organisational structure and Finances.

The financial crisis, which Europe has been facing for the past years, is a burden to all ECH member associations, and to ECH itself. H2020 has tried to focus on this topic to form a consensual proposal for new membership fees.

The result of the H2020e strategy process is not only this strategy document. A strengthened communication and dialogue both within the ECH Council and Subcommittees, as well as between the partners and members, has begun and this has also led to a clarity about the legitimacy of the organisation, a strengthened appreciation of the achievements, and a consciousness of the tasks and challenges ahead.

We hope and trust that this may strengthen ECH and its partners in promoting the scientific development of homeopathy, ensuring high standards in the education, training and practice of homeopathy by medical doctors, harmonising professional standards in homeopathic practice, providing high-quality homeopathic care to our patients and integrating high-quality homeopathy into healthcare.

#### A summary

Every organisation needs a plan and this paper clearly defines the strategy to be adopted by the ECH over the coming five years. In order to achieve the aims laid out in the document, first and foremost money must be raised and to do this, experts must be found and possibly paid for their expertise and advice, therefore Finances must be re-organised and raised.

It should be remembered that the ECH is a voluntary organisation and for the most part its officers and committee members are unpaid volunteers and their time, however willingly given, is limited. However, any organisation is only as good as its volunteers; therefore a harmonious working relationship and an understanding of the amount of work involved in implementing such a strategy should not be overlooked.

This document clearly defines the problems and needs of the ECH while providing answers to problems posed. Clearly the ECH needs

to improve its organisational structure to become much more efficient, while reducing costs and attracting external financial resources and attracting expert volunteers. A review of its current organisational structure is paramount.

Obviously, the availability of the remedies and regulatory affairs has to be part of the strategy, given the differences that currently exist in EU Member States. It has already been agreed that this is of serious concern. Working with the HMPWG is important but the ECH should be still more visible to the authorities. The ECH proposal to convene a meeting of experts with long term experience in the field of the availability of homeopathic medicines is an important step forward.

Many Europeans use homeopathy and approximately 45,000 homeopathic medical doctors are practising it, yet there is huge diversity in its regulation across the EU determining who can practise homeopathy, what qualifications are required and how services are offered and financed. This means that citizens experience practical and attitudinal barriers that limit their access to, and use of, homeopathy. There are two key goals: to support Member States in harnessing the potential contribution of homeopathy to health, wellness and people-centred health care, and to promote the safe and effective use of homeopathy through the regulation of practices and practitioners.

Building ECH's profile to gain credibility and acceptance as THE organisation to go to for authoritative information on homeopathy while raising the profile of homeopathy on the agenda of European decision makers has to take precedence; together with positioning homeopathy away from the collective grouping of CAM while safeguarding and developing the status of homeopathic practice and supporting efforts to protect access to, and availability of homeopathic medicines necessary for practice. EU lobbying and network-

ing is an area which urgently needs developing as homeopathy can only benefit from the ECH occupying an increasingly important place in public health debates in Brussels.

Getting the ECH message across is an important part of the strategy and proposals exist to further improve the website and explore the options offered by the social media. The ECH Newsletter and support for International Homeopathy Day are included in the plan. Relations with the LMHI should be maintained. It is acknowledged that the ECH should have a stable, constructive cooperation with the LMHI which demands there be an ongoing strong relationship with a representative attending respective congresses. A budget to cover travelling costs has to be created for this initiative.

How is all of this to come about? First of all, the current organisational structure needs to be reviewed and revised. A Work Plan should be devised and put into operation as a matter of urgency. This would include a review of the organisational structure, an improved accounting system to match improved finances. Cost reduction – a must for any organisation – must be put into operation together with improved transparency.

The ECH has no information and communications policy in place; clearly there is a need for communication with the membership to be improved. It is recommended that all sub-committees should have strategic goals mandated by the GA. Furthermore, there should be guidance on all aspects of how to conduct and minute meetings.

An innovation within the strategy is the plan to hold a regular ECH Congress for Homeopathy. The first one will be held in Vienna, running from the 17th–19th November 2016, linked to the GA on the 19th–20th November. An organisational committee is to be set up as well as a permanent scientific committee and an advisory board.

## CEN – UPDATE ON STATE OF AFFAIRS

Delegates from 14 European countries participated at the 1st meeting of the CEN/TC 427 Project Committee – Services of Medical Doctors with an additional qualification in Homeopathy" on 09-10 January 2014, at the Austrian Standards Institute in Vienna. ECH, represented by Dr Hélène Renoux, took part as initiator and liaison organisation. ECH President Thomas Peinbauer was nominated and approved as chairman.

The request of several countries to widen the scope to include non-medical practitioners of homeopathy in the scope was put to a vote. The request was rejected by majority vote of 8 negative votes, 3 positive votes (NO, NL, UK). The proposed title, scope and structure were reviewed and approved. Five ad hoc drafting groups were nominated to prepare the Committee Draft until 30 June 2014. In the following the Committee Draft to CEN TC 427 was circulated by ASI for commenting by national mirror committees. On 19-20 November 2014, the participants of the 2nd CEN/TC 427 meeting



in Brussels resolved all comments and approved the Draft for Public Enquiry. After its finalisation the draft Standard will be dispatched for Public Enquiry to CCMC at the end of February 2015. The 3rd and final meeting of the CEN/TC 427 will take place in January 2016 in Paris.

## HOMEOPATHY IS NOW REGULATED IN TURKEY



On 27 October 2014, the Turkish Ministry of Health published the Traditional and Complementary Medicine Regulation. Homeopathy is now regulated along with 15 other complementary treatments, including chiropractic therapy, osteopathy, acupuncture, hypnosis and mesotherapy.

Under the new legislation only medical doctors and dentists who have an additional qualification in homeopathy can treat patients. Furthermore, the practice of homeopathy can only take place in clinics and hospitals, and is limited to the treatment of certain

conditions which are defined in the regulation. These specific conditions include headache, upper respiratory tract infections, sleep disorders, allergy, arthritis, weak immune system, among others.

The teaching of homeopathy is also covered by the new legislation and can only be provided by universities that also have a treatment clinic for traditional and complementary medicine. However, specific details surrounding education remain unclear. At the end of December representatives from the universities and NGOs attended a meeting at the health ministry to discuss the number of teaching hours and course duration.

At the time of going to press no official decision had been announced, but based on previous meetings it is likely that courses will consist of approximately 500 hours with courses lasting for two years.

## HOMEOPATHY IN SLOVENIA GETS A GREEN LIGHT FOR CHANGE



Progress has been made to change the status of homeopathy in Slovenia. At present doctors are prohibited from practising homeopathy and under current regulations risk having their medical licences revoked if they do. Requests have been made to the Health Ministry to change these regulations in order to protect doctors who wish to practice the therapy.

The demand for the restrictions on homeopathy to be lifted was emphasised by a 40-18 vote at the assembly of the Medical Chamber on 17 December. Human Right Ombudsman, Ms Vlasta Nussdorfer, had called the assembly together specifically to debate the present situation and to look into the practice of homeopathy in other European countries. Medical Chamber president, Andrej Možina, said a debate on homeopathy has been put off for too long and that Slovenia is the only country where doctors can be stripped of their medical licences for treating patients homeopathically. Open letters calling for an end to restrictions were sent by the President of the LMHI, Dr Renzo Galassi, and President of the ECH, Dr Thomas Peinbauer, to all members of the Assembly, presidents of medical organisations, deans of medical schools, media and other high politicians and officials.

### Vicious circle

Meaningful discussion about changing the status of homeopathy in Slovenia has been restricted for some time, but the debate was reignited by the German doctor Joachim Gross, who practises at a clinic in Koper, after he reported himself to the chamber for dual practice midway through 2014.

Slovenian legislation currently disregards homeopathy as an effective medical therapy. In response to previous attempts to prompt change on this issue, the ministry of health has said it will not stray from official medical doctrine and before any changes to the regulations could be considered they would like to achieve broad consensus among the medical organisations (Medical Chamber, National Medical Ethics Committee, Slovenian Medical Society, Section of Medical Sciences of the Slovenian Academy of Sciences and Arts etc.). In the past, the medical organisations were only be prepared to act according to the law, resulting in something of a vicious circle.

Following much deliberation, the ministry of health has finally gained the necessary permission from the Medical chamber to change these restrictive and discriminatory regulations. This is only the first step but, at the same time, is a major achievement for homeopathy as a whole. The ministry of health now has to prepare new regulations, which will then be adopted by the Parliament, a process which will take at least a year.

Homeopathic medicines have been available in Slovenian pharmacies since 2011, which makes the situation seem even more bizarre. Only pharmacists (as healthcare professionals) are allowed to "select" homeopathic medicines for patients for so called "self-treatment", but licensed medical doctors are not allowed to advise, select or prescribe homeopathic medicines for the treatment of acute or chronic conditions.

### Health reform

Since 1992 continued attempts to change the laws regulating the practice of homeopathy in Slovenia have been made. In April 2010, when the Slovenian Homeopathic Society – along with the LMHI and the ECH – organised the International Symposium on Homeopathy in Ljubljana, there was a slight opportunity to make a positive change. However, this dissipated due to healthcare reform being completely stopped due to ongoing political instability and the fall of several governments.

On 10 February 2012, the Slovenian Homeopathic Society presented a written petition to the Human Rights regulator. The first consultation with the ombudsman Ms Zdenka Čebašek Travnik and her colleagues took place in March 2012. However, it took almost two years before a second consultation was arranged, by which time there was a new Human Rights Ombudsman, Ms Vlasta Nussdorfer.

The ombudsman said that she would warn to new health minister and the Medical Chamber that the current situation violates the rights of licenced doctors. She may also request that the Constitutional Court reviews the constitutionality and legality of the Medical Doctors Service Act, or file a constitutional complaint about a rights violation. Our case received mention in the Regular Annual Report of the Human Rights Ombudsman in 2012 and 2013. The case remains open.

When a new government took office in September 2014, the health minister declared that health reform is on the agenda for the end of 2015, including changes to the Health Services Act, the Medical Doctors Service Act, the Health Care and Health Insurance Act and the Act of Healing Practices.

## UNIO HOMEOPATHICA BELGICA COLLOQUIUM



In October, the Unio Homeopathica Belgica (UHB) colloquium took place in Brussels. The theme of the colloquium was "News on scientific research regarding the homeopathic medicinal products: clinical (pragmatic) and pharmacological aspects".

A number of researchers presented their latest works on clinical and fundamental research, seeking both to evaluate clinical effectiveness of homeopathy and the state of some current research on the possible mode of action for homeopathic remedies.

The results of some highly significant pragmatic clinical trials were presented. Maria Goossens presented "Disease-related Patients' Satisfaction with Homeopathy", a study conducted across seven countries in 2012. A positive result was demonstrated with patients globally satisfied and willing to recommend this therapy to others. Another presentation was the EPI3 study "Evaluation programme on the impact homeopathy has on public health".

There was no substantial difference between the two compared methodologies (allopathic/homeopathic), except for the psychological concerns that were more efficiently treated with homeopathy. For all conditions the patients successfully treated by homeopathy required less medicines, resulting in fewer side-effects and

therefore homeopathy represented a more cost-effective solution with regards to public health insurance.

Philippe Devos, president of the UHB gave a presentation on the "Homeopathy and Biotherapy", a project led by Gustavo Bracho of the Carlos Finlay Institute in Cuba. This project is renowned for demonstrating a positive decrease of incidence for the treatment of epidemics of Dengue, Leptospirosis and hepatitis.

During the session dedicated to fundamental research of the homeopathic remedy, Prof Wilfried Dimpfel of the Justus-Liebig-Universität, Gießen, Germany, presented his work "Neurophysiological Impacts of Conventional and Homeopathic Medicines", which is based on the EEG methodology.

In a didactic presentation, bioengineer Etienne Capieaux PhD investigated the expression of a gene in contact with a homeopathic solution, which is an aspect of his ongoing work: "High Potencies' Effectiveness Checked with the 'Micro-arrays' Technic (in vivo and in vitro)."

And in a presentation of new research project, Dr Michel Van Wasenhoven, President of the Belgian homeopathic medicines registration commission (the AFMPS), discussed "What we know about homeopathic potentisation versus dilution", in which he explored current fundamental research on the mode of action of homeopathic medicinal products.

The intention behind this colloquium was to develop an extensive research project into homeopathy. Information will be provided as the project develops.

## INTENSIVE CARE MEDICINE AND ONCOLOGY

### ILSE MUCHITSCH AND MICHAEL FRASS, M.D.

#### Intensive care medicine

Intensive care medicine is an indispensable aspect of modern medicine. It supports or substitutes organ failure, until the body is able to function as normal. Morbidity – as well as mortality of critically ill patients – is still very high; therefore, it seems to be worthwhile to strengthen the disposition of critically ill patients.

Dr Michael Frass and I first used homeopathy in preliminary observations. Encouraged by some surprising improvements we performed two studies, one about sepsis [1] and the other about reduction of tracheal secretions [2]. The first was published in Homeopathy, the second one in a conventional medical journal.

In 2007, "Homeopathy in Intensive and Emergency Medicine" [3], describing different critical situations as well as numerous case reports, was published in German. The English version is scheduled to be published by Narayana in 2015.

The pharmaceutical part has been published in detail. The knowledge of several pharmaceutical aspects of homeopathy in intensive medicine is extremely important. The use of potentised remedies in intensive medicine has become a meaningful, practical form of concomitant treatment, as carefully triggered reactions to remedies stimulate the healing process. The criteria relating to the quality, manufacture and application of remedies is extremely important, as optimum results can only be obtained by using perfectly prepared remedies.

However, potentised remedies show quality discrepancies as regards

source materials, manufacture and storage. One of our tasks is in understanding and preparing the optimal remedies, like Q-potencies (Q = quinquagintamillesimalpotency, dilution 1:50,000).

Therefore we started several co-operations, like studies in thermoluminescence with Prof Louis Rey and to learn about different criteria of dilutions and other preparations. For myself, as a pharmacist, homeopathy means understanding various criteria of starting materials, the procedure of succussion and the "storing effects".

#### Homeopathy in malignant diseases – oncology

Homeopathy is used as a complementary treatment in cancer patients. As all we know, the quality of life of cancer patients can be severely affected. In searching for new treatments the question still remains whether homeopathy can to help alleviate the disease and assist the patient in enhancing their perceived quality of life.

The goal of additive homeopathy in oncology is "individualised medicine". I am participating in a prospective evaluation of a homeopathic walk-in clinic.

Two questionnaires have been distributed over a period of three years regarding issues about patient experience and quality of life. The first was generated by Dr Frass, and the second was a standardised form, named EORTC-QLQ C30. Around 400 patients were included in this evaluation. All had been diagnosed with cancer and underwent complementary homeopathic therapy in addition to their conventional medical treatment. Each patient had to fill out the form a minimum of three times during their treatment.

Results: the analysis exhibits a significant improvement in the patients' perceived condition from the second consultation on. At the second and third term there was a significant average improvement in perceived condition as well as in quality of life.

Our evaluation suggests that the comfort and quality of life of oncology patients can improve significantly under an additive homeopathic treatment. Most of the patients were administered Q-potencies, which I personally prepared.

My aim now, being elected as ECH coordinator pharmacy, is to continue this science-focused path in research. My colleagues and I will try to follow the remits of sub-committee pharmacy as you can see on ECH homepage.

[www.homeopathyeurope.org/about-ech/subcommittees/pharmacy-subcommittee](http://www.homeopathyeurope.org/about-ech/subcommittees/pharmacy-subcommittee)

## HOMEOPATHY HELPS TO COMBAT GROWING ANTIBIOTIC RESISTANCE

EUROCAM recently published a document on the topic of antimicrobial resistance. This document reflects the position of EUROCAM, the alliance of European umbrella organisations of patients, physicians and practitioners in the field of Complementary and Alternative Medicine.



Antimicrobial resistance (AMR) – the resistance of bacteria, parasites, viruses and fungi to antimicrobial drugs previously effective for treatment of infections they caused – is now a serious worldwide threat to public health. Dr Keiji Fukuda, WHO's Assistant Director-General for Health Security recently said that AMR is occurring in

every region of the world, potentially affecting anyone, of any age, in any country. He warned that if measures were not taken immediately to counter AMR, the implications will be devastating. Without urgent coordinated action by many stakeholders the world is headed for a post antibiotic era, in which common infections and minor injuries which have been treatable for decades can once again kill.

### Historical debate

The German physician Robert Koch (1843-1910) argued that bacteria are the smallest but most dangerous enemies of mankind. His critic Max Josef von Pettenkofer (1818-1901), a chemist and hygienist, maintained that pathogens infect only the most susceptible (those with poor diet, constitution, etc.) and to prove his point, he drank a large cholera cocktail without falling ill.

In France a similar controversy existed between Louis Pasteur and Claude Bernard. Louis Pasteur (1822-1885), a chemist and microbiologist, took the position that micro-organisms infecting animals and humans cause disease. Physiologist Claude Bernard (1813-1878) argued on the other hand that the body becomes susceptible to infectious agents only if the internal balance – or homeostasis as we now call it – is disturbed. After all, there are billions of microbes and bacteria inhabiting our gut, our blood, in fact our whole system, most of which are essential to good health. Pathological bacteria, fungi and viruses take root as disease when the terrain is weakened and susceptible to them. This explains why when a

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2. Frass M, Dielacher C, Linkesch M, Endler C, Muchitsch I, Schuster E, Kaye A. Influence of potassium dichromate on tracheal secretions in critically ill patients. *Chest* 2005; 127:936-41.
3. *Homeopathy in Intensive and Emergency Medicine*. Editors: Michael Frass and Martin Bündner, Elsevier Verlag, Munich, Germany 2007.

bacterial or viral agent is “doing the rounds”, some people become sick while others remain healthy.

History shows that the perspectives of Pasteur and Koch that focused on combating disease by directly killing germs have prevailed. There is no question that antibiotics have dramatically and successfully reduced illness and death from serious infectious diseases. However, the vital role of the host's ability to repel invaders based on a properly functioning immune system has been neglected. In reality, infection is always the result of two factors: exposure to a pathogen and the person's susceptibility.

### Homeopathic alternative

Antibiotics can have a disrupting and disturbing effect on the microbiome and may be causatively involved in a number of widespread chronic illnesses that currently affect us such as obesity, diabetes and cancer. For example, a recent study revealed a connection between early antibiotic exposure in infants and the development of a tendency to obesity by the age of three. And a large population-based study carried out in Finland showed a clear statistical correlation between the level of antibiotic exposure in early life and the likely development of cancer later in life.

Homeopathic philosophy holds that homeopathic treatments improve functionality of an individual's immune system so that they can deal with infection efficiently, and restore wellness without lasting damage or complications. There is no risk of resistance developing with homeopathic medicines: homeopathic medicinal treatment is aimed at stimulating a homeostatic response in an affected individual, supporting the efficient endogenous management of infections.

Currently there are only two choices in managing acute otitis media and sinusitis: either immediate antibiotic treatment, or delaying antibiotic therapy for 2-3 days on the basis that it is more likely to be a viral infection (known as “watchful waiting”). The former approach can lead to widespread inappropriate use of antibiotics, while the latter may increase the risk of complications from delayed treatment of a bacterial infection. In these conditions homeopathy offers an additional choice. In cases where watchful waiting would currently be recommended, homeopathy could be given immediately instead. Any patients who did not respond to homeopathic treatment by day three would be given antibiotics.

In conclusion, there is some evidence to support the notion that homeopathy could provide an effective treatment option to support the EU strategy for combating antimicrobial resistance, especially in URTIs where antibiotics are commonly used.

## HOW TO INTEGRATE TRADITIONAL AND COMPLEMENTARY MEDICINE INTO THE HEALTHCARE SYSTEM



The WHO's Traditional Medicine Strategy 2014–2023 was developed and launched in response to the World Health Assembly resolution on traditional medicine (WHA62.13). The strategy aims to support member states in developing proactive policies and implementing action plans that will strengthen the role traditional medicine plays in keeping populations healthy. Addressing the challenges, responding

to the needs identified by member states and building on the work done under the WHO traditional medicine strategy for 2002–2005, the updated strategy for the period 2014–2023 devotes more attention than its predecessor to prioritising health services and systems, including traditional and complementary medicine products, practices and practitioners.

The WHO Traditional Medicine Strategy 2014–2023 thus reappraises and builds on the WHO Traditional Medicine Strategy 2002–2005, and sets out the course for traditional and complementary medicine (T&CM) in the next decade.

### Continuing demand for T&CM

Many countries have their own traditional or indigenous forms of healing which are firmly rooted in their culture and history. Some forms of traditional medicine such as Ayurveda, traditional Chinese medicine and Unani medicine are popular nationally, as well as being used worldwide. At the same time, some forms of complementary medicine such as anthroposophic medicine, chiropractic therapy, homeopathy, naturopathy and osteopathy are also used extensively.

Health systems around the world are experiencing increased levels of chronic illness and escalating healthcare costs. There is a demand from patients and healthcare providers alike for healthcare services to be revitalised, with a stronger emphasis on individualised, person-centred care. This includes expanding access to T&CM products, practices and practitioners.

Over 100 million Europeans are currently T&CM users, with one fifth regularly using T&CM and the same number preferring healthcare which includes T&CM. Findings from the CAMbrella project also indicate that T&CM provision in the European Union stems from approximately 160,000 non-medical practitioners and 145,000 medical practitioners.

### The need for a new strategy

The WHO and its member states believe it is important to update and enhance the strategy at this time for a number of reasons.

1. Continued uptake of T&CM – the public and consumers of healthcare worldwide continue to include T&CM in their health choices. This places pressure on member states to support them in making informed decisions about their options
2. T&CM has growing economic importance – it is growing and expanding, particularly in terms of volume of products purchased. The T&CM sector now plays a significant role in the economic development of a number of countries. At the same time, with current global financial troubles, use of T&CM for health improvement, self-healthcare and disease prevention may actually reduce healthcare costs.
3. The global nature of T&CM – T&CM products and practices from one region are used throughout the world to complement local healthcare service delivery, making T&CM a truly global phenomenon. This requires a new level of cooperation among member states as the sector continues to work on defining and supporting access to safe products and practices.
4. Levels of education, accreditation and regulation of T&CM practices and practitioners vary considerably, for in an increasingly globalised world individuals move freely from country to country in order to live and work. Given this trend, a better understanding of T&CM practitioners is needed to ensure professional consistency and safety.
5. Recent advances in T&CM research and development – since the release of the WHO Traditional Medicine Strategy 2002–2005 there have been significant advances in what is known about T&CM, along with the development of technical standards and guidelines for organised health service delivery. A recent study indicates that patients whose general practitioner has additional complementary and alternative medicine training have lower healthcare costs and mortality rates than those who do not. Reduced costs were the outcome of fewer hospital stays and fewer prescription drugs.
6. Intellectual property – as T&CM becomes more popular, it is important to balance the need to protect the intellectual property rights of indigenous peoples and local communities and their healthcare heritage, while ensuring access to T&CM and fostering research, development and innovation. Any actions should follow the global strategy and plan of action on public health, innovation and intellectual property.
7. Integration of T&CM into health systems – as the uptake of T&CM increases, there is a need for its closer integration into health systems. Policy makers and consumers should consider how T&CM may improve patient experience and population

## INTERNATIONAL HOMEOPATHY DAY

The 10 April 2015 will be 260th anniversary of Samuel Hahnemann's birth. Hahnemann's birthday is commemorated as International Homeopathy Day in many countries. Together with all of our associate countries, the ECH wants to make the 10 April a major global event by celebrating the birth of homeopathy's founder simultaneously.

Strong media coverage organised collectively by all our associations would have a very positive impact on the public opinion, showing how actively homeopathy is used all over Europe and across the world.

**Any national organisation requiring help to organise this event can get in contact with ECH for support.**





## ECH SPRING MEETING 17-18 APRIL 2015

Next April the ECH spring meeting will take place in Lisbon, Portugal, and will be hosted by the Faculty of Medicine at Lisbon University. The working groups will meet on the afternoons of Friday 17 April and Saturday 18 April, whereas the Saturday morning will be dedicated to a common interdisciplinary workshop.

This workshop will represent the continuation of the H2020 strategy process, which has been ongoing since the last spring meeting in April 2014 in London. We will consider the next step of the project and its implementation, and all active ECH members are encouraged to be involved in the future of our association.

For more information contact the ECH secretariat: [info@homeopathyeurope.org](mailto:info@homeopathyeurope.org) or visit the ECH website.

## HOMEOPATHY RESEARCH OF THE HIGHEST CALIBRE



After the tremendous success of the Homeopathy Research Institute's (HRI) inaugural conference in Barcelona 2013, plans for another two-and-half-day event are well under way. The second HRI conference will be held in Rome from 5 to 7 June 2015, and will once again provide a unique forum for the sharing of ideas and the creation of international scientific collaborations.

HRI conferences are held every two years and are the highlight of the homeopathy research calendar. The event brings together world experts from all areas of homeopathy research, from in-vitro work to provings. It is a unique opportunity for those involved in the international homeopathy community – whether they are active researchers, academics, practitioners or students – to share their latest findings or to discover what's new in this rapidly developing field.

### Conference overview

The conference will continue to develop the theme "Cutting edge research in homeopathy", and demonstrates the HRI's commitment to showcase the very best of new homeopathy research from around the world, regardless of subfield or topic. Such an approach allows the HRI to create a diverse programme, including:

- Clinical research (quantitative, qualitative and mixed methods)
- Disease prevention
- Fundamental research
- Laboratory-based research
- Pathogenetic trials
- Veterinary research

### Venue

The conference will be held at the 5 star Radisson Blu Hotel in Rome, adjacent to Rome's Termini station. For more information about the HRI conference and to book accommodation at the discounted attendee rate visit [www.hrirome2015.org](http://www.hrirome2015.org).

## PRE-HRI CONFERENCE HARMONISED PROVING GUIDELINES WORKSHOP

There is an increasing need for guidelines for homeopathic pathogenetic trials (HPTs) that can facilitate proving coordinators and other stakeholders. To address this important issue a workshop has been organised and will take place in Rome on 4 June 2015, just prior to the Homeopathy Research Institute's Conference.

In July 2014 the LMHI and ECH decided to harmonise their respective guidelines for provings as a first step towards establishing a best practice document that serves as a basis for further development. Critical comments, suggestions and other feedback are being collected, and will inform revised guidelines which will be published in 2016.

While these guidelines are developed by medical homeopathic associations, the aim is to improve this document, so that it reflects the common opinion and best practices for HPTs globally. The main starting points for these guidelines are both homeopathic philosophy, the so-called classical Hahnemannian proving, and various regulatory requirements. However, several elements could inform other proving designs as well.

The workshop will present and discuss the guidelines, especially the main issues around which different opinions exist: duration of proving, placebo control, blinding, etc. Reasons for the choices made by the committee will be explained and submitted for discussion. Critical comments that have been already received will be considered as well.

The workshop is suited for proving coordinators, officials in the regulatory field, journal editors, educators, researchers and other stakeholders. If you wish, during the weeks before the workshop, you can send comments and/or questions to the chair at [provings@homeopathyeurope.org](mailto:provings@homeopathyeurope.org), so that they can be incorporated into the presentation. We hope for a rigorous exchange about our common interest – provings that help!

Ashley Ross, chair LMHI Provings Working Group  
Jean Pierre Jansen, coordinator ECH Subcommittee for Provings

The harmonised guidelines can be downloaded at [www.homeopathyeurope.org/publications/guidelines/homeopathic-provings-new](http://www.homeopathyeurope.org/publications/guidelines/homeopathic-provings-new).

In addition to your subscription via the HRI website, it is necessary to send an e-mail to [provings@homeopathyeurope.org](mailto:provings@homeopathyeurope.org). You will receive an information pack two weeks in advance of the workshop. The venue is the Radisson Blu hotel, Rome (HRI Congress venue). Access is free. The workshop is sponsored by ECH, ECCH and LIGA. A certificate of attendance (3 hours) will be given for your records. The number of available places for this interactive workshop is limited.

## NEW ECH COUNCIL MEMBERS ELECTED IN NOVEMBER 2014

Continued from Newsletter No 2

### Presentation to the ECH General Assembly, November 2014 by Anna Pla, ECH research sub-committee co-ordinator



#### Personal background

Dear Colleagues, I was born in October 1956. I am married and have two children and one grand-daughter. I have a strong work ethic and appreciation for organisation, but also like to unwind and enjoy life. I completed my medical studies in Barcelona in 1981, and since then have worked in my own private clinic.

I began studying homeopathy in 1978 with Jacques Imberechts's study groups of Homeopatia Europea, and went on to complete my homeopathic education. From 1989 to 1991 I was president of AMHB (Academia Medica Homeopatica de Barcelona), during which time I organised the 45th LIGA Congress in Barcelona, which took place in 1990. I have contributed to ECH meetings since their foundation in 1990. Between 1993 and 1996 I was co-ordinator of the then named sub-committee for pharmacology, materia medica and pharmacoepia, and have participated in research and education meetings from that time until the year 2000. I returned to the ECH's research sub-committee in 2010.

In addition to my ECH responsibilities I'm also the Secretary of the Homeopathic Section of the Medical Chamber of Barcelona; Secretary of Homeopatia Europea – Internationalis; and Secretary-Founder of the Association "Pont Solidari al Món" (Bridge of Solidarity to the World), a small charity association.

One of my main interests in the field of homeopathy is and has been the improvement of homeopathic practice and the sharing of clinical experience among homeopathic physicians.

I have extensive experience co-ordinating teams, as well as organising meetings, conferences, congresses and workshops and completing projects. One of my more recent projects was to organise the ECH meeting in Barcelona.

Towards the end of 2014, I organised a two-day conference in Barcelona on the subject of improving and promoting the presentation of high-quality clinical cases in homeopathy. The conference was addressed by Robbert van Haselen, and featured a workshop and meeting to prepare a pilot project that will start next January.

How do I manage to do all of this without going (at least for now...) insane? Perhaps because I have a wonderful and wise husband, Lluís, who I live with in the countryside, along with the added company of a dog, cats, hens and other animals.

#### ECH research sub-committee – aims and means for the future

First and foremost, we are a think tank/forum. The research sub-committee is open to everyone who wishes to participate. The stimulating nature of the discussions, the presentation of projects, networking and sharing of information will help to attract attendants. On the other hand, the group is very heterogeneous in relation to participation. There is a small core group of researchers who attend almost all the meetings, while other members come from time-to-time and others even less frequently. The option to get in contact via email is always there and everyone is able to participate when he or she wants or needs.

We want to request the participation of all 28 member states, having received contributions from seven countries. We would like every member country to send at least one participant/observer to the research sub-committee

1. To be a LINK between researchers – professional and non-professional (like myself)
2. To be a LINK between research teams and funds – to act as facilitators more than as sponsors or fund-searchers, providing a place to share the information and to encourage working teams
3. To promote and stimulate research in Europe, generating publications and know-how
4. Part-time meetings to work with other sub-committees for definitive topics, in order to improve the results of our work:
  - Pharmacy sub-committee for basic research projects
  - Patients and documentation sub-committees for some studies
  - Politics sub-committee for legal requirements i.e. connecting to
  - Education sub-committee for recognition of the work and participation at research projects, certificates or awards
  - Utilise available tools to improve the reporting and analysis of clinical cases
  - Proving sub-committee for obvious reasons and as it has been done in the past
  - ECH should play a role to support/facilitate research projects in countries with legal or social difficulties
- 5) Greater spread of information among the different sub-committees:
  - More interaction/exchanges of knowledge with other sub-committees
  - Nurture the exchange of knowledge
- 6) Role of research sub-committee in H2020: workshops as seen in Zurich 2013 and London 2014 – to identify trends and preferences for research to advance homeopathy.

## Ilse Muchitsch: ECH sub-committee pharmacy coordinator



### Personal Background

Ilse Muchitsch has been working as a pharmacist in Vienna since successfully completing her University degree in pharmacy (thesis in biochemistry). One part of her work is primarily focused on homeopathic pharmacy in preparing potentised remedies (C, D, LM/Q) in so called "magistral preparation".

She leads the Interdisciplinary homeopathic working group: HomResearch for Pharmacy, Medicine, Biochemistry, Physics, Psychology, at the Austrian Chamber of Pharmacy, Department Vienna.

In the last 15 years Ilse has conducted in-service training events and lectures at the University of Vienna (Department of Pharmacy). Working groups have been organised by these organisations dedicated to the task of exploring scientific models of explanation, and the teaching and practice of homeopathic pharmacy. Furthermore, Ilse Muchitsch is a published author in the Austrian Journal of Pharmacy (Österreichische Apothekerzeitung).

Ms Muchitsch is co-working with Michael Frass, MD, professor of medicine, homeopath, and internal physician and intensivist at the Medical University of Vienna.

### The remit of the pharmacy sub-committee comprises the following responsibilities:

- To support the availability of safe, high quality homeopathic medicines
- To develop a system of reporting suspected adverse reactions and the collation of a database on this important issue

- To promote a harmonised system of nomenclature for homeopathic medicines to ensure that there is no confusion over the source material throughout Europe
- To maintain a consultative function on newly issued pharmacopoeia monographs and legislative documents affecting the availability of homeopathic medicines across Europe
- To raise the standards of homeopathic pharmacy practice by encouraging the development of appropriate harmonised training programmes for pharmacists and support staff across Europe
- To analyse the elements contributing to the pharmaceutical quality of homeopathic medicines, which could lead to proposals for specific good homeopathic practice and to evidence-based homeopathic pharmacy
- To stimulate the use of homeopathic treatment by supporting actions from practitioners, pharmacists and patient organisations
- To invite experts for special issues
- To include the ongoing CEN/TC 427 standardisation project for the requirements of medical doctors with additional qualification in homeopathy for pharmaceutical topics
- To reach the aims for Homeopathy 2020 in Europe – ECH Strategy Paper 2015-2020.

After consultation with colleagues worldwide, a diploma syllabus has been developed to act as a model for a framework containing minimum requirements for training in homeopathic pharmacy. The framework will be published after further consultation with all concerned parties.

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