Byplay series

Magnus Pharma and the golden goose

The case of allopathy

Implications for homœopathy

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Carol Boyce's investigation into the orchestrated attack on homœopathy's place in the U.K. National Health Service reveals the extent of the pharmaceutical industry's reach into the democratic process and its already devastating effect on health across the globe, and finds cause for optimism.

Abstract

Investigation of the recent efforts to force closure of the U.K.'s homeopathic hospitals reveals a complex web of vested interests between medicine, the pharmaceutical industry, and governments that is already having a devastating effect on our health and the CAM world.

Restrictive trade legislation in Europe and currently in process in the U.S. will push the manufacture of nutritional supplements into the hands of the pharmaceutical industry. The Codex Alimentarius Commission, working with the World Trade Organisation, has the power, via trade sanctions, to impose the new restrictive guidelines on all trading partners as a condition of trade.

In a public-health experiment set to span the planet, legislation in process in Europe and the U.S. to enforce mandatory mass vaccination against a non-epidemic disease heralds a new departure from accepted medical practice.

In the U.S., the FDA is already funded by the sales of the drugs it approves. In the U.S., the FDA, already funded by the sales of the drugs it approves, is set to reach new heights of conflicts of interest. The very bodies involved in tightening the regulations for access to CAM products and services are also involved in dismantling the safeguards protecting the public from unsafe pharmaceutical products.

Iatrogenic disease is now the leading cause of death in the U.S. The pharmaceutical industry has firmly inserted itself into the democratic process.

The pressure of expiring drug patents; escalating damages; and consequently anxious shareholders has the large pharmaceutical companies searching for new revenue streams. The trends are to expand into new untapped markets, to medicalise normal behaviour, to introduce mandatory non-epidemic vaccination via the legislative process, and to doctor existing foods and adulterate new medicines using recombinant DNA techniques.

But there are some reasons for optimism. Claims for damages against drug companies have increased dramatically; and, in a new trend, governments of the developing world are suing over illegal testing of unsafe drugs on uninformed subjects.

A grassroots movement is demanding access to CAMs in increasing numbers. Homœopathy can provide primary health care and acute treatment and address epidemics and genetic predisposition, and should be ready to take full advantage of the changing scientific landscape. For this, three conditions are necessary: (1) that its practitioners learn to identify their practice clearly, distinguishing it from other practices; (2) that they learn to communicate effectively and act in concert politically; and (3) that homœopathic practice, manufacturing, distribution, and communication remain free of the additional controls that the pharmaceutical industry is currently attempting to impose on other areas of CAM.

"Modern medicine is a negation of health. It isn't organised to serve human health, but only itself, as an institution. It makes more people sick than it heals."
— Ivan Illich, Austrian philosopher and radical social critic, *Medical Nemesis*, 1976

In February this year, I was moved to write an e-mail to colleagues about an urgent situation I saw developing at the world-famous 150-year-old Royal London Homœopathic Hospital (RLHH). I was witness to the power of the Internet as that e-mail escaped into the ether and in 24 hours had circumnavigated the globe. What had begun as my impassioned attempt at contained whistle blowing and a call for support rapidly brought the realisation that this was not an isolated threat. I had been living under the illusion that in many parts of the world, including the U.K., homœopathy was now generally accepted as a bona fida therapeutic option in the Complementary and Alternative Medicine (CAM) toolbox.

As I followed the trail that had led to the present threat of the hospital's closure, I discovered a well-planned and orchestrated campaign involving many players: some well aware of their actions; others duped into following their lead; still others too afraid of ridicule from peers to voice their reservations. The presence of homœopathy in the U.K., introduced by Dr Quin in 1828; sanctioned by the government; and an integral part of the U.K. National Health Service (N.H.S.) since its inception in 1948, was suddenly fighting for its life. (See sidebar "Proving that homœopathy doesn't work".)

Sequelae

Since that well-planned "End of Homeopathy" issue of *The Lancet*, there has been a relentless attack on homœopathy in the U.K. media, often referring to *The Lancet*'s disingenuous press release about the Shang study, a press release that alluded to the 110 trials that matched Shang et al.'s criteria but neglected to report that Shang's conclusion was based on only eight of those trials.

The impact has been huge; the fallout, extensive. After all, *The Lancet* is one of the oldest peer-reviewed medical journals in the world, and ranks third on the impact listings of Epidemiologi.org. In a series of apparently unrelated yet perfectly timed events in different formats, high-ranking medical professionals in the UK have demanded that public money not be spent on an 'ineffective, impossible, implausible' therapy. Strategically leaked reports; letters from 13 of the U.K.'s most eminent medical professionals to funding Primary Care Trusts across the nation, insisting that they stop providing homœopathy as a patient option; and a continuing plethora of newspaper articles have served to keep homœopathy in a negative spotlight.

In June 2006, the BBC conducted a "sting" of homœopaths for its TV programme "News Night", exposing the "threat to public health" posed by homœopaths who suggested

How to prove that homœopathy doesn't work

In August 2005, *The Lancet* published its "End of Homœopathy" edition, including the fundamentally flawed Shang et al. meta-analysis [1], which purported to "prove" once and for all that homœopathy is no better than placebo; an anonymous editorial, "The End of Homœopathy", which implored doctors to be "honest with patients about homœopathy's lack of benefit"; and a fierce criticism of the leaked pro-homœopathy World Health Organisation (WHO) draft report, which was later withdrawn for revision and to date has still to be published.[2]

This issue of *The Lancet* was a coup of the highest order. The Shang et al. meta-analysis can be dismantled by anyone willing to read the entire paper and not simply the title and conclusion. Of the 110 trials of homœopathy that matched the study's criteria, the authors reached their conclusion by using just eight trials — and the eight used were not identified in the published paper!

At the insistence of members of the homœopathic medical community, the eight trials were eventually revealed, and it became clear that extreme "cherry-picking" had transpired; only these eight particular trials would lead to a negative result. A meta-analysis using other combinations of the 110 trials available would weigh in favour of homœopathy. (To see just how flawed the "science" is, see the "Proof against homœopathy does in fact support homœopathy", a detailed critique of the Shang paper [3]; and "The growth of a lie and the end of "conventional" medicine", by two Italian physicians, which lays out the vested interests at work.[4])

Needless to say, both Shang and Richard Horton, editor of The Lancet, are openly critical of homœopathy. Indeed, Shang was part of the group who provided the highly criticised meta-analysis for the Swiss Programm Evaluation Komplementärmedizin two years earlier, which led to the withdrawal of homœopathy from Swiss health insurance.

The WHO report was leaked by Renckens, a gynaecologist and chair of the Dutch Union Against Quackery and another vocal critic of homœopathy. Willem Betz, chair of the Study Circle for the Critical Evaluation of Pseudoscience and the Paranormal, drew a comparison with the WHO 2003 report, also heavily criticised because it stated that acupuncture had been shown in trials to be effective, and in an expression of outrage he declared that "WHO has been infiltrated by missionaries for alternative medicine".[2] Professor Ernst, Chair of Alternative and Complementary Medicine at Exeter University (as late as 2003, a supporter of homœopathy; now one of its most outspoken critics[5]), called for the report's revision including a full disclosure of names of authors and any conflicts of interest. In an interesting Freudian slip, the same Lancet article states: "Renckens argues that it is wrong that such reports should *not* be prepared in secret behind closed doors…" (my italics). The irony surely won't be lost on the homœopathic community.

Homœopathy legislation in the E.U.

In the European Union, each country currently has its own specific regulations with regard to homœopathy. They include: medical doctors only, in Eastern Europe; medical doctors and registered Heilpraktikers (health practitioners), in Germany; medical doctors unable to practise homœopathy but non-medical practitioners able to, in Portugal; and the current situation in the U.K., where practitioners are free to practise any therapy under common law, as long as they do not describe themselves as practising medicine.

The popularity of homœopathic medicine among the medical profession in much of Europe makes the outbursts of the U.K. medical fraternity that much more astonishing. In 1992, Europe adopted two directives concerning homœopathic medicine for human and veterinary use, marking the official recognition of homœopathic medicine in all E.U. countries. In 1995 the first publication of a monograph titled "Homœopathic Preparations" appeared in the European Pharmacopoeia.

Homœopathic products are now classed as medicines throughout the E.U., and since 2004 have been controlled under the same Directive as conventional pharmaceuticals, subject to tighter regulations and overseen by the European Directorate for the Quality of Medicines. Although in terms of safety, manufacturing, control, and stability they are subject to the same rules as all other medicines, they currently do not have to provide evidence of efficacy.

homœopathic prophylaxis for malaria. Sense about Science, an openly anti-CAM organisation established to "educate the public", sent a reporter, posing as a patient, to ask for homœopathic advice about protection against malaria for a forthcoming overseas trip. The media had a field day. (Several of the major drug companies are listed as funders of this group.[15])

In April and May 2007, as Primary Care Trusts (P.C.T.s) were making their final funding decisions, a series of articles in major newspapers beat the drum ever more loudly. Even the largely neutral *Observer*, reporting on the threat to the RLHH, ended an otherwise balanced article with the oft repeated quote from Prof Ernst, "You may as well take a glass of water as take a homœopathic medicine" [16]. Professor David Colquhoun, a pharmacologist and one of the "13 eminent doctors", demanded that universities stop teaching "gobbledygook" in BSc degrees in homœopathy and other alternative therapies.[17] I am proud to finally be listed on Colquhoun's web site "quack page" as a bona fida Quack![18]

The Daily Mail, another national newspaper, published a thousand-word tirade by Emeritus Professor Baum, surgeon and oncologist, titled "Homœopathy Is Worse Than Witchcraft", astonishing in both its ignorance and its ferocity.[19]

Predictably, the flawed Shang meta-analysis continues to be quoted as the defining proof of homœopathy's ineffectiveness, and the dilution issue makes it "scientifically impossible" and the subject of continued ridicule. Public rebuttals are virtually impossible since the media as a whole are tied up with the same string and several of the most vocal journalists are openly anti-CAM, with particular derision reserved for homœopathy.

The Quack Watch groups have been repackaged as slick, well funded, and apparently credible organisations, with apparent representatives in influential positions throughout media organisations. (For an idea, see the website of Ben Goldacre, the health reporter for the prestigious *Guardian* newspaper.[21])

The current situation in the U.K. sees all five homœopathic hospitals fighting rearguard actions, as P.C.T.s withdraw funding on the basis of assertions that homœopathy cannot work.

At the beginning of May 2007, without prior consultation or warning, Brent P.C.T. declared that patients would no longer be able to attend the RLHH for treatment. When one patient, whose multiple sclerosis had finally stabilised so that she could sleep for the first time in many years, challenged Brent's action, she was told that Brent would review her case "should sound medical evidence back-up [her] wish to continue with the treatment". Since the clear clinical evidence of this patient's improvement is deemed insufficient, this leaves a wheelchair-bound woman searching for "sound medical evidence", itself clearly open to interpretation by Brent's non-medical policymakers.[21]

At a time when the published statistics on iatrogenic deaths is appalling, let's remind ourselves that the biggest criticism that has been levelled at homœopathy is that it is simply placebo; that the public must be protected from unscrupulous homeopaths giving "false hope" to the gullible.

The total expenditure of all five homœopathic hospitals together is less than 10 million GBP, of a total annual healthcare budget of over 76 *billion* GBP. As if to underline the significance of such low expenditures, it emerged as I was writing this piece that the majority of the P.C.T.s actually have an annual surplus amounting to 500 million GBP across the country — enough for another 250 homœopathic hospitals!

Taking the case

It seems to me that it is no coincidence that the present threat to the practice of homœopathy is taking place in the UK and in particular at the Royal London Homœopathic Hospital. The RLHH provides a touchstone in the world of homœopathy and a reassurance for any potential newcomers to the field, especially in the developing world, that homœopathy is a valid system of medicine. If a media headline can proclaim that homœopathy is no longer available within the U.K. NHS, not because there is insufficient funding but because it has been proven ineffective and removed, then the aftershocks will be felt in every corner of the world. It will be the coup de grâce that began with the flawed science and vested interests behind that fateful edition of *The Lancet* two short years ago.

The more I researched the issues around the threat to the RLHH, the more I discovered that the issues for natural health, including homœopathy, are much broader than the specific U.K. ones.

Pathology extensive

In the name of consumer safety, the trend in all areas of CAM is toward more-restrictive regulation. New legislation is already in progress in the E.U., the U.S., Canada, and Mexico, via the trilateral trade agreement and via the Codex Alimentarius Commission, working with the World Trade Organisation to set global standards and regulations for nutritional supplements. (See sidebar "What is Codex?".)

Given confinement of ingredients to those defined as safe and efficacious by extremely expensive trials, ingredients almost all synthetic and patented rather than natural ingredients tested by decades of safe clinical use, only the most powerful manufacturing companies will be able to compete in the marketplace. Add to that the confinement of higher therapeutic doses of nutritional supplements to medical prescription, and a significant portion of CAM is moved into the hands of Big Pharma.

There seems little doubt that there is a conscious push by the pharmaceutical companies to move into the CAM arena, but on their own terms: monopoly. (See sidebar "What is Codex?".)

Though the European Union currently favours homœopathy (see sidebar "Homœopathy legislation in the E.U."), recent E.U. legislation restricting access to supplements suggests that any harmonisation of legislation relating to homœopathy would tend toward similar restriction: medically qualified prescription-only homœopathy, as is already the case in much of Europe. Homœopaths everywhere should take heed. Our freedom to do our work can rapidly be compromised through commercial pressures for new legislation.

As homœopathic practitioners, we are doubly damned in a bizarre paradox: if, on the basis of the critics' assertions – and despite solid evidence to the contrary – homœopathy is

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What is Codex?

The Codex Alimentarius, or the food code, is a collection of standards, codes of practice and guidelines,that has become "the seminal global reference point for consumers, food producers and processors, national food control agencies and the international food trade".[13] Codex affects everyone, every day.

The Codex Alimentarius Commission is the bureaucratic body charged with developing the codes of practice for harmonisation of global food standards and simplifying trade between countries. The commission is closely tied to the World Trade Organization (WTO). Superficially this looks like a good idea: if standards are harmonised, we know what we are getting when we buy and sell goods. The problem lies in who sets the standards and why. The WTO is run by huge, self-serving corporations. Closed-door meetings and a restricted appeals process mean that no nation can retain its sovereignty.

In recent years, Codex has expanded its scope and is currently setting enforceable directives on nutritional supplements and from there potentially reaching into the wider CAM arena. Although adoption of the regulations is described as voluntary, compliance will be required in order to trade with countries that have adopted them, so there will be considerable pressure on individual countries to comply.

The European Union is currently the most powerful trading group in the world. The power of the EU to set the Codex agenda, and potentially to affect trade regulations everywhere, is significant. The E.U.'s current trend toward increasingly restrictive trade practices assumes critical importance, via Codex, for the entire global CAM community.

In April 2007, Europe and the U.S. signed a transatlantic trade agreement with the express intent of making trade between these two powerful regions easier. Harmonisation of regulations is crucial to this agreement, and the powerful vested interests that originally pushed for the restrictive Food Supplements Directive in Europe will push for its adoption in the U.S.

In the name of consumer protection, Codex uses what it calls the "precautionary principle". Originally developed by activists to protect the environment, it is now in use as an unlimited regulatory instrument.[14] If there is any suggestion of a risk and "scientific uncertainty persists" that there is no risk, then Codex can impose provisional restrictions until that scientific information becomes available. You may need to read that twice to appreciate the implication!

There is always a risk to everything; drinking too much water will kill you. Asking science to definitively prove there is no risk makes risk assessment redundant. Thus Codex has a tool that can be used to restrict anything that can be described as food-related.

It may all seem to make sense n the interests of consumer safety, but in these days of corporate interests' precedence over consumer protection as and when it suits, it could spell the end of free access to the nutritional supplements we take for granted in places like the U.K., the U.S., the Netherlands, and New Zealand.

The Alliance for Natural Health (ANH), a non-profit organisation based in the U.K., challenged the European Food Supplements Directive all the way to the European Court of Justice in Luxembourg. The court found in the ANH's favour in 2005, but the legal discussions and challenges continue. In a minefield of bureaucracy, and against mighty corporations pushing for the restrictions, this small group of committed individuals is determined to take a stand for all of us. Future access to a wide range of nutritional supplements in therapeutic doses hangs in the balance, not just in Europe but potentially for all trading countries.

officially dismissed as nothing more than placebo, then we stand accused of duping the public. Yet the same critics stand ready to pronounce homœopathy dangerous and needing a medical doctor's prescription, as soon as it becomes expedient for them to do so or they can no longer deny its efficacy.

An active miasm

A brief look at the 2007 push by pharmaceutical companies for permission to communicate directly with the European public (for which read "advertise prescription drugs") serves to illustrate the extent to which they have inserted themselves into the democratic process. By all accounts, Big Pharma is determined to push this legislation through in 2007. If it were successful, it would ease the path for similar changes worldwide. (See sidebars "Deep pockets and democracy" and "The FDA goes into business for itself".)

Characteristic rash

Individual doctors who fail to walk the company line are subject to harsh punishment. Dr Andrew Wakefield is the British doctor who dared to make an association between MMR and Autistic Spectrum Disorder, recently reported in the U.S. to be as high as one in 190 children. Vicious criticism from peers, previously supportive medical journals, and the British Government forced Wakefield to give up his work. (See sidebar "Dr Andrew Wakefield dared to do his job".)

Gardasil fantasies

Merck shareholders, stinging from the financial effects of the company's Vioxx debacle, have been granted a reprieve with the announcement of the company's new HPV vaccine to "prevent" 70% of cervical-cancer deaths. Fast-tracked by the FDA and hailed as the biggest public-health breakthrough in years, this genetically engineered vaccine had 1637 adverse reaction reports filed in its first year of use, to June 2007. These include instances of life-threatening Guillian–Barré syndrome, syncopal episodes and seizures, and three deaths.[22] Merck admits that:

- length of conferred immunity is not yet known, but estimate three to five years;
- cervical lesions may be higher in vaccinated women already HPV positive; and
- since not all women will be protected (even ignoring the potential for mutation of the target viruses), every woman will still need regular cervical screening.[23]

Despite these admissions, twenty U.S. states are in the process of legislating

FDA's unaccountable Critical Path testing

A new drug in development has only an 8% chance of ever reaching the marketplace. A 10% improvement in failure prediction (safety issues and lack of effectiveness) before clinical trials could save $100 million in development costs per drug.

The Critical Path Initiative will develop new assays, computer-modelling techniques, biomarkers, and clinical-trial endpoints, refining the development process. Drugs will be brought to clinical trial based on computer-modelled safety predictions or specific isolated bio-markers, with the associated potential risks when patients, for instance, do not behave like the computer models.

In terms of nutritional supplements, it again boils down to who identifies the criteria and why. These new tools, in particular the use of FDA selected bio-markers, could provide a means by which nutritional supplements, proven perfectly safe in decades of clinical use, might be declared unsafe according to an arbitrarily chosen biomarker. Given the complex mix of vested interests, it is another cause for concern.

Deep pockets and democracy

To date, the U.S.A. and N.Z. are the only countries where drug companies are allowed to communicate directly with the public (i.e., advertise prescription drugs). Some other countries allow vaccine campaigns; and some, advertisements for products to help smokers withdraw from nicotine. The drug companies already circumvent all such restrictions by presenting the information in "news articles", describing a specific health condition and then mentioning the imminent arrival of a new drug that will address it. In 2001, the most influential drug companies, via the European Commission (the executive arm of the European Union), pushed for a pilot project targeting asthma, diabetes, and HIV infection, stating that the public needed information on these diseases and their treatment. The European Parliament reviewed the results of direct-to-consumer advertising of prescription drugs in the U.S. and N.Z. and solidly rejected the proposal (494 against, 42 in favour).

In 2005, the same European Commission created a new group, the Pharmaceutical Forum, to add to the pressure. Despite a call for transparency of committees, no full list of participants, how they were selected, how conflicts of interest are managed, or even how the forum works has ever been made public.

Patient representation on the Pharmaceutical Forum is provided by the European Patient's Forum, a group funded by drug companies. Friends of Europe, another "patient" group, has thrown its weight behind the push for prescription-drug advertising. Its report, concluding that the paucity of health information in Europe needs to be addressed, was funded entirely by Pfizer. The report is based partly on information from the Cambridge University Informed Patient Project, funded by Johnson and Johnson.[6]

for mandatory vaccination of children and college students (trials on males and older women are under way); *The Lancet* is calling for the European Union to lead by example and enforce vaccination of adolescents; Australia has begun a free national Gardasil programme; and the WHO is recommending that developing countries get on board. Seventy countries have so far approved use of the vaccine.

Given that cervical screening programmes will still be required and have already proven both their effectiveness and their cost effectiveness — already cutting the rate of cervical cancer by 70% since screening programmes began — the proposals have yet to be justified. The global mortality rate for this cancer is 250,000 per annum, 80% of which is in the developing world. The U.S. mortality rate is low (3700 per annum) and falling rapidly. The Wall Street Journal confirmed that Merck is "desperate" for a "revenue stream" and that vaccination across the U.S. would make Gardasil an "automatic blockbuster".[24] At US$360 a person for the initial course and boosters at US$120 every three to five years thereafter per person who is either sexually active or legally compelled to have it, the vaccine could solve Merck's financial challenge in just one move.

In the U.S. alone, the next ten years of blanket coverage for Merck's ultimate target population of 9- to 26-year-olds would cost more than US$85 billion, without reducing the cost of the current screening programmes. In 2006, Merck's recorded sales were $23 billion.

Mandatory mass vaccination for a non-epidemic disease represents a disturbing departure from accepted

The FDA goes into business for itself

In the U.S., a new business model for industry regulation is being rushed through the democratic process.

The background to this legislation is beyond the scope of this article, but suffice it to say that Bill S1082, as of this writing in the last stages of passage through the U.S. Congress, will establish a new level of conflict of interest within the FDA.

The proposed Reagan–Udall Foundation will be a joint commercial venture between industry, private investors, academia, and philanthropic organisations working together with the FDA to research and develop new drugs and procedures and bring them to market.

Conflicts of interest are already rife in the FDA, with more than 50% of its funding paid by the pharmaceutical industry to fast-track drugs through to market, and a revolving door between FDA officials and high-level positions in the same commercial companies. The inclusion of "foods and food ingredients" in this bill potentially allows the FDA to extend its reach to nutritional supplements and declare them unsafe according to the FDA's latest development, the Critical Path Initiative: a department responsible for designing methods of predicting safety and effectiveness, in an attempt to streamline drug development and bring products more quickly to market. (See sidebar "FDA's unaccountable Critical Path testing".)

Dr Andrew Wakefield dared to do his job

In 1998, *The Lancet* peer-reviewed and published a paper by Dr Wakefield, suggesting a link between Pluserix MMR vaccination and Autistic Spectrum Disorder. Richard Horton, editor of *The Lancet*, publicly expressed support for Wakefield's work. In July 2003, *The Lancet* proprietor's C.E.O., Crispin Davis, was appointed as a non-executive director of GlaxoSmithKline, a merger of Pluserix MMR manufacturer SmithKline Beecham and Glaxo–Wellcome.

On 20 February 2004, Richard Horton publicly withdrew the journal's support from the very same MMR–autism paper by Andrew Wakefield that it had accepted and published six years earlier! The BBC, the Sunday Times, and the government (Pluserix MMR was part of an approved government vaccination program) got on board, lambasting Wakefield for four days.

One week later, in closed hearings, Mr Justice Davis, brother of Crispin Davis, dismissed an appeal for reinstatement of legal aid for the parents of the children thought to be damaged by MMR. No reason for the appeal's dismissal has ever been released. Four months later, *The Lancet* C.E.O. Crispin Davis, the judge's brother, received a knighthood from the British Government. Andrew Wakefield was forced to abandon his research, and left the U.K.

Dr Wakefield now faces General Medical Council (G.M.C.) hearings — the medical profession's equivalent of a trial — on patently baseless charges. G.M.C. hearings usually last a day or two. The Wakefield hearings, scheduled to last for 14 weeks from July 2007, are expected to be complex and controversial; MMR itself is on trial.

If by some miracle Andrew Wakefield were to get a fair hearing and his findings be vindicated, then the ensuing claims for ruined lives would empty industry pockets and knock share prices to new depths. In early 2007, the G.M.C. appointed, as chair of Dr Wakefield's hearings, Professor McDevitt, who had served on the safety committee that in 1988 had approved the Pluserix MMR vaccine. The vaccine was withdrawn in 1992 due to safety concerns.

The eyes of the world will be on these hearings.

Gardasil: marketing at its finest

Merck has now mounted a vigorous marketing campaign for Gardasil, its new Human Papilloma Virus vaccine aimed at young women aged 11–26 and ingeniously marketed as a vaccine to "prevent cervical cancer". Healthy, hip young women in the television advertising tell us they are "One less" — referring to the predicted reduction in mortality. Twenty U.S. states are in the process of passing legislation to make the vaccine mandatory. If we scratch the surface of this proposed state legislation, we find a group of legislators called Women in Government, pushing hard for the mandatory HPV vaccination of school children — and funded by Merck.[7] The European Commission approved sale of the vaccine in Europe. In Paris, a rally of medical professionals and celebrities in March this year called for the compulsory vaccination of 11- and 12-year-olds. The rally was entirely funded by Sanofi Pasteur, Merck's European marketing arm.[8]

A sycotic political miasm

Epidemiology of "Magnus Pharma"

First reported in the U.S. and Europe, it has since spread across the globe. In recent years, incidence has increased alarmingly. Its spread has become a major cause for concern, potentially compromising the health of billions.

Characteristic symptoms

Magnus Pharma is well-represented in the repertory's Mind section, in the rubrics "Greed", "Avarice", "Ambition", "Contemptuous", "Secretive", "Deceitful", "Bullying", "Cruelty", and "Fear"; particularly telling is the rubric "Fear, position, to lose his lucrative". See also "Anxiety", "Jealousy", "Suspicion", "Indifference to the sufferings of others", "Lack of remorse", "Love of power", and "Aversion to responsibility".

Common delusions: grandeur; that he is a great person; that every event is a disease. Less common: that he is poor; despite all evidence to the contrary.

Chief antimagnapharmic remedy

Homœopathy 10M, single dose; repeat as needed.

Monitor the case closely

medical practice. Since cervical cancer takes 15 to 20 years to develop; the vast majority of cervical cancers are detected via established screening programmes; and cervical-cancer mortaility rates are rapidly falling already, the predicted reduction in death rate would not even begin to take effect for at least 20 years and would not be measurable for decades after that, if ever.

Professor Diane Harper, who led two of the HPV vaccine trials, had serious misgivings about promotion of widespread vaccination, describing it as "a great big public-health experiment".[8]

Consequences for the homeopath

In addition to the illogical reasoning based on limited short-term data, there is also a much more urgent issue for homeopaths to consider.

If we look at HPV itself and where it might fit into a miasmatic construct, we see that the four HPV strains targeted by Gardasil are associated with condylomata, with cervical lesions, cancer in situ, and, ultimately, invasive cervical cancer in susceptible women. We know that for the vast majority of our cases of cervical dysplasia and condylomata we will require a remedy in the sycotic miasm.

In sexually active women, rates of HPV infection are high, with an estimated 80% of women infected by the age of 50. The proposal, however, is to artificially expose, via a vaccine into the bloodstream, an entire population of children with a sexually transmitted sycotically based infection.

The Centers for Disease Control and Prevention, Atlanta, is at pains to explain that this is not a "live vaccine", but homœopaths are aware that even when the bacteria, virus, or spirochete has long gone, its energetic imprint, if you like, can still wreak havoc in the susceptible system.

In this context, the mass vaccination programme currently being planned in Europe, the U.S., Australia, and, via WHO, in the developing world, has the potential to set off a global miasmatic time bomb in the space of just a few years, increasing as each new cohort of children comes of age. We have no way to predict what this might bring, but it certainly brings a whole new meaning to "iatrogenic disease".

The introduction of "virus-like" particles in genetically engineered yeast into the system is an unknown challenge yet to be met. The effect of the substrate, including the adjuvant amorphous aluminum hydroxyphosphate sulphate, has yet to be seen. Given the number of adverse effects already reported to the FDA, we might unfortunately look forward to a whole new type of vaccine-damaged cases.

The full impact of this unnecessary vaccine may be unappreciated for some time by all but homœopaths. Gardasil already deserves a prominent place in the medical "Smoke and Mirrors" hall of fame. (See sidebar "Gardasil: marketing at its finest".)

Conflicts of interest

By any recognised standards, conventional medicine is failing the public and bankrupting companies, countries and private citizens. Held to ransom by the pharmaceutical industry, Americans pay the highest prices anywhere on earth for their drugs; price markups of 1000%–50,000% over manufacturing costs are not unusual. Iatrogenic disease is now accepted as the third-leading cause of death in the U.S. (Some say that this is an underestimate; that it is now actually the leading cause of death.[25]) Alarming numbers of pre-schoolers are prescribed psychotropic

drugs in the medicalising of what was once considered normal childhood behaviour.[26] According to the U.S. Institute of Medicine's 2007 report, pharmaceutical drugs injure at least 1.5 million Americans each year. Given the power of the Internet, efficient dissemination of information, and the consequent empowerment of the public, it can only be a matter of time before the system implodes upon itself.

In a desperate attempt to protect its medical monopoly, Big Pharma buys out dissenters; directly affects the democratic process with millions paid to lobbyists ($75 million and 678 lobbyists in Washington DC in 2001); pays doctors handsomely to lecture about specific drugs in the guise of seminars; pays commissions to clinics prescribing specific drug protocols; sponsors undergraduate medical training; funds university research; finances trips to exotic locations for product placements thinly disguised as conferences; funds scientific journals with advertising dollars; manipulates the media in places like the U.S. via its advertising revenue; and sends armies of drug representatives to offer GPs pizza and coffee in the middle of their busy day. These can surely only be the actions of a failing system. (See sidebars "A sycotic political miasm" and "Proving that allopathy works".)

Indeed, the only certain way the system can maintain itself is by legislating against consumer choice!

If we factor in that the majority of pharmaceutical best-sellers (those responsible for between 14% and 41% of Big Pharma revenues) have patents due to expire before 2012, we can better appreciate the pressure these companies are under to satisfy their shareholders. Amongst the expiring patents are those for Viagra and Lipitor, the world's bestselling medicines (that fact in itself perhaps a reflection on the health of conventional medicine), are worth 41% of Pfizer's revenue stream.[28] (See sidebar "Principles of modern medicine".)

Cause for optimism

Change is in the air. There is increasing interest in organic foods and sustainable living, Green is the new fashion statement, and recycling is hip. The future focus of medicine will be on prevention and on supporting the body's innate intelligence to heal itself. If health insurance routinely covered CAMS, there would be a massive shift away from high-tech, big-business medicine overnight. (See sidebar "An un-complementary position".)

Independent scientists, previously working in isolation, are connecting the dots and collaborating, and a whole new field of research confirms that living beings are not a chemical soup after all but packets of energy. The implications for energy medicine are potentially world-changing. [For the latest research, see "Science catches up with homœopathy", on p. 28, — Ed.]

Return of old symptoms

Homœopathy has of course been exposed before to the threat of annihilation. A similar campaign of ridicule and fear was propagated in the press 120 years ago. In the U.S., the Flexnor report, backed by the American Medical Association, was used to close the homœopathic medical colleges; in the U.K., homœopaths were ridiculed and ostracised. This time in our history, however, the stakes are infinitely higher. By definition, the concept of energy medicine challenges the status quo at its very roots; the paradigm shift required of conventional, materialistic, reductionist medicine will be total. Philosophical arguments aside, the power and reach of Big Pharma is immense, and many trillions of dollars is at stake.

Beyond the crisis

Homœopathy has the potential to fundamentally change this world for the better. Holding the vision of a healthy world in which homœopathy is mainstream medicine is important, but a vision will not manifest without action. The homœopathic community must consciously prepare for this change; and events are moving very, very quickly. Big Pharma is caught up in a shifting global paradigm in which it cannot survive in its current form. Having engineered its own demise, in its fear and panic it is lashing out.

How to prove that allopathy does work

In May 2007, Ketek, the first of a new class of antibiotic, was in the news. With the antibiotic flagged with safety concerns during its approval process, Sanofi–Aventis, the manufacturer, was asked by the FDA to provide additional safety data by conducting a study involving patients who would be likely to receive Ketek IF the drug were eventually to be approved.

Sanofi–Aventis recruited 1800 physicians and paid them $400 per patient they enrolled in the study. The study was completed in five months, and Ketek was pronounced as safe as any comparable treatment. But routine inspection by the FDA revealed anomalies in the reporting. Upon further investigation, four of the ten practices that had recruited the highest numbers of patients were referred for criminal investigation. One of the physicians is now serving time in gaol, and the other investigations are proceeding.

The fraudulent medical practices had reported data on patients who did not even exist. Nonetheless, the data from the clinical trial, including those data, were analysed by the FDA and used to conclude that Ketek was safe. To say there were departures from procedure in the attempt to get this drug approved and into the market does not do the story justice. Despite an increasing number of cases of directly related hepatotoxicity resulting in acute liver failure and death, Ketek remains on the market.[9]

In the same month, the Nigerian government took Pfizer to court, accusing the company of illegally testing the unapproved antibiotic Trovan, without permission, on a group of 200 children back in 1996. The antibiotic was not approved by the FDA for use by adults until 1997. In 1998, it went to market, and in 1999 the FDA warned that the drug could cause serious liver damage. In 2006, according to the FDA website, approximately 300,000 prescriptions were written for Trovan in the U.S. every month.

Principles of modern allopathy

With a little poetic license and attention to grammar, this quote from Europabio, a conglomerate of 60 of the world's most powerful biotech companies, might have been taken straight from the Organon, perhaps §§ 1 and 2:

> By using the human body's own resources to fight disease (biotechnology) offers the potential to meet unmet medical needs and to make medical treatment not just more comprehensive and highly individualised but also enables doctors to move from treatment towards disease prevention and cure.[10]

Unfortunately what it heralds is the next level of "cutting edge" medicine: recombinant (artificially created) DNA and cell cultures to produce missing or defective proteins. The conglomerate's assertion that "... there are many more diseases than treatments. Just 10,000 of the 30,000 known diseases have treatments available" is an indication of just how far allopathy has moved from any semblance of holism. Scientists recently announced that they have identified the complex mix of multiple genes involved in susceptibility to diseases ranging from diabetes to arthritis, and that this offers an opportunity for preventative medicine as new genetic treatments are individualised for patients and their errant genes. The biotech companies are confident that this is possible without triggering a cascade of unexpected consequences.

The U.S. Department of Agriculture is considering granting approval for Ventria Bioscience to grow 3200 acres of pharmaceutical rice in Junction City, Kansas. Modified human genes have been spliced into the rice to produce synthetic human milk proteins, which have antimicrobial properties. Ventria proposes to use an extract of this rice to treat infants with diarrhœa and to add it to infant formulae, yoghurt, granola bars, and sports drinks. The extract has been tested on infants in Peru in a study that lasted just 14 days and is currently under ethical investigation. Effects of the extract on health are unknown. In 2003, the FDA turned down an application for use of the drug extract. In 2007, Ventria sponsored a high-school teacher in Junction City on their Teacher/Leadership programme "with the goal of enabling science teachers to easily integrate biotechnology content and activities into the classroom".[11]

At the WHO second Global Consultation on Transplantation, in early April 2007, the shortage of available organs was addressed. One of the presentations was titled: "A regulated system for kidney sales?". It focused on "transplant tourism — the buying and selling of body parts in a global marketplace".

The presenter, a transplant surgeon from the U.S. ,asserted: "It is morally wrong to continue to let patients suffer and die on dialysis when we can do something to prevent it" and continued, "Prohibiting the poor from selling a kidney still leaves them poor and removes one possible option to improve their lives".[12]

We need to keep our eye on the ball and our focus on excelling at what we do best, so that we can move into the vacuum that this healing crisis will create.

Defensiveness and anger are unnecessary. Assertiveness can be useful. Most importantly, let's be fearless. We know the cost of living

An un-complementary position

In the current debate about NHS homœopathy in the U.K., many disparate contributors, including Professor Baum (author of the "witchcraft" article) himself, profess to be supportive of those "proven" CAMs that may help the patient's suffering: massage, relaxation, acupuncture for pain relief, and so on.

If we take the colloquial definition of CAM to mean specifically therapies complementary to conventional medicine, then we homœopaths find ourselves in an awkward relationship with the rest of CAM. Homœopathy, with the potential to be used as a primary healthcare system, does not complement conventional medicine, but rather offers a true alternative. In this way, our political concerns are different, and we may find ourselves fighting for our corner on our own. Until all disciplines, including conventional medicine, are considered complementary therapies working together according to the needs of the patient, it may be necessary to describe homœopathy as an alternative medicine.

"Alternative" in this sense does not mean "less than" but rather a "replacement for" — in the same way in which "homœopathic medicine" has a stronger charge than "homœopathic remedy", although in the U.S., given current legislation, it is safer to refer to it as a remedy since in many states homœopathy is not yet licensed. It seems important at this juncture in our history to make a statement regarding conventional medicine and its place in the kind of healthcare system that we envisage. Perhaps conventional medicine might be limited to the emergency room, where it performs so well, with the money and resources currently consumed by Big Pharma redirected into a homœopathic hospital in every town.

in fear and the dangers of trying to compromise to the middle ground. We know we have a phenomenally effective medicine, one that the world needs now more than ever, and we should hold to that truth.

I don't believe there has been a more exciting time to be a homœopath. To be alive during such a fundamental paradigm shift and to be on the side of a healing modality that works is just the most wonderful place to be! Rest assured: although it may not feel like it, our time is now and the future is ours. (See sidebar "Don't panic".)

Over the moon

One last note: At this month's "Return to the Moon" symposium, a vision of the U.S. President George W Bush, organised by Rutgers University and endorsed by NASA, a group of homœopaths from India was asked to give a presentation on the "possible use of ultra-diluted medicines for health problems during lunar missions".

Apparently allopathic drugs are poorly absorbed in zero gravity, and in a lunar settlement there will be the challenge of pharmaceutical pollution and recycling. Et Voilà! Homœopathy offers the ideal solution![27]

Conflict of interest: homœopath for more than 20 years.

Honours to: All those scientists and others who, despite the immense personal costs involving loss of status; loss of research funding; and the ridicule of peers, continue to pursue the scientific truth.

Disclaimer: No individual doctors were harmed in the writing of this article. I have no wish to denigrate those members of the medical profession who endeavour to heal the sick but find themselves hampered by an increasingly ineffective system and, susceptible to the taint of Magnus Pharma, don't yet know the thrill of a truly curative medicine.

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[Continued on page 48]

Don't panic

First, let's take this latest anti-homœopathy furore as a wake-up call. If we posed no threat, there would be no need for the opposition to spend time, energy, and resources convincing the public that they should give homœopaths a wide berth.

We need to stay calm and know that we are in good company; homœopaths have been the subject of derision since Hahnemann wrote the Organon!

We need to turn a blind eye to the ridicule and not waste energy debating the issues in an allopathic arena with those who have no interest in hearing our views. Let's use our energy most efficiently to focus on those open to the evidence.

Consider the prospect of witnessing homœopathy as mainstream medicine in our own lifetimes! Hold that vision, and be ready to take on the challenge of all that it will mean. As a profession, we must come of age, and quickly.

We must hone our definitions of our work so that we can speak with authority about what we do. If we can quote the recent relevant scientific developments, all the better. We need to tighten up our practices, cleave to our code of ethics, and be the best ambassadors for homœopathy that we can be.

As a profession, we need to develop succinct and accurate submissions to online discussions. I know from my own recent experience with the RLHH how time-consuming and repetitive that can be.

We need to be awake, stay informed, and where necessary wake each other up. Join our professional bodies and help them serve our best interests in these times of rapid change. As a profession, we need to share information, be ready to respond to proposed changes in legislation, and be able to quickly mobilise our grassroots support. We need to make sure that our heads are not in the sand.

We need to reach out and build bridges with other homœopathic communities so that we are no longer isolated in small pockets but see ourselves as a coherent global whole. Apparently, according to the withdrawn WHO report, we are the fastest-growing modality on planet earth and used by some half a billion people. THAT is a significant number of grassroots supporters!

We also need to reach out to the CAM community and to build bridges with all open-minded allopaths.

As a profession, we need to demand and develop appropriate research methodologies that can adequately demonstrate homœopathic action on our terms.

Finally, we need to develop efficient methods of training many more homœopaths and specific education to help interested allopaths get up to speed.

Guidelines for submissions to *Similia*

Contributions to *Similia* are invited on any aspect of homœopathy and on subjects that relate to homœopathy (which may be through their bearing on homœopathic practice, or through the insights they hold for homœopathic philosophy, or through prescribing or using homœopathically prepared medicines).

Contributions may take a wide variety of forms, including academic articles, research reports, case reports, photographs, lists, mnemonics, diagrams, and line drawings Artwork is very welcome, particularly photography, but please check with the editor before sending any original artwork, including real (paper) photographs, photographic slides, and (paper) drawings. If you supply an S.A.S.E., we'll even return your artwork to you. Please verify permission to use any artwork you supply on which you don't hold copyright.

Please send all submissions to the editor, John Harvey. Postal address: 90A Ebden St., Ainslie A.C.T. 2602. E-mail: John.P.Harvey@gmail.com.

Written contributions must not have been published (either on paper or electronically). Please supply written pieces by e-mail or on disk: in Word (or rich text) format if you can; otherwise discuss with the editor In general, the maximum length considered will be 3000 words. Longer pieces suitable for serialising and/or breaking up with sidebars will also be considered. For usage guidelines and artwork specifications, please refer to December 2006 Similia or contact the editor. Potential authors are encouraged to make unsolicited submissions but also to discuss possibilities with the editor.

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