

for recovery is poor. It is therefore not surprising that people with irritable bowel syndrome seek homeopathic treatment, with gastroenterological problems being the fourth most common reason for referrals to NHS homeopathic hospitals. However there is no clear evidence regarding the effectiveness of individualised (classical) homeopathic treatment in the treatment of irritable bowel syndrome.

Methods: This study involved a three armed randomised controlled trial of individualised homeopathic treatment compared to an attention control and usual care. An attention control is a treatment designed to control for the time and attention given to the patient by the therapist, in this case the attention control chosen was supportive listening. An attention control arm was included in this study to test the feasibility of including an attention control in a trial of individualised homeopathic treatment.

Presence of Candida	Before treatment	After treatment			
		Negative (0)	Weak (1)	Medium (2)	Massive (3)
Massive (+) (4)	21	10	2	6	3
Massive (3)	8	3	3	2	
Medium (2)	4	3		1	
Weak (1)	3	3			
Negative (0)	0	0			
Summary of tested samples	36	19	5	9	3

No. sample tested	The difference among the samples	% of total samples
13 samples	Massive or massive positive – to negative	36.1%
6 samples	Medium or weak – to negative	16.7%
14 samples	Decreasing in one level or more, without turning into negative	38.8%
4 samples	Didn't react to the treatment and stayed the same level	11.1%

33 (91.7%) samples out of 36 showed improvement due to treatment.

This presentation will consider the challenges in carrying out a study that explores the effectiveness of homeopathic treatment in an NHS setting. The challenges to carrying out such a study and how they were overcome will be discussed. In addition, the rationale behind the choice of methods, and why supportive listening was chosen as an attention control will be considered.

Initial findings from trial will be drawn on to examine whether or not supportive listening is an appropriate attention control for homeopathic treatment.

Homeopathic treatment against Candida among a diverse population including children and adults, diagnosed on the autistic spectrum. A retrospective study

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Experimental: Feces samples and vaginal swabs were sent to a private microbiological laboratory under the guidance of Dr. Eli Lefler (a senior microbiology Ph.D and a senior mycologist with huge experience in the field) and Mr. Doron Shefei. The laboratory is located at Elisha hospital in Haifa. The samples were sent to the laboratory and the results were evaluated quantitatively due to the insolence growth of Candida as follows: negative, weak, middle, massive, massive plus. If the results were positive a homeopathic mixture was prepared individually (at the homeopathic pharmacy of Super-Pharm). The individuals were asked to take the mixture for three months. At the end of this period, all the patients had to send again stool for cultivation for presence of Candida. The patients were asked to keep their regular kind of nutrition.

Results:

Conclusions: From the table it can be concluded that 36.1% of the samples that showed massive and massive plus presence of Candida before, after the homeopathic treatment, became negative whereas 11% of the samples did not respond at all. 16.7% of the stool samples that showed low concentrations became also negative. More than 91% of the samples showed improvement after treatment.

Summary: Due to these results it can be concluded that this homeopathic treatment against Candida is highly efficient. This is very important especially among the autistic population, in which Candida is widespread and difficult to treat. I want to emphasize that I know personally some children that were treated successfully.

Homeopathic potencies alter photosynthesis of cowpea

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The effect of potentized CCC and potentized maleic hydrazide (MH), a growth retardant was studied on the growth of cowpea. We studied further to see whether CCC 30 prepared with nano particles was more effective than the usual CCC 30. CCC 30, CCC 200, MH 30 and ethanol 30 (control) were prepared by the standard procedure of successive dilution (1:100) followed by succussion. CCC 30 (nano) was prepared by initially triturating CCC with copper nano particles. The triturated material was later diluted and succussed following the standard procedure. Ethanol 30, prepared in the same way, was used as the control. Plants grown in earthen pots were treated separately with each of the test potencies by foliar spray. The application was repeated seven times. All the treatments significantly increased plant growth, chlorophyll, sugar and protein in the leaves. CCC 30 (nano) and CCC 200 were more effective than CCC 30. Of the four agents MH 30 induced mamum protein synthesis in the leaves.

Clinical evaluation of the effects of Arnicare gel, a homeopathic preparation in sport related pain and stiffness. The efficacy and safety of a homeopathic arnica gel (Arnicare®) in the treatment of sports

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Objective: To evaluate the efficacy and safety of a homeopathic arnica gel (Arnicare®) in the treatment of sports related muscular soreness and pain.

Design: Randomized, double blind, placebo controlled clinical trial

Setting: Self use of an over-the-counter preparation by athletes participating in a club sport activity.

Subjects: Moderately trained athletes who experienced pain and stiffness after competitive sports games.

Interventions: Arnicare®, a homeopathic gel containing 7% arnica montana 1X, or matching placebo, applied to the

lower extremities 3 times daily shortly before and after sports games until resolution of symptoms.

Main outcome measures: Pain and stiffness at different time points as assessed on a 100mm visual analogue scale after in total three sports games.

Results: 120 subjects (54 males, 66 females) were enrolled and randomized into two groups of 60. Subjects were mainly basketball players (85%) and the groups were comparable at baseline. The overall (baseline adjusted) level of stiffness during the 72 hours following the sports game was significantly less in the Arnicare group as compared to the placebo group (23.7mm versus 29.1mm, P=0.02). With regard to the overall level of pain there was a similar trend that did not reach statistical significance (24.9mm versus 27.9mm, P=0.17). Between group differences were most pronounced 12-36 hours post-exercise. 2 subjects in the arnica group experienced mild side effects (slight tingling, itching) that did not lead to discontinuation of the treatment.

Conclusions: Arnicare® gel can be used after sports activities to help with the short term effects of exercise stiffness and pain, as a substitute for OTC analgesic and anti-inflammatory drugs: very few subjects used any analgesic in conjunction with Arnicare® gel. Furthermore, Arnicare® gel was safe in use.

Effects of homeopathic treatments on strawberry plants in field

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In conventional agriculture strawberry plants are generally treated with fungicides to control pathogens. However, consumer concerns about possible risks associated with the use of fungicides, along with development of pathogen resistance, have resulted in an intensive search for safer, more effective control options that pose minimal risk to human health and the environment. One of them could be the use of homeopathic treatments, that, thank to their extreme dilution level, do not lead to any toxicity or accumulation in the environment.

The present research aimed at verifying the efficacy of such treatments on strawberry plants by evaluating phytopathological (control of infection induced by the fungus *Botrytis cinerea*, one of the most common pathogen of this crop), agronomical (fruit production) and biochemical (antioxidant activity, polyphenols and flavonoids) parameters. We performed three subsequent field trials (in 2010, 2011 and 2012) at a biodynamic farm: in all trials, the field was divided in plots consisting of 18 plants/treatment, each