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SWINEFLU

Over the last months homeopaths all over the world have been busy treating people with suspected or diagnosed swine flu and dispensing prophylactic flu remedies, such as Influenzinum and Oscillococcinum.

Some of our opponents have been “outraged” that we do this, claiming that we are endangering people’s lives. Some have even called us murderers practising witchcraft. Well, here are some facts:

- To date no death or negative effects have been reported in patients of homeopathy treated for influenza, or having received prophylactic influenza remedies. If anybody can provide us with evidence to the contrary, please contact us with exact details.
- **Last Swine flu outbreak:** In February 1976, an outbreak of swine flu struck Fort Dix Army base in New Jersey, killing a 19-year-old private and infecting hundreds of soldiers. Concerned that the U.S. was on the verge of a devastating epidemic, President Gerald Ford ordered a nationwide vaccination program at a cost of \$135 million (some \$500 million in today’s money). Within weeks, reports surfaced of people developing Guillain-Barré syndrome, a paralyzing nerve disease that can be caused by the vaccine. By April, more than 30 people had died of the condition. Facing protests, federal officials abruptly cancelled the program on Dec. 16. The epidemic failed to materialize. (Source: Time Online, 27 April 2009; see also Diana B Dutton, *Worse Than The Disease* (Cambridge, 1988), pp. 127-173)
- There is good research showing that homeopathic flu remedies are effective:

Homeopathic remedies are commonly used in the treatment of influenza all over the world. Since 1971 there have been 15 published research trials investigating the prevention and the treatment of influenza with homeopathy. Of the eight trials that investigated prevention of flu, half demonstrated a positive beneficial effect from the homeopathic treatment. Of the seven trials that investigated the treatment of influenza with homeopathy, five clearly demonstrated a beneficial effect from the homeopathic treatment; the other two trials produced inconclusive results. Deans, E M., (2004) 'The trials of homeopathy'

Three of the studies investigating the treatment of influenza were relatively large in

the number of participants (487 patients, 300 patients, and 372 patients), and all were multi-centered placebo-controlled and double-blind (two of the three trials were also randomised). Each of these trials demonstrated statistically significant results.

Casanova, P, Gerard R. (1992) Bilan de 3 annees d'etudes randomisees multicentriques Oscillocoquinum/placebo. Oscillocoquinum-rassegna della letteratura internazionale. Milan : Laboratoires Boiron; 11-16.

J.P. Ferley, D. Zmirou, D. D'Admehar, et al., (1989) "A Controlled Evaluation of a Homeopathic Preparation in the Treatment of Influenza-like Syndrome, British Journal of Clinical Pharmacology,27:329-35.

Papp R, Schuback G, Beck E et al, (1998) Oscillocoquinum in Patients with Influenza-like Syndromes: A Placebo Controlled Double-blind Evaluation, British Homeopathic Journal 87:69-76.

It is generally accepted that the weight of evidence favours the efficacy of homeopathy in the treatment of influenza. Mathie (2003) The research evidence base for homeopathy: a fresh assessment of the literature Homeopathy 92, 84-91

For the current Swine flu vaccine debate, we found the following articles and websites useful:

- For a detailed information of the forthcoming Swine flu vaccines read "The vaccines far more deadly than the swine flu; mass vaccinations a recipe for disaster" by Dr. Mae-Wan Ho and Prof. Joe Cummins; **Institute of Science in Society**. The report has been submitted to Sir Liam Donaldson, Chief Medical Officer of the UK, and to the US Food and Drugs Administration.

- <http://www.i-sis.org.uk/fastTrackSwineFluVaccineUnderFire.php>

- **WAVE (World Association for Vaccine Education)**

- <http://www.novaccine.com>

With detailed information about all vaccines categories and brands of vaccines; also risks; effectiveness/ ineffectiveness; vaccine ingredients etc.

- **Medical Voices Vaccine Information Centre** <http://mvvic.org/en/about.html>

The main website is still partly under construction

- **Want to know.info** website <http://www.wanttoknow.info/aboutus> : "This website provides a concise, reliable introduction to vital information of which few are aware. We specialize in providing fact-filled news articles and concise summaries of major cover-ups which impact our lives and world. All information is taken from the most reliable sources available and can be verified using the links provided. Sources are always noted, with links direct to the information source provided when possible. The WantToKnow.info team presents this information as an opportunity for you to educate yourself and others, and to inspire us to strengthen democracy and to work together for the good of all." Their Swine flu page is: http://www.wanttoknow.info/health/vaccines_swine_flu_mandatory

- **The Alliance for Natural Health** <http://www.anhcampaign.org> also have very thoroughly researched information on their site.

Fraud in Medicine

Interesting to read is the following article by Dr. Steve Hickey and Dr. Robert Verkerk , recently published on the Alliance for Natural Health website <http://www.anhcampaign.org>

Scientific fraud in medicine: More than "a few bad apples"

“There is something rotten at the heart of modern medicine. A study just out by Dr Daniele Fanelli at the University of Edinburgh reminds us of this problem. Fanelli’s specific interest is objectivity, which is not a bad starting point for exploring fraud or bias in science.

Most people are aware of conflicting reports coming from clinical studies. One week, it seems, coffee is carcinogenic, while the following week it has no effect on cancer but helps prevent Alzheimer’s disease. The inconsistency of modern clinical and epidemiological research causes people to mistrust medicine. It might not be long before the phrase *"would you buy a used car from that person?"* is complemented by *"that’s about as convincing as an epidemiologist"*. Surprisingly, many mathematicians and decision scientists agree with this popular perception.”

The article ends:

“Worse than this, Fanelli shows us that misconduct is more prevalent in clinical, medical, and pharmaceutical research — the very area that "gold standard" clinical evidence is held in such high repute. This misconduct is a consequence of the large financial interests in studies of drugs and other treatments. A minor change in the percentage of people benefiting from a treatment in a study could affect billions of dollars in future sales. We know that most of these clinical studies are reporting false and misleading results from statistical considerations alone. We need to add a specific bias from fraud and data manipulation. When deliberate deception is included, we conclude that modern "evidence-based" medicine needs a health warning.”

To read the whole article, follow this [link](#).

Although the above research was looking into orthodox medicine, there is no reason why we should believe that similar fraud cannot also happen in alternative medicine. What this tells us, therefore, is to be extremely wary of any scientific assurances given to us when it comes to our own health and that of our families. Find information sources that you can trust, ask questions, get different opinions!

Cherry picking and selective inattention

The *British Medical Journal (BMJ)* recently published an article by the Editor on the British Chiropractic Association’s libel case against Simon Singh, supportive of the

latter's campaign. In the *Rapid Response* comments, William Alderson (of H:MC21) had two responses published online (2,3) before the thread closed. The article below is based on the unpublished reply to some of those reacting to his contributions.

Simon J Baker remarks that "This thread seems to have become colonised by homeopaths", (4) but, taking into account the fact that one of those homeopaths is also a writer and scientist, the breakdown of contributors (with number of contributions) is as follows: 8 academics (=15), 5 NHS practitioners (=8), 3 homeopaths (=10), 3 writers (=9), 3 retired people (=3), 1 clinical science consultant (=3), 1 vet (=2) and 1 software engineer (=1). I think that this represents a good spread of sources of opinion, although to my mind it is too heavily weighted against practitioners and towards academics, writers and others. In the wider world, it seems also to be the case that the debate about CAM is being driven by academics and writers rather than by practitioners. (5,6,7,8)

The high profile the homeopaths play in Baker's perception actually arises out of the fact that they are the ones on the other side of the debate. Perhaps he prefers a debate with only one side, but it is the presence of opposing views which should compel people to look at the issues. However, Baker's references to "well-controlled trials", "clinical observation" and "placebo responses" do not respond to the points I made, but totally ignore them. Similarly, Edzard Ernst alleges that I criticised his research, (9) when I actually criticised his USE of research and pointed out the discrepancy between that use and the claims he made for "an unparalleled level of rigour, authority and independence." (10) In such a context Hywel Thomas's comment that "there [are] plenty of clever and/or eloquent people wasting time debating this" is absolutely true. (11) However, they are debating it because they believe in science and respect it, and do not wish to see it dragged into disrepute.

Let me take an example. It will be a homeopathic one again, because that is a field in which I am competent. Baker believes in the "well-controlled trial", as do Ernst and Singh, but this is not the same as a well-designed trial, and there are at least 11 factors which can affect the ability of a trial of homeopathy to distinguish between the verum and placebo effects. (12) Indeed, the fact that any trials of homeopathy are positive in the face of some simplistic attitudes towards these issues, (13) is a remarkable testament to the therapy's effectiveness. Furthermore, this can explain the discrepancy between RCT results and clinical outcome studies, such as the BristolHomeopathicHospital study. (14,15) Put simply, if not enough attention is given to scientifically justified protocols for RCTs, the results will be useless and contradict clinical observation. Because of such a lack of attention to important details, homeopathy is not "being investigated to death", (11) as Thomas puts it, but is being misrepresented to death.

What homeopaths and other CAM practitioners are concerned about, is the all-too-willing acceptance that "The likes of Ernst and Singh, of course, must act as a defence against all this nonsense." (11) When "trained scientists" (10) need to redefine science in their defence; (16) when they need to define their topic of study

in four incompatible ways; (17,18) when they fail to define the most crucial terms in their argument; (19) then they are a threat to the good name of science. The sooner such practices are exposed, therefore, the better. Whilst the libel court may be a harsh arena, Singh has only to convince a judge and jury; unscientific criticism of CAM ultimately faces the unswayable judgement of reality.

- (1) Fiona Godlee, 'Keep libel laws out of science', *BMJ*, 339 (2009), b2783 available at <http://www.bmj.com/cgi/content/full/339/jul08_4/b2783>.
- (2) William Alderson, 'Re: Cherry picking? – Side-splitting', *BMJ Rapid Response* at <http://www.bmj.com/cgi/eletters/339/jul08_4/b2783#217577>.
- (3) William Alderson, 'We need not scholarly language but scientifically defined terms', *BMJ Rapid Response* at <http://www.bmj.com/cgi/eletters/339/jul08_4/b2783#217596>.
- (4) Simon J Baker, 'Re: Literature reviews and meta-analysis in homeopathy', *BMJ Rapid Response* at <http://www.bmj.com/cgi/eletters/339/jul08_4/b2783#217651>.
- (5) Letter to PCTs from Professor Michael Baum and others, 19th May 2006.
- (6) Letter to PCTs from Professor Gustav Born and others, 21st May 2007.
- (7) Simon Singh and Edzard Ernst, *Trick or Treatment? Alternative medicine on trial* (London: Bantam Press, 2008).
- (8) Ben Goldacre, 'Benefits and risks of homoeopathy', *The Lancet* at: <<http://www.thelancet.com/journals/lancet/article/PIIS0140673607617061/fulltext>> and in his 'Bad Science' column in *The Guardian*.
- (9) Edzard Ernst, 'Re: Re: Cherry picking? - Side-splitting!', *BMJ Rapid Response* at <http://www.bmj.com/cgi/eletters/339/jul08_4/b2783#217724>.
- (10) Singh and Ernst, 2008, p. 3.
- (11) Hywel Thomas, 'This all seems like a terrible waste of intellect', *BMJ Rapid Response* at <http://www.bmj.com/cgi/eletters/339/jul08_4/b2783#217785>.
- (12) William Alderson, *Halloween Science: The truth about Trick or Treatment?* by Simon Singh and Edzard Ernst (Stoke Ferry: Homeopathy: Medicine for the 21st Century, 2009), pp. 57-62, available at <<http://www.hmc21.org>>.
- (13) Singh and Ernst, 2008, p. 129.
- (14) David S. Spence, Elizabetha. Thompson, and S.J. Barron, 'Homeopathic Treatment for Chronic Disease: A 6- Year, University-Hospital Outpatient Observational Study', *JACM*, 11 (2005) 793-798.
- (15) Alderson, 2009, pp. 62-64.
- (16) Alderson, 2009, pp. 7-11.
- (17) Singh and Ernst, 2008, pp. 1, 147, 197 and 287.
- (18) Alderson, 2009, pp. 9-11, 74-75, 83-84, 124-126.
- (19) Alderson, 2009, pp. 16-17.

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CAMEXPO 2009

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www.camexpo.co.uk.

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And if you do make use of this offer, what about donating the difference to our campaign? You can do so even now by using the PayPal link above. Thank you!

Large Homoeopathic Medical Health and Education Centre in INDIA

This [link](#) will take you to a short video taken in Miyagam near Vadodara in the State of Gujarat, India, where "an up-to-date 50-bed hospital in the Homoeopathic Medical Complex is shaping up. This is an area where almost 99 villages do not have any medical facility worth the name. The area is socio-economically backward and a virtual haven of respiratory illness, an occupational hazard due to the cotton

industry. Here, the Dr. M. L. Dhawale Memorial Homoeopathic Institute along with Homoeopathic Educational and Charitable Trust has started the Smt. Malini Kishor Sanghvi Medical Complex on 22nd August 2004.”

Homoeopathic Services: The clinic, which runs daily, is attended by a team of three to four doctors trained in the standardized system of homoeopathic care. The cases range from cold & cough to HIV and other advanced pathologies such as rheumatoid arthritis, tuberculosis, diabetes, etc.

The centre has a radiology and a pathology department; out-patients departments in general medicine paediatrics, gynaecology, diabetes, orthopedics, psychiatry & neurology, and rural health; a rural mobile health unit and also runs health awareness programmes.

“Moves are afoot to establish an international homoeopathic educational complex. The first step has already been taken with an application for a 100-seat homoeopathic college submitted to the State government, which was approved.”

Congratulations to our Indian colleagues for this great achievement!

That's it for this month.

With a big thank you for all your support and your many enthusiastic emails