The International Journal of the Medical Science of Homeopathy, Energetic Medicine Naturopathy

Evidence Based Literature to Protect and Explore Natural Medicine since 1996

ISSN # 1417-0876, 2041-4293

http://ijmshnem4u.com/

2016 Issue on Homeopathy
Open Letter to Homeopaths:
Homeopathy has had a bad reputation lately due to a lack of respect for science and statistics. Math-Phobia has put Homeopathy into trouble. This journal is dedicated to help point out Homeopathy’s Myth and Mis-Conceptions. And we hope to point the way forward to help the art of Medicine to regain it former glory. Please let's work as adults to help our art of Homeopathy face it critics and present a valid evidence based way into the future.

Brad Victor Johnson
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The Swiss government has a long and widely-respected history of neutrality, and therefore, reports from this government on controversial subjects need to be taken more seriously than other reports from countries that are more strongly influenced by present economic and political constituencies. When one considers that two of the top five largest drug companies in the world have their headquarters in Switzerland, one might assume that this country would have a heavy interest in and bias toward conventional medicine, but such assumptions would be wrong.

In late 2011, the Swiss government's report on homeopathic medicine represents the most comprehensive evaluation of homeopathic medicine ever written by a government and was just published in book form in English (Bornhoft and Matthiessen, 2011). This breakthrough report affirmed that homeopathic treatment is both effective and cost-effective and that homeopathic treatment should be reimbursed by Switzerland's national health insurance program.

The Swiss government's inquiry into homeopathy and complementary and alternative (CAM) treatments resulted from the high demand and widespread use of alternatives to conventional medicine in Switzerland, not only from consumers but from physicians as well. Approximately half of the Swiss population have used CAM treatments and value them. Further, about half of Swiss physicians consider CAM treatments to be effective. Perhaps most significantly, 85 percent of the Swiss population wants CAM therapies to be a part of their country's health insurance program.

It is therefore not surprising that more than 50 percent of the Swiss population surveyed prefer a hospital that provides CAM treatments rather to one that is limited to conventional medical care.
Beginning in 1998, the government of Switzerland decided to broaden its national health insurance to include certain complementary and alternative medicines, including homeopathic medicine, traditional Chinese medicine, herbal medicine, anthroposophic medicine, and neural therapy. This reimbursement was provisional while the Swiss government commissioned an extensive study on these treatments to determine if they were effective and cost-effective. The provisional reimbursement for these alternative treatments ended in 2005, but as a result of this new study, the Swiss government's health insurance program once again began to reimburse for homeopathy and select alternative treatments. In fact, as a result of a national referendum in which more than two-thirds of voters supported the inclusion of homeopathic and select alternative medicines in Switzerland's national health care insurance program, the field of complementary and alternative medicine has become a part of this government's constitution (Dacey, 2009; Rist, Schwabl, 2009).

The Swiss Government's "Health Technology Assessment"

The Swiss government's "Health Technology Assessment" on homeopathic medicine is much more comprehensive than any previous governmental report written on this subject to date. Not only did this report carefully and comprehensively review the body of evidence from randomized double-blind and placebo controlled clinical trials testing homeopathic medicines, they also evaluated the "real world effectiveness" as well as safety and cost-effectiveness. The report also conducted a highly-comprehensive review of the wide body of preclinical research (fundamental physio-chemical research, botanical studies, animal studies, and in vitro studies with human cells).

And still further, this report evaluated systematic reviews and meta-analyses, outcome studies, and epidemiological research. This wide review carefully evaluated the studies conducted, both in terms of quality of design and execution (called "internal validity") and how appropriate each was for the way that homeopathy is commonly practiced (called "external validity"). The subject of external validity is of special importance because some scientists and physicians conduct research on homeopathy with little or no understanding of this type of medicine (some studies tested a homeopathic medicine that is rarely used for the condition tested, while others utilized medicines not commonly indicated for specific patients). When such studies inevitably
showed that the homeopathic medicine did not "work," the real and accurate assessment must be that the studies were set up to disprove homeopathy... or simply, the study was an exploratory trial that sought to evaluate the results of a new treatment (exploratory trials of this nature are not meant to prove or disprove the system of homeopathy but only to evaluate that specific treatment for a person with a specific condition).

After assessing pre-clinical basic research and the high quality clinical studies, the Swiss report affirmed that homeopathic high-potencies seem to induce regulatory effects (e.g., balancing or normalizing effects) and specific changes in cells or living organisms. The report also reported that 20 of the 22 systematic reviews of clinical research testing homeopathic medicines detected at least a trend in favor of homeopathy.* (Bornhöft, Wolf, von Ammon, et al, 2006)

The Swiss report found a particularly strong body of evidence to support the homeopathic treatment of Upper Respiratory Tract Infections and Respiratory Allergies. The report cited 29 studies in "Upper Respiratory Tract Infections/AllergicReactions," of which 24 studies found a positive result in favor of homeopathy. Further, six out of seven controlled studies that compared homeopathic treatment with conventional medical treatment showed that homeopathy to be more effective than conventional medical interventions (the one other trial found homeopathic treatment to be equivalent to conventional medical treatment). All of these results from homeopathic treatment came without the side effects common to conventional drug treatment. In evaluating only the randomized placebo controlled trials, 12 out of 16 studies showed a positive result in favor of homeopathy.

The authors of the Swiss government's report acknowledge that a part of the overall review of research included one negative review of clinical research in homeopathy (Shang, et al, 2005). However, the authors noted that this review of research has been widely and harshly criticized by both advocates and non-advocates of homeopathy. The Swiss report noted that the Shang team did not even adhere to the QUORUM guidelines which are widely recognized standards for scientific reporting (Linde, Jonas, 2005). The Shang team initially evaluated 110 homeopathic clinical trials and then sought to compare them with a matching 110 conventional medical trials. Shang and his team determined that there were 22 "high quality" homeopathic studies but only nine "high quality" conventional medical studies. Rather than compare these
high quality trials (which would have shown a positive result for homeopathy), the Shang team created criteria to ignore a majority of high quality homeopathic studies, thereby trumping up support for their original hypothesis and bias that homeopathic medicines may not be effective (Lüdtke, Rutten, 2008).

The Swiss report also notes that David Sackett, M.D., the Canadian physician who is widely considered to be one of the leading pioneers in "evidence based medicine," has expressed serious concern about those researchers and physicians who consider randomized and double-blind trials as the only means to determine whether a treatment is effective or not. To make this assertion, one would have to acknowledge that virtually all surgical procedures were "unscientific" or "unproven" because so few have undergone randomized double-blind trials.

In my view, for a treatment to be determined to be "effective" or "scientifically proven," a much more comprehensive assessment of what works and doesn't is required. Ultimately, the Swiss government's report on homeopathy represents an evaluation of homeopathy that included an assessment of randomized double blind trials as well as other bodies of evidence, all of which together lead the report to determine that homeopathic medicines are indeed effective.

The next article will discuss further evidence provided in this report from the Swiss government on the effectiveness and cost-effectiveness of homeopathic care.

Statement of correction (9/18/2013): The report on homeopathy (2012) that was described above has now been verified to be a second edition of a report that was initially commissioned by the government of Switzerland, but it was not a report that was issued by the Swiss government nor endorsed by the Swiss Federal Office of Public Health. Therefore, it is my intention here to state clearly that the first publication listed in the "References" section was not commissioned by the Swiss government, but the second reference that was written by most of the same authors as the first reference was commissioned by Swiss government. The conclusions of this publication (2006) are the same as those asserted in more detailed in both book forms, 2005 (ref. Bornhöft G, Matthiessen PM (Eds.). Homöopathie in der
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and the more detailed books are basically the same in the safety, efficacy, and cost-
effectiveness of homeopathic medicine.

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available from the German office of the publisher, and it will become available via the American
office as well as select booksellers in mid- to late-February, 2012.)(NOTE: When specific facts in
the above article are provided but not referenced, this means that these facts were derived from
this book.)

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(Translation: Complementary medicine in the political process: The Swiss population votes on the Constitutional Article "The future with complementary medicine"


*Although this Swiss government report was just published in book form in 2011, the report was finalized in 2006. In light of this date, the authors evaluated systematic reviews and meta-analyses on homeopathic research up until June 2003.

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Scientific Research in Homeopathy

Triple Blind studies, Double-Blind Randomized Placebo-Controlled Trial, Systematic Reviews & Meta-Analysis, and Evidence-base

By Professor Desire’ Duboumet

6-2012
Homeopathic Sugar Pills ineffective in all 68 illnesses tested, study finds

By Laima Jonusiene, emeritus editor Med Expose'

Homeopathic Sugar Pill Treatment has 'no discernible convincing effects beyond placebo'

A leading scientist has offered an opinion on homeopathy after a systematic review concluded the controversial homeopathic sugar pill treatment was no more effective than placebo drugs.

Professor Paul Glasziou, a leading academic in evidence based medicine at Bond University, was the chair of a working party by the National Health and Medical Research Council which was
tasked with reviewing the evidence of 176 trials of homeopathy to establish if the treatment is valid. They reviewed cases of homeopathic treatment all using homeopathic sugar pills.

A total of 57 systematic reviews, containing the 176 individual studies, focused on 68 different health conditions - and found there to be no evidence homeopathic sugar pills were more effective than placebo on any of the diseases in question.

Homeopathy is an alternative medicine based on the idea of diluting a substance in water and a small part of alcohol and sucussing the water to transfer energy into the bottle. According to the NHS: “Practitioners believe that the more a substance is diluted in this way, the greater its power to treat symptoms. Many homeopathic remedies consist of substances that have been diluted many times in water and a touch of alcohol until there is none or almost none of the original substance left.” Sometimes the potentiated liquid is used and sometimes the liquid is sprayed onto sugar (lactose) pills.

Hahnemann, the father of homeopathy started using cotton balls dipped into substances. The patient who had Rhinitis (runny nose and eyes) could get relief when a cotton ball dipped into onion juice (which also causes Rhinitis). Hahnemann concluded that what causes a symptom might overwhelm the system and reduce the symptom caused by something else. He said that “Like can Treat Like”. Hahnemann then would dilute the substances into water and alcohol. For safety sake, he wanted to see how dilute he could make the substance and still get relief. To his surprise he found that he could make it very dilute is he used a succussion (shaken with pounding, not stirred) at each dilution step. Homeopathy worked and the healing art conquered the world.

Then the powerful succussion process damaged his wrist with carpal tunnel over the years. He looked for a new way and started to use sugar pills near the end of his life. Had he had more time he might have seen that the sugar pill process is not as successful. In fact, we say sugar pill to mean placebo. And as many researchers in homeopathy have concluded, sugar pill homeopathy appears to be similar to placebo therapy.
Medical Professor Desire’ Dubounet found this out years ago and published similar ideas.

Professor Paul Glasziou’s review found “no discernible convincing effects beyond placebo” and concluded “there was NO reliable evidence from research in humans that sugar pill homeopathy was effective for treating the range of health conditions considered”.

Writing in a blog for the British Medical Journal, Professor Glasziou states: “As chair of the working party which produced the report I was simply relieved that the arduous journey of sifting and synthesizing the evidence was at an end. I had begun the journey with an ‘I don’t know attitude’, curious about whether this unlikely treatment could ever work... but I lost interest after looking at the 57 systematic reviews which contained 176 individual studies and finding no discernible convincing effects beyond placebo.”

He continues: “I can well understand why Samuel Hahnemann- the founder of homeopathy- was dissatisfied with the state of 18th century medicine’s practices, such as blood-letting and purging and tried to find a better alternative.

“But I would guess he would be disappointed by the collective failure of homeopathy to carry on his innovative investigations, but instead continue to pursue a therapeutic dead-end.”

http://www.downloads.imune.net/medicalbooks/Myths%20of%20Homeopathy.pdf

http://www.medicalexpose.com/
Homeopathy: 
A Critique of Current Clinical Research

Edzard Ernst
From SKEPTICAL INQUIRER Volume 36.6, November/December 2012

An evaluation of the clinical research by the group that has published most of the papers in homeopathy, 2005–2010, finds numerous flaws in the design, conduct, and reporting along with a tendency to over-interpret weak data.

Homeopathy has remained one of the most controversial medical treatments in the world. It is based on the “like cures like” principle and the idea that serial dilution of a substance renders it not less but more potent. Both of these axioms of homeopathy lack biological plausibility (Sehon and Stanley 2010). Nevertheless, homeopathy was recently cited as one of “the most popular and widely used forms of medicine in the world” (Chatfield 2011). Advocates of homeopathy argue that homeopathy’s “clinical effectiveness cannot be disputed” (Chatfield 2011). To prove their point, they produce evidence that seems to confirm this assumption (Fisher 2011). Critics tend to counter that these data are seriously flawed—so much so that they cannot be relied upon (Bewley et al. 2011).

The aim of this article is to critically evaluate the clinical research of the research group that, in recent years, has published most of the clinical research in homeopathy.

Methods

Medline searches were conducted to identify the team that, in the period between 2005 and 2010, had published more original, clinical research in homeopathy than any other group worldwide. Subsequently, all their publications were obtained and read in full. Data were extracted according to pre-defined criteria (Table 1). Each article was then critically evaluated.

Results

The most prolific research group in this area was identified to be from Berlin. Within the last five years, this team published a total of eleven clinical studies (Brinkhaus et al.
The articles refer to randomized clinical trials and cohort studies published in both conventional (n=7) and alternative medical journals (n=4). Most of the articles have major limitations, which will be discussed below.

**Discussion**

Homeopathy is not an area of buoyant research activity; the fact that one center published eleven clinical studies of homeopathy within five years is remarkable. The eleven publications fall in three categories: randomized clinical trials (RCTs); cohort studies without controls; cohort studies with controls. These will be discussed in turn.

Three RCTs of homeopathic arnica were published in one single article (Brinkhaus et al. 2006). They all included patients undergoing arthroscopic knee surgery and all used change in knee circumference after surgery as the primary outcome measure. The first study included 227 patients with arthroscopy, the second thirty-five patients with artificial knee joint implants, and the third fifty-seven patients with cruciate ligament reconstructions. No power calculations were provided. The first two RCTs showed no significant effect of peri-operative homeopathic arnica D30 compared to placebo. The third RCT did demonstrate a significant reduction of 1.8 percent. The authors also mention a post-hoc pooled analysis of all three RCTs that revealed a borderline significant effect (p=0.04). They conclude that “patients receiving arnica showed a trend toward less post-operative swelling compared to patients receiving placebo” (Brinkhaus et al. 2006) and recommend that the observed effects “seem to justify the use of homeopathic arnica in cruciate ligament reconstruction” (Brinkhaus et al. 2006). The authors did not critically discuss the clinically irrelevant reduction in knee circumference. The stated aims include investigating the safety of homeopathic arnica, yet the sample size is far too small for identifying rare adverse effects. No conflicts of interest were mentioned in the article (Brinkhaus et al. 2006).

This cohort study was submitted to a multitude of analyses that (so far) have been published in a total of seven articles (Teut et al. 2010; Witt et al. 2005b; Witt et al. 2008; Witt et al. 2009c; Witt et al. 2009b; Witt et al. 2010; Witt et al. 2011). The first two of them refer to the results at year two (Witt et al. 2005b), the third at year eight (Witt et al. 2008). The stated aims of the two- and eight-year follow up are, however, remarkably different (Table 1). The authors recruited 103 primary care practices in Germany and Switzerland employing homeopathy. All patients consulting the homeopathic physician for the first time were included regardless of diagnosis. About 68 percent of the patients “believed” in homeopathy. The main outcome measures were patients’ and physicians’ assessment of complaints. The questionnaire used for children had been validated, but the other outcome measures had been developed by the researchers themselves and had not been formally validated. All patients underwent an initial consultation by their homeopathic doctor lasting two hours on average.
Despite the multiple publications, only scant details were provided in the articles about the actual treatments administered. In one article, “recording all treatments” was mentioned in the methods section, but the results did not provide these details (Witt et al. 2011). Half of the patients also consulted non-study physicians who were not necessarily homeopaths (Witt et al. 2005b). In the article reporting the eight-year follow-up (Witt et al. 2008), the authors state that “all physicians were completely free to choose a treatment”; presumably this included conventional therapies as well.

Despite the fact that patients had been recruited regardless of their medical condition, the conclusions of one of the articles refer to “patients with chronic diseases” (Witt et al. 2005b). The authors stress repeatedly that cause and effect cannot be inferred in a study of this nature. Yet, they repeatedly imply causal inferences, for example: “younger patients and those with more severe disease appear to benefit most from homeopathic treatment” (Witt et al. 2005b); “the effect must not be attributed to homeopathic treatment alone” (Witt et al. 2008) (implying that at least part of it can be); “fully cured: 12.2%” (Witt et al. 2011); “under homeopathic treatment the severity of the disease and the quality of life improved substantially, which supports the ‘whole person’ approach prevailing in contemporary homeopathy”; “homeopathic medical therapy may play a beneficial role in the long-term care of older adults with chronic diseases” (Teut et al. 2010).

The subsequent publications of this study relate to subgroups of patients with specific conditions at the two-year follow-up (Teut et al. 2010; Witt et al. 2009c; Witt et al. 2009b; Witt et al. 2010; Witt et al. 2011) (Table 1). The two-year follow-up results were published in two strikingly similar articles (Becker-Witt et al. 2004; Witt et al. 2005b). One of them falls outside the reporting period of the present analysis (Becker-Witt et al. 2004), and it is therefore only mentioned in the discussion of my analysis. In none of these articles was the disease in question diagnosed according to rigorous criteria. Even though sample sizes were often low (Table 1), the authors believe their results are “representative” (Witt et al. 2011).

All of these publications report highly encouraging results for homeopathy. The possibility that these findings might not be due to the treatment but caused by the natural history of the disease, regression toward the mean, placebo effects, the therapeutic relationship, other context effects, or a mixture of any of these factors is repeatedly mentioned but then either dismissed or deemed unlikely. In some instances, even the stated aim of the article seems to imply causality: “evaluate ... effects of homeopathic treatment” (Witt et al. 2011), “our study was designed to evaluate homeopathic treatments” (Witt et al. 2011), “evaluating homeopathic treatment” (Witt et al. 2009b), “to evaluate ... effects of an individualized homeopathic treatment” (Witt et al. 2010). Conflicts of interest were often not mentioned, but if they were, none were declared. Some of the articles in this series stated that the research was funded by the Carstens Foundation, an organization well-known for its pro-homeopathic stance.
The third category of articles (Keil et al. 2008; Witt et al. 2005a) is based on comparative cohort studies. For the first of these investigations, 493 patients with five selected chronic conditions were recruited by 101 homeopathic and fifty-nine conventional study physicians. These patients had chosen homeopathic and conventional healthcare according to their own beliefs and preferences. Therefore, the two groups yielded numerous significant differences at baseline, e.g., conventional patients were seven years older, had used more medical services in the past, and were more likely to be male. Half of the homeopathic cohort used conventional treatments in addition to homeopathy. Only scant details were provided about the treatments administered in each group.

The main outcome measures included a non-validated symptom score, quality of life, and overall costs. The latter was only available for 38 percent of patients, which seems to invalidate any conclusions regarding cost. Yet the authors fail to discuss this point critically and present these data as valid. The results seem to indicate that homeopathy “had a better overall outcome compared to ... conventional treatment” (Witt et al. 2005a). The obvious fact that this could be due to a range of factors, including the lower age of these patients or the additional attention by homeopaths, is not critically discussed.

The data of the same study were submitted to a subgroup analysis of 118 children suffering from eczema (Witt et al. 2005a). In this paper, the authors again imply causal inferences that, due to the study design, are not warranted, e.g., “the extent of the improvement was significantly different, in favour of homoeopathically treated patients” or “... it is noteworthy that the outcome was at least similar (by patients’ assessment) or significantly superior (by physicians’ assessment) to conventional treatment” (Keil et al. 2008). Again, the study is presented as though it was a comparison of homeopathy with conventional care, while it was, in fact, a comparison of homeopathy plus conventional care versus conventional care alone.

Witt et al. also published a separate but similar comparative cohort study with children suffering from eczema (Witt et al. 2009a). Again, the parents had selected either homeopathic or conventional based on their beliefs. Consequently, there were multiple baseline differences between the relatively small groups (n=48 and 87). Only scant details were provided about the treatments used in both groups. In particular, it is unclear to what extent the homeopathic physicians also employed conventional treatments. Neither was it clear on what basis the physicians decided to include some patients and exclude others. The primary outcome measure was a validated symptom score administered by blinded evaluators. The results showed no inter-group differences at six or twelve months, but a graph provided in the article depicts a steeper decline of the symptom score in the homeopathy group. The costs for homeopathic patients were about twice of those of the control group. Closer inspection of the results reveals that, because the homeopathic group was more severely ill at baseline, the apparent improvement in this group might have been due to a more pronounced regression toward the mean. Yet this possibility was not discussed by the authors of this paper.
This critical analysis is, of course, limited by the fact that only the publications of one research group were scrutinized. Thus, generalizations across the field of homeopathy are not permissible. Nevertheless, my evaluation suggests numerous flaws in the design, conduct, and reporting of clinical research in homeopathy recently published by the most prolific research unit in this area. It also reveals multiple publications of similar data, which might be regarded as ethically debatable. Most important, it points to a phenomenon that, according to my experience, seems to be common in this line of investigation (Ernst 2010): relatively weak data tend to be over- or misinterpreted to such an extent that the casual reader of such publications can be seriously misled. Consequently, homeopathy appears to have clinical effects which, with critical analysis, can be attributed to bias or confounding.

Future research in this area should be more rigorous and readers of biased research papers should apply appropriately critical assessments.

References


**Edzard Ernst**

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Most people in alternative medicine have no concept of validation or verification. They have no concept of statistics and often think in mystic ways, with what psychologists call magical ideation. They believe they can test people's organs in non-scientific, unexplainable, magical ways and sell devices without proper legal validation. Any device referencing any organ for rating measuring, treating, correcting, balancing or other is a medical device. And complete validation and explanation of all of your organ related claims is absolutely necessary.

By definition Magical thinking is irrational causal reasoning that looks for correlation between acts or utterances and certain events. In religion, folk religion, quack medicine and superstition, the correlation posited is between religious ritual, such as prayer, sacrifice, idea or the observance of a taboo, and an expected benefit or recompense. In clinical psychology, magical thinking is a condition that causes the patient to experience irrational fear of performing certain acts or having certain thoughts because they assume a correlation with their acts and threatening calamities. "Quasi-magical thinking" describes "cases in which people act as if they erroneously believe that their mind controls the external events around them.

Many alternative medical people believe that they do not need to do any real science or testing to make a medical device for health care. This magical thinking is against the law. If you cannot explain how your device works and more importantly you cannot prove your device does what you say it is FRAUD. There have been so many completely fraudulent devices on the market around the world making ludicrous unscientific, non-validated, non-tested claims to measure organs and treat organs that our society has had to make regulatory bodies to find and stop such fraud. It has been my life work to help make people aware of such frauds.

Alternative medicine people write me and say they have a new medical device for health care. I tell them that our society now does not let people just sell devices. To sell devices you need to first get a correct scientific treatise. A real scientific treatise you can defend in court to explain how your device works. If you cannot explain how it works in a court of law, it is Fraud.

Next you must test your devise as safe and effective. Safety test show it won’t hurt people. Clinical test are essential to validate your medical claims. If you are going to reference an organ of the body you need to explain, test, prove, validate and verify how you do so.

Next you must do professional medical supervised testing to completely validate your claims and every aspect of your device. The proof comes in the form of independent medical studies involving some double blind treatments. Only double blind tests can indicate if the device works without operator influence. The complete failure of muscle testing and the EAV point probe has shown medicine how operator influence can make a fraudulent device falsely appear to work.

This research must have FDA compliance in the USA, European ethics committee supervision in Europe, and other independent review boards for use around the world. After the atrocities of WW 2 and Nazi experimentation the world has agreed that informed consent and proper medical supervision is mandatory for anyone to do any experiments on people. But most
alternative magical thinking people think that these rules do not apply to them. These rules do indeed apply and those circumventing them will be caught.

Our society has had enough of these charlatan frauds claiming to measure organ energy with no description or explanation of how. If there is no experimental clinical double blind evidence of how well it works in all claims, it is FRAUD. Our society mandates evidence. Evidence based medicine is the new banner. Without evidence it is fraud.

So before you write me to critique your device please supply the following:

1. Scientific explanation of how it works.
2. CE or FDA registration of the claims you make for it especially regards to organs (you may have a CE registration to sell lemon aid, but not a medical registration to treat aids. A better example is you may have a registration as a biofeedback instrument but not to refer to an organ.)
3. Provide evidence from double blind studies that validate your organ claims
4. Provide evidence of a proper Review Board or Ethics supervision of the study
5. Proper evidence of the medical supervision of the study
6. Publication of the study in a peer reviewed medical journal with an ISSN number or-
7. Publication of the evidence of your claim in a certified Medical University Textbook

If you don’t have these things, get them. Without these it is fraud.

It is very difficult to get across to the magical thinker. He thinks laws do not apply to him. He thinks that he can pull numbers out of the air with a pendulum. I ask for publications of evidence and the answer is always we have lots. I ask to SEE it and the answer is always it is in the mail. The alternative medical salesperson makes excuses and rationalizes all attacks and dismisses any attempt to accumulate evidence to validate his obscure claims as not real for him just others. It is hard to get alternative medicine people to see that explanation, validation, registration, publication, and medical university instruction are important. In fact they are essential.

I talk to alternative people and they have a list of magical thinking that they think they do not need ethics supervision, they don’t need medical doctors, they don’t need full registration they can register as one thing and claim another to make sales. The endless twists of phrase and then they start bad mouthing others and spinning thoughts in so many ways. Because, they start trying to shoot the messenger if they don’t like the message. They have infinite ways of defending their fraudulent illegal sales claims. Now that codex is law and all claims have to be validated it marks a new era for the magical thinkers of alternative medicine.

There is one person in alternative medicine who has done all of these things for evidence and more. Medical Professor Emeritus of IMUNE Desire’ Dubounet is one such person. She is a friend and has helped me in many ways. She can supply the evidence in 48 hours to all who request and purchase it. She offers most of it in return for Karma. She is quite an enlightened example for the alternative medical world. It can be done, we can show the evidence. Go to www.imune.name to learn more.
Homeopathy is in Trouble, But Let’s NOT Throw out the BABY with the Bathwater

"THROWING THE BABY OUT WITH THE BATHWATER...

TRUST ME, I'M A DOCTOR

AMA

Intuition and Intention Medicine
Abstract:
It has been established that over 70% of the people are sensitive to suggestion and to placebo response. It has also been established that Narcan (Naloxone, a medical drug for blocking endorphin response) is capable to block the placebo response.
People have made radionics duplicators to duplicate homeopathics thru an unexplained and unscientific process. Could it be that this is just Placebo? Homeopathic have a distinct legal process of manufacturing and if the duplicators are as effective then it needs to be tested and validated. If the effect is merely suggestion, then it is important to inform the public of the charade.
In these studies, done first in Denver 1985 and then repeated in Budapest 2002, we used Narcan that blocks placebo response to test if the duplicators work. In the study, the duplicated products were blocked from effectiveness the same as the placebo.
We conclude that homeopathic duplicators are mostly placebo in action.

Introduction:
As we have discussed, there are several possible modes of information transfer. Duplicators work on a ‘supposed’ magnetic transfer. In mode number 1 (which involves chemical action), magnetics would not work for information transfer. In modes number 2 (imprinting shape) and 3 (quantic energy states), the mechanical force of succussion could change electron or molecular quantic states. Magnetics cannot effect this change. If magnetics could indeed do so, then homeopathy would be useless. The magnetic interference from a T.V. set or a telephone unit would change the information. Transport of a homeopathic through the magnetic lines of the earth would change the information and nullify homeopathic effectiveness. Homeopathy cannot be transmitted by magnetic action.

As mentioned, duplicated remedies show no change in freezing patterns or in Kirlian photography. Duplicated remedies are probably advanced placebo at best. To test this supposition, an experiment was performed with double blind capacity. There is no change in the liquid crystal effect of the homeopathic.
Procedure:

In 1985 in Denver, 35 patients were chosen from a Naturopathic Doctor's practice. In 2002 in Budapest, Hungary 24 subjects were also so tested. All patients were using certain homeopathics on a regular basis and knew what results to expect. Some patients used a Candida nosode to control bloating or other body symptoms; others used Belladonna or Lachesis for symptoms. All were familiar with their remedy's effect.

As we have discussed, there are several possible modes of information transfer. Duplicators work on a 'supposed' magnetic transfer. In mode number 1 (which involves chemical action), magnetics would not work for information transfer. In modes number 2 (imprinting shape) and 3 (quantic energy states), the mechanical force of succussion could change electron or molecular quantic states. Magnetics cannot effect this change. If magnetics could indeed do so, then homeopathy would be useless. The magnetic interference from a T.V. set or a telephone unit would change the information. Transport of a homeopathic through the magnetic lines of the earth would change the information and nullify homeopathic effectiveness. Homeopathy cannot be transmitted by magnetic action.

Each patient was given either a regular homeopathic or a duplicated remedy. Each patient was also given either a placebo sugar pill, or a pill with 5mg. Narcan (Naloxone). Naloxone is used to block endorphin response and has been found to block the placebo effect in placebo responsive patients. Patient profiles were chosen to exclude those with symptoms of pain as Naloxone can increase pain perception. The test was double blind with neither patient or practitioner knowing which formula was given. Patients were given questionnaires to evaluate the efficacy of the remedy. Results of the effectiveness are shown in the accompanying diagrams.

Results:

The test in both studies show that the duplicated remedy performed significantly lower than the real remedy with the placebo (63% is approximately the predicted placebo effect). The placebo blocking Narcan pill significantly lowered efficacy.

Perhaps the information transfer of mode number 4 (multi-dimensional transfer) could account for the transfer of duplicators, the Narcan with its endorphin blocking action might also block other dimensional information transfer. This could account for a duplicated
remedy's identification with E.A.V. equipment. Even so, the study shows a markedly decreased efficacy with the duplicated remedy. Radionic remedies have no pharmacology, quantic state or polymorphic state; thus, they are not homeopathics and homeopathy is continually blamed for radionic remedies that fail.

1985 DUPLICATION STUDY RESULTS

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---PLACEBO-----DUPLICATED (IMPRINTED)-----REAL HOMEOPATHIC

PLACEBO Group 52%----------------- 65% ------------------- 97%

NARCAN 10%----------------- 14%------------------- 96%

2002 DUPLICATION STUDY RESULTS

-------------------------------
---PLACEBO-----DUPLICATED (IMPRINTED)-----REAL HOMEOPATHIC

PLACEBO group 49%----------------- 64% ------------------- 97%

NARCAN group 9%----------------- 11%------------------- 96%

CONCLUSION to study:

As we can see the effect of the duplicated remedies is similar to the placebo. The Narcan blocks the placebo effect and thus proves the duplicated remedy is placebo. Duplicated remedies do not work as well as real homeopathics.
Real homeopathy is indeed a viable medical therapy that works on many levels (as outlined in the appendix). The duplicated remedy does NOT work as well as real homeopathy. The duplicated remedy does indeed work better than simple placebo. It could indeed be called a super placebo. The power of intention and the mind is indeed profound and should be used in all of medicine. However, to not use real medicine for the sake of profit, convenience, or greed is a major insult to the purpose of medicine.

Fake Homeopathy

From duplicators
POSSIBLE MECHANISMS OF HOMEOPATHIC INFORMATION TRANSFER

Homeopathy is a medical art used for centuries to treat illness. But what are the ways in which a homeopathic can work? At this time, we can speculate on the list below:

1. Pharmacology: Low potency products which in dilute form follow two Basic and simple laws regarding the dilution + potency:
   - Arundt Schultz Law: A very small dose of a poison has reverse effects of the larger megadose, i.e., homeopathic belladonna relieves the redness and dryness that raw belladonna produces
   - Wilder’s Law of Initial Values: As the quantity of substance is proportionately reduced the potent effectiveness can elevate, paradoxically reverse, or reduce depending on the substance itself.

2. Imprinting of a message into the polymorphic structure of the carrier water and alcohol mixture. Here the clath rate structure of water is changed to receive a message transfer this message to a patient. The receptors for this message would be on the cell membrane and be similar to olfactory receptors of the nose. This might explain the ability of strong odors to block homeopathy.

3. Quantic storage of information in the quantic states of the electrons, atoms and molecules of the carrier fluid. This transfer would be disrupted by sunlight, x-ray, or other photon or particle release. Homeopathics are sensitive to the same. Energy is needed for this shift and possibly could be supplied by succussion. (There seems to be a minimum of times a product needs to be succussed, 10 to 15 times.)

4. Liquid crystal effect of the water and alcohol. An electrical trivector field has been discovered that holds the water and alcohol of homeopathy into a shape that cause effects on shape receptors in the human.

5. Storage might take place in dimensions beyond the 1st, 2nd, 3rd, and 4th. Some shift of matter in dimensions 4, 5, and 6 and the subspace of the consciousness of the universe. This might be a possible place for memory storage of a homeopathic. This might explain in the imponderables of homeopathy or the power of energy healing.
In mode number 2, we speak of the memory ability of water and alcohol. This phenomena can be studies through photon scattering tests, nuclear magnetic resonance and simplest of all, freezing. If the water holds a plastic amorphous memory in liquid form as it enters solid form, this shape should have some effects on the ice patterns. A freezer that maintains -5c within 1 degree was used to crystallize the substances.

The homeopathics used were less than 5% alcohol to allow proper freezing. They were put into 1 in. circular 1/8 in. deep trays, then allowed to cool in the refrigerator for 2 hours at +5c before insertion into the freezer at -5c. After 12 hours the disks were frozen and allowed investigation. Patterns would form on the homeopathics. There was indeed some shape transfer even beyond 25x where probabilities of product existing are minuscule. More research is needed to further validate the hypothesis.

Another easy way to measure energetic homeopathics is through Kirlian photography. This involves simply placing the product in a highly charged electrical field over a piece of photographic paper. The electric charge alters the paper, but the homeopathic acts as a prism to direct the charge and each homeopathic produces its own fingerprint or pattern of colors to identify it. These charged particles will be enhanced by the polymorphic shape of the water, the quantic states of the sub-molecular bodies and perhaps by the quasi dimensional memory. It is also interesting to note that so called duplicated remedies show no fingerprint under freezing or Kirlian photography.

CONCLUSION TO FILE:

It should be pointed out that any processing of an herb or other natural product is a SYNthetic process done by man. As such it is important to see that man tries to improve nature and often does not. We should thus try to minimize the SYNthetic processing and try to maximize the natural. With this in mind choose your therapy wisely and honestly. If your duplication is not getting results, then try more natural ones. Follow your heart and diminish greed anger and delusion.
Partial antagonism of placebo analgesia by naloxone

Author links open the overlay panel. Numbers correspond to the affiliation list which can be exposed by using the show more link.

Priscilla Grevert, Leonard H. Albert, Avram Goldstein

Abstract

Thirty subjects were given a placebo (intravenous saline), which was described as a known pain killer, once a week for 3 consecutive weeks. Experimental ischemic arm pain was produced prior to the placebo and again 1 h later. In a double blind procedure, half of the subjects received 10 mg of naloxone after placebo; the remaining subjects received naloxone vehicle. In addition to the placebo session, there were control and naloxone sessions each week to determine the normal changes in pain and the effect of naloxone on the pain, respectively, when no placebo was given.

Significant placebo-induced analgesia was demonstrated, and a group of consistent placebo responders was identified. Although naloxone alone had no effect on the experimental pain, naloxone diminished the analgesic effectiveness of the placebo, suggesting that endogenous opioids are involved in producing placebo-induced analgesia.

A neurological explanation for the placebo effect?

By Tiffany O'Callaghan Aug. 26, 2009

It has been well documented in medical literature that when people believe they are receiving treatment, they will actually experience a reduction in symptoms—even if their “treatment” is an inactive placebo. This is particularly true when it comes to pain reduction, or analgesia; patients who believe they are being given powerful medication for pain will actually experience a drop in discomfort, even if no active pain medication has been administered. Yet what is it about how the brain is wired that causes this effect?

A group of neuroscientists and psychologists from Hamburg, Germany believe that patients’ expectations of pain relief in part cause the brain to produce its own natural painkiller—previous studies have shown that expectation increases the production of endogenous opioids, which are generated in sophisticated frontal parts of the brain associated with pain regulation. Yet, in addition
to this, the researchers found that a more primitive pain processing network was also employed—the opioidergic descending pain control system, which links up to the deeply seated amygdala, hypothalamus and other regions and can inhibit pain processing in the spinal cord, thereby minimizing pain responses in the brain.

In a study published in the August 27 issue of the journal *Neuron*, the researchers recruited 48 men for a three day trial, during which they were given a cream, applied to the forearm. Half of the participants were told that the cream was a painkiller, while the other half weren’t (presumably they thought it was just a moisturizer). On the first day, the subjects were exposed to mild pain stimulation on the region of the arm where the cream had been applied. Each day after, they underwent the same stimulation, but the researchers secretly lowered the intensity. Through all of this, researchers kept track of brain activity using a technique called pharmacological functional magnetic resonance imaging (fMRI).

In addition to the cream, participants were also given an injection—either with a control saline solution, or with the drug naloxone, which has been shown to block the body’s opioids, or painkillers. What they found was, among patients led to believe they’d been given an analgesic cream, there was a marked placebo effect—they reported an average pain reduction of 23% compared with the control group (who, again, actually had the same cream). Yet they also found that, in the group whose pain reduction capacity was blocked by the naloxone—in contrast with those given saline—the placebo effect was much less powerful. Those who received saline experienced a 36% reduction in pain, compared with only a 10% reduction on the naloxone. There was no significant difference among the control group, with or without naloxone.

Throughout the trial, the brain scans showed that, in the placebo group given naloxone, pain reduction responses were dulled in the brain. What’s more, when the placebo effect was evident, the researchers saw connectivity between the brain’s frontal, more sophisticated pain processing hubs and the descending pain control system, which regulates pain processing beginning in the spine. Going forward, they suggest, new research could help reveal just what roles this system plays in other types of pain regulation beyond the placebo effect, perhaps even helping clarify the neurological basis for pain reduction techniques such as hypnosis.
Fig. 1
Theoretical model of issues impacting development of expectancy and how brain outputs may produce a placebo effect.
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Myths of Homeopathy

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There are three fundamental principles:

1. *The Law of Similars or "like cures like."* This is the manner of cure. It means you will be asked a host of unusual questions that will help him or her choose the remedy that is most "similar" to the totality of your symptoms. This means that the psoriasis you came in to get rid of may be only cursorily discussed while other, seemingly less relevant things (like the betrayal or grief you experienced right before your first outbreak) take center stage.
The simplest example of this law is how we get grease off our hands. We clean it with soap, which is little more than fat. The soap removes the grease because it is grease.

In a homeopathic case, it may look like this: A little boy suddenly gets a raging fever with a pounding headache, dilated pupils, bright red cheeks and delirium. The remedy a homeopath would choose (and there would be a couple of contenders) would have to produce those symptoms in a healthy person. By giving the remedy that would generate that particular type of febrile state to a person already in that state, it is theoretically cured.

As a psychotherapist, I think the tendency of trauma victims to unconsciously find themselves in traumatizing situations again and again is a desire to self-heal in some ways... They are searching for the similar agent. Freud was close to this when he talked about the repetition compulsion.

People are often horrified (and not unreasonably) when they engage in unhealthy behavior time and again. They rightly want it to stop. But when it is framed this way and they can see that they have only been seeking resolution, it becomes not only easier to understand but to actually resolve. They feel less guilty with unconscious complicity, less victimized by their pasts and more empowered to move towards change. I've seen this understanding alone start to bring about healing even before a remedy has been delivered.

2. Hering’s Law. This is the road of cure. In simplest terms it refers to the way and the order in which the pathology will be healed. Cure moves from top down, from present to past, and from in to out (from the spiritual-mental-emotional down through the organs from most to least important and finally out to discharge in a benign way, e.g., a runny nose, brief diarrhea, fever, or skin eruption).

3. One remedy at a time. This is the technique of cure and it is an obvious but overlooked wisdom. If multiple remedies are given too frequently and in too rapid a succession (except in extreme and acute situations), the case can be lost. This is even more true with combination remedies (pharmacy concoctions that include multiple remedies, even those that antidote one another).

There is Massive Evidence that low dose Homeopathic combinations work, little evidence for Ultra-High Dilution Sugar pill Homeopathy

The Evidence tells us that the ‘Law of Similars’ only Applies to poisons or near poisons This is an application of the pharmaceutical principle of Arndt-Schultz

Homeopathy is not all Reversal so the ‘Like Treating Like’ is just a small part of Homeopathy

The Evidence shows Homeopaths cling to false beliefs

There is little evidence to make Hering’s observation a law and there is massive evidence that complex homeopathics work so the ‘one remedy at a time’ rule has been proven false

There is evidence that water properly succussed has a memory, little evidence that Ultra High Dilution Homeopathy or sugar pills work

There is evidence that stirred Homeopathics do NOT work and no evidence that Homeopathic duplicators work
There is Massive Conclusive Evidence that muscle testing and point probe testing for remedies does not work.

There is Massive Conclusive Evidence that Placebo Pills work. They are safe and effective.

Homeopathy works pharmaceutically at low dose and through intent at high doses.

The Empirical Evidence is that Allopathy or the Treatment of Symptoms alone is an Illogical and Ineffective way to practice Medicine.

The Empirical Evidence shows that Synthetic Drugs are incompatible with the Human Body and mostly Placate Symptoms rather than Promote Cure.

The rate of iatrogenic Doctor caused Disease has grown dramatically as the percentage of Synthetic drugs are used. Profit over People drives the Drug Companies.

The Drug Companies are trying to take away our freedom of choice and force us to use more and more drugs.

**Misconceptions of Homeopathy**

Let’s take an Open mind look into Homeopathy. Let’s take an Intellectual look, let’s take an Enlightened Mind look into Homeopathy. It seems that homeopathy has developed an incredible emotional antagonism between supporters and detractors. So now with enlightened open minded intellect let’s look into homeopathy.

First we see an idea of the law of similar where as they say “Like Treats Like”. Well where does this happen the most in medicine. Well it happens most and has been proved in Vaccination. Jenner (the father of Vaccination, vaccination coming from the word *vaccina* meaning from the Cow) was a homeopath. He thought that the pustule symptoms milk maidens got from milking a cow could cure the pustule symptoms people got from cow pox. Immunization, vaccination is like treating like. Using a small amount of the natural substance that causes a disease to treat or prevent the disease.

Medical doctor will go wild and scream this is not what they are doing when it is exactly what they are doing. Homeopaths will yell and scream that doctors do not use homeopathy when they do and we start our expose’ of the misconceptions with proof that the emotions of both sides are the problem and that a clarity of intellectual enlightened mind needs to be used to look into homeopathy.

For a full analysis of vaccination please watch our video “SINthetic Drugs, Vaccines + Autism”. This will help both sides see with a bit of clarity. There is medical evidence that he process f like treats like vaccination works. There is danger in the current drug company medical process of vaccination from left over toxicity, and over dosage of micro-organisms. There is evidence supporting use of 6x to 10x homeopathy and no evidence that Ultra-High dilution homeopathic pills work.

Next where do we see medial “like treating like”, well in allergy desensitization. Medical doctors the world over use small bits of an allergen to slowly desensitize an allergic reaction. This is homeopathy. If you watch the allergy movies from IMUNE you will see more about this. And medical doctors and homeopaths will yell and scream it is not. The violent emotions have clouded the minds.
Another place where homeopathy is discussed in medicine is Hormesis. Here a small bit of toxin is used to help stimulate the organism to health.

There is a widely different mindset between these two camps. I have found it is a major difference in decisions. Traditional medical doctors use mathematics and statistical science to make decisions and Homeopaths are math-phobic and they use stories to decide what to use in medicine.

The next misconception is science.

The next major misconception is the core “Like treating Like”.

Most of homeopathy is naturopathy.

The next misconception is ultra-high dilution

The next misconception is pills.

The next misconception is x, c, m or k potencies.

The next misconception is duplicators.

The next misconception is herring’s law of progression of cure

The next misconception is one remedy at a time. Ludicrous.

The next misconception is who are the experts and sources of information. A lack of true intellect, lack of true science, and a math-phobia has held homeopaths back.

The next misconception is homeopathic education.

The next misconception is the base of “first don’t hurt”. Safety versus efficacy, profit versus people, SINthetic drugs versus Natural medicines. These are the true issues.

There is a principle of like treats like in poisons, hormesis, vaccination, allergy desensitization. Etc

There is a very good benefit in a true total analysis of the operationalization of the patient.

There is a good use for diluted herbals. And a good benefit for lifestyle behavior medicine.

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**Myths of homeopathy- examples of remedies with the same Homeopathic indications of use as the herbal**

**Euphrasia officinalis  homeo**

Manifests itself in inflaming the conjunctival membrane especially, producing profuse lachrymation. Patient is better in open air. Catarrhal affections of mucous membranes especially of eyes and nose. Profuse ACRID lachrymation and bland coryza; worse, evening. Hawking up of offensive mucus.

Catarrh

Herbal
This plant has a long history of use for eye problems, hence the name of Eyebright. When used appropriately, eyebright will reduce inflammation in the eye caused by blepharitis (inflammation of the eyelash follicles) and conjunctivitis (inflammation or infection of the membrane lining the eyelids). It can be used as an eye wash, as eye drops, or plant infusions taken internally for ophthalmic use.

It is used as an anti-inflammatory for hay fever, sinusitis, upper respiratory tract infections, and catarrh (inflammation of the mucous membranes). As an astringent, it is used for dry congestion. There is an herbal smoking mix of the dried herb that is used for bronchial colds. It also can be used for seasonal allergies and other nasal irritations.

Test

Caulophyllum homeo

The homeopathic medication caulophyllum may be described as a women’s medication and is prescribed solely for treating symptoms in women who have a tendency to be restive, nervous as well as those who suffer from sleep disorders or insomnia when they drink excessive amounts of coffee. In extreme situations, such patients may not be in a condition to speak. In homeopathy, caulophyllum is primarily used to treat complaints of the uterus, for instance profuse bleeding as well as absence of a tone in the muscles of the uterus. Some women may have inconsistent or totally missing uterine muscle action during their menstruation periods or after labor. They may also experience internal tremors. In such cases, turning to the homeopathic remedy caulophyllum not only helps

Herbal

Of caulophyllum, Rafinesque states that "as a powerful emmenagogue it promotes delivery, menstruation, and dropsical discharges," and that "it was employed by the Indians and their imitators for rheumatism, dropsy, colic, sore throat, cramp, hiccough, epilepsy, hysteric, inflammation of the uterus, etc." Prof. King first employed blue cohosh for its beneficial influence on abnormities of the mucous tissues, using it for aphthous stomatitis in decoction, alone or combined with hydrastis. Prof. Scudder believed that this agent exerted its influence through the hypogastric plexus, thus affecting the circulation, nutrition, and functions of the reproductive apparatus.

Blue cohosh is reputed antispasmodic, emmenagogue, and parturiferous, besides being diuretic, diaphoretic, and expectorant. Its use as a parturient originated in the custom of the Indian squaws of employing a decoction of the root for 2 or 3 weeks previous to labor to facilitate child-birth. This became known to the whites through Smith’s publication. There is no doubt but that caulophyllum has a decided action upon the gravid uterus. During labor it relieves false pains and coordinates muscular contractions, at the same time increasing their power. Like macrotys, it is a better oxytocic than ergot. Unlike the latter agent it stimulates normal contraction instead of inducing spasmodic uterine action. It is most valuable in those cases where delay is due to debility, fatigue, or lack of uterine nervous energy, and for deficient contractions where the tissues feel full, as if congested. As a partus praeparator, blue cohosh has enjoyed a well-merited reputation. When used by delicate women, or those who experience prolonged and painful labors, for several weeks previous to confinement, it gives tone and vigor to all the parts engaged in the accouchement, facilitating its progress, and relieving much suffering. Prof. Hale testifies that women who have taken caulophyllum previous to confinement, have overrun their time from 10 to 12 days, but all had very easy labors and made good recoveries. It is a good remedy for after-pains, especially when spasmodic in character. Caulophyllin
has also been used for this purpose. It is a remedy for hour-glass contraction and for spurious labor-pains. Blue cohosh acts as an antiabortive by relieving the irritation upon which the trouble depends. King states that for this purpose it is fully equal to viburnum.

As an antispasmodic it has been employed in chorea and epilepsy due to diseased states of the sexual organs, but with varying results. It is better suited for spasmodic intestinal affections, as flatulent and spasmodic colic, and cramps. It is not without value in obstinate singultus. Its antispasmodic effects are permanent.

Cimicafuga homeo

Has a wide action upon the cerebrospinal and muscular system, as well as upon the uterus and ovaries. Especially useful in rheumatic, nervous subjects with ovarian irritation, uterine cramps and heavy limbs. Its muscular and crampy pains, primarily of neurotic origin, occurring in nearly every part of the body, are characteristic. Agitation and pain indicate it. Pains like electric shocks here and there. Migraine. Symptoms referable to the pelvic organs prominent. "It lessens the frequency and force of the pulse soothes pain and allays irritability.

Herbal

- **HORMONE BALANCING** - Black Cohosh is one of the main herbs recommended in Germany for menopause, PMS and secondary amenorrhea. As a woman approaches menopause, the signals between the ovaries and the pituitary gland diminishes, slowing down oestrogen production and increasing lutenising hormone (LH) secretions. This hormonal shift results in many of the unpleasant symptoms such as hot flushes, depression, joint pain, nervousness etc. Clinical studies from Germany have demonstrated that an extract of Black Cohosh decreases lutenising hormone (LH) secretions in menopausal women. Hot flushes seem to be the most physical evidence of these hormonal changes. The isoflavone, Formononetin, is a key constituent in the herb that has been shown in studies to bind to oestrogen receptor sites. Another phytochemical, cimicifugoside, is believed to affect the hypothalamus-pituitary system. Research results indicate that black cohosh is a suitable natural alternative/adjunct to conventional menopause remedies, with improvements being noted in both physical and psychological symptoms.

- **OSTEOPOROSIS** - A recent study suggests Black Cohosh may protect against osteoporosis. It is likely that the isoflavone content along with other phytochemical interaction assist with hormonal balance. In addition, best results are likely to be achieved through increasing exercise levels and improvements in the diet e.g. more soya, fruits, vegetables, water, EFAs and reductions in caffeine, sugar and acid forming foods.

- **PRE-MENSTRUAL SYNDROME** - There have been many positive reports from Europe regarding the use of black cohosh for PMS, mostly due to its effects as a hormone balancer. In many cases of PMS the combination of Black Cohosh with Chasteberry (Agnus Castus) often results in greater improvements. Painful menstruation (dysmenorrhoea) and uterine spasms may also be relieved by the use of Black Cohosh.
Homeopathy works – Click the next pic to see the evidence

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An Enlightened Mind Looks into Homeopathy

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Misconceptions of Homeopathy

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"Extra Ordinary Claims Need Extra Ordinary Evidence"

"We at ASK Agree Carl"

Carl Sagan

Desire 'Tobound

...something incredible is waiting to be known.

https://www.facebook.com/groups/askandreveal/
the Homeopathy debate has Small Minds on Both Sides
We don't See, Hear or Say any Reason to listen to Logic or Reason. Nothing you can do can change us

Medical Doctors who hate Homeopathy

We don't See, Hear or Say any Reason to listen to Logic or Reason. Nothing you can do can change us

HOMEOPATHIC DOCTORS
Homeopathy Works
But it needs to Replace
the Myths with the Facts

There is a scientific explanation for homeopathy, but most homeopaths cannot understand the science. Hahnemann started homeopathy with smelling the substance. Then water, a liquid crystal was found to hold a shape of the energy, if there is periodic succussion. Succussion transfers the shape during dilution. The shape of the water can act on the shape receptors in the Nasal Pharynx to produce the homeopathic effect. This can all be explained scientifically in the works of Desire’ Duboumet.

The Arndt-Schultz Pharmacology Law of Poisons Reversing Action When Diluted, proves Hormesis and proves Homeopathy using diluted toxic substances. If not a poison Wilder’s Law of Dilution shows that most of Homeopathy is diluted herbal therapy and not reversal.

Homeopathy is NOT ALL Like Treating Like.

All things are combinations of complexity. Most Homeopathy used today is Combinations. There are 5000 homeopathic singualrs, 7 billion people, so 1 remedy for every 2 million people, is just not individualization. The intellectual faults behind singular homeopath’s argument has made Homeopathy a laughing stock. It is time to bring Science to Homeopathy.

The Sugar Pills are Intention Placebo Medicine and not Pharmacology. Homeopathy has a legal history, pharmacological basis, scientific explanation, and intellectual foundation and if we cut through the mass of Myths and Misconceptions we can save Homeopathy and help people.
Homeopathy Works
and it has a basis in
Traditional Pharmacology

The Pharmacology art of Hormesis proves Homeopathy’s use of toxic substances for reversal of action, known as Isode Homeopathy. This also proves Nosode Homeopathy (using diseased or disease causing tissue or organism).

Nosode Homeopathy is the same as Vaccination.

-----Let’s Repeat-----

Vaccination is an example of Homeopathy Principles.

Herbal Pharmacology and Pharmacology’s Law of Initial Values validates using Dilute herbs in most of Classical Homeopathy.

This also proves the use of dilute Hormones from endocrine organs, known as Sarcode Homeopathy.

Allergy Desensitization using dilute substances proves Allersode Homeopathy.

Reverse Psychology, Intention Medicine, Imponderables, and Emotive Homeopathy all are other forms with scientific explanations of safety and efficacy.

THERE IS MASSIVE EVIDENCE FOR HOMEOPATHY
Homeopathy has been proven scientifically and published in peer reviewed journals for over 20 years.

Very Few Homeopaths can read or understand this in any fashion.

Homeopathy is not destroyed by freezing. It's destroyed above 60 degrees C.

The 2004 Nobel Prize in Physiology + Medicine

The sense of smell is a process of voltammetry.

Over 4% of the human genome is dedicated to the olfaction, or smell link to the brain.
So we have offered you proof that Homeopathy works, and we have also shown that there is confusion and misrepresentation in Homeopathy. To move forward we need to take a much more scientific look into homeopathy and embrace science. Perhaps we have posed more questions than we have answered, time will tell. Thanks to You the readers
The International Medical University of Natural Education IMUNE who sponsors the International Journal of the Medical Science of Homeopathy and Natural Medicine wishes to invite all and any to attend our yearly world congress on medicine. If you would like to present material please send us a proposal. Please send us studies, letters, comments, articles, photos, testimonials, or stories for us to consider for publication.

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Every year Prof. Desire’ Dubounet invites you to the “QX World Conference” in the beautiful European city of Budapest, Hungary. Prof. Dubounet and her office staff, The Budapest Home Office, are the creator and manufacturer of the universal electrophysiological biofeedback system, the Eductor. Prof. Desire’ and her staff are living and working out of Budapest and this is a chance to meet them as well as numerous other Trainers and Speakers from around the world covering various topics connected to the device.

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Brad Victor Johnson
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