

*EVIDENCE
BASED
HOMEOPATHIC
FAMILY MEDICINE*



DANA ULLMAN, MPH, CCH

The edition of this eBook is from June 15, 2016, and it supersedes all previous editions. This eBook is updated approximately every three months. You are welcome to subscribe to this eBook at www.homeopathic.com, if you already do not subscribe (approximately 5-15 new studies are added every new edition).

To use this eBook most easily, go to the VIEW on “BOOKMARKS” on the extreme LEFT of your screen in order to see the eBook’s Table of Contents. You will also be able to navigate directly to whatever chapters you wish by clicking on the name of any chapter/bookmark in this column.

For a listing of ALL UPDATES AND CHANGES to each edition, they are listed just after the Table of Contents and just before “PART I” of this eBook.

If you have a copy of this eBook and did not subscribe, please know that this important body of information cannot exist without your support and your subscriptions.

Welcome to *“Evidence Based Homeopathic Family Medicine”*

Once a “normal” book is printed, it is hard (and expensive) to change the information in it. Even more problematic is the fact that many books become out-of-date shortly after they are published. However, an eBook can be changed and updated easily, quickly, and with little expense. And because our mission in creating this eBook is to keep you informed of the latest and best research in the field of homeopathic medicine, the eBook format is ideal for this dynamic and ever-growing body of information.

What you are going to get from this eBook is:

- An up-to-date reference to and description of clinical research that has evaluated the efficacy of homeopathic medicines, not just studies that showed that homeopathy “worked” but also studies that show when it didn’t.
- A modern even futuristic overview of what homeopathic medicine is and what potential it has for treating you and people close to you.
- A user-friendly guide to what homeopathy has to offer in the treatment of 100+ common ailments.
- An overview statement at the beginning of every clinical chapter summarizes if this condition is appropriate for treatment by you (as a non-professional homeopath) and when and if referral to a professional homeopath is indicated. This overview statement will also summarize if there is or isn’t clinical research on the homeopathic treatment of people with this ailment.
- Reference to additional books, articles, or websites will provide further information on the homeopathic treatment of various conditions.

As important as research is to knowing if something works or not, please know that just because there may not be formal studies published on the homeopathic treatment of a specific disease does NOT mean that homeopathy isn’t helpful in treating people who suffer from this ailment. In fact, because almost no governmental or drug company funds have been devoted to research on homeopathy, there are numerous conditions for which research has not yet been conducted. That said, you will be surprised and probably impressed at the body of research that has been conducted using homeopathic medicines.

If, by chance, you know about clinical research in homeopathy that has not been referenced and described in this eBook, please consider contacting us. Email us at: email@homeopathic.com.

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For MacINTOSH USERS, you will have access to the Acrobat version of this ebook:

- You can use the Bookmarks on the left side of this page to go to specific chapters (this feature of Acrobat is VERY helpful for readers in finding and going to specific chapters!).
- You can “turn a page” rapidly and easily by simply clicking on one of the arrows at the bottom of the Acrobat page, next to the page numbers.
- You can scroll down the page with the scroll bar, but using the scroll bar is a bit awkward.
- Also, do not neglect to use the “search” function in Acrobat to find specific subjects or medicines.

If you are not already familiar with a modern description of homeopathy, make certain to read PART I which provide an overview of homeopathy. Even if you are already familiar with homeopathy, you will probably find the information we provide here to be useful in your efforts to describe and explain homeopathy to others.

Before reading about what homeopathy has to offer in the treatment of specific ailments in PART II, it is highly recommended that you read “A Note about Dose and Potency” at the beginning of this section.

Once you are ready to explore what homeopathy has to offer in the treatment of various ailments, you can hop around to whatever ailment about which you want to learn. Read the BOTTOMLINE statement as well as the information on what the homeopathic approach to the treatment of each ailment is, and then, read about each of the medicines commonly used in treatment. Please note that those medicines listed with 2 dots (••) are more commonly indicated and more commonly effective in the treatment of that particular disease. However, please remember that the hallmark of homeopathy and what makes this system so effective is *individualization of treatment to the person, not just to the disease*. Although we recommend that you first consider using the more commonly indicated medicines, you should only do so if that remedy seems indicated and other remedies don’t.

Please also know that some seemingly acute conditions, such as allergies, headaches, indigestion, PMS, and many more, are actually chronic conditions. The medicines described in this body of information are primarily indicated for the acute

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stage of this ailment. While these remedies may provide some relief for the sick person, it is sometimes necessary to prescribe a “constitutional homeopathic medicine” to help them heal the underlying disease.

To learn how to prescribe constitutional medicines requires much more information than that which is provided here. You might consider taking one of the distance learning courses in homeopathy available from [Homeopathic Educational Services](#), or you may want to attend one of the various homeopathic schools and training programs that are available (a list of such schools is available for free from Homeopathic Educational Services with any book order).

Yes, this eBook, like any single body of information has limitations, but it is my hope that this eBook is an “e-seed” that will plant a growing desire within you to learn more about homeopathic medicine. This desire to learn about homeopathy may even be therapeutic to you and to all who get to know you.

Welcome to the world of homeopathy! You are already taking proactive steps to making this a healthier and happier place to be.

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P.S. If you would like some physicians or medical students to be granted FREE access to this eBook, consider donating a subscription to them.

Evidence Based Homeopathic Family Medicine The eBook

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NOTE: At the end of the Table of Contents there is a listing of new chapters and new information that has been posted to “old” chapters!

TABLE OF CONTENTS

Welcome to “Homeopathic Family Medicine”

Copyright Statement

Disclaimer

How to Use this eBook

Part I: Homeopathy: Medicine for the 21st Century

Introduction: Homeopathy as “First Medicine”

What is Homeopathy, Anyway?

Primary Assumption: Respecting the Wisdom of the Human Body

Primary Principle: The Principle of Similars

Individualize the Remedy to the Person, not the Disease

The Experimental Basis of Every Homeopathic Medicine

The Unique Homeopathic Pharmaceutical Process

Why Homeopathy Makes Sense

Evidence That Homeopathy Works

Replication of High Quality Studies

Comparing Results: Conventional Medicine vs. Homeopathic Medicine

Cost-Effectiveness Issues

Differentiating Real Healing from Palliation and Suppression of Disease

How to Make Homeopathy Work for You

Classical Homeopathy and Commercial Homeopathy: The Interface

The Place for Professional Homeopathic Care

Clinical Homeopathic Research in the 19th Century

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Part II: Homeopathic Family Medicine

A Note about Dose and Potency

Abuse

Acne

AIDS

Allergies (food) (no medicines listed)

Allergies (respiratory)

Anger

Anxiety

Arthritis

Asthma

Attention Deficit Disorder

Autism and Autistic Spectrum

Back Pain

Bedwetting (enuresis)

Bites and Stings

Bladder Infections

Bleeding

Blisters

Boils and Carbuncles

Brain Cancer (see Cancer)

Break-up of a Relationship

Breast Cancer (see Cancer)

Breastfeeding (see Lactation)

Bruises

Burns

Cancer

Canker Sores

Carpal Tunnel Syndrome

Chicken Pox

Childbirth

Circumcision

Cold Sores (see Herpes)

Colic

Common Cold

Conjunctivitis

Coughs

Cuts and Scrapes

Dengue Fever

Dental Problems

Depression

Diaper Rash

Diarrhea (acute)

Drug Addiction

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Earaches
Eczema
Environmental Exposures
Fatigue
Fears and Phobias
Fever
Fibromyalgia
Food Poisoning (see Diarrhea, Indigestion, and Nausea & Vomiting)
Foot Problems
Fractures
Hay Fever (see Allergies)
Headaches
Head Injury
Heart Disease
Hemorrhoids
Hepatitis (acute)
Herpes
Hives
Indigestion
Infertility
Influenza
Insomnia
Inflammatory Bowel Syndrome and Disease
Kidney Disease
Knee Injuries
Lactation
Leg Cramps
Leposy
Leptospirosis
Liver Cancer (see Cancer)
Malnourished Children
Mastitis
Measles
Menopause
Menstrual Cramps (see Premenstrual Syndrome)
Miscarriage
Morning sickness
Motion sickness
Mumps
Nausea and Vomiting
Nerve Injuries
Oral Lichens Planus
Ovarian Cysts or Tumors (no medicines listed)
Overexertion
Peritonitis
Poison Ivy, Oak, or Sumac

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Pregnancy
Premenstrual Syndrome
Prostate Health
Psoriasis
Puncture Wounds
Sciatica (see Backache)
Shock of Injury
Sinusitis
Sore Throat
Sprains and Strains
Stomachache
Styes
Sunstroke or Heatstroke
Surgery
Teething
Tendonitis (see Sprains and Strains)
Tinnitus
Toothache
Trigeminal Neuralgia
Tuberculosis
Ulcers (no medicines listed)
Vaginitis (acute)
Varicose Veins
Vertigo (see Motion Sickness)
Warts

PART III: Resources

--Homeopathic Organizations
--Homeopathic Books

List of Updates and Changes

This section will list the chapters that have undergone any changes and their date of change.

-- Cancer (1-10)
-- Insomnia (2-10)
-- Replication of High Quality Studies (2-10)
-- Clinical Outcome Studies (2-10)
-- Diarrhea (acute) (3-10)
-- Allergies (respiratory) (4-10)
-- Anxiety (4-10)
-- Surgery (4-10)
-- Headache (4-10)

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- Vertigo (6-10)
- Cancer (7-10)
- Cancer (7-10)
- Cost-Effectiveness (7-10)
- Insomnia (8-10)
- Leptospirosis (8-10) NEW CHAPTER!
- Common Cold/Cough/Sore Throat (9-10)
- Comparing Results: Conventional Medicine vs. Homeopathic Medicine (9-10)
- Why Homeopathy Makes Sense and Works (11-10)
- Arthritis (11-10)
- Cancer (11-10)
- Cancer (12-10)
- Surgery (12-10)
- Cancer (1-11)
- Arthritis (1-11)
- Cancer (1-11)
- Cancer (1-11)
- Dental Problems (2-11) New chapter!
- Anxiety (3-11)
- Dental Problems (4-11)
- Peritonitis (4-11)
- Cancer (5-11)
- Dengue fever (5-11) New Chapter!
- Cancer (6-11)
- Cancer (6-11)
- Evidence That Homeopathy Works (6-11)
- Fibromyalgia (8-11)
- Fatigue (8-11)
- Anxiety (8-11)
- Cancer (8-11)
- Backache (11-11)
- Evidence That Homeopathy Works (11-11)
- Evidence That Homeopathy Works (11-11)
- Fibromyalgia (11-11)
- Allergies (12-11)
- Cancer (12-11)
- Homeopathic Resources Online (12-11) New body of information!
- Cost-Effectiveness Studies (12-11)
- Earaches (1-12)
- Evidence That Homeopathic Medicines Work (2-12)
- The Swiss Government's Monumental Report on Homeopathy (3-12)
- The Swiss Government's Report on Cost-Effectiveness and Homeopathic Medicine (3-12)
- Bladder Infections (3-12)
- Autism and the Autism Spectrum (3-12) NEW CHAPTER!

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- Anxiety (4-12)
- Influenza (4-12)
- Nerve Injuries (4-12)
- Sinusitis (4-12)
- Malnourished Children (4-12) NEW CHAPTER!
- Cancer (6-12)
- Arthritis (7-12)
- Backache (7-12) (Same info as Arthritis)
- Cuts and Scrapes (7-12)
- Tuberculosis (7-12) NEW CHAPTER!
- Fractures (7-12)
- Emergency Medicine (8-12) NEW CHAPTER!
- Cancer (9-12)
- Menopause (9-12)
- Anxiety / Insomnia / Stress (9-12)
- Cancer (9-12)
- Headaches (9-12)
- Malaria (9-12)
- Environmental Exposures (10-12)
- Prostate Health (New Chapter!) (10-12)
- Why Homeopathy Makes Sense (10-12)
- Dental Problems (11-12)
- Dental Problems (11-12)
- Cancer (1-13)
- Fatigue (Mental Fatigue) (1-13)
- Influenza (1-13)
- Influenza (1-13)
- Eczema (2-13)
- Back Pain (2-13)
- Allergies, Respiratory (4-13)
- Earache (4-13)
- Diabetes (4-13)
- Cancer (5-13)
- Cost-Effectiveness Studies (5-13)
- Malaria (two studies) (5-13)
- Cough (5-13)
- Sprains and Strains (5-13)
- Diabetes (8-13)
- Insomnia (9-13)
- Cancer (9-13)
- Evidence that Homeopathy Works (10-13)
- Inflammatory Bowel Disease (11-13)
- Diabetes (11-13)
- Hepatitis (12-13)
- ADD/ADHD (1-14)
- Malaria (1-14)

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- Dental Problems (2-14)
- Breast Cancer (2-14)
- Tuberculosis (3-14)
- Cancer (3-14)
- Leprosy (3-14) NEW CHAPTER!
- Heart Disease (4-14)
- Hemorrhoids (4-14)
- Common Cold (4-14)
- Cancer (5-14)
- Infertility (5-14)
- Acne (6-14) NEW CHAPTER!
- Pain (8-14)
- Malaria (8-14)
- Dental Problems (8-14)
- Autism (10-14)
- Arthritis (10-14)
- Evidence That Homeopathy Works (12-14)
- Environmental Exposures (12-14)
- Fibromyalgia (12-14)
- Drug Addiction (12-14)
- Cancer (2-15)
- Menopause (2-15)
- Depression (2-15)
- Comparing Results: Conventional Medicine vs. Homeopathic Medicine (2-15)
- Allergies (Respiratory) (3-15)
- AIDS (4-15)
- Surgery (5-15)
- Cancer (6-15)
- Lactation (6-15)
- Cancer (6-15)
- Insomnia (7-15)
- Cancer (7-15)
- AIDS (7-15)
- Why Homeopathy Makes Sense (7-15)
- Mouth Problems (7-15)
- Diaper Rash (7-15)
- Common Cold (7-15)
- Insomnia (7-15)
- Cost-Effectiveness Studies (8-15)
- Cough (8-15)
- Surgery (8-15)
- Dentistry (11-15)
- Diabetes (12-15)
- Insomnia (12-15)
- Cancer (1-16)
- Cancer (1-16)

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- Backache and Arthritis (1-16)
- Mastitis (3-16)
- Cough (3-16)
- Safety of Homeopathic Medicines (3-16) A new chapter!
- AIDS (4-16)

THE NEWEST UPDATES:

- Food Disorders (4-16)
- Prostate Health (4-16)
- Drug Addiction (4-16)
- Clinical Outcome Studies (4-16)
- Earaches (4-16)
- Coughs (4-16)
- Anxiety (4-16)
- Insomnia and Sleep Disorders (4-16)
- Environmental Exposures (5-16)
- Insomnia and Sleep Disorders (6-16)
- Ovarian Cysts (6-16)
- Cancer (6-16)
- Attention Deficit Disorder (ADD/ADHD) (6-16)

PART I: HOMEOPATHY: MEDICINE FOR THE 21ST CENTURY

Introduction: Homeopathy as “First Medicine”

Homeopathy: Medicine for the 21st Century

What is Homeopathy, Anyway?

- Primary Assumption: Respecting the Wisdom of the Human Body

- Primary Principle: The Principle of Similars

- Individualize the Remedy to the Person, not the Disease

- The Experimental Basis of Every Homeopathic Medicine

- The Unique Homeopathic Pharmaceutical Process

Why Homeopathy Makes Sense

Evidence That Homeopathy Works

Replication of High Quality Studies

Comparing Results: Conventional Medicine vs. Homeopathic Medicine

Cost-Effectiveness Issues

Clinical Outcome Studies

Differentiating Real Healing from Palliation and Suppression of Disease

How to Make Homeopathy Work for You

Classical Homeopathy and Commercial Homeopathy: The Interface

The Place for Professional Homeopathic Care

Clinical Homeopathic Research in the 19th Century

REFERENCES

**NOTE TO READER...THE ENTIRE
INTRODUCTORY SECTION OF THIS EBOOK IS
NOT IN THE SAMPLE.**

**INSTEAD, YOU WILL HAVE ACCESS TO SIX
CONSECUTIVE CHAPTERS AT THE BEGINNING
PART OF THE “CLINICAL SECTION” OF THE
EBOOK (THE “PRACTICAL” PART OF THE
EBOOK!).**

Part II: HOMEOPATHIC FAMILY MEDICINE

Homeopaths commonly say that they do not treat “diseases” but “syndromes of symptoms” of which the disease is a part. One person’s headache syndrome is understandably different than another’s, and homeopathy embodies a systematic method of individualizing medicines to each person based on their unique syndrome. Your use of homeopathic medicines will be more successful when you learn to individualize a medicine to each person.

The information about each homeopathic medicine provided in this ebook primarily highlights the key features of a homeopathic remedy. This content is the most significant information that you may want or need to provide effective primary care treatment. This content does not provide complete information about each remedy. Readers are encouraged to complement the information provided here with homeopathic guidebooks, materia medica, and repertories in order to learn how to use homeopathic medicines with the greatest accuracy and effectiveness. See the Resources section in Part III for recommendations on the best books on homeopathic medicine.

Reference is made to clinical research when such investigations have been published. One of the differentiating features of the information provided below is the orientation towards “evidence based medicine.” *Please note, however, that just because no research has yet been conducted on a specific ailment does not mean that homeopathy is not effective in treating people who suffer with this condition.* Historically, homeopaths have claimed the best results in treating people who suffer from various chronic diseases. Because many of these chronic diseases are life-threatening, many research centers do not consider it ethical to conduct research using “experimental” methods such as homeopathic medicines. Also, because there are such limited funds available for research on homeopathic medicines, there are many chronic ailments for which little or no research has been conducted. Still, there is actually a lot more research on homeopathy than most people realize, and review of this material will confirm this assertion. Also, there is over 200 years of clinical experience by hundreds of thousands of homeopaths and by tens of millions of patients.

It should also be noted that there are two types of research in homeopathy:

- 1) Research that “proves” homeopathy: attempts to prove (or disprove) the efficacy of homeopathy in the treatment of people with a specific ailment
- 2) Research that seeks to “improve” homeopathic care: efforts that help homeopaths gain greater knowledge about which remedies are most effective (or least effective) in treating people suffering from a specific ailment

Due to widespread skepticism about homeopathy, most research conducted today has been “defensive” research that has sought to prove homeopathy rather than improve it. Hopefully this trend will change in the coming years.

*****" Suggests that the medicine is the most commonly successful remedy for the ailment in question.**

A Note about Dose and Potency

This ebook assumes that most readers are not “expert homeopaths.” Because of this, we tend to recommend relatively low potencies in the treatment of most people (the 6th, 12th, and 30th potencies). Generally, the more knowledgeable you become of homeopathy and the more confident you are in using these medicines, the more comfortable you will be in using higher potencies (200th, 1M, and 10M: 1M = 1,000th potency; 10M = 10,000th potency).

The word "potency" refers to the number of times a medicine is potentized. Homeopaths have discovered that the more a medicine is potentized, the faster and deeper it acts and the fewer doses of it are generally required for treatment. However, it is not recommended to use the highest potencies in homeopathy, unless you know how and when to use them (this is reserved to expert homeopaths).

Some people who are new to homeopathy fret about which potency of a medicine to give. Such anxiety is needless. It is generally recognized in homeopathy that the choice of the correct medicine is significantly more important than the correct potency. Giving the incorrect potency will generally still promote healing, albeit slightly slower healing. It is likewise unnecessary to worry about whether to give an "X" or a "C" potency. They are both very similar in action, though the "C" potencies are considered slightly more powerful and therefore require slightly more precision in prescribing.

The word "dose" refers to the number of times a medicine is taken. The more intense a person's symptoms, the more frequent should be the dose, though the response to treatment also directly affects dosage (you should slow down or stop taking the medicine as healing takes place.)

Determining the correct dose is important because in infrequent instances excessive dosages can lead to a "proving" (the experience of symptoms caused by the overdose). However, only rarely will a person experience a proving because it is difficult to elicit symptoms from a proving while a person is ill. Even in the rare cases that symptoms of a proving are created, the symptoms dissipate shortly after the remedy is stopped.

Here are nine general rules for helping you determine the frequency of doses and level of potency of a homeopathic medicine.

1) The basic rule in prescribing homeopathic medicines is to give as few doses as possible but as much as is necessary. In intense acute disease a person's body usually needs repetition of a homeopathic remedy to continue to catalyze a healing response. However, because homeopathic medicines stimulate the body's own defenses (so that it can heal itself), it is not always necessary to give continual doses of the medicines. Observe the person's symptoms. If the person is cured or even significantly better after only one or two doses, stop giving the remedy. If, however, the person has improved a little after several doses but is still sick, continue to give the remedy, unless it is now clear to you that another medicine is indicated. Do not, however, simply continue to give a remedy that doesn't seem to be working.

Remember, homeopathic medicines are not vitamins; they are medicines that, when accurately prescribed, catalyze the body's own healing process. They are not necessarily made more effective by taking more doses of them.

2) For people who are relatively new to homeopathy, it is recommended to use the 6th, 12th or 30th potency (usually described as 6X or 6C, 12X or 12C, 30X or 30C). The dose commonly recommended when using the 6th, 12th or 30th potency is three to six times a day, depending upon the intensity of the symptoms. However, during the first day of a high fever or other inflammatory condition, you may need to give the remedy every hour or every other hour during the first 24 hour period of the illness. Typically, some degree of relief from an acute problem is usually observed after a night's rest. Chronic or recurring complaints take longer and may require constitutional care from a professional homeopath.

3) It is generally recommended not to use any potencies higher than the 30th unless you are very familiar with homeopathic philosophy, methodology, and materia medica. Although higher potencies have a smaller material dose of the substance, homeopaths usually find that they are actually stronger than the less potentized doses. These higher potencies sometimes cause a healing crisis -- that is, a temporary worsening of symptoms prior to a deep cure. Practitioners trained in homeopathy are more likely to know when worsening of symptoms is really a healing crisis or if it simply represents the person is becoming more ill.

4) The more severe symptoms a person experiences, the more frequent repetition of a remedy is necessary. For high fevers, intense inflammatory conditions, or strong pain, you may need to give the remedy every hour or every other hour. For mild symptoms, it is common to give a remedy three or four times in a day. Usually you can give the 6th or 12th potency for up to a week, while the 30th potency is not commonly given for more than three days at a time.

5) The more intense the symptoms, the higher the potencies are recommended. If the person's symptoms are intense, as opposed to mild or simply persistent, it is recommended to use the 30th potency; it will act faster and deeper than the 6th potency.

6) Generally, the more confident you are in the selection of your remedy, especially if the medicine matches the general symptoms, the higher the potency should be used. Using the 30th potency requires more precision in prescribing than using the 6th or the 12th. The higher the potency used, the closer to the bull's eye the remedy should be.

7) Allow enough time for the remedy to act before changing to another remedy. Homeopathic medicines sometimes act very rapidly, but they can also act slowly. Sometimes a person may still be sick after taking a remedy for a couple of days, though some key symptoms have improved. It is important to avoid changing remedies while the person is in the process of improvement. If, however, the person is having intense symptoms and there is no improvement after 24 hours, a new remedy should be considered.

If a person has mild symptoms, wait at least 36-48 hours before considering a new remedy. (One important exception to this rule is if sick person develops new symptoms, and you are now confident that another remedy is more accurate; then, you can consider switching remedies.)

8) Try to avoid giving too many remedies per episode of illness. Some people are impatient and expect a homeopathic medicine or any medicine to immediately cure their child. Try to avoid switching medicines too quickly or too often. If you give too many different remedies per episode of illness, you are not giving the remedies enough time to act. In rare instances it is possible to antidote the correct remedy by giving another medicine too soon. Do not give more than three or four medicines per episode; ideally, you should use just one or two.

9) You can stop giving the remedy once you notice that the sick person is considerably better. Although some practitioners or parents give additional doses of a remedy when a child still has minor symptoms, the general rule in homeopathy is to use as few doses as possible. If a medicine has obviously provided considerable benefit, the person's body will be able to complete the healing. In cases when this doesn't happen, either a couple more doses of the original remedy is indicated, or a new medicine can be chosen that fits the present symptoms.

Allergies (respiratory)

BOTTOMLINE: Allergies are the most researched and most proven ailment that homeopathic medicines have been found to treat effectively. Numerous high quality randomized, double-blind, and placebo controlled trials have shown efficacy of using homeopathic medicines in the treatment of various respiratory allergies, including hay fever, allergic rhinitis, and asthma. Homeopathy should be the first choice of treatment due to its safety and efficacy. Primary care homeopathy can be an effective treatment, though professional homeopathic care should be considered to treat the underlying susceptible state to allergens. For people with asthma, it may be beneficial to seek professional medical care.

NOTE: A review of clinical homeopathic research on respiratory allergies was published in a peer-review journal that also highlights which clinical trials have been deemed to be “high quality” trials, as determined by three leading meta-analyses of homeopathic clinical research (Ullman, Frass, 2010).

A small and forgotten footnote in medical history involves a homeopathic physician from Scotland, C.H. Blackley, who in 1871 first identified pollen as the cause of hayfever (Reilly, 1986). Another forgotten fact of history is that one of three founders of the American Academy of Allergy was a San Francisco homeopathic physician, Dr. Grant L. Selfridge (Cohen, 1979). Dr. Selfridge was also the first to conduct a botanical and pollen survey in the West.

Although homeopaths have often been at the forefront of medical research and discovery, it is particularly appropriate and even predictable that they would lead the way in the field of allergy. Because the primary principle of modern allergy treatment derives from the homeopathic principle of "treating like with like," the spirit of homeopathy has lived on, despite the tendency of orthodox physicians to ignore it.

Conventional Treatment of Allergies

Conventional medical treatment for allergies usually consists of antihistamines, steroids, and desensitization shots. In obstinate cases, laser surgery may be utilized to vaporize mucus-forming nasal tissue. People with allergies know that these treatments don't cure; at best, they provide temporary relief of symptoms, and at worst (and too frequently), they create side effects that can be worse than the allergy symptoms themselves.

One of the common drugs for allergies is Benadryl, which contains diphenhydramine, a chemical that is known for causing drowsiness as a side effect. The creativity of conventional drug manufacturers, however, is evidenced by their marketing this same drug ingredient as a treatment for insomnia. Ironically, what is called a "side effect" of a drug in one instance is considered its "primary effect" in another.

Perhaps the greatest misunderstanding about allergies is the assumption that the allergen (the cat dander, the pollen, the housedust mite, or whatever) is the problem.

Actually, the allergen is simply the trigger, while the allergic person's body is the loaded gun. Rather than just treating symptoms or avoiding the allergen, the best course is to take action to strengthen the body's own immune and defense system. Natural therapies help to empty and clean out the loaded gun or simply make it shoot blanks.

Homeopathy and Allergies

In the near future when homeopathic medicines are more widely accepted by the majority of orthodox physicians, doctors will likely maintain that they have always been supporters of homeopathy and homeopathic principles. They will point to conventional allergy treatment as an example of this.

While it is partially true that conventional medical treatment of allergy uses small doses of a substance to which the person is actually allergic and even though this principle is the basis of homeopathy, homeopaths use considerably smaller doses than conventional allergy shots. Also, homeopaths generally find that using the same substance to which the person is allergic may relieve a person's symptoms, but it will not truly or deeply cure the person's allergic reactions.

Homeopaths instead prescribe a "constitutional medicine," a remedy that is individually chosen based on the constellation of physical and psychological symptoms that the person is experiencing, not just the allergy symptoms. Finding a person's constitutional medicine requires the highly individualized care of professional homeopath.

People can use homeopathic medicines to treat the acute phase of their allergy without having to become a homeopath. Laypeople can either learn which individual homeopathic medicine is indicated for their unique symptoms (some of which will be described later, along with a list of recommended books for further explanation), or they can take one of the many "homeopathic formula" products for allergy which are commonly available at health food stores and pharmacies.

Although self-treatment with homeopathic formulas and individual medicines will not usually "cure" a person's allergy, they will often provide effective temporary relief and will do so without side effects.

The Switzerland government conducted a review of basic sciences and clinical trials testing homeopathic medicines (Bornhöft, Wolf, von Ammon, 2006). Their report noted 29 clinical studies in the domain 'Upper Respiratory Tract Infections/Allergic Reactions' showed a positive overall result in favor of homeopathy. They also found that 6 out of 7 controlled studies were at least equivalent to conventional medical interventions. They also found 8 out of 16 placebo-controlled studies were significant in favor of homeopathy.

Research has proven the effectiveness of homeopathic medicines in hay fever. Dr. David Reilly, a professor and homeopath at the University of Glasgow in Scotland, published what is considered the best study of the homeopathic treatment of hay fever (Reilly, 1986). Published in the *Lancet*, this study showed that homeopathically prepared doses of 12 common flowers were very effective in reducing hay fever symptoms when compared with patients given a placebo. Patients given a placebo had six times more symptoms than those given a homeopathic medicine.

Another study of hay fever compared the effectiveness of a homeopathic medicine (*Galphimia* 6C) with a placebo. What was particularly interesting about this study is that the researchers also compared these two preparations with a dose of *Galphimia* that was diluted 1:100 six times without the common procedure of vigorously shaking the solution upon each dilution. This study showed that only the correctly manufactured homeopathic medicine that was both diluted 1:10 and shaken was found to be effective (Wiesener, 1996). This study was not long enough to compare the side effects from these two treatments, but one can easily assume that the homeopathic medicine will be a lot safer than the conventional drug.

This team of researchers actually conducted seven studies with this medicine, and they have consistently found it to be effective (Wiesener, 1985).

Still further, this team tested a homeopathic combination medicine, which consisted of *Galphimia*, *Luffa operculata*, *Histamine*, and *Sulphur* and compared it with Cromolyn sodium spray, which is one of the most popular over-the-counter conventional medicines. This randomized, double-blind study of 146 patients with hayfever for 42 days, four times a day per nostril. The researchers found that these two treatments were equally effective (Weiser, 1999).

Another important experiment using homeopathic medicines to treat an allergy disorder was the treatment of asthma (Reilly, 1994). This study was published in the *Lancet* and showed a significant benefit in those patients given a homeopathically-prepared dose of the specific substance to which conventional allergy testing showed the person was most allergic. This study showed benefit from the homeopathic medicine within the first week and lasting through the end of the trial eight weeks later.

One important (and practical) observation from this study was that the greatest numbers of people with asthma were allergic to housedust mite. Giving these people homeopathic doses of housedust mite had significant beneficial effects.

A fourth clinical trial by this group of Glasgow researchers found efficacy of homeopathic medicine in perennial allergic rhinitis (Taylor, 2000). The researchers found that patients given a homeopathically potentized dose (30C) of whatever substance to which they were most allergic experienced a significant improvement in nasal inspiratory flow comparable with the improvement typically experienced by patients given steroidal drugs.

The Glasgow researchers also evaluated improvement in each of their four studies by the Visual Analog Scale (VAS). Although the difference in the VAS in the last study was not significant, a meta-analysis of the four studies found a highly significant difference in patients given a homeopathic medicine ($P=.0007$). The researchers theorized that the non-significant difference in the fourth study may have been the result of having a significantly higher healing crisis (or aggravation of symptoms) within the first 48 hours by 29% of the homeopathic patients as compared with only 7% of the placebo patients.

A group of British physicians sought to replicate the above-described asthma study (Lewith, et al, 2002), but Dr. Reilly, who served as a consultant to the study, expressed concern during the study design phase that the researchers were not adequately following his protocols (Reilly, 2002). Specifically, Reilly described this Lewith trial as “complementary” to his trials, but not “comparable.” Reilly first noted that the results to both the treated group and the placebo group were “excellent” with “good clinical

effectiveness,” even though there was not a statistically significant difference between the two groups. Reilly asserted that it is inaccurate to say or suggest that homeopathic medicines were “not effective.”

Reilly note that his study used much more rigorous admission criteria, with a full re-diagnosis of asthma in every patient in a laboratory histamine provocation test before being accepted, and then again 4 weeks later. Secondly, the Reilly trial purposefully did not conduct their study at the peak of the house dust mite season (as compared with the Lewith trial which conducted their trial at the peak of the season). The Reilly team reasoned that isopathy (the use of the SAME medicine that might use the allergy symptoms, rather than the most SIMILAR medicine) is a weak form of homeopathy and tends to be less effectiveness when the body is being maximally challenged by the allergen.

Further, Reilly noted that his study evaluated patients during the same 4-week period for all subjects in the study and only used patients from specific geographical zone (west-central Scotland), while the Lewith trial treated patients over a 30-32 week period, and Lewith’s team never divulged from which geographical zones for his subjects.

Of additional significance, Reilly noted that all of the patients in his study were prescribed a (single-blind) placebo run-in as a way to reduce the placebo effect once the trial formally begins. The Lewith trial did not utilize this important feature.

Ultimately, because the Lewith trial sought to be a replication trial, there are simply too many differences between the two trials. Even with these differences, it is important, even vital, to note that there WERE statistically significant differences between the symptoms of the patients given a placebo and those given a homeopathic medicines, though these differences were not primary outcome measures.

This study of 202 asthma patients found that there was statistically significant improvements in the two primary outcome measures in subjects given House Dust Mite 30C as well as those given a placebo, but there were no statistically significant differences in those who were given the homeopathic medicine and those given a placebo. There were statistically significant differences between the treatment and the placebo groups in the secondary outcome measures, including the morning peak expiratory flow ($P=0.025$), asthma visual analogue scale ($P=0.017$), and the mood of the subjects ($P=0.035$). There was also reduced use of the conventional bronchodilator usage in the homeopathic patients, though this difference was not statistically significant.

A double-blind, randomized, placebo-controlled trial was conducted with 30 participants who had a positive test result for a cat allergy skin prick test (SPT) (Naidoo, Pellow, 2013). Participants took two tablets twice daily of Cat saliva 9cH and Histaminum 9cH for 4 weeks and attended a follow-up consultation at the end of weeks 2 and 4. The measurement tool used was the SPT, conducted at the beginning and at the end of the study.

Cat saliva 9cH and Histaminum 9cH produced a highly statistically significant reduction in the wheal diameter of the cat allergen SPT at the end of week 4. The placebo group showed no statistically significant change. The researchers concluded that homeopathic medicine reduced the sensitivity reaction of cat allergic adults to cat allergen, according to the SPT.

Although there have now been several trials showing efficacy of treatment by using homeopathic doses of an allergen, one study made from the pollen of birch trees (*Betula*) found no difference in symptoms as compared with those subjects given a placebo (Aabel, 2001).

A study in Norway of 200 patients suffering from hypersensitivity illnesses, including asthma, eczema, urticaria, hay fever and other allergies, showed that homeopathy was at least as effective as conventional medical treatment (Launsø, Kimby, Henningsen, 2006). The study was retrospective and comparative, and it evaluated everyday clinical practice of general practitioners and classical homeopaths. Most patients who were treated by conventional medical doctors experienced an aggravation of their symptoms when stopping conventional drugs, while only 1/3 of patients in the homeopathy group experienced such an aggravation ($P = 0.002$). Only one patient on conventional treatment experienced improvement of symptoms after stopping medication, compared to improvement in 2/3 of homeopathy patients. Patients in the homeopathic group also reported a larger improvement in their general state of health, with 57% improving, compared to 24% in the conventional group ($P=0.004$). Homeopathic patients also experienced substantially more positive change in their psychological state ($P<0.0001$). For quality of life 53% in the homeopathy group improved, compared to 15 % in the conventional group.

Two Israeli physicians reported on a retrospective analysis of patients with allergies who had received individually chosen homeopathic medicines (Frenkel and Hermoni, 2002). Their clinic's database revealed that 27 of 31 patients who had used conventional drugs in the treatment of their allergies (antihistamines, steroids, and decongestants) showed a reduced usage of their drugs after given homeopathic treatment. Two patients experienced an increase in drug usage, and two patients showed no change. Of the 17 patients who did not use conventional drugs in the treatment of their allergies, 13 remained non-users and only four had these drugs prescribed within 3 months after receiving homeopathic treatment.

Although this study was not double-blind or placebo controlled, it provides a glimpse into real world health care and its results. These results suggest that the usage of homeopathic medicines for people suffering from allergies leads to reduced usage of conventional drugs, and based on the lower cost of homeopathic medicines, the authors of this report also suggest that there are also cost savings that result from homeopathic treatment.

A 4-week, double-blind clinical trial comparing homeopathic preparations with placebo was conducted in the Phoenix metropolitan area during the regional allergy season from February to May (Kim, Riedlinger, Baldwin, 2005). The treatment group was given a homeopathic preparation (6X) of common allergens in the Southwest region of the U.S. Participants included 40 men and women, 26-63 years of age, diagnosed with moderate to severe seasonal allergic rhinitis symptoms. Study outcomes included allergy-specific symptoms using the rhinoconjunctivitis quality-of-life questionnaire (RQLQ), functional quality of life using the Medical Outcomes Study Short Form-36 (MOS SF-36), and the work productivity and activity impairment (WPAI) questionnaire. The scales from the RQLQ, MOS SF-36, and WPAI questionnaire showed significant positive changes from baseline to 4 weeks in the homeopathic group compared with the placebo group ($p < 0.05$). Subjects reported no adverse effects during the intervention period.

These preliminary findings indicate potential benefits of the homeopathic intervention in reducing symptoms and improving quality of life in patients with seasonal allergic rhinitis in the Southwestern US.

A survey was conducted with over 400 people in Mexico who experienced respiratory allergies (Felix Berumen, et al, 2004). The survey discovered that 34.4% of people used at least one type of alternative medicine in the treatment of their allergies. Of these people, homeopathic medicines were the most popular alternative treatment, with 78.2% of these people using homeopathy.

A prospective multicenter observational study was conducted by general practitioners specializing in homeopathy in nine Austrian test centers ([Gründling, Schimetta, Frass, 2011](#)). Personal data and symptoms of allergic patients diagnosed with allergic conjunctivitis, allergic rhinitis, bronchial asthma and neurodermatitis before and after homeopathic treatment were assessed by means of questionnaires (classification of patients' condition by using visual analogue scales/VAS). The aim of this study was to assess the real-life efficacy of classical homeopathic treatment and the potential to reduce conventional medication dosage.

40 out of 44 patients originally recruited for the trial were found to meet the eligibility criteria. All clinical symptoms were shown to improve substantially, in most cases quite markedly ($p < 0.001$). 21 patients undergoing conventional medication therapy at baseline (62%) were able to discontinue at least one medication, while the remaining patients (38%) reported a dose reduction in at least one medication. No side effects were reported during treatment.

The symptoms of patients undergoing homeopathic treatment were shown to improve substantially and conventional medication dosage could be substantially reduced. While the real-life effect assessed indicates that there is a potential for enhancing therapeutic measures and reducing healthcare cost, this one study does not allow to draw conclusions as to the efficacy of homeopathic treatment because it was not randomized and placebo controlled. However, this study adds to the overall evidence base for homeopathy in the treatment of allergies.

A large multi-center open observational clinical trial was conducted under the auspices of the government of India with a total of 784 children (408 males; 384 females) aged 6 months to 15 years, presenting symptoms of acute rhinitis (Nayak, Singh, Singh, et al., 2010). Symptoms were assessed using an acute rhinitis symptom score (ARSS). A total of 13 homeopathic medicines were shortlisted after repertorizing the nosological symptoms of acute rhinitis in children and the results were analyzed (these medicine included: *Aconitum napellus*, *Belladonna*, *Calcarea carbonica*, *Carbo vegetabilis*, *Chamomilla*, *Dulcamara*, *Elaps corallinus*, *Hepar sulphur*, *Kalium bichromicum*, *Mercurius solubilis*, *Nux vomica*, *Pulsatilla nigricans*, and *Sulphur*). The medicines were prescribed in dilution 6C (10-12) and doses were repeated from few minutes to few hours as per the need of the case. Appearance of any change (improvement or worsening) was followed by placebo / change in dilution or change in medicine according to the response of the patient. The follow up period was up to the 7th day of illness.

Out of 784 children enrolled, 638 children were followed up and analyzed. A significant change in the score from the baseline ($p < 0.05$) was observed. Twelve medicines were found to be useful in 638 children suffering from acute rhinitis and among them Nux-v ($n=109$), Merc ($n=106$) and Bell ($n=88$) were the most useful.

At the end of the study (seven days after initial treatment), the researchers observed that 81.3% ($n=638$) of the children had improved among the 784 children enrolled. As per outcome assessment of the 638 children who were analyzed, 74.5% ($n=475$) were cured, 17.7% ($n=113$) improved markedly, 6.9% ($n=44$) improved moderately and only 0.9% ($n=6$) improved mildly (Note: Because this study was not randomized or placebo controlled, it is impossible to determine what percentage of children would have improved without any treatment. Still, this study is interesting and worthy of attention due to the information on which drugs were most commonly indicated and which drugs may have led to the most dramatic clinical improvement.)

No complications were observed during the treatment. Adverse events in the form of hyperpyrexia were observed in 2 children only. This study concluded that there is usefulness of homeopathic medicines in the management of acute rhinitis of children.

In addition to these clinical trials there have also been several laboratory studies that have shown powerful effects of various homeopathic doses on biochemical markers related to respiratory allergies, specifically basophils. One such experiment showed that homeopathic doses of *Apis mellifica* (honey bee) and *Lung histamine* had degranulated basophils, which are a type of white blood cell related to allergy symptoms (Poitevin, 1988). *Apis* significantly inhibited basophil activation at the dilutions of 8c, 9c and 10c when the basophils were activated with high and low anti-IgE doses, and *Apis* caused significant inhibition at the dilutions of 5c, 7c, 13c and 20c when the basophils were activated with low anti-IgE doses. Significant inhibitions were observed at dilutions of *Lung histaminum* at 5c and at 15c (from 12c to 18c). In the case of basophils activated using small anti-IgE doses, *Apis* 10c and *Lung histaminum* 18c caused 100% inhibition.

Four independent laboratories, each associated with a university, conducted a series of experiments using dilutions of histamine beyond Avogadro's number (the 15th through 19th centesimal dilution, that is 10^{-15} to 10^{-19}) (Belon, Cumps, Ennis, Mannaioni, et al, 2004). The researchers found inhibitory effects of histamine dilutions on basophil degranulation triggered by anti-IgE. A total of 3,674 data points were collected from the four laboratories. The overall effects were highly significant ($p < 0.0001$). The test solutions were made in independent laboratories, the participants were blinded to the content of the test solutions, and the data analysis was performed by a biostatistician who was not involved in any other part of the trial.

Treatment Options

There are specific treatment options that people can consider:

- 1) To follow the studies of the Glasgow researchers, use conventional allergy testing to determine to what the patient is allergic and then take the 30C dose of this substance (these products are available through select homeopathic pharmacies).
- 2) Two of the Glasgow studies involved subjects with hay fever, and these studies used a combination homeopathic medicine that included flowers to which the patients were

allergic. People might consider prescribing a homeopathic medicine that contains many of the common flowers to which the hay fever subject is sensitive (these products in the U.S. are available from <http://www.homeopathic.com>)

- 3) People with hay fever could consider taking *Galphimia glauca* 4C or 6C as long as hay fever symptoms persist, or use a homeopathic combination remedy in which this remedy is an ingredient.
- 4) People with allergies could consider taking an individualized single homeopathic medicine as recommended in various homeopathic acute care guidebooks (a brief summary of some of the key remedies is listed below).
- 5) People with severe and/or recurrent allergy symptoms should consider consulting with a professional homeopath for “constitutional care” in order to improve the person’s overall level of health which sometimes provides a real cure of an allergic condition.

Specific Individual Remedies

If these individual remedies are not available or if you cannot find the best one to fit the patient’s symptoms, there are now numerous “homeopathic formula products” readily available in health food stores. These natural remedies are extremely easy to use and often work well.

* *Allium cepa* (the common onion): Because onions are known to cause tearing of the eyes and running of the nose, they are wonderfully effective in treating such symptoms when given in homeopathic microdoses. Specifically, people who will benefit from *Allium cepa* experience an acute, profuse, fluent, burning nasal discharge that is worse in a warm room and better in the open air. They have a profuse, bland (non-burning) tearing with reddened eyes, and will desire to rub their eyes frequently. They experience a raw feeling in the nose with a tingling sensation and violent sneezing. Usually, the various nasal symptoms are worst on the left or begin on the left and move to the right side. A frontal congestive headache may be concurrent with their allergy symptoms. These symptoms tend to exacerbate after damp winds.

* *Euphrasia* (eyebright, an herb) has the opposite symptoms as those who need *Allium cepa*: they have profuse burning tears from the eyes and a bland nasal discharge. Their eyes water so much the person looks awash in tears. The whites of the eye and the cheeks become reddened from the burning tears, and blinking provides relief but this is just temporary. The eye symptoms are worse in the open air. The profuse bland nasal discharge is worse at night, while lying down, and in windy weather.

* *Arsenicum album* (white arsenic): Burning tears and nasal discharge with obstruction that are often worse on the right side characterize the symptoms related to *Arsenicum*. These people’s symptoms are worse at and after midnight. They toss and turn in bed and become very anxious, frightened, and restless during breathing difficulties. They are very chilly and are aggravated by breathing in cold air, and they feel better in a warm room or from warmth in general. They usually have a great thirst but only take sips at a time, and they usually prefer warm drinks. These people are sensitive to light, have violent sneezing, and may develop asthmatic breathing. This remedy can be useful for

both acute and chronic allergy symptoms. People who need this remedy have or tend to develop a fastidious character (they may feel compelled to clean or bring order to their home or office even during an illness). They also tend to prefer company to being alone.

* *Nux vomica* (poison nut, a seed from a tree): When an allergy sufferer is particularly irritable and chilly and has a fluent nasal discharge during the day and congestion at night, *Nux vomica* is often their remedy. Their symptoms tend to be worse indoors and better in the open air. They are sensitive to the cold, being uncovered, and are irritated by noise, odors, and light. They feel better in a warm room and drinking warm fluids. Frequent sneezing may be experienced, especially upon rising in the morning. Their symptoms sometimes begin after being irritated, vexed, or fatigued. This remedy can be useful for both acute and chronic allergy symptoms.

* *Pulsatilla* (windflower, an herb): This is an extremely common remedy for both women and children. These people have a nasal discharge during the day and congestion at night (just like people who need *Nux vomica*). However, people who need *Pulsatilla* are quite different from people who need *Nux vomica*: they are usually gentle, mild, yielding, impressionable, emotional, and moody people who seek attention and sympathy, rather than the argument and conflict in which *Nux vomica* people indulge. People who need *Pulsatilla* have congestion which is worse in a warm room, hot weather, or while lying down, and is relieved in cool rooms, open air, or with cool applications. Their symptoms can be aggravated by milk products, rich foods, and fats. They tend to have itching at the roof of their mouth at night. They tend to be without thirst. This remedy can be useful for both acute and chronic allergy symptoms.

* *Natrum muriaticum* (salt): This remedy is indicated when the person's nasal discharge is profuse and like egg whites for the first several days, then leading to nasal obstruction. Typically, the person may also experience a herpetic eruption on the lips or a hammering frontal headache or behind the eyes. The symptoms are worse from exposure to heat and the sun and from 9 to 11 am. The person craves salt and tends to be very thirsty. This remedy tends to be indicated in people who suppress their emotions, especially grief.

* *Ambrosia* (ragweed): This remedy is useful for people with allergies to ragweed.

* *Sabadilla* (cevadilla seed): This medicine is effective in treating allergies, especially hayfever, with frequent, spasmodic sneezing that exhausts the person. Sneezing usually results from a tickling inside the nose, and sneezing causes tearing from the eyes. These people are worse in the open air and feel relief in a warm room. The person usually also has a profuse, watery nasal discharge and red and burning eyelid margins. Despite having a dry mouth, these people tend to have little thirst.

* *Solidago* (goldenrod): People who are allergic to goldenrod benefit from this remedy.

* *House dust mite*: This is the remedy to consider for people with allergies to house dust mite, which is the most common allergen in the world today.

* *Arum triphyllum* (jack in the pulpit): This remedy is useful for people with allergies who experience such irritation inside the nose that they feel forced to bore their fingers into their nose or they seek to rub, itch, or pick at their lips and face. The throat, mouth, tongue, and palate may experience burning pain, making it difficult to eat or drink, despite having a thirst. These people may experience concurrent hoarseness and peeling and chapping of the lips.

* *Kali bichromicum* (potassium bichromate): Consider this remedy when the person experiences thick, stringy, green or yellowish mucus from the nose or throat. The person may also have a post-nasal drip and pain at the root of the nose that may be relieved from hard pressure.

* *Wyethia* (poison weed): This remedy is indicated when the person experiences tremendous itching of the upper palate of the mouth, causing the person to make “clucking” noises in effort to provide some relief. The person also has itching of the nose and throat, along with a constant desire to swallow saliva to relieve the dryness experienced.

* *Histaminum* (histamine): Consider this remedy either when no other remedy seems accurate or if other remedies have been tried and haven’t worked.

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Anger

BOTTOMLINE: Acute phases of anger can be effectively self-treated with homeopathic medicines, while chronic states of anger may best treated by a professional homeopath.

One cannot adequately describe all of the various kinds of anger and the specific homeopathic medicines that match them in an ebook of this scope. The following remedies represent a small number of the most common medicines that have anger as a primary aspect of their dis-ease. *See also the remedies under Abuse)

** *Nux vomica* (poison nut): People who benefit from this medicine are impatient types who are hard driving, competitive, irritable, and indignant individuals who are "stressed out" and who *consciously or not) make others equally stressed out. They are easily irritated by anything and will cause irritation to others. They tend to be hyper-critical and aggressive. This remedy is more commonly indicated in men but can be indicated in women. This is a common remedy for people who over-indulge in alcohol, drugs, coffee, and rich foods.

* *Staphysagria* (stavesacre): A person who needs this remedy tends to suppress their anger and then express it in a rage. This person more commonly tends to be the abusee, but can be the abuser if s/he is humiliated.

* *Chamomilla* (chamomille): When a person becomes hyperirritable, is hypersensitive to pain, and makes many demands but then rejects what is offered, consider this remedy. This medicine is most commonly indicated during infancy, during drug withdrawal, and during the end stages of life.

* *Sepia* (cuttlefish): This remedy is a common medicine for women going through menopause and for independent women who are assertive, aggressive, critical, and strongly insist on doing things their way. Their anger is rarely violent, but manifests as a nagging, bossy irritability.

* *Aurum metallicum* (gold): This is a remedy for very serious people who have a sense of duty and great responsibility in their life, but when things go wrong, they become angry and deeply depressed (sometimes contemplating suicide). They tend to abuse alcohol and drugs that aggravate their condition significantly.

RESOURCE: Judyth Reichenberg Ullman, ND, MSW, and Robert Ullman, ND, *Rage Free Kids: Homeopathic Medicine for Defiant, Aggressive, and Violent Children*, Edmonds, WA: Picnic Point Press, 1999 (NOTE: This book provides information that is clinically useful in the treatment of adults as well.)

Anxiety

BOTTOMLINE: Homeopathic medicines can be very effective in treating anxiety disorders. It is recommended to seek professional homeopathic care for serious or recurrent anxiety, while acute stages of this emotional state can sometimes be effectively treated with primary care homeopathy. In severe and/or chronic states of anxiety, professional psychological and psychiatric care may be indicated.

The Menninger Clinic is world-renowned as one of the leading mental health centers for research and treatment. Most people don't know it, but the founder of the Menninger Clinic, Charles Frederick Menninger, MD, was originally a homeopathic physician. He was also the head of his local homeopathic medical society. He was so impressed with his results from homeopathic medicines, he once said, "Homeopathy is wholly capable of satisfying the therapeutic demands of this age better than any other system or school of medicine."

Some research has shown benefits in using the herb Kava kava to treat anxiety states. However, homeopaths generally find it is necessary to prescribe individualized homeopathic remedies to each patient to attain long-term results, including sustained results without requiring continual doses of any medicine (natural or otherwise).

In 2012, a randomized, double-blind, placebo-controlled single center study was conducted over a 15 day period (Hellhammer and Schubert, 2012). A study included 40 women aged 30-50 years who regularly experienced impaired well-being when feeling stressed. Participants took three tablets daily of a homeopathic formula called "Dysto-loges(®) S"¹ for 14 days, half of whom were blindly given a placebo. On the final study day, participants took three pills in the morning and upon arrival at the study site. Thereafter, the Trier Social Stress Test (TSST) was performed.

Primary endpoints were saliva cortisol responses to the stress test. Secondary biological endpoints were plasma cortisol, adrenocorticotrophic hormone, epinephrine, and norepinephrine (NE) and heart rates. Psychological secondary endpoints were well-being, anxiety, stress, and insecurity during the stress test as well as sleep and quality of life.

Stress-induced cortisol levels did not differ between groups, but verum-treated participants were characterized by lower NE levels. Two weeks of treatment with the homeopathic substance resulted in a better sleep quality. Sleep improvement was associated with a higher hormonal response to the TSST in both groups. In addition, individuals with impaired sleep in the placebo group had higher unstimulated NE levels.

This study provides preliminary evidence for beneficial effects of Dysto-loges S on sleep quality. Improvement of sleep quality was positively associated with a normalized neuroendocrine stress response during acute stress, whereas an altered hormonal response was observed in participants with impaired sleep. The researchers hypothesized that the test product may possibly reduce NE release.

¹ This formula consists of: *Gelsemium sempervirens* D4, *Coffea arabica* D6, *Veratrum album* D6, *Reserpinum* D6, *Passiflora incarnata* Mother tincture.

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In 2006, a group of research conducted a systematic review of research in the homeopathic treatment of anxiety and anxiety disorders (Pilkington, Kirkwood, Rampes, 2006). They identified eight randomised controlled studies. A comprehensive search demonstrates that the evidence on the benefit of homeopathy in anxiety and anxiety disorders is limited. A number of studies of homeopathy in such conditions were located but the randomised controlled trials report contradictory results, are underpowered (this means that they were small studies) or provide insufficient details of methodology. Several uncontrolled and observational studies reported positive results including high levels of patient satisfaction but because of the lack of a control group, it is difficult to assess the extent to which any response is due to homeopathy or to other factors. Adverse effects reported appear limited to 'remedy reactions' and included temporary worsening of symptoms and reappearance of old symptoms. On the basis of this review it is not possible to draw firm conclusions on the efficacy or effectiveness of homeopathy for anxiety. However, surveys suggest people suffering from anxiety quite frequently use homeopathy. If shown to be effective, it is possible that homeopathy may have benefits in terms of adverse effects and acceptability to patients. Consequently, further investigation is indicated. Future research should be of pragmatic design and include qualitative studies.

An open-label observational study was conducted with 639 patients who had a high rate of anxiety and sleep disorders (Villet, Vacher, Colas, et al, 2016). Anxiety was present in 85.4% (according to Hamilton anxiety rating scale) and 93.3% (according to Spielberger self-assessment questionnaire), and 74% were found to have a sleep disorder (SDS). Patients were prescribed "Passiflora Compose" (PC), which consists to Passiflora incarnate 3DH, Ignatia amara 4CH, Coffea cruda 5CH, Nyckteria 4CH, Tellurium metallicum 5CH, Phosphoricum acidum 7CH, Palladium metallicum 5CH, and Magnesium metallicum 5CH.

After four weeks, the researchers compared those patients who were given the homeopathic medicine alone and those given the homeopathic medicine and psychotropics. After four weeks, the patients given only the homeopathic medicine experience substantially significant reductions in anxiety (HAM)(18.7% in the homeopathic group had no anxiety, vs only 6% of the conventional Rx plus the homeopathic drug had no anxiety), while 17.2% of the homeopathic group had "severe" anxiety and 28.7% of the conventional Rx group had "severe" anxiety.

The "anxiety trait" was evaluated with 12.2% of the homeopathic group having "no anxiety" and 31.2% with "severe or very severe" anxiety, while the conventional Rx group had only 4.4% with "no anxiety" and 51.3% with "severe or very severe" anxiety.

An impressive 29.8% of the homeopathic group had no more sleep disorder and 46.2% had "severe" sleep disorder, while the conventional group had 17.9% with no sleep disorder and 60.3% with "severe sleep problems."

Because the above study was open-label and not placebo controlled, one cannot rule out the placebo effect.

Jonathan Davidson, MD, a professor of psychiatry at Duke University, conducted a small study of adults with major depression, social phobia, or panic disorder. He found that 60% of the patients responded favorably to homeopathic treatment (Davidson, 1995;

Davidson, 1997). When one recognizes the considerable safety in using homeopathic medicines, it is remarkable that the majority of psychiatrists and psychologists are not referring appropriate patients to homeopaths prior to having powerful conventional drugs prescribed for them.

A study in Israel was conducted with forty-four patients who experienced DSM-IV generalized anxiety disorder (Bonne, 2003). This study was a randomized, double-blind, placebo-controlled 10-week trial in which an individually chosen homeopathic remedy was prescribed. Thirty-nine subjects completed the study (20 in the active treatment group and 19 in the placebo group). Subjects' symptoms were rated before treatment and after 5 and 10 weeks of treatment, with the Hamilton Rating Scale for Anxiety (HAM-A) as main outcome measure. Additional measures of outcome included the Brief Symptom Inventory, the Psychological General Well-Being Index, the Hamilton Rating Scale for Depression, the Beck Depression Inventory, Spielberger's State-Trait Anxiety Inventory, and a Visual Analogue Scale of subjective distress.

There was significant ($p < .05$) improvement in most measures, including the HAM-A, in both the active treatment and placebo groups, but there was no statistically significant difference between the two groups.

A randomized controlled (but not blinded) trial with 60 subjects was conducted in France with patients suffering from anxiety in which half were given a homeopathic formula marketed as "L.72"² in France and "Anti-anxiety" in the USA, while the control group was given a diazepam (Valium) (Heulluy, 1985). "The results indicated that L72 was as effective as diazepam on all measures."

Other researchers conducted a randomized and placebo-controlled trial giving L72 or a placebo to 77 subjects (McCutcheon, 1996). What is interesting about this study is that it did not find that this homeopathic formula product was effective in treating anxiety, but it was found to have statistically significant beneficial effects in the treatment of insomnia ($p=0.05$). This study suggests that this product may be effective for only certain types of anxiety, that is, anxiety with insomnia.

A study in France tested the efficacy of two homeopathic combination medicines as a substitute for benzodiazepines (Cialdella, Boissel, Belon, 2001). This was a randomized double-blind, placebo-controlled study with a total of 61 patients, though 19 patients interrupted their treatment. No statistical significant improvement was found in patients given the homeopathic medicines, but there was a lack of statistical power because only a small number of patients finished the trial.

In an open-label, prospective non-randomized cohort study, the effectiveness and tolerability profiles of the homeopathic combination remedy, Nervoheel N,³ with those of the benzodiazepine, lorazepam (in the U.S., it is called Ativan), in 248 patients with insomnia, distress, anxieties, restlessness or burnout and similar nervous conditions ('mild nervous disorders') (van den Meerschaut and Sunder, 2009). Patients were treated with Nervoheel N or lorazepam at the recommended doses for a maximum of 4 weeks. Dose variations were allowed if in the patient's best interest. Treatment effects were

³ The formula consists of: Sumbucus 3DH; Gaulther 4DH; Cicuta virosa 4DH; Asafoetida 3DH; Corydalis form. 3DH; Ignatia 4DH; Valeriana 3DH; Staphysagria 4DH; Avena sativa TM; Hyoscyamus 2DH – note: "DH" is a similar potency as "X".

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evaluated by the practitioner in a dialogue with the patient at the start of treatment, after 2 weeks and after maximally 4 weeks of treatment. Tolerability data were recorded as adverse events. At baseline, lorazepam patients were on average slightly older and there were a somewhat greater percentage of men in this group than in the Nervoheel group.

Both treatment groups reported significant symptomatic improvements of similar magnitude during the course of the study. A total of 72.1% in the homeopathic group rated the results as “excellent” or “good,” while 73.7% reported similar results from lorazepam. The sum of symptom scores was found to improve by 4.4 points with Nervoheel N and by 4.2 points with lorazepam. The differences between the treatment groups were not significant. The researchers also found that the use of additional medications was low in both groups: 6.8% in the homeopathic group and 8.1% in the lorazepam group. All differences between treatments were within 10% of the maximum score ranges, demonstrating non-inferiority of Nervoheel N. Both treatments were well tolerated, with few adverse events and very good self-assessed tolerability ratings by the patients. However, 81.9% of patients using the homeopathic medicine rates the tolerability as “excellent, while only 45.5% in the lorazepam group gave it this rating ($P < 0.001$). The researchers concluded that the effects of Nervoheel N are non-inferior to those of lorazepam in the treatment of mild nervous disorders. Finally, because the long-term use of benzodiazepine drugs is known to have serious side effects, the use of this safer homeopathic medicine may make sense, though research on this subject is necessary.

Dr. Edward Bach developed a formula of five flower remedies that he called “Rescue Remedy.” He primarily recommended it for emergencies, sudden illness, and/or shock and trauma of injury. Dr. Philip Chancellor, author of a classic book on the subject, asserted that this remedy does not replace medical treatment, but it can prevent physical complications as a result of the shock of injury or illness that is experienced. The examples he gave included: the slam of a door on a bodily part, the receipt of bad news, and an accident involving loss of consciousness.

Despite these indications, “Rescue Remedy” is commonly marketed today for “stress” and various anxiety conditions.

Three randomized, double-blind, placebo-controlled studies were conducted to evaluate the efficacy of “Rescue Remedy” for “examination anxiety” in university students (Armstrong and Ernst, 2001; Walach, Rilling, and Engelke, 2001; Halberstein, DeSantis, Sirkin et al, 2007). The first two studies found no difference between this remedy and placebo, but the third study found an important difference.

A 2007 double-blind clinical trial was conducted at the University of Miami’s School of Nursing in the treatment of acute situational stress (Halberstein, et al, 2007). A comparing a standard dosage of BFE Rescue Remedy against a placebo of identical appearance was conducted in a sample of 111 individuals aged 18 to 49, randomized into treatment ($n = 53$) and control ($n = 58$) groups. The Spielberger State-Trait Anxiety Inventory (STAI) was administered before and after the use of Rescue Remedy or placebo. Downward trends in anxiety level measurements were discovered in both the treatment (Rescue Remedy) and control (placebo) groups. Statistical analyses indicated that only the high-state anxiety treatment subgroup (17 treated subjects vs. 22 placebo subjects) demonstrated a statistically significant difference between pretest and posttest

scores. The results suggest that Rescue Remedy may be effective in reducing high levels of situational anxiety.

Halberstein, a professor at the University of Miami, and his team conducted a trial with 111 student nurses who were tested for the effects of Rescue Remedy on their “examination anxiety.” This study was different from the other two studies in two ways: 1) the subjects were told to take the remedy every 20 minutes over a three hour period (this more frequent repetition of the remedy was different than the other two studies that recommended one to four doses a day over a 7 or 28 day period; 2) the researchers evaluated separately those subjects who normally experience higher levels of anxiety.

This study found that the sub-group of students who had experienced “high” levels of anxiety, they found benefits from the Bach flower remedy.

Of additional interest is the fact that a systemic review of research on Bach Flower Remedies found that this latter study was the only one of this group of studies that these researchers to have been conducted with a “low risk of bias” (Thaler, Kaminski, Chapman, et al, 2009).

A clinical outcome study of interest involved 14 physicians of the UK Faculty of Homeopathy (13 NHS GPs and 3 private practitioners) (Mathie and Robinson, 2006). The outcome scores from 958 individual patient conditions having two or more appointments found that 75.9% experienced a “positive outcome,” 14.7% had no change, and 4.6% experienced deterioration in health. Patients with the highest positive scores (over 50% of patients who self-scored a +2 or +3 on a 7 point Likert scale from –3 to +3) were achieved in the treatment of anxiety, catarrh, colic, cystitis, depression, eczema, irritable bowel syndrome, and PMS. A total of 61% of patients with anxiety self-scored a +2 or +3 result from homeopathic treatment.

Some basic science research has also found that one homeopathic medicine, *Gelsemium sempervirens*, had a significant effect on reducing anxiety in mice (Magnani, et al, 2009). Five different centesimal (C) dilutions of *Gelsemium sempervirens* (4C, 5C, 7C, 9C and 30C), the drug buspirone (5 mg/kg) and solvent vehicle were delivered intraperitoneally to groups of ICR-CD1 mice over a period of 9 days. The behavioral effects were assessed in the open-field (OF) and light-dark (LD) tests in blind and randomized fashion. Most *Gelsemium* dilutions did not affect the total distance traveled in the OF (only the 5C had an almost significant stimulatory effect on this parameter), indicating that the medicine caused no sedation effects or unspecific changes in locomotor activity. In the same test, buspirone induced a slight but statistically significant decrease in locomotion. *Gelsemium* showed little stimulatory activity on the time spent and distance traveled in the central zone of the OF, but this effect was not statistically significant. In the LD test, *Gelsemium* increased the % time spent in the light compartment, an indicator of anxiolytic-like activity, with a statistically significant effect using the 5C, 9C and 30C dilutions. These effects were comparable to those of buspirone. The number of transitions between the compartments of the LD test markedly increased with *Gelsemium* 5C, 9C and 30C dilutions. The overall pattern of results provides evidence that *Gelsemium* acts on the emotional reactivity of mice, and that its anxiolytic-like effects are apparent, with a non-linear relationship, even at high dilutions.

A double-blind, single-centre, randomized, placebo-controlled study was conducted and aimed at evaluating the effectiveness of Gelsemium 5CH and 15CH on provoked anxiety in 180 healthy volunteers, in comparison with placebo (Paris, Schmidlin, Mouret, et al, 2011). Eligible healthy men or women aged from 18 to 40 years without a history of psychiatric disorders were randomly allocated to receive Gelsemium 5 or 15CH or placebo. Anxiety was proved by performance of the Stroop color word test (SCWT). The primary end-point was anxiety assessed by the State measure of the State-Trait Anxiety Inventory (STAI-S) as the absolute value and difference with baseline, according to the treatment received. Likewise, no statistical difference was observed between groups in anxiety as measured by a Visual Analogue Scale and the Competitive State Anxiety Inventory. Mean arterial pressure and heart rate significantly increased ($P < 0.001$) but no interaction between time prior to provoked anxiety and treatment was shown ($P = 0.59$ and $P = 0.46$, respectively). Gelsemium 5CH and 15CH do not prevent anticipatory anxiety in the conditions used in this study.

Although there were no statistically significant differences between either group of patients given Gelsemium 5CH and 15CH with those given a placebo, the study found statistically significant physiological differences between these groups. More specifically, subjects given Gelsemium 15CH had a significantly reduced heart rate ($P < 0.001$) and a significantly increased arterial pressure (Note: while excessive high increased arterial pressure may have a negative impact on health, slight increases in arterial pressure during a stressful exercise suggests a healthy response).

A limitation of the above study is that it created an artificial stress environment that does not correspond to real life situations. A further limitation of this study is that the individual anxiety/stress responses of each subject may warrant a more individualized homeopathic treatment rather than a one-remedy-fits-all treatment protocol. That said, towards the end of this chapter is reference to an earlier animal study using Gelsemium to treat mice in stress and anxiety situations, and this study found positive results.

The homeopathic complex Homeo-Pax® has been used as an antidepressant and anxiolytic homeopathic medicine available in Brazil. It is a complex mixture prepared with Aconitum nap. 6cH, Aurum met. 6cH, Phosphorus 6cH, Argentum nitricum 6cH, Arsenicum alb. 6cH, and Valeriana officinalis 3cH. A double-blind placebo controlled study evaluated the behavior in rats after treatment with Homeo-Pax® in pre-clinical models of depression and anxiety (Carvalho, Vaz, Campos, 2011). Elevated Plus Maze Test (EPM), Forced Swimming Test (FST), Open Field Test (OFT) and the Rota Rod Test (RRT) behavior assays were used to confirm its activity. In the EPM, the animals treated with Homeo-pax® on the 1st day and until the 0th day of treatment remained longer in the open arms of the maze than on 30th day. This result was statistically significant compared with the control group ($p < 0.05$). In the FST, the treatment with Homeo-pax® (0.5 ml, p.o) increased the swimming time, compared to the control group. This effect was dependent on treatment time, resulting in a similar effect to that presented by amfepramone (10 mg/kg, p.o). In the OFT, crossing by the animals was significantly increased by the treatment with amfepramone (10mg/kg, p.o), and also with the 30-day treatment with Homeo-pax®. In the RRT, the 30-day treatment with Homeo-pax. (0.5 ml, p.o) did not affect the animals' motor coordination, compared with the control group, which presented the same behavior. Based on the results obtained, it can be suggested

that the homeopathic complex Homeo-pax® has anxiolytic and antidepressant properties without affecting motor coordination capacity.

A leading psychiatric medical journal published a review of clinical research testing homeopathic medicines in the treatment of psychiatric conditions (Davidson, Crawford, Ives, Jonas, 2011).

Clinical trials were included if they met 7 criteria and were assessed for possible bias using the Scottish Intercollegiate Guidelines Network (SIGN) 50 guidelines. Overall assessments were made using the Grading of Recommendations Assessment, Development and Evaluation procedure. Identified studies were grouped into anxiety or stress, sleep or circadian rhythm complaints, premenstrual problems, attention-deficit/hyperactivity disorder, mild traumatic brain injury, and functional somatic syndromes.

A total of 25 eligible studies were identified from an initial pool of 1,431. Study quality according to SIGN 50 criteria varied, with 6 assessed as good, 9 as fair, and 10 as poor. Outcome was unrelated to SIGN quality. Effect size could be calculated in 16 studies, and number needed to treat, in 10 studies. Efficacy was found for the functional somatic syndromes group (fibromyalgia and chronic fatigue syndrome), but not for anxiety or stress. For other disorders, homeopathy produced mixed effects. No placebo-controlled studies of depression were identified. Meaningful safety data were lacking in the reports, but the superficial findings suggested good tolerability of homeopathy. A funnel plot in 13 studies did not support publication bias ($\chi^2(2) = 1.923, P = .166$).

The database on studies of homeopathy and placebo in psychiatry is very limited, but results do not preclude the possibility of some benefit.

Serious or recurring psychological distress requires the attention of a professional homeopath, though there are a couple of homeopathic medicines that can be useful in acute situations.

[See the chapter on FATIGUE for a trial on “mental fatigue”]

**** *Ignatia*** (St. Ignatius bean) is the leading remedy in homeopathy for acute stages of anxiety and depression, especially after the break-up of a relationship or the death of a loved one. People who need this remedy tend to try to hold back their emotions, but ultimately they can't which results in uncontrollable sobbing, or sometimes, intercurrent crying and laughing. These people are unable to catch their breath, and this manifests in frequent sighing or a lump in the throat.

*** *Aconitum*** (monkshood) is a useful remedy for acute anxiety as a result of a sudden stress such as a car accident or natural disaster. Aconitum is particularly helpful for those states of shock in which the person thinks (or knows) that they are severely injured and become panicky as a result. Aconitum not only has the capacity to calm them but also to help begin the healing so that the severity of the injury is reduced. This remedy is also beneficial for the anxiety or panic state after an earthquake, tornado, fire, or other natural disaster.

* *Gelsemium* (yellow jessamine) is useful for performance anxiety, whether one is about to perform or simply take an examination. It is particularly indicated when the person feels unable to face any challenge (“I can’t cope”), feels or acts cowardly (“I give up”), and feels “paralyzed” from anticipation and fear. Physically, these people tend to feel weak and may tremble. This remedy is a leading medicine for influenza, and people who need it may suffer from a state of anxiety and anticipation that mimics a viral infection (weakness, sleepiness, mental dullness, and apathy).

* *Staphysagria* (stavesacre, an herb) is usually indicated during or after an abusive relationship, especially when the person experiences much humiliation, which then results in anger and indignation. The people who benefit from this remedy may have held in their emotions at first, but now they explode in rage. They may tremble, throw things, lose their voice, or suffer from various physical ailments, especially headaches, indigestion, urinary problems, or skin disorders.

* *Argentum nitricum* (silver nitrate) is also for performance anxiety. Their greatest fear is that they don’t know what will happen. They become restless and impulsive and may do rash things. Physically, they tend to experience diarrhea or flatulence. These people may crave sweet foods, and they sometimes aggravate them.

* *Lycopodium* (club moss), like *Argentum nitricum*, is useful for bloating from anticipatory anxiety and a craving for sweets, but this remedy is more known for having a lack of self-confidence that is compensated for by a haughtiness and frequent boasting. Being alone aggravates their anxiety, and they experience some relief from warm drinks.

* *Arnica* (mountain daisy) should be considered when a person’s anxiety is the result of financial loss or a business failure, and the person feels emotionally “bruised” from the experience (this medicine is the leading remedy for bruises). The person may be in a state of shock, a condition in which the person denies that anything is wrong, even though the person’s behavior and persistent thoughts suggest otherwise.

* *Kali phosphoricum* (phosphate of potassium): This is one of homeopathy’s great “nerve” remedies. It is a remedy for people who may need more “nerve” or more of a backbone. People who need this remedy experience various physical ailments from worry, from overwork, and from getting overexcited. This is a remedy for people who think that everything becomes a major task. They are nervous and are easily startled and frightened. They are easily stressed, and they fear that they may have a nervous breakdown.

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Arthritis

BOTTOMLINE: Relief of acute arthritic pain can be provided through homeopathic primary care, either using individually chosen homeopathic medicines or homeopathic formula products, and there is mounting evidence of these results from the scientific literature. For deeper and longer-term relief, it is highly recommended to seek professional homeopathic care. There have been several studies that verify benefits from homeopathic treatment, including reduction in usage of conventional pain medications and reduction in pain and discomfort. The studies that show benefit from homeopathic treatment include the individualized prescription of homeopathic medicines as well as from homeopathic formulas for arthritic ailments.

Homeopaths do not simply treat arthritis but the person with arthritis. Because arthritis is usually only a part (sometimes a significant part) of the dis-ease, the homeopathic approach makes sense and is often very effective. The best results tend to occur in people who are in early onset or in people who have not taken massive doses of corticosteroidal drugs, though at least some relief can be provided to people in varying stages of arthritis using the correct remedy.

Two reviews of research have concluded that there is a body of evidence to suggest that homeopathic medicines, either individually prescribed or used in a homeopathic formula, can provide relief for people with rheumatic disease (Jonas, 2000) or osteoarthritis (Long, 2001), though more research is warranted.

One “real world” study that was published in a major pharmacology journal compared the effect of physician practicing preferences (PPP) in primary care for homeopathy (Ho), CAM (Complementary and alternative medicines) with conventional medicine (Mx) or exclusively conventional medicine (CM) on patients with musculoskeletal disorders (MSDs), with reference to clinical progression, drug consumption, side effects and loss of therapeutic opportunity (Rossignol, Begaud, Engel, et al, 2012).

This MSD study was a nationwide observational cohort of a representative sample of general practitioners (GP) and their patients in France. This study was designed and conducted by a prestigious group of professors from McGill University, University of Paris, Pasteur Institute, University of Bordeaux, and London School of Hygiene and Tropical Medicine. Some of the musculoskeletal disorders of patients who were included in this study were: Osteoarthritis, rheumatism, fibromyalgia, muscle spasms, tendinitis, rotary cuff syndrome, ankylosing spondylitis, intervertebral disc disorders, neck pain, torticollis, and spinal stenosis.

A total of 1,153 MSD patients were included in the three PPP groups. Patients did not differ between groups except for chronicity of MSDs (>12 weeks), which was higher in the Ho group (62.1%) than in the CM (48.6%) and Mx groups (50.3%). The twelve-month development of specific functional scores was identical across the three groups after controlling for baseline score ($p>0.05$). After adjusting for propensity scores, NSAID use over 12 months was almost half in the Ho group (OR, 0.54; 95%CI, 0.38-0.78) as compared to the CM group; no difference was found in the Mx group (OR, 0.81; 95% CI: 0.59-1.15).

Even though the homeopathic patients with chronic MSD used 49.8% less NSAIDs and patients with acute MDS used 38.4% less NSAIDs than those under conventional medical care, the homeopathic patients showed a similar clinical progression when less exposed to NSAID in comparison to patients seen in CM practice, with fewer NSAID-related adverse events and no loss of therapeutic opportunity. These results are further impressive because a greater number of homeopathic patients had chronic MSD at the beginning of the study.

Another real-world observational study showed that the elderly (over 70 years of age) who suffered from musculoskeletal ailments were found to take NSAIDs (non-steroid anti-inflammatory drugs) almost FOUR times more when they are under the care of conventional physicians compared with those under the care of a homeopathic physician, while "functionability" between the different patients remained similar (Danno, Joubert, Duru, et al, 2014).

More specifically, the EPI3 study was a 1 year observational survey carried out among general practitioners in France between March 2007 and July 2008. This sub-analysis was carried out on elderly subjects aged ≥ 70 years from the original EPI3 cohort. Socio-demographic data were collected at inclusion using a self-administered patient questionnaire and medical data were recorded for each patient. Quality of life was measured using the Short Form-12 questionnaire. Patients completed a structured telephone interview on their functional status (evaluated with the QuickDash questionnaire, EIFEL scale or Lequesne index) within 72 hours of inclusion. This telephone interview was repeated at 1, 3, and 12 months. Drug exposure was also assessed during these interviews.

146 patients (mean age \pm standard deviation: 75.8 ± 4.8 years) were analyzed (80.1% female, 74.7% MSD of the spine or lower limbs, 64.4% chronic MSD). Patients in the CM and MX groups were 3.7 times or 2.5 times more likely (odds ratio [OR] = 3.71, 95% confidence interval [CI]: 1.12-12.30; OR = 2.52, 95% CI: 1.05-6.05; respectively) to have used non-steroidal anti-inflammatory drugs (NSAIDs) than those in the Ho group. In contrast, analgesic use was comparable in the three groups (OR = 1.06 [CM versus Ho], 95% CI: 0.09-12.11; OR = 0.34 [MX versus Ho], 95% CI: 0.07-1.57). Overall functional score evolution was similar in the three groups over time ($P=0.16$).

Osteoarthritis (OA) is a common cause of chronic low-back pain (CLBP) and can be managed with drug therapy and physiotherapy. A study aimed to investigate the efficacy of a homeopathic complex in combination with physiotherapy in treating CLBP due to OA was conducted (Morris, Pellow, Solomon, et al, 2016). The study was a 6-week, randomized, double-blind, placebo-controlled pilot, taking place in a private physiotherapy practice in Gauteng, South Africa. The participants were 30 males and females, aged 45-75 years, who were receiving physiotherapy treatment for OA of the lumbar spine from a therapist in private practice. The intervention and control groups both received standard physiotherapy treatment-massage, thermal therapy, and joint mobilization-every 2 weeks. In addition, the treatment group received a homeopathic complex-6cH each of *Arnica montana*, *Bryonia alba*, *Causticum*, *Kalmia latifolia*, *Rhus toxicodendron*, and *Calcarea fluorica*. The control group received a placebo.

The primary measure was a visual analogue scale (VAS) for pain. Secondary outcome measures included the Oswestry Disability Index (ODI), an evaluation of each

patient's range of motion (ROM) of the lumbar spine, and a determination of each patient's need for pain medication.

Intergroup analysis revealed that the treatment group significantly outperformed the control group with regard to pain, daily functioning, and ROM. No difference existed between the groups in the need for conventional pain medication. The researchers concluded that the study was too small to be conclusive, but the results suggest the homeopathic complex, together with physiotherapy, can significantly improve symptoms associated with CLBP due to OA.

One early study on the homeopathic treatment of people with rheumatoid arthritis was published in the *British Journal of Clinical Pharmacology*. This study found that 82% of those patients prescribed an individually chosen homeopathic medicine experienced some relief of their arthritic pain, while only 21% of patients prescribed a placebo experienced a similar degree of relief (Gibson, 1980).

Another study compared the results of a homeopathic formula product (Rhux tox 12X, Causticum 12X, and Lac vaccinum 30X) with acetaminophen (2,600 mg. per day) in the treatment of osteoarthritis, and the homeopathic remedy was found to be safer and more effective as this conventional drug, though its efficacy was not statistically significantly better (Shealy, 1998).

Another study on patients with osteoarthritis tested a single homeopathic medicine (*Rhus toxicodendron* 6X); this remedy was not found to be more effective than a placebo or a conventional drug (Shipley, 1983). However, the study was fundamentally flawed because *Rhus toxicodendron* is more commonly effective for people with rheumatoid arthritis, not osteoarthritis.

One more recent study that was not a part of the above mentioned reviews of research compared a homeopathic topical application with a conventional drug, a non-steroidal anti-inflammatory drug. This randomized, double-blind trial found that a homeopathic topical gel was as effective and as tolerated as piroxicam gel (van Haselen, 2000). This trial evaluated the care of 172 osteoarthritic patients over 4 weeks as they applied either a homeopathic gel or piroxicam gel three times daily. The homeopathic gel contained *Symphytum*, *Rhus toxicodendron*, and *Ledum palustre*.

Those people given the homeopathic gel experienced more pain reduction than those given the piroxicam gel (16.5 mm vs. 8.1 mm) and had greater overall health improvements, though these results were not statistically significant. Further, a post-hoc analysis by the authors discovered that the conventional gel was primarily effective when taken with oral NSAIDs. Still, the homeopathic treatment was either as or more effective and was safer.

In 2007, a randomized double-blind placebo controlled trial was conducted at a University Hospital in Zurich, Switzerland, where they compared the use of ibuprofen and arnica in external gel preparations in the treatment of 204 patients with osteoarthritis in the joints of the hands (Widrig, 2007). The use of topical preparations for symptom relief is common in the treatment of osteoarthritis. The effects of ibuprofen (5%) and *Arnica* (50 g tincture/100 g, DER 1:20), as gel preparations in patients with radiologically confirmed and symptomatically active osteoarthritis of interphalangeal joints of hands, were evaluated in 204 patients, to ascertain differences in pain relief and hand function after 21 days treatment.

Diagnosis was according to established criteria; primary endpoints were pain intensity and hand function; statistical design was as per current regulatory guidelines for testing topical preparations. There were no differences between the two groups in pain and hand function improvements, or in any secondary end points evaluated. Adverse events were reported by six patients (6.1%) on ibuprofen and by five patients (4.8%) on arnica. Our results confirm that this preparation of *Arnica* is not inferior to ibuprofen when treating osteoarthritis of hands.

Another trial that was not a part of the above reviews of research was a randomized, double-blind, placebo-controlled trial on the individualized homeopathic treatment of people with rheumatoid arthritis (Fisher and Scott, 2001). It found no difference over a 6-month period in those given a homeopathic medicine and those given a placebo. The researchers theorized that the negative results may have been because the patients were selected from a conventional clinic's practice, and the patients were regularly self-medicated with over-the-counter non-steroidal anti-inflammatory drugs.

An unblinded clinical trial evaluated the status of oxidative stress in osteoarthritis (OA) by measuring some parameters of oxidant stress and antioxidant defenses in blood, before and after homeopathy treatment, and assessed the role, if any, of homeopathic treatment in modulating free radical toxicity in OA (Pinto, Rao, Rao, 2008). Erythrocyte lipid peroxidation (LP), erythrocyte antioxidants viz., glutathione (GSH), glutathione reductase (GR), superoxide dismutase (SOD), catalase (CT) and plasma antioxidants viz., ceruloplasmin, glutathione-S-transferase (GST), vitamin C, total antioxidant activity (AOA) were evaluated in 81 patients with OA and 53 normal subjects. Of the 81 OA patients, 68 suffered from it in both knees, and the overall mean duration of this condition was 4.14 years. Forty seven patients, who were treated with homeopathic remedies were considered for the follow-up studies after three-months of treatment.

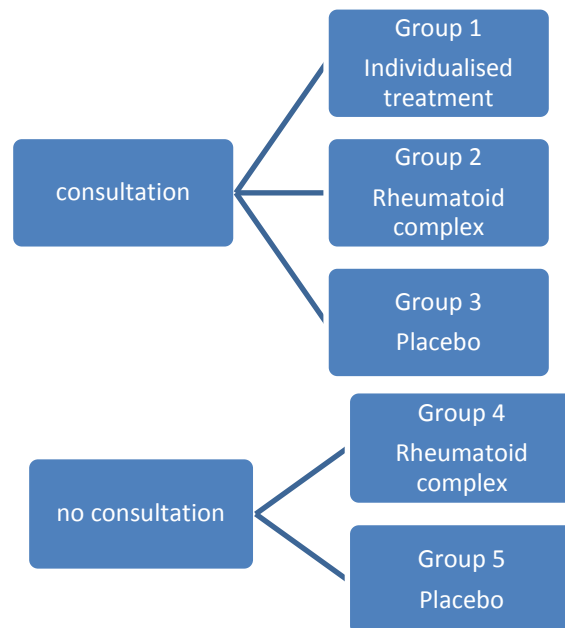
A total of 208 homeopathic prescriptions were given to the patients, or 2.4 medications per patient on average. The most common medicines were: *Rhus tox*, *Natrum mur*, and *Bryonia* in the 30C. Other common medicines included: *Calcarea fluorica*, *Pulsatilla*, *Thuja*, *Lycopodium*, *Kali carb*, *Arnica*, and *Sepia*, making these top 10 medicines comprising 86% of the prescriptions.

Erythrocyte LP (0 hour, $p < 0.001$; 2 hours, $p < 0.01$; and susceptibility to LP, $p < 0.05$) and SOD ($p < 0.05$) were significantly higher, whereas plasma vitamin C ($p < 0.01$) and AOA ($p < 0.001$) were significantly lower in OA patients when compared to controls. In follow-up patients the erythrocyte LP (0 hour, $p < 0.01$; 2 hours, $p < 0.01$; and susceptibility to LP, $p < 0.01$) and SOD ($p < 0.01$) were significantly lower when compared to their pretreatment values. Plasma vitamin C attained a normal range. The AOA activity after treatment was not significantly different from that observed before treatment.

Oxidative stress increased in OA as indicated by increased LP, SOD, decreased vitamin C and AOA. On homeopathic treatment the LP has decreased in the erythrocytes which shows and reduced oxidative stress. This is further evidenced by returning of plasma vitamin C and erythrocyte SOD to the normal levels, but oxidant stress has not been completely overcome as plasma AOA remained low after treatment.

A Controversial Study on Homeopathy and Rheumatoid Arthritis (2010)

A double blind, randomized, placebo-controlled trial was conducted in England that compared individualized homeopathic treatment (versus a placebo), homeopathic treatment with a homeopathic complex medicine (versus a placebo), and the homeopathic consultation (with prescription of a real medicine vs. a placebo) (Brien S, Lachance L, Prescott, 2010). Participants were randomly allocated to consultation or no consultation and then further randomized to treatment type for a total of five arms in the trial.



The following comparisons were made:

For differences due to consultation compare Groups 2 & 3 vs. 4 & 5 (Contrast 1)

For differences due to remedy complex compare Groups 2 & 4 vs. Groups 3 & 5 (Contrast 2)

For differences due to individualized remedy compare Group 1 vs. Group 2 (Contrast 3) and Group 1 vs. Group 3 (Contrast 4)

The trial period spanned 40 weeks with 9 visits to the clinic in total. The homeopaths (non-medical) each had 15 years experience, prescribed individualized treatment, with LM potencies. Those patients who were prescribed a homeopathic complex medicine were given a product called Rheumaselect Complex (which included Rhus tox, Bryonia, Nux vom, Berberis v, Ledum D4 in liquid, 20 drops, twice a day; “D4” is equivalent to 4X).

83 participants were randomised, but only 77 patients began the study and only 56 completed it.

Ultimately, this study found that the “package of care” from homeopaths provided safe and effective treatment; however, more specifically, the study found that the

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individualized homeopathic treatment did not have any more effect than that of a placebo and that the “homeopathic interview” provided the primary benefit, not the homeopathic medicine.

The controversial result of this trial was that those patients receiving a homeopathy consultation but who received a placebo significantly improved DAS28 mean score,^{*4} number of swollen joints, and current pain. Other secondary outcomes also detected select differences. This study concluded that homeopathic consultations but not homeopathic remedies are associated with clinically relevant benefits for patients with active but relatively stable rheumatoid arthritis.

Although this study was randomized, double-blind, and placebo controlled, there were some serious limitations to this study and to its results. Most significantly, according to the researchers own calculations, they needed 110 participants (22 in each arm, allowing for dropout of 20%) to detect a significant difference in the primary outcome measure. Only 77 participants actually began the treatment and only 56 completed the treatment.

The trial was thus underpowered to detect any difference between individualized treatment and complex (contrast 3) where only 12 and 10 participants respectively completed follow-up in these arms.

The trial was also underpowered to detect any difference between individualized treatment and placebo (contrast 4) where only 12 and 11 participants, respectively, completed follow-up in these arms.

An intention to treat analysis was undertaken in this study in an attempt to reduce bias, however, the drop-out rate was larger than anticipated (27% as opposed to 20%) and the total numbers of participants at follow-up across the groups was low (56). For those who dropped out, their last known data was carried forward for analysis, which has the potential to introduce bias in the estimate of treatment effect. Loss to follow-up in this manner can result in exactly the same sort of bias that is trying to be avoided and results should be interpreted with caution.

A widely recognized challenge for homeopaths when treating participants in a clinical trial is how to analyse the reaction of the remedy. Participants who appear to be improving will more than likely be kept on the same remedy and those who are not improving may be prescribed an alternative. However, patients can improve for a number of reasons, one of these being the therapeutic encounter, another being the Hawthorne effect, whereby participants improve as a consequence of being the subject of scrutiny. Hence, the potential for improvement that the homeopath attributes to the remedy may have to do with other factors. Since homeopaths are selecting from a vast materia medica the chances of selecting the most appropriate remedy at the first consultation is perhaps quite small. Homeopathic philosophy dictates that a remedy will only be active when it is suitably matched to the patient’s symptoms such that an inappropriately matched remedy will be no more effective than a placebo. Participants in the individualized treatment arm of a trial may be kept on an inappropriate remedy for the entirety of the trial with the consequence that placebo is being tested against placebo and not active treatment. Some

⁴ DAS28 is a widely used measure of disease activity in rheumatoid arthritis. The mean score is calculated by a mathematical formula which includes the number of tender and swollen joints (out of a total of 28), the erythrocyte sedimentation rate (ESR) or C-reactive protein (CPR), and the patient’s ‘global assessment of global health.

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researchers have of late attempted to build measures into the protocol of homeopathy trials to help minimise this possibility. No such measures appear to have been taken in this trial.

The concurrent use of various conventional drugs for rheumatoid arthritis (DMARDs, steroids and other treatments) may have an impact upon the potential for the participants to respond to homeopathic remedies. This is a vast subject, yet to be investigated.

[Thanks to Kate Chatfield for providing me with her analysis and critique of this study.]

Some Interesting Animal Studies

Although this ebook primarily provides information on clinical research on humans, information on select animal studies are worthy of reference when they are well-designed, well-controlled, and well-conducted, including the following trial on treating dogs with osteoarthritis (Hielm-Bjorkman, Tulamo, Salonen, and Raekallio, 2009). A homeopathic combination preparation (HCP) for canine osteoarthritic pain was evaluated in a randomized, double-controlled and double-blinded clinical trial. Forty-four dogs with osteoarthritis (OA) that were randomly allocated into one of three groups completed the study. All dogs were fed test products or placebo for 8 weeks. The dogs were evaluated at the clinic four times, with 4-week intervals. Six different variables were assessed: veterinary-assessed mobility, two force plate variables, an owner-evaluated chronic pain index and pain and locomotion visual analogue scales (VASs). Intake of extra non-steroidal anti-inflammatory drugs was also evaluated. A Chi-squared test and a Mann–Whitney test were used to determine significant improvement between groups. When changed into dichotomous responses of ‘improved’ or ‘not improved’ three out of the six variables showed a significant difference ($P = 0.016$, $P = 0.008$, $P = 0.039$) in improved dogs per group, between the HCP group and the placebo group. The odds ratios were over one for the same variables. As extent of improvement in the variables from start to end of treatment, the HCP product was significantly more improved in four ($P = 0.015$, $P = 0.028$, $P = 0.049$, $P = 0.020$) of the six variables, compared with the placebo. The results indicated that the HCP Zeel® was beneficial in alleviating chronic orthopedic pain in dogs.

A second study was conducted comparing Zeel (1-3 tablets per day depending upon body weight) with carprofen (a conventional non-steroidal anti-inflammatory drug, 4 mg/kg body weight) in dogs (n=68) aged >1 yr diagnosed with osteoarthritis in a multicenter, prospective, observational open-label cohort study in 12 German veterinary clinics (Neumann, Stolt, Braun, 2011). The active treatment period was 56 days. Symptomatic effectiveness, lameness, stiffness of movements, and pain on palpation were evaluated by treating veterinarians and owners. Clinical signs of osteoarthritis improved significantly ($P < 0.05$) at all time points (days 1, 28, and 56) with both therapies. At the end of the treatment period, effectiveness was comparable in both groups. Both treatment regimens were well tolerated with only three treatment-related adverse events, all in the carprofen group.

The following short list is primarily to provide relief of the acute phase of the arthritic inflammation. It is best to obtain professional homeopathic care to obtain deeper and more significant relief and cure.

**** *Rhus toxicodendron* (poison ivy):** This is the most common remedy for acute arthritic pain. It is indicated when a person experiences a "rusty-gate" syndrome of arthritis, that is, when a person experiences great pains upon initial motion, reduced pain the more he or she moves around, and then becomes stiff again after resting for awhile. Typically, these people are particularly stiff in the morning upon waking and after they sit or lie still for a period of time. People who benefit from this remedy also tend to be very sensitive to cold and wet weather, and they tend to have aggravations of their symptoms at night and in bed. Warm bathing or showers and continued motion provide temporary relief of pain.

*** *Bryonia* (white bryony):** This remedy is indicated when arthritic pain is aggravated from any type of motion and the more the person moves, the worse pain the person experiences. Usually, this pain is sharp and excruciating. They experience some relief from lying still, heat, direct pressure, and lying on one's painful side, while their symptoms tend to be worse after exposure to cold, from simple jarring, and after eating. These people tend to be irritable, don't like to be examined, tend to be constipated, and want to be alone.

*** *Apis* (honeybee):** When a person experiences great swelling in the joint(s) with hot, burning, stinging pain, this remedy can be highly effective. Warm or hot applications as well as touch or pressure tend to aggravate their condition, while cool air and cold applications provide some relief.

*** *Belladonna* (deadly nightshade):** When rapid and violent onset of throbbing arthritic pain arises in red, hot, swollen joints, this is the remedy to consider. The arthritic symptoms are aggravated by touch, jarring, and especially by motion, and warm wraps relieve them.

*** *Ruta* (rue):** This remedy is sometimes given when the condition develops at the site of an old injury. The symptoms are aggravated by motion or touch, in the morning, and from exposure to cold, wet weather and are relieved by rubbing and warmth. It is also indicated when sensitive nodules develop on the periosteum and tendons after an injury.

*** *Rhododendron* (yellow snow rose):** Think of this remedy if *Rhus tox* seems indicated but doesn't work. It too is known for arthritic pains that are aggravated during cold and wet weather (especially storms), during night, and during rest (from sitting too long) and which are relieved by continued motion or walking. It is also known for arthritic pain in the small joints, lower back, or shoulder, with pains that wander from one place to another.

*** *Kalmia* (mountain laurel):** This remedy is useful for a sudden onset of severe acute arthritis, especially when the pain is paralyzing and tends to come and go. The arthritis pains may even move from one joint to another or tend to travel downward. Numbness,

weakness, and trembling may also be experienced. A heart condition may alternate with arthritic symptoms. Motion of any sort and exposure to cold aggravates the pain, while hot bathing provides temporary relief.

* *Caulophyllum* (blue cohosh): This remedy is useful when arthritis primarily affects the small joints of the body, specifically those in the hands and/or feet. In particular, closing one's hands creates a lot of pain. This remedy is more often given to women than men, especially when the woman is pregnant or experiences concurrent menstrual or hormonal disturbances.

* *Pulsatilla* (windflower): Consider this remedy when arthritic pains tend to move from one place to another. The symptoms are worse from initial motion or during rest, in the evening or at night, and definitely from exposure to warmth. The symptoms are relieved by cold applications and by slow motion. This remedy is also invaluable when a person has a *Pulsatilla* constitution: a gentle, mild, yielding, moody, sympathetic person.

* *Arnica* (mountain daisy): In addition to using some of the above medicines taken internally, the use of Arnica externally can be helpful in people suffering from osteoarthritis.

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Asthma

BOTTOMLINE: Asthma is a serious and complex enough condition that it warrants the attention of a professional homeopath, though homeopathic primary care for acute asthma attacks can be effective. There is also some scientific evidence showing efficacy of homeopathic medicines in treating this disease. People with asthma may also benefit, when appropriate, from conventional medical care.

Asthma is a serious and increasingly common disease. There are approximately 15 million people with asthma in the U.S. This disease costs the nation \$7 billion, including \$2 billion in hospital care, over \$1 billion in lost wages for parents who stayed home with sick children, over \$1 billion in medication, and approximately \$850 million in lost wages of adult sufferers.

Sir William Osler, considered the Father of Modern Medicine, was known to say, "Asthmatics don't die, they just pant into old age." However, research on the homeopathic treatment of asthma that has been published in *The Lancet* (December 10, 1994) suggests that relief is in sight for asthma sufferers.

Research

Research conducted by professors at the University of Glasgow, Europe's largest medical school, indicates that those patients given exceedingly small homeopathic doses of whatever substance to which they are most allergic can experience significant relief within the first week of treatment (Reilly, 1994). The authors called this unique method of individualizing medicines "homeopathic immunotherapy."

This double-blind, placebo-controlled trial showed that over 80% patients given a homeopathic remedy improved, while only 38% of patients given a placebo experienced a similar degree of relief. A homeopathic physician and a conventional physician assessed the patients. When the patients and doctors were asked if they felt the patient received the homeopathic medicine or the placebo, both the patients and the doctors tended to guess correctly.

The experiment was relatively small, with only 24 patients. In order for statistically significant results, such experiments must demonstrate a very large difference between those treated with a medicine and those given a placebo. Such was the case in this study.

The researchers utilized conventional allergy testing to determine the substances to which the asthmatic patients were most allergic, and then gave a 30th potency of this substance to half of the subjects (neither the experimenters nor the subjects knew who was given the medicine and who was given a placebo).

The most common substance to which asthma sufferers were allergic was housedust mite. Homeopathic doses (30X) of this substance were found to be extremely effective.

A group of British physicians sought to replicate the above-described asthma study, but Dr. Reilly, who served as a consultant to the study, expressed concern during the study design phase that the researchers were not adequately following his protocols (Reilly, 2002). This study of 202 asthma patients found that there was statistically significant improvements in the two primary outcome measures in subjects given House

Dust Mite 30C as well as those given a placebo, but there were no statistically significant differences in those who were given the homeopathic medicine and those given a placebo (Lewith, 2002). There were statistically significant differences between the treatment and the placebo groups in the secondary outcome measures, including the morning peak expiratory flow ($P=0.025$), asthma visual analogue scale ($P=0.017$), and the mood of the subjects ($P=0.035$). There was also reduced use of the conventional bronchodilator usage in the homeopathic patients, though this difference was not statistically significant.

A double-blind, randomized, placebo-controlled trial was conducted in Cuba on patients with bronchial asthma (Riverson-Garrote, 1998). In this study 63 patients (34 children and 28 adults) participated, 39 of whom were given individualized homeopathic treatment and 24 were given a placebo.

In the treated group, 97.4% improved and 2.6% worsened. 87.2% reduced their use of conventional medication. In the placebo group, 12.5% improved, 16.7% stayed the same, and 70.8% worsened. None of the subjects given a placebo reduced their conventional medication.

The individually chosen remedy was prescribed in the 200C in liquid weekly or fortnightly in-between attacks. During attacks, 30C drops were given once daily, as follows:

* *Antimonium tartaricum* or *Ipecacuanha* were prescribed for “moist crises” when there is a moist cough, the presence of mucus that was difficult to expectorate, and with or without nasal discharge.

* *Arsenicum album* or *Grindelia* was prescribed for “dry crises” when there is a dry cough, no expectoration, and wheezes on auscultation. *Dulcarmara* was prescribed if a relapse was likely.

The most frequently prescribed remedies were: *Grindelia* (41.2%), *Arsenicum album* (38%), *Sulphur* (23.8%), *Antimonium tartaricum* (23.8%), *Lycopodium* (22.2%), and *Dulcarmara* (17.4%).

Another study prescribed a homeopathic combination remedy (a mixture of various homeopathic medicines) to asthma patients who were dependent upon corticosteroid drugs. This double-blind, placebo-controlled randomized study treated 40 asthma patients on corticosteroid drugs, and it showed that the 20 patients given the homeopathic medicine experienced greater improvement than those given a placebo and were able to reduce the dosage of their conventional drugs (R. Matusiewicz, 1997).

A study in Norway of 200 patients suffering from hypersensitivity illnesses, including asthma, eczema, urticaria, hay fever and other allergies, showed that homeopathy was at least as effective as conventional medical treatment (Launsø, Kimby, Henningsen, 2006). The study was retrospective and comparative, and it evaluated everyday clinical practice of general practitioners and classical homeopaths. Most patients who were treated by conventional medical doctors experienced an aggravation of their symptoms when stopping conventional drugs, while only 1/3 of patients in the homeopathy group experienced such an aggravation ($P = 0.002$). Only one patient on conventional treatment experienced improvement of symptoms after stopping medication, compared to improvement in 2/3 of homeopathy patients. Patients in the homeopathic group also reported a larger improvement in their general state of health,

with 57% improving, compared to 24% in the conventional group ($P=0.004$). Homeopathic patients also experienced substantially more positive change in their psychological state ($P<0.0001$). For quality of life 53% in the homeopathy group improved, compared to 15 % in the conventional group.

In 2003 the American and European press reported on a study on the homeopathic treatment of children with asthma. Although this study seemed to suggest that homeopathic medicines didn't work, a more detailed analysis of this study showed that there were some clear and statistically significant benefits to children given a homeopathic medicine, and further, it was statistically impossible for this study to have a fully positive result. This was a placebo-controlled, double-blind, randomized study using individually chosen homeopathic medicines in the treatment of children with asthma (White, et al., 2003). This study involved 96 children with mild to moderate asthma as an adjunct to conventional treatment. There was no statistical significance between children given an individually chosen homeopathic medicine and those children given a placebo in the primary outcome measure of "quality of life," though there was a statistically significant difference in the Childhood Asthma Questionnaire which showed that the children given a homeopathic medicine experienced a statistically significant "severity treatment effect" ($P=0.01$). A post-hoc analysis of time lost from school, favored homeopathy, though it is not clear whether this was statistically significant. Other subscales of the Childhood Asthma Questionnaire showed small differences, favoring homeopathy, but this study found no differences in the peak expiratory flow rate (one measure for clear breathing) and use of inhalers.

It should be noted that Quality of Life scores for the children in this study were exactly the same as those reported for normal, healthy children (and indeed these asthmatic children). This measure for Quality of Life was therefore incapable of detecting an effect in this patient group because they already defined their Quality of Life as "normal." Even if every child prescribed a homeopathic medicine improved 100%, the difference would have been not clinically significant!

Long History of Success

The authors of this study had previously conducted two other experiments using homeopathic medicine in the treatment of another allergic condition, hay fever. One of these studies was also published in *The Lancet* (October 18, 1986).

Along with their recent asthma study, the authors performed a meta-analysis, reviewing all of the data from the three studies that totaled 202 subjects. The researchers found a similar pattern in the three studies. Improvement begins within the first week and continues through to the end of the trial four weeks later (research has not yet investigated longer time frames).

The results of this meta-analysis were so stunning that the authors concluded that either homeopathic medicines work or controlled clinical trials do not. Because modern science bases itself on controlled clinical trials, it is more likely that homeopathic medicines are effective.

Homeopaths have a long history of successful allergy treatment, and they have made important contributions to our present understanding of allergies. In fact, it was a British homeopath, C.H. Blackely, who in 1871 first noted that seasonal sneezing and nasal discharge were the result of exposure to pollen. An American homeopath, Dr.

Grant L. Selfridge, was one of three physicians to start the organization that became the present American Academy of Allergy.

Medical history books must now be rewritten. Instead of describing homeopathy as a quack therapy, it must now be written that homeopathy has been misunderstood, attacked, and suppressed since its inception. While it is too early to determine how much of a role homeopathy will have in the future of health care, physicians and scientists must now make room for it, for homeopathy now has a clinically proven rightful place in health care.

Specific Homeopathic Medicines for Asthma

The following remedies should be considered for the acute asthma attack, though those who are not medical professionals should seek the concurrent attention of a physician. Also, once the acute attack is over, it is highly recommended to seek the care of a professional for a constitutional remedy that will reduce the frequency and intensity of future asthma attacks.

**** *Arsenicum album* (arsenic)** is one of the most common remedies for an acute asthma attack. Some of its strongest indications are fearfulness, restlessness, weakness, and aggravation of the symptoms at or after midnight. It's not at all surprising that the asthmatic grows frightened when he can't get his breath, and *Arsenicum* suits the restless agitation typical of this state. The patient tosses and turns or may suddenly spring out of bed to relieve the anxiety and to catch a deep breath. In spite of the urge to move around, a profound weakness often develops, and the person may become too weak to continue this restless behavior and may be unable to move much at all. Most *Arsenicum* patients have the worst time with wheezing and shortness of breath between midnight and 3 AM. If other symptoms suggest the medicine, however, don't hesitate to try it just because the asthma is worse at some other time of day or night. Lying down tends to aggravate their condition, and they feel compelled to sit up. Their condition is also aggravated by exposure to cold and is relieved by warmth and warm drinks. There may be accompanying cough, cold or hay fever symptoms. *Arsenicum* patients typically feel quite chilly and are relieved in general by warmth. They tend to be quite thirsty, most commonly for frequent sips of water.

**** *Grindelia* (yellow tarweed; gumweed):** Although this medicine is not at present widely known for its great use in asthma, homeopaths in Mexico and Cuba have found it to be an invaluable remedy in many cases of asthma. It is particularly indicated for suffocative attacks that are worse when falling asleep or during sleep and are partially relieved by sitting or standing. The person is fearful of going back to sleep and may experience heart palpitations. This medicine is particularly indicated in "dry asthma" (no expectoration or nasal discharge).

**** *House dust mite* (house dust mite):** If the patient is allergic to this, a homeopathic dose of it is often effective. More people are allergic to house dust mite than any other substance, making this an important remedy for an acute attack of asthma.

* *Spongia* (roasted sponge) also suits certain classic cases of asthma with dry wheezing and little or no phlegm in the chest. Breathing is labored and noisy, sounding like whistling or sawing (typical of asthma but most pronounced when *Spongia* is the remedy). Often the asthma begins after the person has taken a chill or develops a cold. There may be sudden onset of wheezing with a feeling of suffocation just as the person begins to fall asleep, or the wheezing may be worse after sleep. Shortness of breath is made worse by lying down and by every motion, and it gets better when the person leans the head back. Warm food or drinks may also help relieve the wheezing. A dry barking or croupy cough commonly accompanies the symptoms.

* *Lobelia* (Indian tobacco) is another good medicine for the person with a typical asthma attack with wheezing, a feeling of constriction in the chest, a short, dry coughs. Like *Spongia*, the symptoms may begin after the person gets chilled or after any exertion. However, if breathing cold air definitely makes the wheezing worse, *Lobelia* is a better first choice. The wheezing isn't as loudly raspy as in *Spongia*. Some *Lobelia* patients have their worst symptoms around noon.

* *Sambucus nigra* (elder) can help people who feel like they are suffocating with wheezing, especially when the symptoms are worse at or after midnight, worse when lying down, and worse in the cold air. This remedy is particularly helpful when the person awakens from sleep with this suffocation that may even turn his/her face bluish and lead to great perspiration. Though one might consider *Arsenicum* under these circumstances, the patient who needs *Sambucus* probably won't show extreme fear or marked restlessness of that remedy. However, if those symptoms are present but *Arsenicum* doesn't help immediately, *Sambucus* would be a good medicine to try next.

* *Pulsatilla* (windflower): If the person with asthma is sweet and affectionate or perhaps tearful and clingy, feels oppressed by warm and stuffy rooms, and has little thirst, *Pulsatilla* is the probable remedy, no matter what the respiratory symptoms are. On the other hand, you may consider *Pulsatilla* when it is indicated by specific asthma symptoms, including wheezing that begins or is worse in the evening or at night and in a warm or stuffy room and that is relieved in a cool, breezy room (or by going outside). There is usually an accumulation of phlegm in the chest that must be coughed out. The asthma may be worse after eating, especially eating fatty or rich foods.

* *Ipecacuanha* (ipecac root) is indicated for those whose asthma is accompanied by a great deal of phlegm in the chest. The respiratory distress may be spasmodic and severe, with marked wheezing. You may hear, in addition to the wheezing, much rattling of mucus in the chest as the person breathes. Coughing is common and continual and sounds rattling from mucus deep in the chest. The cough may come in intense spasms that may continue until there is vomiting of food or mucus. The asthma tends to be worse at night and being in a warm room. The patient is often nauseated, and vomiting is common even when there is no coughing. Exhausted by the illness, the person looks pale and quite sick. Many of these symptoms are similar to those of *Pulsatilla*, but with *Ipecac*, the buildup of mucus is even greater and the characteristic mental symptoms of *Pulsatilla* are not prominent.

* *Antimonium tartaricum* (tartar emetic) is useful for children and the elderly who experience a loose, rattling respiration, both on inspiration and expiration. They have difficulty breathing at night, from exposure to heat, and from lying down. They are highly irritable, don't want to be touched or examined, and experience some relief in breathing when being fanned.

* *Bryonia* (white bryony) may be called for if the symptoms are typical of the remedy in general: aggravation caused by motion is pronounced, and the patient is warm, thirsty, and probably irritable. The wheezing is dry in character with little phlegm.

* *Chamomilla* (chamomille) should be considered for people with asthma, especially children, when they strongly display the irritability typical of the medicine. *Chamomilla* is also a good choice if the asthma attack began after anger and no other remedy is clearly indicated.

* *Kali bichromicum* (bichromate of potash) is indicated in asthmatic conditions when the person has sticky, stringy mucus, usually also experienced with sinusitis and postnasal drip. The cough is worse after eating and is relieved after expectoration.

* *Nux vomica* (poison nut) is useful for people who experience asthma attacks after great work stress, loss of sleep, or over-indulgence with alcohol or recreational drugs. Indigestion and gas are commonly also experienced. The person's symptoms are usually worse upon waking, at 4am, and from exposure to cold.

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Attention Deficit Disorder (ADD/ADHD)

BOTTOMLINE: Homeopathy is a safe and often effective natural therapy for children (and adults) with ADD/ADHD and its associated symptoms. There have now been several studies that have confirmed significant results from homeopathic treatment, though no single protocol for homeopathic treatment has been replicated and shown to have efficacy. Homeopathic primary care can be effective, though this condition is more appropriate for treatment by a professional homeopath.

In 2004, American physicians wrote over 28 million prescriptions for ADD/ADHD drugs, and by 2008 alone, this number increased substantially to over 39 million. Despite these scary-high numbers of powerful psychiatric drugs prescribed for our children, the *Washington Post* reported on a large multi-center federally funded study that “confirmed there were zero long-term differences between children who were continuously medicated and those who were never medicated” (Vedantam, 2009).

Hyperactivity and its related syndromes (ADD: attention deficit disorder; and ADHD: attention deficit hyperactivity disorder) has become America's #1 childhood psychiatric ailment. One of the common drugs to treat children with ADD and ADHD has been Ritalin, and its use has become so common that some people are calling it "vitamin R."

It is initially surprising and confusing to learn that Ritalin is an amphetamine-like drug. One would think that this type of drug would make hyperactive children even more hyperactive. However, when Ritalin is prescribed to children who are already hyperactive, it tends to slow them down. Ironically, the use of a drug that causes symptoms similar to those that the patient has is actually the basic principle of homeopathic medicine (treating “likes with like”).

Ritalin and a select number of conventional drugs (including digitalis, nitroglycerin, colchicine, allergy shots, and vaccination) are known to cause the various symptoms they are known to treat. Despite this fact, none of these drugs are considered true “homeopathic medicines” because homeopaths use much smaller and safer doses of their medicines, plus each homeopathic medicine is individualized to the patient and his/her unique syndrome of whatever disease the sick person experiences.

Although Ritalin and other psychiatric drugs given to children with ADD or ADHD may provide short-term benefits, research to date has found that these drugs do not provide long-term benefits. However, even scarier is the fact that even *Newsweek* noted, "There are no definitive long-studies to reassure parents that this stimulant isn't causing some hidden havoc to their child." And many people today believe these drugs do create havoc.

The most common side effects of ADD/ADHD medication are restlessness, anxiety, tremors, headaches, allergic reactions, dizziness, abdominal discomfort, heart arrhythmia, increased blood pressure, and psychosis (including hallucination). Children who take these drugs are also known to experience a reduced appetite, and in part as a result of this, some children experience a dramatic reduction in height.

Clearly, it makes sense for parents and doctors to explore and even exhaust safer methods of treating for ADD and ADHD before resorting to conventional drugs. Homeopathic medicines provide one viable alternative, and several double-blind studies published in medical journals have confirmed good results and much safer treatment. That said, it should be readily acknowledged that at present there have only been a handful of studies testing homeopathic medicines and not every study showed efficacy of treatment. However, because some studies have shown benefits of homeopathic care and because these medicines are so safe, it is reasonable to consider homeopathic treatment before resorting to more risky therapeutic measures.

A Study Comparing Homeopathic Treatment and Ritalin

Numerous studies testing Ritalin have found it to be effective in the short-term. The question then becomes: how does homeopathic treatment compare with it during this time-frame?

A study in Switzerland evaluated 115 children (92 boys, 23 girls) with an average age of 8.3 years at diagnosis of ADD/ADHD (Frei and Thurneysen, 2001). The children were first treated with an individually chosen homeopathic medicine. Children who did not improve sufficiently on homeopathy were changed to Ritalin and evaluated after 3 months. After an average treatment time of 3.5 months, 75% of the children responded favorably to homeopathy, attaining an improvement rating of 73%. 22% of the children were treated with Ritalin and attained an improvement rating of 65%.

The children were evaluated according to the Conners Global Index (CGI), which is the most respected scale that measures the degree of hyperactivity and attention deficit symptoms. The children who responded to the homeopathic medicine experienced a 55% amelioration of the CGI, while the children who responded to Ritalin experienced a 48% lowering of the CGI. Three children didn't respond to homeopathy or Ritalin, and one child left the study before completion. The researchers concluded that homeopathic treatment was comparable in its benefits to Ritalin without the side effects.

Because this study was not placebo controlled, one does not know if the good results are from the homeopathic medicine or from the homeopathic interview. In any case, this study showed that 75% of the children with ADD/ADHD benefited from the "package of care" provided by homeopaths.

A Major Study Published in the "European Journal of Pediatrics"

The famed *European Journal of Pediatrics* published an article that included two studies: a clinical observation study followed by a randomized, double-blind trial. These studies concluded that homeopathy has positive effects in children with attention deficit hyperactivity disorder (ADHD) (Frei, Everts, von Ammon, et al, 2005). A total of 83 children aged 6-16 years, with ADHD diagnosed using the Diagnostic and Statistical Manual of Mental Disorders-IV criteria, were recruited.

Prior to the randomized, double-blind, placebo controlled crossover study, they were treated with individually prescribed homeopathic medications. The 62 patients, who

achieved an improvement of 50% in the Conners' Global Index (CGI), participated in the trial. Thirteen patients did not fulfill this eligibility criterion (CGI). The responders were split into two groups and received either homeopathy for 6 weeks followed by placebo for 6 weeks (arm A), or vice-versa (arm B).

At the beginning of the trial and after each crossover period, parents reported the CGI and patients underwent neuropsychological testing. The CGI rating was evaluated again at the end of each crossover period and twice in long-term follow-up. At entry to the crossover trial, cognitive performance such as visual global perception, impulsivity and divided attention, had improved significantly under open label treatment ($P < 0.0001$). During the crossover trial, CGI parent-ratings were significantly lower (this means the child was “better”) under homeopathic treatment (average 1.67 points) than under placebo ($P = 0.0479$). Ultimately, the CGI and parent ratings showed a 37% and 63% improvement over the long-term observation period of 14 weeks ($P < 0.0001$). The teachers also found an improvement in the homeopathic treated group vs. placebo in the CGI by 28% and in the teachers' rating scale by 37%.

An interesting feature of this study was that the homeopaths only met with each child once and carried out follow-up visits only with the child's parents. This strategy was to minimize contact the child's contact with the homeopath in order to minimize possible psychological support from the clinician.

In a later paper, the authors of the above study described the steps they took to improve the success rate in the homeopathic treatment of children with ADD/ADHD (Frei, Ammon, Thurneysen, 2006). The clinicians in this study utilized the “Boenninghausen method” which tends to emphasize physical symptoms and the various modalities that aggravate or ameliorate them, rather than emphasizing the emotional or behavioral symptoms that is typical of other styles of selecting homeopathic medicines for individualized treatment. These researchers also prescribed homeopathic potencies called “LM potencies,” which were last important contribution to homeopathic practice by Samuel Hahnemann, MD, the founder of this medical system. The LM potencies generally require more frequency of dosing, and the authors found better compliance from parents when compared to the single-dose regimen that is commonly used by other homeopaths.

The researchers found that the Boenninghausen method and the LM potencies increased the success of their first prescription from 21% to 28% and after five prescriptions from 68% to 78%.

A Single-Blind Study Comparing Individualized Homeopathy and Placebo

A total of 61 patients aged 6-15 (Homoeopathy = 30, placebo = 31) were randomized to receive either individualised homoeopathic medicine in fifty millesimal (LM) potency or placebo for a period of one year (Oberai, Gopinadhan, Varanasi, et al., 2013). All children met the Diagnostic Statistical Manual of mental disorders (DVM-IV) criteria for ADHD.

A total of 54 patients (homoeopathy = 27, placebo = 27) were analysed under modified intention to treat (ITT). All patients in homoeopathy group showed better outcome in baseline adjusted General Linear Model (GLM) repeated measures

ANCOVA for oppositional, cognition problems, hyperactivity and ADHD Index (domains of CPRS-R (S)) and CGI-IS at T3, T6, T9 and T12 ($P = 0.0001$). The mean baseline-adjusted treatment difference between groups at month 12 from baseline for all individual outcome measures favoured homeopathy group; Oppositional (-16.4 , 95% CI -20.5 to -12.2 , $P = 0.0001$), Cognition problems (-15.5 , 95% CI -19.2 to -11.8 , $P = 0.0001$), Hyperactivity (-20.6 , 95% CI -25.6 to -15.4 , $P = 0.0001$), ADHD I (-15.6 , 95% CI -19.5 to -11.6 , $P = 0.0001$), Academic performance 14.4%, 95% CI 8.3 to 20.5, $P = 0.0001$), CGISS (-1.6 , 95% CI -1.9 to -1.2 , $P = 0.0001$), CGIIS (-1.6 , 95% CI -2.3 to -0.9 , $P = 0.0001$).

A Double-Blind Study Using a New Unconventional Style of Homeopathy

A randomized, double-blind, placebo-controlled trial was conducted with 43 children between 6 and 12 years of age who met the DSM-IV criteria for ADHD (Jacobs, Williams, Girard, et al, 2005). The forty-three subjects were randomized to receive a homeopathic consultation and either an individualized homeopathic remedy or placebo. Patients were seen by homeopathic physicians every 6 weeks for 18 weeks. In this pilot study, a new, unconventional style of homeopathy was practiced by the physicians, called “the Bombay method” (aka “the Sensation method”).

Outcome measures included the Conner’s Global Index—Parent, Conner’s Global Index—Teacher, Conner’s Parent Rating Scale—Brief, Continuous Performance Test, and the Clinical Global Impression Scale.

There were no statistically significant differences between homeopathic remedy and placebo groups on the primary or secondary outcome variables. However, there were statistically and clinically significant improvements in both groups on many of the outcome measures.

This pilot study provides no evidence to support a therapeutic effect of individually selected homeopathic remedies in children with ADHD. A therapeutic effect of the homeopathic encounter is suggested and warrants further evaluation. Future studies should be carried out over a longer period of time.

A Double-Blind Study Comparing Homeopathy and Placebo

John Lamont, PhD, a psychologist in Southern California, conducted a trial of 43 children with attention deficit hyperactivity disorder (ADHD) (Lamont, 1997). He randomly assigned half of the children to receiving a placebo and the other half to homeopathic treatment. The researcher, the parents and the children did not know which child was given the homeopathic medicine or the placebo.

The evaluations of improvement were based on parent or caretaker ratings of ADHD behaviors. A simple 5-point scale was used: Much worse (-2); a little worse (-1); no change (0); a little better ($+1$); much better ($+2$). Parents or caretakers were contacted by telephone 10 days after remedy/placebo taken and again after 2 months.

To avoid any potential influence from the homeopath, he had no further contact with children except during the initial testing and case-taking interview. Even the

medicine was not given directly to the patient by the homeopath but was sent via the mail.

All children in the experiment came from foster homes or from parents under the supervision of social workers. The average age was 10, and there was a mixture of races: 47% Hispanic, 35% black, and 18% Caucasian.

The children were only accepted into the trial if they fit the specific criteria for ADHD, as determined by the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV). Children who were on medication for ADHD could be accepted for the study but only if they had been on this medication for at least six weeks. The latter condition was determined because Dr. Lamont didn't consider it wise to admit children who were new to medication in the trial since it then could not be ascertained if their improvement was the result of their conventional or homeopathic medicine.

Half of the children were given an individualized homeopathic medicine and half were given a placebo that resembled a homeopathic medicine for 10 days. After this, the half that was given a placebo was given an individualized homeopathic medicine. Neither the children nor their parents were told that they might be given a placebo because the researcher did not want to influence the parent or the child with the knowledge that the second round of medicines would be the "real" ones.

Only the 200c potency of an individualized homeopathic medicine was used, based on the homeopath's small pilot study of 15 patients in which a trend was observed that the 200c was more effective than 30c.

The mean improvement scores after 10 days were .35 for the placebo group and 1.00 for the homeopathically treated group ($p=.05$). The greatest improvements were noticed by the third day, while a smaller number showed improvement after 10 days.

Children who were initially given a placebo were given a homeopathic prescription after 10 days and then compared with their earlier score. The mean improvement scores were .35 for the placebo group and 1.13 after a homeopathic medicine was given ($p=.02$).

When parents reported that improvement from the treatment was not obvious, the homeopath prescribed a second or a third remedy. When comparing the results after these remedies, improvement from the homeopathic group was 1.63 and from the placebo group was .35 ($p=.01$).

Besides the improvement 10 days after the homeopathic medicine, follow-up interviews observed that the majority of children who were treated homeopathically experienced sustained and increased improvement in their condition. In total, after 2 months, 57% of children experienced continued improvement; 24% showed improvement for several days or weeks following homeopathic treatment, but relapsed by the 2-month interview. 19% said that they only observed improvement while taking homeopathic treatment (one could guess that this improvement was primarily from the placebo effect).

A second homeopathic remedy was given to 18 of 43 subjects, and 7 required a third remedy. Phone calls were made 10 days after each remedy, and if it seemed that the remedy was not working, a different medicine would be prescribed.

Only three children were dropped from the trial, and this was the result of changes in dosage of anti-ADHD prescription after homeopathic treatment.

In summary, this study showed that the effects of the homeopathic medicine were relatively rapid (usually within 3 days) and a 2-month follow-up found that 57% of the children experienced sustained and increased improvement.

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The Medicines Used

Dr. Lamont used one of the homeopathic software programs to aid his selection of the individualized homeopathic medicine. These sophisticated software programs are increasingly used to both improve the speed and accuracy of prescribing homeopathic remedies, and they are now used by the majority of full-time practicing homeopaths in the U.S.

The following descriptions of the five most common homeopathic medicines used in this study are not provided to encourage self-diagnosis or prescribing. Because chronic ailments are best treated by a professional homeopath, children with ADHD or its related conditions should be seen by a professional homeopath.

The following descriptions provide insight into the important concept within homeopathy that asserts that people do not simply have "diseases" but have "syndromes" of symptoms of which the disease is a part.

It is remarkable that so many people today incorrectly think that people with the same disease should be given the same medicine. In homeopathy, once a conventional

diagnosis is made, the homeopath then evaluates the case in greater detail to see what individualizing and unique symptoms each patient manifests.

The most commonly indicated remedy that Dr. Lamont found for children with ADHD was *Stramonium* (thornapple). It represented 35% of the patients he treated.

Comparative Study of Homeopathic Treatment vs. Usual Care

20 consecutively enrolled children age 5-16 with Attention Deficit Hyperactivity Disorder (ADHD) received treatment by a homeopath (8 consultations and individualized remedies) for one year (Fibert, Relton, Heirs, et al, 2016). Ten subsequently enrolled children received similar time and attention for 4 months. The study explored optimum treatment protocols; the effectiveness, deliverability and acceptability of treatment; and the feasibility of outcome measurement and recruitment. Parents completed Conners' Parent Rating Scale, Revised Long Version (CPRS-R:L) every 4 months, from which DSMIV total scores were extracted; and Measure Your Own Medical Outcome Profile (MYMOP) every consultation.

An interaction between time (baseline/4 months) and group (treatment/non-treatment) was found .756 F (1,28)=9.06, p=0.005. The intervention was associated with statistically significant improvements in treated children over the year:

- CPRS-R:L (t (18)=4.529, p≤0.000); MYMOP (t (18)=6.938, p≤0.000). Mean DSMIV total t scores decreased at each time point: baseline: 85 (SD 5.1); 4 months 76.2 (SD 10.9); and 12 months 71.5 (SD 12.77). Recruitment of control participants was problematic. Recruitment to treatment was feasible via ADHD support groups, charities, police support agencies and social services, not schools or NHS services. Attending appointments was problematic for some participants, but home visits did not improve uptake. The best venue was a familiar clinic. Some participants took medicines inappropriately, but generally taking homeopathic remedies was acceptable and well implemented.
- CPRS-R:L (80 items) was problematic for some parents. MYMOP was preferred by parents but not acceptable to stakeholders. In this small consecutive sample the intervention was associated with improvements in criminality, anger, and children with a concomitant diagnosis of Autism Spectrum Disorder ASD. Treatment by a homeopath was associated with sustained, increasing improvements and the intervention was acceptable to participants. More methodically rigorous research is warranted."

The researchers recommend that future research in this area use comparative effectiveness randomised controlled trial designs. They also recommend that these trials measure outcomes of relevance to stakeholder needs - the people and services who care for those with ADHD - parents, teachers and social workers and the criminal justice system."

The Cochrane Database has reviewed the above research and has asserted, "There is currently little evidence for the efficacy of homeopathy for the treatment of ADHD"

(Coulter and Dean, 2007). However, the Cochrane Database maintains a very high standard for their definition of “efficacy.” It is important to note that they stated that there was “little evidence” not “no evidence” that homeopathic medicines have been shown to be effective in the treatment of children with ADD/ADHD.

Below is just a short sampling of the leading medicines for children (or adults) with ADD/ADHD. Due to the complexity of this ailment, it is best to seek professional homeopathic care rather than to try self-treatment.

* *Stramonium* (thornapple or datura stramonium): Children who need *Stramonium* are known to experience extreme fears and exhibit violent behaviors. They are especially fearful of the dark, animals, and water. They can become truly terrified of these things. They are easily startled and will automatically, even unconsciously, respond with rage beyond proportion to the initiating event, almost as though it was an animalistic, primordial response. These tantrums may include stammering, cursing, and hitting. These intense children may also become extremely clingy to their parents, do not want to be alone, and may have strong feelings of jealousy.

Most of the time children develop the need for *Stramonium* from unknown events, though homeopaths have also found that certain birth traumas, violent abuse (physical or sexual), or traumatic events may lead to the symptoms that *Stramonium* can effectively cure.

* *Cina* (wormseed): The next most common remedy used in this study was *Cina* (wormseed), representing 19% of the children. Children who need *Cina* are extremely irritable and physically aggressive. They are prone to fighting and arguing and tend to have tantrums when they are disciplined or simply told to do something. They are disposed to biting, kicking, pinching, and screaming. They like and benefit from being rocked but don't like being touched, carried (except over the shoulder), or even looked at. *Cina* is a leading homeopathic medicine for pinworms. If a child has pinworms and ADHD, *Cina* should be seriously considered.

* *Hyoscyamus* (henbane) is also a common remedy for children with ADHD. Like *Cina*, it represented 19% of the children in this experiment. *Hyoscyamus* is typically indicated when children exhibit sexualized symptoms of any type or when they have manic symptoms of various sorts, such as pressured speech, great loquacity, extreme silliness, or very high energy. These children tend to be quarrelsome and obscene. They will curse, expose themselves, play with themselves, or less often, act in a seductive fashion. They are also known to be very jealous, especially when a younger sibling is born. This jealousy may even lead to malicious violence against this younger sibling. Bedwetting may be an additional concurrent complaint.

* *Tarentula hispanica* (tarentula spider) is indicated when children exhibit endless physical activity. These children are always active, always in motion. They are hurried and impatient, and they are soothed and hypnotized by music. They love to hear music and to dance. They tend to have a good sense of rhythm and desire to play various instruments.

However, these children have a tendency to be destructive of anything that they get their hands on. They even have a tendency to rip and destroy their own clothes. They need to be watched very carefully, though they can be irritated if they know they are being watched.

* *Veratrum album* (white hellabore) is good for restless children who have difficulty maintaining concentration, following directions, or staying at their desk. These children are constantly busy and hurried and have the unusual desire to touch and/or kiss anything. These children tend to engage in repetitive behaviors, such as stacking blocks or cutting or tearing things. They are "know-it-alls" and can be bossy, self-righteous, and argumentative.

DOSE: Typically, just one or a couple of doses per day of the 12 or 30th potency of a remedy is given, usually for not longer than a couple of days. This cycle of repetition of a remedy may be considered on a monthly or semi-annual basis. It is best to seek professional care for children (or adults) with this condition.

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LIST OF MEDICINES AND THEIR COMMON NAMES

Aconitum: monkshood
Aesculus: horse chestnut
Aethusa: fly agaric
Allium cepa: onion
Aloe socotrina: socotrine aloes
Ambrosia: ragweed
Anacardium: marking nut
Antimonium crudum: black sulphide of antimony
Antimonium tarticum: tartar emetic
Apis: honeybee
Argentum nitricum: nitrate of silver
Arnica: mountain daisy
Arsenicum: arsenic trioxide
Arum triphyllum (jack in the pulpet)
Asafoetida (gum of the stinkasand)
Aurum metallicum (gold)
Belladonna: deadly nightshade
Bellis perennis: daisy
Borax: sodium borate
Bryonia: white bryony
Calcarea carbonica: carbonate of lime
Calcarea phosphorica: phosphate of lime
Calendula: marigolds
Candida albicans: candida albicans (a yeast)
Cantharis: Spanish fly
Carbo vegetabilis: vegetable charcoal
Cardiospermum (commercially sold as “Florasone”)
Castor equi: rudimentary thumbnail of the horse
Caulophyllum: blue cohosh
Causticum: Hahnemann's potassium hydrate
Chamomilla: chamomille
Chelidonium: greater celandine
Chloralum: chloral hydrate
Cicuta: water hemlock
Cimicifuga: black snakeroot
Cina: wormseed
Cinchona: Peruvian bark
Cocculus: Indian cockle
Coccus cacti: cochineal insect
Coffea: crude coffee
Colchicum: meadow saffron
Collinsonia: stone root
Colocynthis: bitter cucumber

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Croton tiglium: croton oil seed
Cuprum metallicum: copper
Eupatorium perfoliatum: boneset
Euphrasia: eyebright
Euphorbium: euphorbia resinifera
Folliculinum: estrogen
Gelsemium: yellow jessamine
Glonoine: nitroglycerine
Gnaphalium: eternal flower
Graphites: graphite
Hamamelis: witch hazel
Hellaborus: Christmas rose
Hepar sulphuris: Hahnemann's calcium sulphide
Histiminium: histamine
House dust mite: house dust mite
Hypericum: St. John's wort
Hyoscyamus: henbane
Ignatia: St. Ignatius bean
Influenzinum: influenza virus
Ipecacuahna: ipecac root
Iris: blue flag
Jaborandi: pilocarpus
Kali bichromicum: bichromate of potash
Kalmia (mountain laurel)
Kreosotum: beechwood kreosote
Lachesis: bushmaster snake venom
Lacticum acidum: lactic acid
Ledum: marsh tea
Lobelia: Indian tobacco
Luffa operculata: esponjilla
Lycopodium: club moss
Magnesium phosphorica: phosphate of magnesia
Mercurius: mercury
Mercurius iodatus flavus: proto-iodide of mercury
Mercurius iodatus ruber: bin-iodide of mercury
Millefolium:: yarrow
Natrum muriaticum: salt
Natrum sulphur: sulphate of sodium
Nitric acid: nitric acid
Nux vomica: poison nut
*Oscillococcinum*TM: heart and liver of a duck
Passiflora: passion flower
Petroleum: crude rock oil
Phosphorus: phosphorus
Phytolacca: pokeroor
Podophyllum: mayapple

Pulsatilla: windflower
Raphanus: black garden radish
Rhus toxicodendron: poison ivy
Rumex: yellow dock
Ruta: rue
Sabadilla: cevadilla seed
Sambucus: elder
Sanguinaria: bloodroot
Sarsaparilla: smilax
Sepia: inky juice from the cuttlefish
Silicea: silica
Solidago: goldenrod
Spigelia: demerata pinkroot
Spongia: roasted sponge
Squilla: sea onion
Staphysagria: stavesacre
Stramonium: datura stramonium
Strontium carbonicum: carbonate of strontium
Sulphur: sulfur
Symphytum: comfrey
Tabacum: tobacco
Tarentula hispanica: Lycosa tarentula
Urtica urens: stinging nettle
Veratrum album: white hellebore
Vespa: wasp
Viola odorata: violet
Wyethia: poison weed