

## CERTIFIED HOMEOPATHIC ONLINE COURSE - SESSION 4:

- **Guide to Self Diagnosis, Homeopathy and the Scientific Evidence**

### Guide to Self Diagnosis and Treatment with Homeopathy

The basic aim of homeopathic prescribing is to find the one remedy which best matches all your symptoms. It is best not to take more than one remedy at a time.

#### What symptoms matter?

Indications of a heart attack include sweating, anxiety and chest pains



#ADAM

As homeopathy relies on prescribing one remedy to your precise combination of symptoms, all your symptoms should be included in the process.

Most of us have a few issues that have been with us so long we don't even notice them anymore. (i.e., cold feet) These all need your full attention. You should also include things which you might not even class as symptoms, such as a persistent itch behind your ear. Aside from the obvious nature of your complaint (i.e., headache), things to notice include:

- State of mind (including fears, anxieties, attitudes etc.)
- Color and consistency and regularity of your stool
- What makes a particular symptom feel worse or better?
- Where exactly is each problem located?
- When did symptoms first occur, and what brought them on?
- Your sleep pattern
- What are you sensitive to (i.e. light, cold, heat, drafts, touch, criticism, etc?)
- For women, where you are on your monthly cycle.

#### Homeopathy at Home

Homeopathy is safe for home use as there are no dangerous side effects. This is the principal that gets people interested in homeopathy in the first place.

There is also a popular misconception that other forms of alternative medicine, such as herbal, nutritional supplements, or Chinese herbal are also completely safe to self-prescribe, because they are 'natural'. This is not the case; homeopathy is safe because everything is very dilute; many herbal remedies and supplements can cause lasting damage if not taken carefully.



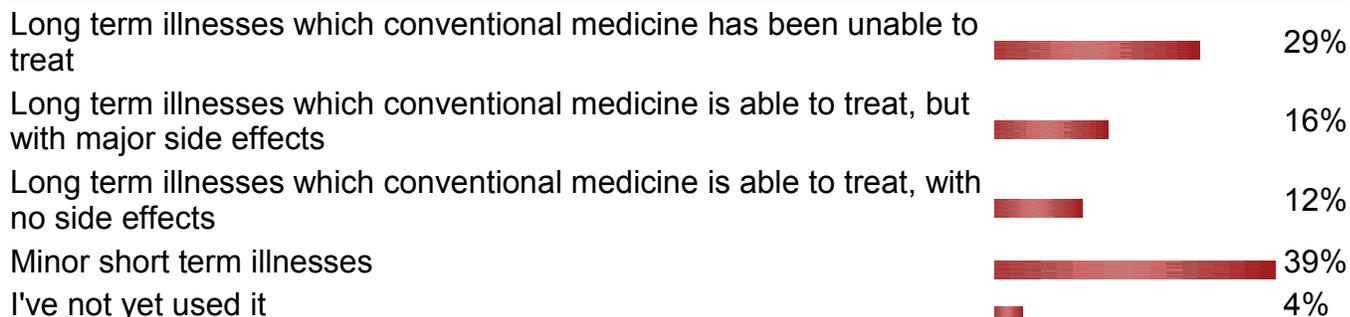
#### When People use Homeopathy

Most people first come to homeopathy when they feel they've been failed by conventional medicine. It may be for a long-held, chronic condition, or a short lived acute ailment. It may be that conventional medicine has been unable to help at all, or that the side effects are simply not worth the risk.

You can see from the following chart that of those who use homeopathy for long term illnesses, most do so because conventional medicine has been unable to treat them, and a much smaller number use homeopathy to avoid the side effects of conventional medicine.

The following chart was from a survey in September 2003:

### For what do you most often use Homeopathy?



### Use in the United States

According to the 2007 National Health Interview Survey, which included a comprehensive survey of complementary and alternative medicine (CAM) use by Americans, an estimated 3.9 million U.S. adults and approximately 900,000 children used homeopathy in the previous year. People use homeopathy for a range of health concerns, from wellness and prevention, to the treatment of diseases and conditions such as allergies, asthma, chronic fatigue syndrome, depression, digestive disorders, ear infections, headaches, and skin rashes.

### Long Term and Short Term - Chronic and Acute



Long term (chronic) illnesses are deeper rooted than short term (acute) illnesses, and are consequently more difficult to treat successfully at home - normally guidance from a homeopath should be sought.

Short term illnesses can be treated much more successfully at home, by a layperson.

And finally, as you become more confident at treating conditions at home, don't get overconfident. Stopping prescribed medication without first consulting a physician can endanger your health. If symptoms persist, always seek professional medical attention. Bear in mind that even minor symptoms can be a sign of a more serious underlying condition, and a timely diagnosis by your doctor could save your life.

### Homeopathic Combination Remedies and Single Remedies

In recent years, Homeopathic remedies have been sold increasingly as combinations. A group of remedies, effective in tackling say, anxiety, in a range of people are combined on a single pill. This is in contrast to the principals of classical homeopathy.

This practice has been met with mixed opinions in the homeopathic community. What is generally agreed is that combination remedies may work for you, but you have a much greater chance of success if you use single remedies, chosen for your specific ailments, as the other remedies contained along with the right one may complicate a condition, or prevent the right remedy from working.

Even the makers of combination remedies add the caveat that single remedies are more effective, where the right remedy can be prescribed.

The strength of combination remedies is certainly the convenience with which remedies can be prescribed; if it says *headache* on the box, then that's what it's for.

## Regulation of Homeopathic Treatments

Homeopathic remedies are prepared according to the guidelines of the *Homeopathic Pharmacopeia of the United States (HPUS)*, which was written into law in the Federal Food, Drug, and Cosmetic Act in 1938. Homeopathic remedies are regulated in the same manner as nonprescription, over-the-counter (OTC) drugs. However, because homeopathic products contain little or no active ingredients, they do not have to undergo the same safety and efficacy testing as prescription and new OTC drugs.

The U.S. Food and Drug Administration (FDA) do require that homeopathic remedies meet certain legal standards for strength, purity, and packaging. The labels on the remedies must include at least one major indication (i.e., medical problem to be treated), a list of ingredients, the dilution, and safety instructions. In addition, if a homeopathic remedy claims to treat a serious disease such as cancer, it needs to be sold by prescription. Only products for self-limiting conditions (minor health problems like a cold or headache that go away on their own) can be sold without a prescription.

## Homeopathy and the Scientific Evidence

Instead of presenting any evidence for or against homeopathy, we'll take a look at the types of studies available, and their relevance.

### Studies Based on Theories of How Homeopathy Works

It is true that nobody knows exactly how homeopathy works. There are many theories, based



on sub atomic vibration, the memory of water and so on, but these remain theories. Research has been conducted which attempts to prove or disprove these theories, which can only be a good thing.

Unfortunately though, the conclusions drawn from such research occasionally step well beyond the evidence and say that because *one theory* of how homeopathy *might* work is flawed, homeopathy itself can't work at all. All it really proves is that the particular theory of how homeopathy might work is

incorrect, it doesn't prove or disprove homeopathy at all.

This is obvious and would scarcely need mentioning, except that some such trials, such as the BBC Horizon experiment, have received an undue amount of publicity.

### Studies Based on Clinical Trials

The only type of trial that can be taken into consideration are clinical trials, where volunteers with a particular ailment have been given homeopathic remedies for that ailment. However, there are two caveats with this type of experiment:

#### 1. "One size fits all" Approach

Homeopathy is highly individualized, and the same remedy given to a number of different people will not work in all cases. Homeopaths know this and give specific remedies based on individual symptoms. For example, the homeopathic remedy for a common cold would depend on:

- the type of headache pain (sharp, pounding, etc),
- where the headache hurt most
- type of sore throat
- what can you do to relieve / worsen symptoms (i.e., better hot, better cold,

- worse in open air, etc)
- sound of cough
- color and severity of nasal discharges
- what started it all in the first place (i.e., cold feet, cold wind, etc?)
- etc, etc

Many studies are based on giving the same remedy to all patients in the study, in the allopathic manner, and are therefore not truly homeopathic.

## 2. Double Blind Placebo Trials

Double Blind Placebo Trials are the holy grail of conventional medicine testing.

For those not familiar with the term, *placebo trials* mean that half the volunteers are taking empty pills, and half are taking homeopathic remedies. *Double Blind* means that neither the patient, nor the practitioners know whether or not the patient is being given a genuine homeopathic remedy, or a placebo pill.

The advantage of the person giving the remedies not knowing whether or not they are giving placebo pills is that there is no way of them subtly (and probably unintentionally) influencing the outcome, by, for example, being more attentive to those taking the genuine remedy.

However, hitting upon the right remedy can take a few attempts, and in a course of treatment, a homeopath may try several remedies, and several potencies, not just the one remedy normally given in double blind trials. This is not to fault double blind placebo trials categorically, but simply to say that, for the most part, they have not been carried out in a way which could be expected to show positive results.

## Controversy

In general, the trials which have found homeopathy effective have been where patients have consulted homeopaths on an individual basis, and the homeopath has been free to vary remedies as they see fit. There are obviously logistical limits to experimenting in this way, and only smaller scale trials have been undertaken in this way; however, opponents of homeopathy have argued that only the large scale trials are statistically valid. The debate rumbles on.

## Why Placebo?

You may be wondering why all the notable trials of homeopathy compare it to a placebo. This is because an empty 'placebo' pill has been proven to be beneficial in treating many conditions. For example, see the following article on CNN on pages 5-6. It is worth noting that at least homeopathy has never been proven worse than placebo, unlike conventional medicines, such as Seroxat - the anti-depressant that lead to suicides.

As any academic will tell you, science is not a realm where anything is known for certain, nor even where there is always agreement as to what is likely. "Wisest is he who knows he does not know." People have their own dogmatically held opinions in science as much as in religion. To form your own, the only way is to look through all the research for yourself. Try Google.

**Footnote:** There have been a few articles in The Lancet lately, following a controversial meta-study with findings against homeopathy. This article answers the charges made against homeopathy research. You may also be interested in another paper (by the same author): Hormesis, epitaxy, the structure of liquid water, and the science of homeopathy.

## **Placebos: Deceptive Benefits**

November 27, 2000

Web posted at: 12:29 p.m. EST (1729 GMT)

By Jeffrey P. Kahn, Ph.D., M.P.H.

Director, Center for Bioethics

University of Minnesota

National Institutes of Health held a conference last week to discuss one of the oldest aspects of medicine: the use of placebos. There is no doubt that placebos -- inert substances given in place of active drugs -- have a beneficial effect on patients who take them. So what's wrong with using placebos? When a doctor gives patients a placebo, patients have to be deceived into thinking they are getting an effective therapy for it to "work." In research, subjects have to be blind as to whether they are receiving the new drug being tested or are in the placebo control group. The problem then is that placebos rely on deception as part of medical care or on the possibility of withholding effective therapy in order to answer a research question. So how far should we be willing to go for potential health benefits or to answer a research question?

### **Why Deny the Placebo Effect?**

We know that placebos actually work, that is, that they have a positive effect. But to get the placebo effect requires that patients be deceived into thinking they are taking actual medicine. When they find out that they were actually taking sugar pills, two things happen. First, symptoms can quickly return and second, they begin to mistrust their doctor. Neither outcome is welcome, and can have much greater and long-lasting negative effects than any beneficial placebo effect.

### **Honesty in Research**

The case for placebos is somewhat easier to make in research. Placebo controls have long been a part of the research enterprise, used as the best way of assessing whether new drugs actually have an effect on the disease or illness they are intended to treat. Under the rules of informed consent, subjects must be told if placebos will be used in research, and that they may be among those who receive it. Whether a subject goes into the active agent or placebo group depends on chance, much like the roll of dice, and only after the research ends will anyone know who was in each group?

The only problem with this approach is that prospective subjects often don't appreciate the fact that they may be in the placebo group. Studies have shown that the vast majority of subjects believe that they will be put into the research group that is best for their treatment. But researchers don't prejudge what's best for subjects, and if every subject received what was perceived to be in his or her best medical interests, research would be very difficult to conduct. Of course it may be the case that those in the placebo group do better -- not because the placebo has more therapeutic effect, but because it has fewer side effects than the drug being tested. Whatever the outcome, such misunderstanding undermines the trust from subjects on which research depends.

### **Should we Test with Placebos When Effective Therapies Exist?**

Recent debate has focused on whether it is ever acceptable to use placebo controls in research when it means withholding effective therapy. The problem arises in parts of the developing world where effective therapies are either unavailable or unaffordable. Research may lead to the development of more affordable treatments, but the most effective way to do so is to test the new therapy against a placebo rather than against existing (but locally unavailable) therapy.

A recent meeting of the World Medical Association concluded that new treatments should be tested against the best current treatments and that placebos should be used only when no treatment exists, based largely on the argument that such a policy is the only way to protect research subjects from exploitation. But such a policy will also deprive the same subjects -- and the groups from which they come -- of the benefits they could realize from proscribed research. This tension is far from resolved, and points to the need for greater efforts to balance the world community's important concern for subjects with a tendency toward exporting moral judgment along with research projects.

So should we rethink the use of placebos? If patients understand their use by physicians, and if their use offers real benefits to willing research subjects, then there may be a place for them yet. Or maybe we're just deceiving ourselves.

The National Institutes of Health held a conference last week to discuss one of the oldest aspects of medicine -- the use of placebos, which undoubtedly have a beneficial effect on patients who take them. So what's wrong with using placebos? When a doctor gives patients a placebo, patients have to be deceived into thinking they are getting an effective therapy for it to "work." In research, subjects have to be blind as to whether they are receiving the new drug being tested or are in the placebo control group. The problem is that placebos rely on deception as part of medical care or on the possibility of withholding effective therapy in order to answer a research question. How far should we be willing to go for potential health benefits or to answer a research question?

## CERTIFIED HOMEOPATHY ONLINE COURSE - SESSION 4 – QUESTION & ANSWERS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP, PC: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Please be sure to fill out the information above, complete the test and e-mail or fax it back to us at [iridology@netzero.net](mailto:iridology@netzero.net) or 530-878-1119. We will grade your question & answer session and will let you know if we have any questions or concerns.

1. What does “placebo trials” mean?
2. What does “double blind” mean?
3. When taking homeopathic remedies, it’s best to take as many remedies as you can at the same time to stop the symptoms. T/F
4. How would you feel if you found out that you were taking a placebo instead of a medication for an illness? For this exercise please imagine that you’ve gone to a medical doctor for treatment. Please be honest in your feelings about this. Please explain why you feel the way you do about this.
5. In 2007 there were only 3.8 million U.S. adults taking homeopathy. T/F
6. What must be listed on the labels of homeopathic remedies?

## CERTIFIED HOMEOPATHY ONLINE COURSE - SESSION 4 - Q&A - Continued

NAME: \_\_\_\_\_

7. Think of a health issue that you've gone and sought help for with either a medical doctor or an alternative health person. Go through the list below which is from page 1 and answer the following questions. Use the space below to do this.

- State of mind (including fears, anxieties, attitudes etc.)
- Color and consistency and regularity of your stool
- What makes a particular symptom feel worse or better?
- Where exactly is each problem located?
- When did symptoms first occur, and what brought them on?
- Your sleep pattern
- What are you sensitive to (i.e. light, cold, heat, drafts, touch, criticism, etc?)
- For women, where you are on your monthly cycle.

What have you determined by answering these questions?

Was your health issue resolved by the person you saw or is it still a health issue?

How was it resolved if it was resolved?

If not resolved, what are you doing about it now?

How can this course help you with health issues?