

## EDITORIAL

COVID-19 and the resulting stay-at-home orders have led to momentous changes in the way people work and communicate. Video conferencing platforms such as Microsoft Teams or Zoom have seen a massive increase in subscribers. In December 2019 Zoom had 10 million daily users and, by April 2020, that had risen to 300 million.

Although video conferencing is valuable when direct personal contact is restricted, the social dynamic in virtual meetings changes, and for some this has been challenging.

'Zoom fatigue', a feeling of mental and physical exhaustion, is now an acknowledged phenomenon. It is related to constant, close-up, interrogation-like eye contact even if you are not speaking or being addressed; images of others appear enormous and too close, violating our sense of personal space. This can trigger physiological states associated with high alert and fight-or-flight. Seeing one's own image can also make users extremely self-aware which in turn can lead to self-esteem problems.

Focusing on several faces and various backgrounds at the same time, together with the use of the chat function can also lead to information overload.

That said, the adoption of video services has been useful for businesses, and for many individuals it has been a lifeline, offering a way out of total isolation.

The last weekend of this year's lockdown was brightened up by the ARH 20th anniversary two-day conference. As last year's conference was cancelled, we were all hungry to extend our knowledge and 'meet' colleagues and friends. Our first virtual conference, with much preparation behind the scenes, worked well; it drew first-class speakers and attendees from further afield than usual, and the platform created an immersive experience. The wide-ranging topics had something for everyone.

The Oxford Real Farming Conference (ORFC), organised by Whole Health Agriculture, went online and global too. Karen Seyersted fills us in on the topics discussed and the exciting studies being conducted, and how the conference provided a showcase for the potential of homeopathy and other CAMs in the treatment of livestock to an international audience.

Now that lockdowns are a thing of the past (we hope), will we connect again in the way we used to? We've been promised that vaccination is the key to reintroducing 'normality' and reopening society.

Vaccination, however, most certainly won't be the answer to everything. In part one of his article, Yubraj Sharma investigates the adverse effects listed on the Yellow Card system (most likely to be under-reported) – ranging from expected minor injection site reactions and short-term flu-like symptoms to severe reactions needing urgent medical attention. His focus is on thrombosis. He hopes that, in the long run, more integrative medical approaches will be adopted alongside conventional medical care. But this is not the end of the discussion.

Lionel Milgrom has a scientific and a homeopathic heart which are in dialogue. He recognises that scientific conclusions are fluid and can be overridden by new insights at any time. In this article – originally planned as a book review of DA Johnson's book on the homeopathic Periodic Table – his 'two hearts' are in dialogue about the interpretation of the Periodic Table. He finds compelling parallels between the nature of the elements of the Periodic Table and the personality of the equivalent homeopathic remedies, and concludes that there could be more to an element's chemical and homeopathic properties than a transient metaphorical relationship.

Peter Morrell, after a brief look at the history of chemistry, indicates when many minerals, acids, metals, salts, poisons were introduced into medicine. Hahnemann originally followed this mainstream tradition used by other physicians at the time, before he realised that multiple drugs in crude doses didn't acknowledge the idiosyncrasy of each case and also suppressed symptoms. Treatment should therefore be individualised and based on symptom totality, with small doses given in order to be curative.

Chelsea Green investigates the ANH website whose vision it is for all individuals to be 'able to enjoy their fundamental rights and freedom to choose natural health ... without interference by governments or corporations'. There is a plethora of information on the website to empower users to take responsibility for their own health.

If we can believe Noj Eel, who time-travelled to 2055, there is hope for humanity: blind belief in media / financial / military control and mainstream religion will be a thing of the past and be replaced by agreement through common sense; healthcare will have undergone a complete change and people will take responsibility for their own health.

Some hopes ...!  
Sabine Wolff-Counihan



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# Following the science

by Karin Mont



Karin Mont,  
MARH, ARH Chair

Over the past 18 months we have witnessed societal upheaval across the globe, on a scale usually only encountered during wartime. The relentlessly repeated messages of gloom and doom relayed by the mainstream media have left swathes of the population feeling anxious, confused and uncertain. Gradually and insidiously, the unfolding narrative has dragged many into a scary place, from where there seems no escape.

Whether the deliberate machinations of the powers-that-be have taken us here, or incompetence has combined with unforeseen circumstances to create a crisis, makes little difference. We are where we are and, if we want to move forward into a healthier, kinder and more compassionate world, we need to understand how we achieved this state of dissonance. One of the primary contributory factors to our current dilemma is the deification of science; we are led to believe that only science can resolve the world's ills, so we must follow 'the science' without question. But there is one vital question: there are countless variations on the theme of science, so whose, or which, science should we follow?

Science is neither fixed nor static. Even the most fiercely defended scientific doctrines can be subject to change, as new information or a new perspective supersedes the original hypothesis. In the current circumstances, where the world has collectively chosen to turn a novel virus, SARS-Cov-2, into the COVID-19 pandemic, we are in uncharted waters.

To some extent, the science is developing as we learn more about the pathogenesis of SARS-Cov-2, but we now have to factor in an added layer of dis-ease, this time caused directly by the strategies used by most countries in their efforts to 'control' the virus. This additional layer is psychological rather than physiological; it comprises the generation of a number of highly corrosive emotions in people who have been, or continue to be, deprived of most of their basic freedoms, combined with the never-ending barrage of negative news reportage. These potentially destructive emotions include fear and despair, states of mind known to lower immune resistance, and increase susceptibility to disease. Science may be good at the observation, collation and analysis of big data, but it has a very poor track record when it comes to considering, or predicting, the human response to a given situation. Also, a lot of information masquerading as science is either of poor quality, contains significant flaws, or demonstrates systematic bias.

Politicians across the globe justified their response and reactions to the outbreak of COVID-19, by claiming to be 'following the science'. Science has been used as a reason to deny millions their right to mix with and support their families, their right to leave their homes, their right to meet with others, their right to work, and their right to worship. The sick and dying

have been denied access to their families and loved ones, and children have had to endure an extended period of educational disruption, all in an atmosphere of fear and confusion, because politicians and other decision makers were 'following the science'.

Now the UK Government has fallen in line with countries such as the USA, China, Japan, Israel, France, Italy and other European countries, to offer COVID-19 vaccines to all children aged 12 and over. This does seem to be crossing a line, given that an increasing number of doctors and scientists have described the vaccine rollout as a mass experiment, the consequences of which are yet to be ascertained. Furthermore, in most countries the various COVID-19 vaccines have been approved for emergency use only, which suggests that even medicines regulators have concerns, or are certainly unclear, about the long-term safety of a novel intervention which uses gene-edited material as its active ingredient. The whole vaccine programme is fundamentally a phase three trial, and the inclusion of children in this global experiment effectively nullifies the concept of informed consent.

In fact, the science behind reaching the radical decision to vaccinate children, a group statistically at very low risk of being adversely affected by COVID-19, seems rather vague; the Joint Committee on Vaccine and Immunisation (JCVI) stated that the health benefits of vaccinating 12-15 year-olds were 'marginally greater than the potential known harms' of contracting COVID-19, but went on to acknowledge that 'there is considerable uncertainty regarding the magnitude of the potential harms' of the vaccine for this age group. The JCVI's recommendation was to only vaccinate vulnerable individuals in this age-cohort.

The argument used by Chief Medical Officer Chris Whitty and colleagues to counter this advice, was that giving children of this age group a single dose of the Pfizer vaccine would reduce the risk of transmission and further disruption in schools. That theory may be correct, but we have no way of knowing. Gene-edited vaccines are a new development, and we have no information or data relating to their actual (as opposed to theoretical) long-term effect on human health. This decision has little to do with fact-based, objective science.

Much of the information used to drive the global response to COVID-19 is at best dubious and, at worst, misleading. We know that computer modelling is only as reliable as the data used to scope out a particular scenario and the original data can, indeed often does, contain an inherent bias.

We also know that COVID-19 statistics are notoriously unreliable because virtually all countries use an overly sensitive testing system to 'diagnose' cases in the first place, and different countries use different metrics to determine the infection fatality rate (IFR). Just because someone dies following a diagnosis of

COVID-19, doesn't mean they died *of* COVID-19, a fact often ignored. Infection fatality rates according to the World Health Organization (WHO), are just 0.2%, so it is very difficult to understand why so many countries, most especially those claiming to adhere to the principles of democracy, have chosen to deny their citizens so many of their basic freedoms, in an attempt to control a relatively mild virus.

If the science supporting COVID-19 restrictions is in short supply, the logic seems non-existent. We are told that the vaccines are effective, yet care and health-workers are being mandated to have the vaccines in order to protect the old and vulnerable, most of whom are already vaccinated. If the vaccine works, why do the unvaccinated have to be vaccinated – surely the unvaccinated are a 'danger' only to themselves? Likewise, vaccine passports are an irrelevance to the vaccinated, assuming the vaccine works. Conversely, if the vaccine is ineffective, it isn't going to protect anyone, which would leave the vulnerable still vulnerable, and vaccine passports worthless.

The effectiveness of the COVID-19 vaccines is a matter of considerable debate. Dissenting views are often censored, and kept well away from public knowledge, for now. However, it will not be possible to conceal the actual facts indefinitely, and the passing of time will provide us with a more accurate picture of what is happening in the real world, as opposed to the hypothetical world of the pharmaceutical industry's laboratories.

We already know that the vaccines do not prevent people from contracting COVID-19, or from transmitting the disease. This is clearly unwelcome information, which is generally played down by the media. In fact we are now being led to believe that, although the vaccines may not prevent you from getting COVID-19, they will prevent you from getting it badly. **How do they know that – where is the scientific evidence to support that claim?** The fact is, they don't know! Nobody can know or predict how an individual will react to a particular health challenge, irrespective of their vaccine status. To imply that it is a known fact that the COVID-19 vaccines can stop you from getting serious COVID-19 symptoms is at best someone's opinion and, at worst, a highly misleading claim.

It is hard to understand how whole swathes of society have been, and continue to be, misled by a combination of poor science and lack of logic. But if we place the 'pandemic' into a historical context, it seems clear that we are currently witnessing a phenomenon that Carl Gustav Jung referred to as a 'mass psychosis' – this is where a large portion of society loses touch with reality. People buy into a carefully crafted narrative that is driven by fear, panic and confusion.

This scenario is already tried and tested, and works well as part of broader propaganda campaign. A state of mass psychosis often occurs during times of war, when the threat posed by the alleged enemy is used to transform ordinary, peaceful people into killing machines. We also see examples of mass psychosis in totalitarian states, where constantly repeated negative messaging is used to keep the population in a state of perpetual anxiety and uncertainty. This is an effective way to ensure compliance and reinforce the status quo.

If this description of a mass psychosis is beginning to sound rather familiar, that is because we are

experiencing something very similar now, as the global COVID-19 crisis unravels, and most of the population are totally unaware of how they have been (and continue to be) manipulated.

If we want to solve a problem, we first have to identify the nature of the problem. We also need to accept some responsibility for what is happening, because long before the creation of this COVID-19 crisis, we allowed social media, smartphones, the internet and the print media, to satiate our lives with an increasingly sensationalist, hysterical account of evolving events.

In fact, we have provided digital media with so much influence that we can now be censored by the simple application of an algorithm. Even those of us who think we live in a free, autonomous society, are now controlled by whichever narrative the media chooses to broadcast. It is not always easy to determine if the media is following the dictates of governments, or if governments are being led by the media but, either way, we need to deal with the current situation, and find a sensible, constructive way forward. One country has already demonstrated what can be achieved through logical and caring planning.

Throughout the COVID-19 crisis, Sweden has dared to be different. Rather than following the incomplete or questionable science, they chose to take a pragmatic approach, based on common sense and trust. They trusted their citizens to do the right thing for the right reason, and to act responsibly to protect the frail and vulnerable. Recognising that you can't stop a virus from running its course, Sweden did not impose any lockdowns, mask-wearing was not compulsory, and most businesses and schools have remained open. When the vaccine rollout started, COVID-19 vaccinations were (and still are) voluntary in Sweden, and there is no attempt to underestimate the potential for adverse reactions to occur post-vaccination. Before consenting to being vaccinated, citizens are encouraged to study the manufacturers' documentation, which has to list all known serious side-effects.

Sweden was castigated for its approach at the time, and accused of making a dangerous experiment which was bound to cause unnecessary death and suffering. But that isn't what happened. If you look at the one constant metric which can be applied to all countries, the 'all-cause mortality' (the total number of people that die from all causes in any year), Sweden's figures make interesting reading: All-cause mortality in 2019-2020 was slightly above average, but 26% of those deaths were in the 90-years-old-and-over age group. So far, the figures for 2020-2021 are unchanged from previous years. The conclusion is that in Sweden, there have not actually been that many deaths from COVID-19, but a lot of people who were at high risk of dying anyway, have died *with* COVID-19. We can all learn from Sweden's courageous example.

As homeopaths, with our holistic perspective of health and disease, we know we have the tools at hand to support our patients through these uncertain times, and we also have a broad understanding of what we need to do to achieve a more sustainable lifestyle which protects Planet Earth in the long term. The appliance of science can help us along the way, but we must also have the integrity to acknowledge when science alone is unable to provide all the solutions. □

# The ARH AGM 2021

The ARH AGM 2021 took place via Zoom on 20 July, and there was a good attendance. People were able to participate from across the country and, although not everyone who signed up was able to attend the whole meeting, it was encouraging to see a number of members who usually find it hard to participate in a face-to-face AGM.

All ARH Directors were present, and there were no apologies for absence. After welcoming participants to the AGM and agreeing the minutes from the previous AGM, Karin Mont presented an overview of ARH activities over the past year.

## Introduction

For the last 15 months, the ARH focused on offering guidance and support to practitioners trying to continue to offer a service to their patients throughout all the various lockdowns, and their accompanying restrictions. This support included deciphering Government's ever-changing guidelines, and translating them into something more comprehensible and practical.

Unfortunately, lockdowns have resulted in an increased amount of scam attempts against members, especially involving the subject of vaccination. The ARH has consistently warned members about the methods used by scammers, and suggested a number of precautionary measures.

## Bursaries

The ARH evaluated 13 bursary applications for 2019-2020 and awarded eight bursaries, four to farmers. The criteria for future bursary awards has been changed, to encourage the development of a spirit of creativity and innovation among applicants.

With regret, the ARH decided to suspend bursary awards for 2020-2021 and 2021-2022, in the light of the unknown impact of lockdowns etc on membership retention. This decision needs to be viewed in light of the fact that, originally, bursary awards were planned for just three years, and have actually been granted for seven years. Happily, thanks to a successful virtual conference 2021, the Board will be considering reinstating the ARH Bursary awards for the academic year 2022-2023. Application criteria will be subject to further revision, to help the ARH to determine the commitment and aptitude of applicants.

## Education

The ARH is an active participant of Homeopathy Training UK (HT), formerly known as the Course Providers Forum (HCPF), a forum established to represent the independent voice of homeopathy training and education in the UK.

Currently, HT is busy working on 'marketing' homeopathy as a career, especially since the outbreak of COVID-19, which has encouraged an increasing number of people to seriously review how they manage their own health. HT is pro-active in making maximum use of popular social media platforms such as Instagram, and participating course providers have been making short, simple videos which promote homeopathy as a positive career option.

## Membership

The trend in registered membership numbers is currently downwards, and this is true for all the registers over the last few years. Growth remains slow for now, but student membership numbers are gradually increasing, which should slowly translate into new practitioners seeking registration.

Membership retention in the ARH's current membership year (2020-2021) was actually better than expected, with a surprising number of lapsed members returning after a break. It seems that during these challenging times, more practitioners recognise the value of the support of a membership body.

Membership renewals are sent out to everyone in mid-August, and there will be NO increase in fees, for the third consecutive year! Balens, the insurers, have also agreed to keep the insurance premium the same as last year.

## The Journal

Three special issues of *Homeopathy in Practice* have been published, featuring a wide range of articles relevant to the COVID-19 outbreak. A readership survey was completed in summer 2020, and the results will help inform future issues. More information about the survey is available in the Spring 2021 issue.

## Finances

Due to savings on 'physical' meetings over the last membership year, the ARH accounts ended with a surplus. However, other costs continue to rise (postage in particular), so spending for the new membership year will be monitored carefully because the ARH remains committed to offering very competitively-priced membership fees.

## 4Homeopathy (4H)

4H commissioned a short animated video for HAW 2021, which focussed on the healing potential of homeopathy, inviting viewers to start their 'homeopathic journey, now', and the video, in all its various manifestations, seems popular with viewers. 4H once again fell victim to a somewhat hysterical anti-homeopathy

media attack in January, which resulted in all homeopathy charities being summoned by the Charities Commission, to 'justify' their affiliation with 4H.

## The Integrated Healthcare Collaborative (IHC)

The IHC was constituted in Spring 2020, to take the place of the disbanded All Party Parliamentary Group for Integrated Healthcare, following David Tredinnick's decision not to stand for re-election in 2019. ARH is one of 26 professional organisations representing the CAM sector, currently engaged in working with the IHC. The development of a practical, reliable PROMS programme (a system of measuring patient outcomes) is one exciting new initiative from IHC.

## The ARH virtual conference

The ARH held its first virtual conference on 15-16 May, and it was a great success! The ARH conference 2022 will once again be a virtual event, and will take place on 14-15 May.

All the conference material is now available on the ARH's new website, ARH Events, which is a PRIVATE website, with access for delegates only.

## Websites

The current ARH website, plus the Which Homeopathy Course and *Homeopathy in Practice* sites, are all scheduled to be revised and upgraded soon – more information about that as it happens.

## Thank you

The AGM concluded with Karin offering thanks to everyone who contributes to the work of Team ARH, including ARH's committed and innovative editorial team, and dedicated and caring Board of Directors. Karin also offered a HUGE vote of thanks to all ARH members, for their ongoing support, for making it possible for ARH to remain an independent register, and for staying true to the spirit of homeopathy, in order to make a difference to the lives of patients seeking homeopathy.

Karin Mont MARH

## Errata

*HiP Autumn/Winter 2020, p40:* Brigitte Klotzsch's biography refers to *Portia fimbriata* as the 'chrysalis of the moonbird butterfly' instead of the 'pirate spider'. (Her article on *Phalera bucephala* [Moonbird butterfly] appeared in *HiP Autumn 2010*.) Apologies.

*HiP Spring 2021, p7,* shows Matthew Williams' consultancy logo instead of the IHC logo. Apologies. □