"...Was für ein Schmerz, welche Empfindung, genau beschrieben, war es, die sich an dieser Stelle ereignet?..."

Dr. Samuel Hahnemann

THE LMHI LETTER

• Vol. 23 • Review 2017

72th Congress LMHI 2017

LEIPZIG, GERMANY
The National Vice President

The official bodies of the Liga Medicorum Homoeopathica Internationalis, frequently termed simply the Liga, include the International Council, the Executive Committee, and the General Secretariat, which meet annually. Although the International Council is composed of the President, the Immediate Past President, the Prime Vice President, the National Vice Presidents/Assistant National Vice Presidents, the Prime General Secretary, and the eight other General Secretaries, the Treasurer, and active members selected from different countries not having National Vice Presidents, the crucial element in the function of the Liga is the National Vice President.

As it states in the LMHI Statutes, 'The National Vice Presidents are the permanent link between the International Council and, therefore, the Liga, and the national homeopathic organizations. The National Vice Presidents have several important duties, which they must perform, as follows:

• the submission of an account of every International Council Meeting or Congress of the LMHI to the homeopathic journals of their respective countries;
• the presentation of applications for Liga membership from new members from their respective countries;
• the submission of an Annual Report to the LMHI on
  - the activity and the developments regarding homeopathy in their own country,
  - the homeopathic national events, congresses, jubilees, etc.,
  - the homeopathic publications or communications,
  - a listing of business addresses and telephone numbers
  - of homeopathic institutions, physicians, dentists, veterinarians, pharmacists;

• the Annual Report mentioned above must be sent to the Prime General Secretary at least one month before the meeting of the International Council. Also, a 130-word summary of that report in English must be submitted for publication in the annual Liga Letter, the LMHI Newsletter. The list of addresses and telephone numbers of homeopathic physicians, pharmacists, veterinarians, dentists, and institutions, must be submitted annually to the LMHI Treasurer along with the collective membership dues.

Failure to fulfill these duties is grounds for removal of said National Vice President by authority of the International Council or the Executive Committee, as stipulated in the Statutes.

"The crucial element in the function of the Liga is the National Vice President."

LMHI Statutes

EDITOR’S NOTE
Dr. Richard Hiltner

Dear colleagues,
I hope you enjoyed all the wonderful beauty and information of the Leipzig, Germany International Homeopathic Medical League (LMHI) Congress. It was indeed a wonderful experience in seeing where Samuel Hahnemann lived and worked. It was exciting to have it also at the time of the celebration of Johan Sebastian Bach Festival. I hope you relish the summary of the various subjects and speakers in this very historical city.

In this LIGA LETTER I would like also to point out the wonderful experience given by Dr. Yvonne Fok from The Hong Kong Association of Homeopathy in her article.

"I in 40 people have been treated with homeopathy in Hong Kong and Macau. According to the 2015 data from the homeopathy Centre Living Homeopathy in Hong Kong and Macau, the number of people using homeopathy in Hong Kong and Macau has grown to more than 200,000..."

I wish also to give much thanks to Christoph Trapp for the excellent pictures he had taken of the congress.

I graduated from the Santa Barbara College of Oriental medicine about 25 years ago. It was a very great learning experience to learn some Traditional Chinese Medicine. I think the consciousness of the Chinese people very much considers the natural and non-toxic approaches in medicine and feel the China will be an excellent next source of giving homeopathy to themselves and the world.

In the USA, Ronald Whitmont, MD (President of the American Institute Homeopathy) wrote another article that I think is extremely important about the Food and Drug Administration (FDA) warnings about teething tablets containing Belladonna. He states:

"The FDA’s actions in this matter appear to constitute a gross dereliction of duty. Premature warnings without even rudimentary scientific inquiry suggest prejudicial intent. The FDA, whose mission statement is to protect public health by assuring the safety, efficacy and security of human and veterinary drugs, has erred, and their actions might be interpreted as an attempt to railroad homeopathy out of the public marketplace, which they were successful in doing with respect to homeopathic teething products."

I hope that you find the rest of the LIGA LETTER helpful in your pursuits and knowledge of homeopathy.
**ARGENTINA**

*Dr. Miriam E. García de Vallerotto, NVP*

Since 1995, Homeopathic Schools of Argentina formed the Federation of Argentine Homeopathic Medical Associations F.A.M.H.A. provides the support and accomplishment of tasks in fulfillment of its specific aims, consolidating our Homeopathic Science at National and International level, before Official Deontological and Disclosure Organisms for the good of health and the human being. In Argentina, the Homeopathic Schools, are divided into Federated and non-Federated Schools.

Asociación Médica Homeopática Argentina. Escuela Médica Homeopática Argentina. Centro de Estudios Médicos Homeopáticos Hannemaniano de Córdoba. Other Argentine institutions Academia de Homeopatía “Dr. Constantino Hering” Fundación Médica Homeopática Vitalis Grupo Cremonini LMHI Library Committee

The teaching of our medicine has now benefited from a virtual platform. Universidad Candegabe de Homeopatía: Distance Learning University and “Campus Homeopáticos online” Belonging to the EMHA “Tomás Pablo Paschero. The College of Homeopathic Physicians gather the professionals of the respective adhering schools, granting them a personal and professional registration. This Federation has a digital magazine "El Simillimum".

**ARMENIA**

*Dr. Mariam Gharabaghtzyan, NVP*

As we indicated in our last-year report Dr. Pfeiffer’s seminar was held in Yerevan in autumn 2016. Very interesting and productive seminar with life cases.

This summer we look forward to the traditional visit of Sabine Zimmermann with her seminar in Yerevan. The Armenian Association of International Homeopaths and “Nor Arev” organized the 6th International Homeopathic Congress in Armenia 27-30 April.

We are hopeful that it will be as interesting and productive as the previous ones. We have the pleasure to invite all those who are interested to attend the event and look forward to welcoming them in Yerevan.

Armenian doctor-homeopaths keep working as usual.

**AUSTRIA**

*Dr. Bernhard Zauner, NVP*

The Higher Administrative Court confirms homeopathy to be legal for medical practitioners only. In 2016 105 (ÖGHM) and 79 (ÄKH) Austrian Medical Doctors hold an additional diploma in Homoeopathy, are members of a homeopathic association and member of the LMHI. About 50 (ÖGHM) and 31 (ÄKH) MDs, medical students, pharmacists and veterinarians are regularly following the basic educational program. Austrian patients consider homeopathy a very popular method of cure. Attacks against homeopathy in public media, still being often organized by Skeptics seem to catch less interest of the public. The common PR – campaign for Homeopathy “Homöopathie als Kassenleistung” is in process, votes for homeopathy are collected, information pro homeopathy is spread. The initiative “Homeopathy helps” for a better cooperation between conventional medicine and homeopathy spreads information via the patient association VHG, homepages and presentations.

**AUSTRALIA**

*Isaac Golden PhD, NC*

The last few years have been difficult for homeopathy in Australia, driven in large part by a negative finding regarding evidence supporting homeopathy by the nation’s peak medical research body the National Health and Medical Research Council (NHMRC). The report has been used internationally to attack the evidentiary credibility of homeopathy. The Australian Homeopathic Association (AHA), the nation’s largest homeopathic association, with the support of the country’s largest natural medicine practitioners’ association the Australian Traditional Medicine Society (ATMS), and the peak manufacturers association the Complementary Medicines Association (CMA), has mounted a sustained initiative to expose the deep flaws in the NHMRC report to regulators, politicians, and to the public by demonstrating two things. If successful, this response by the AHA will have international implications for homeopathy, and will demonstrate that persons and institutions that attack the credibility of homeopathy do so from a position of non-science, and have to rely on contrived analyses such as Shang in 2005 and NHMRC in 2015/16 where data is manipulated in order to arrive at predetermined negative conclusions. So homeopathy in Australia, while still being regularly utilised by tens of thousands of Australians, is in a battle to survive. But there are dedicated practitioners who are doing all that resources allow to ensure this survival, and the profession is also drawing on encouragement from some international associations that have given us positive support.

God Willing, in 2018 I will be able to report on positive developments for homeopathy in Australia.
BULGARIA
Dr. Dora Pachova, NVP

Homeopathy is developing in good atmosphere in Bulgaria. It is getting more popular among patients and doctors. Annual International Conference of AHPB
Main theme 2016 on “Autoimmune diseases and Homeopathy”. The event was attended by a large number of homeopathic doctors, GPs, paediatricians, dentists, veterinarians and pharmacists, from renowned hospitals and university clinics. We had for first time special meeting on veterinary homeopathy in Bulgaria with the help of Dr. Horning, Germany.

Homeopathy Awareness Week 2017
Main theme: "Homeopathy and cardiovascular diseases"

We organized lectures for general practitioners and members of our association in 4 Bulgarian cities. We had more than 600 participants.

We are making 3 short films with stories of patients in active age, treated with homeopathy. They will be professionally done and aim to reach more people in social media.

CHILE
Dr. Sergio Castillo, NC

In Chile, homeopathy throughout its existence as a country has experienced ups and downs depending on the educational trends in health in the country and the perceptions that people have of the health system. Although in the 19th century there are some mentions to the Homeopathy, it is only in the 50's of the last century when the first organizations with representation of homeopathic physicians represented Bangladesh on Hahnemann day. Health Minister of our country was so pleased that, he told us to organize a press conference in our country to elaborate the success of Hahnemann day program and also to make LMHI & Homeopathy more known to the people of our country. Our vision is 2022, because Bangladesh is hosting the LIGA Congress on that year. To spread LIGA in our country, a committee has been formed on the 5th of August, 2016.
LMHI Governance Meetings 2017
Actions of the Executive Committee (EC) and of the International Council (IC)
Leipzig, 14-17 June 2017

From left to right; Richard Hiltner, Cesar Cremonini, Heike Gypser, Bernardo Merizalde, Gustavo Cataldi, Monika Kölsch

From left to right; Bernardo Merizalde, Renzo Galassi, Alok Pareek, Altunay Agaoglu, Ashley Ross, Gustavo Cataldi, Monika Kölsch

“IC Meeting”, Köthen

“EC Meeting”, Köthen
71st Congress of the
Liga Medicorum Homoeopathica Internationalis

Minutes of the
International Council (IC) Meeting 2016

In Buenos Aires, Argentina

Place: Sheraton Libertador Hotel, Av. Cordoba 690 (1054) Buenos Aires, Argentina

Time: Monday, 22 August 2016, 9 am - 6 pm

Participants:

Executive Committee:

President: Dr Renzo Galassi, Italy
Immediate Past President: Dr José Matuk Kanan, México
Prime Vice-President: Dr Alok Pareek, India
Treasurer: Dr Altunay Agaoglu, Turkey
General Secretary: Dr Jelka Milić, Croatia
Secretary for Archives: Prof Dr Martin Dinges, Germany (absent)
Secretary for Dentistry: Dr Gloria Feighelstein, Brazil
Secretary for Education: Dr Gustavo Cataldi, Argentina
Secretary for Newsletter: Dr Richard Hiltner, USA
Secretary for Pharmacy: Dr Amarilys de Toledo César, Brazil
Secretary for Research: Dr Raj Kumar Manchanda, India
Secretary for Public Relation: Dr Antonio Marques Arpa (absent)

Special Committees:

Samuel Hahnemann Library Foundation: Dr Cesar L. Cremonini, Argentina
Committee for Provings: Prof. Dr Ashley Ross, South Africa

LMHI Secretary:

Ms. Evin Turkay, Turkey
National Vice-Presidents (NVP), National Contact Persons (NC), LMHI Working Groups Members & Guests:

Argentina: Dr Silvia Cristina Mercado (NVP), Eduardo Bitis (EMHA President)
Austria: Dr Claudia Garn (NVP)
Belgium: Dr Philippe Devos (NVP), Dr Jean-Louis Smouth (Faculty for Homeopathy, Belgium)
Brazil: Dr Dr Gloria Feighelstein (NVP by proxy)
Bulgaria: Dr Dora Pachova (NVP)
Canada: Dr Bhupinder Sarma (NC)
Croatia: Dr Jelka Milić (NC by proxy)
Cuba: Dr Mayra Riveron Garrotte (NVP)
Ghana: Dr Michael Koyo Kyeremateng
European Committee for Homeopathy (ECH): Dr Arlette Blanchy
Ecuador: Dr Xavier Godoy (NVP)
Germany: Dr Cornelia Bajić (NVP), Dr Monika Kolsch (Treasurer Candidate), Dr Heike Gypser (Secretary for Pharmacy Candidate)
India: Dr Nandini Sharma (Homeopathic Doctor)
Italy: Dr Francesco Marino (NVP), Dr Pietro Federico (Secretary for Education Candidate)
Mexico: Dr Antonio Sánchez Caballero (NVP), Dr Antonio Sanchez Carballo (President de Homeopatia de Mexico A.C.)
Peru: Dr Carlos Corbacho (Medical Doctor)
South Africa: Dr Danny Pillay (NVP)
Spain: Dr Ute Fischbach Sabel (NVP), Dr Carlos Corbacho (Medical Doctor)
Switzerland: Dr Franziska Bläuer (NVP)
Turkey: Dr Altunay Ağaoglu (NVP by proxy)
USA: Dr Todd Hoover (NVP), Dr Daniel Cook (Press Release team), Dr Bernardo A Merizalde (Secretary for PR Candidate)

Agenda:

1- LMHI President’s Opening: Dr Renzo Galassi welcomes all the participants and thanks to all for their attendance.
2- Minute of Silence for the Colleagues Passed Away since the last Congress: Dr Fernando Redin (Ecuador), Dr Ana Maria Carballo Quiroz (Mexico), Dr Carlos Valenguera (Argentina)
3- Approval of the Minutes of the International Council Meeting in Rio de Janeiro, Brazil 2015: In favour: all, against: zero, abstentions: zero. The document is adopted unanimously.
4- LMHI 2015 Congress in Rio de Janeiro, Brazil: The review: Dr Dr Gloria Feighelstein (NVP by proxy) gives short report stating that the goals of the LMHI 2015 Congress were accomplished. There were 700 participants from 40 countries, the Congress budget was positive. As a novelty, among regular Congress topics there were also lectures about homeopathy in agronomy.
5- Welcome of the LMHI 2016 Buenos Aires Congress Organizers: Dr Gustavo Cataldi presents the state of affairs stating there are more than 450 participants from 30 countries registered for this congress. He then proceeds giving the names of the congress sponsors who offer their moral (not financial) support. He suggests that for the future LMHI congresses it could be worthy to coordinate the dates with other global homeopathic congresses.
6- Short Meetings of Countries of the same Continent: As each year, country representatives of the same continents had a chance to gather together and discuss and share their experience about various issues: homeopathic education, teacher’s accreditation, sceptics attacks, homeopathic pharmacopoeia etc. Dr Renzo Galassi invites participants to speak about their problems in front of all.
7- Reports of the LMHI Executive Officers: Reports have been sent by electronic post to all International Council Members beforehand. Besides that, Executive officers are presenting their reports to the participants. After short discussion and voting, all reports are approved unanimously.
8- Reports of the LMHI Secretaries for Archives, Dentistry, Education, Newsletter, Pharmacy, Public Relations, Research and Provings and Special Committee for Library Foundation: The Reports have been sent by electronic post to all the IC Members beforehand. Besides that, Secretaries and Chairpersons of the Special Committees are presenting their reports to the participants. After short discussion and voting, all presented reports are approved unanimously.
9- Proposal and Voting of the Change of Secretary to Special Committee of Archives and Dentistry: Dr Renzo Galassi proposed the change of Secretaries to Special Committees for Archives and Dentistry. Discussion followed. Prof Dr Martin Dinges, current LMHI Secretary for Archives, has offered to continue to archive LMHI records at the Institute for History of Medicine, Robert Bosch Foundation in Stuttgart, Germany without the obligation to participate at the LMHI annual meetings. The proposal of the Change of Secretary to Special Committee of Archives is then voted and approved unanimously. The proposal for the Change of Secretary to Special Committee for Dentistry is refused by the Executive Committee voting at their annual meeting held yesterday at the Escuela Médica Homeopática Argentina “Tomás Pablo Paschero”, Sánchez de Bustamante 278, C1173ABD CABA, Argentina.
10- LMHI Working Groups: Reports and State of Affairs: Dr Alok Pareek presents the topic thanking to all contributing to WGs work and stating there is a need to raise the level of WGs in a near future to a more professional level from the causal one. The end product of each WGs work has to be positive document.

11- LMHI Congresses 2025, 2026, 2027: State of Affairs and New Applications: Proposals: 2025: the Netherlands sent beforehand their request by e-mail stating as their motivation the celebration of the centenary of the LMHI establishment in Netherlands. The presentation will follow at the next ICM in Leipzig because the Netherlands NVP is absent at this meeting. 2026: Canada and Ghana. 2027 –proposing and voting is suspended by the proposition of Dr Renzo Galassi (not advisable to propose and vote for more than 10 years into the future). After the short discussion, the voting by secret ballot for the LMHI Congress in 2026 followed. The results of the secret ballot were as followed: 22 votes were in favour for the LMHI 2026 Congress to be organized in Canada and 7 votes were in favour for Ghana. So, the result of the voting is the LMHI 2026 Congress to be held in Canada.

12- Report of the International Homeopathy Day 2016 in India and IHD Application or 2017: Dr Nandini Sharma gives the report. The full report is available at the LMHI Newsletter No. 18.

13- LMHI Office in Izmir: State of Affairs: Ms Evin Turkay gives the report about her work in LMHI Izmir office. Her usual work is everyday work with e-mails, dealing with the newsletter and the Liga letter, and with the Executive Committee. She is working in the office of the Turkish Homeopathic Association and the rent of the office is for free.

14- LMHI Website: State of Affairs, Suggestions, Ideas: Dr Altunay Agaoglu presents the new website design. The website management has moved from India to Turkey to reduce the running costs. The expenses for running the LMHI website in Turkey is 2000 Euro for 2016 and 2000 Euro for 2017, then nothing after that.

15- Presentation and Voting on the Definition of the Homeopathic Remedy: Dr Amarylis de Toledo Cesar presents the state of affairs. The definition is not yet finalized. There is a need to go to the roots and to continue to work on the current draft version.

16- LMHI Guidelines for a Homeopathic Drug Proving (HDP) 2016: State of Affairs: Prof Dr Ashley Ross states that the 2nd edition of the HDP Guidelines will be released in 2017 in 4 languages. Multicentred drug proving is planned to be realised in October 2016, re-proving of the drug that has not been well proved until now.

17- Scientific Framework Homeopathy – Evidenced Based Homeopathy 2016: State of Affairs: Dr Raj K Manchanda gives the report about the Scientific Framework Homeopathy update. The summary of it will be uploaded at the LMHI website soon after the meeting.

18- LMHI Accredited Schools Applications: Glees Academy, Germany, Homeopathy University of Jaipur, India. The schools in the process of the Accreditation: Genova Homeopathic School.


20- Reports of the National Vice Presidents: Received reports are available at the forum section of the LMHI website.

21- Presentation of the Candidates for the new LMHI Executive Committee (in alphabetic order): The applications of the candidates, consisting of their CVs and Motivation Letters with their Working Program proposals are distributed to all beforehand. The surnames, names, country and the posts of the candidates are as follow: a) Dr AGAOGLU, Altunay, Turkey, Candidate for the General Secretary b) Dr CATALDI, Gustavo, Argentina, Candidate for the Vice President c) Dr CREMONINI, Cesar, Argentina, Candidate for the Head of the Special Committee for Library d) Dr FEDERICO, Pietro, Italy, Candidate for the Secretary for Education e) Dr FEIGHELSTEIN, Gloria, Brazil, Candidate for the Secretary for Dentistry f) Dr GALASSI, Renzo, Italy, Candidate for the Immediate Past President g) Dr GYPSER, Heike, Germany, Candidate for the Secretary for Pharmacy h) Dr HILTNER, Richard, USA, Candidate for the Secretary for Newsletter i) Dr KOLSCH, Monika, Germany, Candidate for the Treasurer j) Dr MANCHANDA, K. Raj, India, Candidate for the Secretary for Research k) Dr MERIZALDE, A. Bernardo, USA, Candidate for the Secretary for PR l) Dr PAREEK Alok, India, Candidate for the President m) Prof Dr ROSS, Ashley Hilton Adrian, South Africa, Candidate for the Secretary for Proving

The candidates than shortly presented themselves and their working programs to the participants.

22- Election of the new LMHI Executive Committee: The election was held by secret ballot. The results of the voting: All candidates are approved unanimously except Dr Kolsch Monika and Dr Cremonini Cesar whom were given one abstention vote.

23- Next Annual Meeting: Place and Time: Koethen, Germany, June 13, 2017, from 10.30 a.m. to 6 p.m. at the European Library for Homeopathy

24- Miscellaneous: Presentation of the LMHI 2017 Leipzig Congress by Dr Monika

25. Closure of the Meeting at 6 p.m.

Yours sincerely,

Renzo Galassi
President

Jelka Milic
General Secretary
2016 LMHI Meeting, Buenos Aires, Argentina

Participants of the IC Meeting 2015

Gustavo Cataldi, Argentina, Vice President of LMHI, 71th LMHI Congress President

Silvia Mercado, Argentina NVP 2016

Renzo Galassi, LMHI Past President, handing over the Presidency to Alok Pareek at the 71th LMHI Congress, Argentina

Silvia Mercado, Argentina NVP 2016
International qualified homeopathic practitioner courses were brought first into Hong Kong and Macau in 2008, and then later into Taiwan and Mainland China. The practitioner programme offered by the School of Homeopathy (UK) is fully accredited by the Homeopathic Medical Association and The Society of Homeopaths, the British representative on the European and International Councils for Classical Homeopathy. The Hong Kong Association of Homeopathy (HKAH) and Macau Association of Homeopathy (MAH) were founded by Prof. To Ka Lun Aaron in 2005. These two associations became member of the International Council for Homeopathy (ICH) in 2014 and 2015 respectively. The two associations organize homeopathic conferences and exhibitions, attracting an attendance of more than 3,000 people. In 2014, The Department of Health in Hong Kong stated that the Government encouraged the development of such society-based registration system along the principle, so that the acts and activities of homeopaths would subject to regulatory control by the association. On the other hand, MAH started up a campaign in 2015, during the public consultation period for the healthcare reform. More than 30,000 Macau citizens signed and send letter to the health department to express their wish to have proper regulation and recognition on homeopathy. With the support from members of the legislative council, the discussion in the legislative council began in Oct 2016. With biostatisticians in the Chinese University of Hong Kong, the first cohort study of homeopathy in China was finished by HKAH in 2016 and will be published in 2017. Representatives from the HKAH have joined the systematic research team in the Homeopathic Research Institute in 2017. In collaboration with Archibel, the first fully fledged Chinese homeopathic software was released in 2014, with the first complete Chinese translation of Kent’s Repertory, William Boericke’s Repertory and Materia medica, which has been made available with Radaropus. New books in Chinese are being added and more translations of classical homeopathic literature are in process.
The Liga Medicorum Homeopathica Internationalis Congress was held in Leipzig, Germany from June 12 – 17, 2017. The initial meeting was convened in Koethen, Germany which was a long time residence for Samuel Hahnemann after he left Leipzig. During the visit, we were able to visit the Hahnemann Home, Hahnemann Museum, and the Hahnemann Library in Koethen. Many artifacts of Samuel Hahnemann including his desk, chair, remedy collections, and bed were on display.

Information on the political meeting of the congress of National Vice Presidents and the LMHI Executive Committee are detailed below.

International Council Meeting 13/06/2017

1) Meeting was commenced by President Alok Pareek with some words for solidarity of the community in the face of increasing attacks on homeopathy across the world.
2) Gustavo Cataldi thanked everyone who attended last year’s meeting in Argentina.
3) The minutes from the 2016 meeting were approved by the congress.
4) The current leaders of the 2017 congress of the LMHI welcomed everyone to the meeting. The motto is networking in medical care – about how homeopathic practitioners work together with other medical providers in a natural networked manner.
5) Group meetings were held in the various continental regions: Europe discussed the ongoing stress on homeopathy in both England and Italy. It is possible that homeopathic training might be withdrawn from universities. The feeling is that the strengths exist in both patient associations and PR systems. There is a need to increase political activism to fight this issue.
6) Asian regional meeting reported that some countries lack any homeopathic national organizations. Some countries regulate homeopathy as a traditional medicine, while others do not.
7) African regional report suggested that homeopathy is regulated very differently from country to country. While South Africa enjoys a positive regulatory environment, that is not the case with all countries.

COSTA RICA
Dr Carlos José Quesada Ulloa NVP

The homeopathy in Costa Rica exists since the year of 1890, it has been regulated by the Medical Association since 1921, this group recognized the homeopathy as a specialty in 1986 and the national authorities of Costa Rica recognized it officially in 1994 by an executive order. Currently there are 18 physicians incorporated as specialists or masters in Homeopathy in the Medical Association of Costa Rica but there is a group of around 100 physicians that prescribes homeopathy regularly. There are pharmacists incorporated as specialists or masters in their professional association.

Some practitioners come to African countries expecting to be able to practice without government approval, which should be discouraged because it often creates a difficult situation for the practitioners and for the view of homeopathic medicine in those countries.

8) The Americas regional report discussed some positive reports of how Argentinian physicians overcame significant prejudicial governmental action in one region to restrict prescribing privileges. And also there are some difficulties in Ecuador where the government has changed the law 5 years ago to require university graduation, but have removed the homeopathic universities from the country. Different approaches to the problem were discussed.
9) President’s report: We are happy to see the expansion of homeopathy and LMHI participation in different countries, but also concerned over the attacks on homeopathy that have been ongoing. We must all work together to overcome these difficult issues.
10) Vice President Gustavo Cataldi reported on his activities over the past year. He has developed a working group operating procedure to help improve the working group functionality. Each group will be headed by one of the executive committee members and overseen by the Vice President. Participants must be an active LMHI member. Members must submit an application for membership. Members must actively communicate during activities of the group. If a member does not participate for one year, they will be removed from the group. Each working group should provide an update of the activities two times per year to the Vice President.
11) Secretary Altunay Agaoglu reported on the current status of membership. One institution (SEFRA) was voted for inclusion as an institution to the LMHI.
12) Past President Renzo Galassi discussed his activities over the past year. Primarily he is working upon the solidarity project for the LMHI to help countries which are poor or having significant problems in their country to establish homeopathic medicine. He invited those who might be interested to join the project.

There are approximately 800 homeopathic prescribers including physicians, pharmacists, other health professionals and non professionals. The practice of homeopathy is not integrated to the social security system and is performed in the private practice only. The selling of homeopathic remedies is given by specialized homeopathic pharmacies or other regular pharmacies that include some homeopathic remedies in their stocks. The homeopathic medical services are covered by some private insurance agencies. There is not a current training offer for homeopathy, some universities include homeopathy as a topic of the regular program, but not as a complete training program. There is no current homeopathic scientific research in Costa Rica.
Helena Jovicic Karre, MD

help to protect that only medical person can speak on LMHI. Maybe in

Last two years nothing was changed in Croatia according to regulation

attract more people. Last struggle was with layman Ana Šafran and her

Croatia. Laymans associations growing and they use untruth and lays to

connect with laymans association of homeopathy in for CAM. Minister

of Health was changed few time in last two years. It was unkown who

will work on regulation of CAM. 

New information from last week, from Ministry of Health, is that new

Law of Healt insurance will be present on the end of this year. It will

be added one new article about regulation of CAM. Section for legal

issue will decide to agree with this article or no. So, we have to wait

the end of year to see does CAM will be regulate.

Medical Chamber still do not support homeopathy untill Ministry of

Health do not regulate it. Basic education we planing all the time. 

Advertistment for basic education was twice sent to family doctors email list. Only few candidat s were interested. Doctors are not interested, they have to pay education, it require two or three years, every month at list once and Medical Chamber do not give any point for that education bcs it is not regulate by Ministry of Health. I have to thanks to Slovenian association who always found some irregularations concerning to laymans association of homeopathy in Croatia. Laymans associations growing and they use untruth and lays to attract more people. Last struggle was with layman Ana Šafan and her

leadership of alternative medicine which regulates and issues the

National Assembly, grants medical specialty status to Homeopathy.

On the other hand, the ministry of health now counts with a National leadership of alternative medicine which regulates and issues the prevailing regulations of our practice. 

Additionally, the new law for medical insurance binds insurance companies to cover all medical expenses for visits and for homeopathic doctors without any kind of restriction.

Furthermore, the new Health code that is to be approved in the National Assembly, grants medical specialty status to Homeopathy. The only pending issue is the study of Homeopathic specialty in a University. This matter in which we keep working has as primary goal the University endorsement.
The congress was attended by over 1500 participants in a grand congress hall in Leipzig. Up to six lectures were conducted at any given time, and a poster session was presented. Details of some of the lectures are presented below.

**Lectures**

1) Opening ceremony included presentations from the congress organizers, the Lord Mayor of Leipzig, the President of LMHI, and the Secretary of Research for LMHI. The various welcoming presentations were buttressed by performances by a chamber orchestra that shared the stage.

2) Lecture by Frederic Shroyens – Dr. Shroyens discussed some advances and possibilities in repertorization using repertory software. He first presented the opportunity of using software to repertorize directly from the many thousands of pages of materia medica using search terms that may not be found in the current repertories, but which may be very specific to the case. By splitting the symptom into multiple ideas (for example cold sweat on the face associated with thirst as a concomitant would be split into cold+sweat+face+thirst). By searching for the common terms together, you may find remedies emerge with opposite or similar symptoms. For example, you may find sweat on the face that is not cold, or associated with absence of thirst. For this reason when using this technique, one must be cautious using a simple search for the terms without exploring the actual data that is returned. For example, if you are looking for “green diarrhea”, you may return a result for a remedy that actually is used for “yellow diarrhea after eating green apples”. Such results may be wrong. Therefore, you must dig into the results and read the specific symptoms that emerge from the search. If you perform this process, it will require a lot of effort. However, if you then record your effort according to the exact result of your final understanding of the original rubric, you may create a new rubric for future use. This can be completed within the current repertory and materia computer program. This can now be performed by all users of Radar using Ctrl / Cmd F7 while selecting the materia medica information and then again using the same keys on the particular Repertory symptom that is associated. This will allow crowd-sourced improvement of our Repertory. At this time we have 750,000 references within the repertory with source references that can be toggled easily within the system.

3) S.K. Tiwanti discussed the contributions of Boger to the Homeopathic methodology. His main works include the Boger-Boeninghausen translation to English and over 3000 additions to Kent’s repertory. He tended to follow Hahnemann’s and Boeninghausen’s methods. Boger felt the time dimension, causative modalities and tissue affinities helped to shape modern homeopathic practice. He was the first person to suggest the need to investigate for the purpose of conventional diagnosis. He gives importance in the following order:

1. Causation
2. Modalities
3. Concomitant symptoms
4. Pathological generals
5. Diagnostic rubrics

He presented a case of a woman who improved with Sepia for infertility, demonstrating the causation, modalities, and concomitants as being of highest importance.

4) Andre Saine presented a talk on epidemic reporting and homeopathy. Currently, there is little published in the conventional literature that deals with epidemics. Perhaps this is due to the massive amount of data involved. Or perhaps this is due to the paucity of information from the last few centuries for epidemics in the allopathic school. In homeopathy however, we find a wealth of information on epidemics. His findings on pneumonia show that homeopathy demonstrates the best outcomes of any therapeutic system for this disease. He pointed out that the effects of homeopathy cannot be attributed to placebo (after being studied by experts) and are not associated with iatrogenic effects. In his review of pneumonia, he found that the mortality of patients under allopathic treatment (before the use of antibiotics) was 24.3%. For those treated with expectant watching only was 21.1%. Modern medicine with antibiotics was 13.7%. And for homeopathy alone was 3.4%. In other words, Hahnemannian homeopathy would save 13 more lives out of 100 cases of pneumonia compared with current conventional care. If we compare true Hahnemannian homeopathy to all types of homeopathic care, it is expected that 7 lives out of 100 would be saved using Hahnemannian homeopathy. Given that pneumonia is still a major cause of death and morbidity even in well-developed countries, homeopathic intervention has an opportunity to save lives in this domain. He reviewed the data on homeopathic prophylaxis in the Japanese Encephalitis epidemics in India and the Leptospirosis epidemics in Cuba.

**ESTONIA**

Dr. Saima Tišler, NVP

The development of EHU (Estonian Homeopathic Union) has been stable, meetings and patients’ discussions have been held regularly. The number of LMHI members and the number of general members within EHU has stayed the same. Those still active, have been regularly participating in the union’s activities. Different homeopathic unions have organised several seminars and courses. While considering different schools that have influenced homeopaths in Estonia, the Belgian-Russian, Finnish, Mr. Vithoulkas’ (Greek) and British schools have remained the most dominant. New younger homeopaths have appeared. In 2016, there have been several happenings organised by them in Saaremaa and Viljandi. Since 2008, Estonian Qualification Authority has yielded 14 Homeopathic Qualifications.

**FRANCE**

Dr Yves Maillé, NVP

The report on the French situation established in 2016 is unfortunately still valid for 2017!

It sums up our situation perfectly and you will find it after this update note. What’s new in 2017?

The Status of Homeopathic Doctor in Europe by the European Committee for Normalization (CEN) was finally published. But homeopathy is the object of new attacks. During the last two years we have succeeded in setting up compensated training in homeopathy to reach young doctors without asking them for financial sacrifice. These formations are questioned and it is pointed out that the process of normalization does not compensate the lack of evidence and the effectiveness of homeopathy.

Moreover our health minister has implemented the generalized third party paying with medical consultations at 23 Euros incompatible with the time necessary to carry out any homeopathic consultation. Actually, homeopaths circumvent this fact by practicing exceedances of fees that are also questioned and could be forbidden.

For the young physician who wishes to practice homeopathy, the future has never been so dark.
Homeopathy exists in Georgia as direction of medical care system for over 20 years. Nowadays, it faces several problems: low awareness in public, stays relatively undiscovered for public, medical students and doctors. Few create efficient relationship in homeopathic community and with medical “traditional” non-cooperative, highly individualistic mindset of our colleagues, share actively common interests and troubles, and establish truly friendly attitude to each other. In parallel, we will intensify our efforts to present well homeopathy to public using mostly social media.

DZVhÄ is connected to several medical stakeholder organisations, as well as conventional medicine as also CAM organisations. In Berlin we joined the “Hauptstadtbüro für Integrative Medizin und Gesundheit” in order to realize networking between the different organisations (Acupuncture, Anthroposophic Medicine, Naturopathy...). We also intend to add a new board member “Students and young doctors” in order to focus more on the needs of the young academics. The attacks from the sceptics continue, we work in cooperation with other CAM organizations on political scene, passed media training and engaged a PR agency. All activities aim to communicate positive messages about homeopathy. E-Learning and Blended Learning are in development to attract the young generation. The amendment of the “German Doctors Education Manual” concerning all specialist disciplines is going on. The DZVhÄ as editor for homeopathic education has placed the high education standards as it is also favoured by ECH and LMHI. Homeopathy continues to be integrated into the national public health system. About 80 public health insurance companies have joined special contracts with the DZVhÄ that allow patients to get homeopathic treatment within their basic health insurance, and a large percentage of homeopathic doctors. This has broadened the access to homeopathic treatment into new spheres of society.

She presented several cases to help demonstrate how to approach these complicated cases. In the first case she noted that physical exam revealed a significant tension test at the neck area with hypermobility in the Sacroiliac region. The woman had also a chronic dysmenorrhea which was inter-related with the dysfunctional tension picture in The picture of dysmenorrhea along with the more constitutional symptoms and the mental emotional picture led to Calcaria Carbonica prescription in the first case. In the second case, the chronic pain began under a period of intense fear. Also, later in the story of this patient there was a development of panic attacks. The central issue in this case was pain related to loss of control and fear. Fear, panic, tension, and pain were the central aspects of the case. For this patient, Conium maculatum was prescribed. Her conclusion was that homeopathic treatment offers a unique pathway into the causal tension within the patient and can be used to unlock the case so that other physical modalities can be used with much greater effectiveness.

Carlos Campora presented a lengthy seminar on the importance of rigorous analysis of case progress and outcomes. He presented a number of severe pathological cases that were treated homeopathically. The video presentations were used to help describe his approach to case and outcome analysis. His emphasis is to use rigor in evaluation from both the report of the patient as compared to the observation of the prescriber. This is particularly true when trying to precisely assess symptoms from the mind. The cases included a young woman with Multiple Sclerosis, a middle-aged man with gouty arthritis, unstable angina in an older woman, younger woman with infertility and partner sterility, and a young woman with non-Hodgkin’s lymphoma. His focus on analysis is specifically to clarify the symptoms as presented by the patient. This can most readily be accomplished by re-asking for clarification. To do this properly you must understand both the symptom as expressed as well as the rubric you wish to use. For example: Mind, from suppressed anger – is a rubric that must be accompanied by a physical effect of the suppressed anger. Otherwise, it should not be used in the case. To acquire better understanding of the symptom one may observe oneself and the other, facilitate the patient to express, ask again for clarification or challenge the symptom of the patient. By being methodical in our case-taking we avoid the use of “invented” symptoms which lead us astray in understanding the affliction of the patient.

6) SK Mishra presented a talk on the homeopathic treatment of large kidney stones >7mm. In his prospective case series he presented approximately 20 cases of patients with large stones that responded to homeopathic care with a variety of medicines. The average time to stone passage was approximately 4-6 months in the asymptomatic patient. The largest stone passed in his series was approximately 16 mm. His conclusion was that we may need to rethink the approach to treatment of large stones. Rather than immediately referring the patient for surgery we might consider homeopathic treatment first. In general, patients with asymptomatic or intermittent symptoms for their stones should be treated with constitutional therapy, while acutely symptomatic patients should be given an acute prescription. He gave the caution that symptoms such as uremia, hyperparathyroidism, and obstructive uropathy should be treated only with due consideration of the potential negative outcomes and the delay for a more aggressive therapy such as surgery.

7) Anke Scheer presented a talk on the socioeconomic impacts of low back pain and some thoughts on solutions. She looked at the risk factors leading to increasing chronicity of the situation. Ongoing pain, work factors, social conflicts, psychological factors, iatrogenic pain, and clinical failure can all contribute to movement into a chronic state. Although multimodal treatment strategies have been implemented for many years now, the incidence of chronic back pain has not changed. pelvis and low back.

Germany

Dr Cornelio Bajic ,NVP

DZVhÄ is connected to several medical stakeholder organisations, as well as conventional medicine as also CAM organisations. In Berlin we joined the “Hauptstadtbüro für Integrative Medizin und Gesundheit” in order to realize networking between the different organisations (Acupuncture, Anthroposophic Medicine, Naturopathy...). We also intend to add a new board member “Students and young doctors” in order to focus more on the needs of the young academics. The attacks from the sceptics continue, we work in cooperation with other CAM organizations on political scene, passed media training and engaged a PR agency. All activities aim to communicate positive messages about homeopathy. E-Learning and Blended Learning are in development to attract the young generation and in order to adapt to them. The amendment of the “German Doctors Education Manual” concerning all specialist disciplines is going on. The DZVhÄ as editor for homeopathic education has placed the high education standards as it is also favoured by ECH and LMHI. Homeopathy continues to be integrated into the national public health system. About 80 public health insurance companies have joined special contracts with the DZVhÄ that allow patients to get homeopathic treatment within their basic health insurance, and a large percentage of homeopathic doctors. This has broadened the access to homeopathic treatment into new spheres of society.
9) Robert Mathie presented his work on meta-analyses in homeopathic medicine. He noted that all meta-analyses to date have not differentiated between homeoprophylaxis and homeopathic treatment. The result of the Shang et al study of 2005 pronouncing that homeopathy is no different than placebo is that homeopathic medicine is perceived as a lesser therapeutic choice and perhaps even a non-sensible choice by the regulatory authorities in Great Britain despite strong efforts to shift this opinion. The current work by Dr. Mathie focuses on separating individualized from non-individualized treatment. They have also considered criteria such as published vs. unpublished data, peer-reviewed or not, and placebo controlled or not. They began with the hypothesis that individually prescribed homeopathic treatment will have outcomes different from placebo.

Having considered over 500 trials, the final eligible studies included 32 trials, and this was reduced to 22 that were actually including outcome data that could be extracted. They used the Cochrane criteria for assessment of bias for these 22 trials that met the criteria. In this final group 10 had high risk of bias, and 12 had uncertain risk of bias. So therefore, you could not be sure in any of the trials that there was a low risk of bias. In those trials of both unclear risk of bias and high risk of bias the odds ratio for likely effects of homeopathy were positive (between 1 and 2). In this group of studies, they identified 3 trials where sensitivity analysis based upon reliable evidence. When these three trials (2 by Jacobs and one by Bell) the Odds ratio increased from 1.53 for the 22 trials to 1.98 in the three trials which was statistically significant. Therefore, the meta-analysis data showed consistency with a small clinical effect specifically for the homeopathic medicines (not only the consultation) when used in individualized treatment. A similar process was undertaken with non-individualized treatment that was published 2 months ago. 75 RCTs were eligible and 54 met the criteria for review. Only 3 trials had low risk of bias, 23 uncertain bias, and 28 with high risk of bias. Looking at the eligible low risk of bias, and uncertain bias studies the overall odds ratio is 1.82. Looking at the 3 low risk of bias trials, the odds ratio is 1.40 but was not statistically significant. In this case, the statistically significant outcome is only in the cases with uncertain amount of bias. Therefore it is not clear whether non-individualized homeopathic treatment generates a benefit different from placebo. Applying the model validity evaluation to this series of cases, only nine out of the 26 papers that have been evaluated showed acceptable model validity, while 10 showed uncertain model validity, and 9 showed inadequate model validity. One of the low risk studies in this group and one in uncertain risk group were associated with inadequate model validity and therefore would be removed from the final analysis.

Using this input, only 1 case of high quality remains, with 18 of moderate quality, and 7 of low quality. (Again, model validity was not studied in all of these trials yet due to time constraints). Looking at the 7 low quality studies, there is no treatment effect found. When looking at the moderate quality studies the odds ratio is significant at about 2 and looking at the high quality study we find again a positive treatment effect at 2.18.

10) A panel discussion on Politics in Homeopathy was held. Raj Manchanda discussed the situation that emerged along with the nation building that occurred in India. As the nation came into being, Homeopathic medicine was included in the regulation of medicine since the inception due to the support of national leaders including Mahatma Gandhi. Training in homeopathic medicine takes 5½ years at this time. All homeopathic registration ultimately falls under the control of the Ministry of Health. Several other speakers from India commented on the positive relationship between Homeopathic medicine and politics in India. The President of the complementary medicine organization (CAM) in Switzerland spoke as well. She noted that a recent declaration in Switzerland will guarantee inclusion of CAM (including homeopathy) into the treatment coverage for all people in Switzerland – confirming that homeopathy meets the standards for quality, safety, and effectiveness for healthcare in the country. The panel discussion included Andrea Galle from a health insurance fund in Berlin, Cornelia Bajic who is a homeopathic doctor in Germany, and K. Schulz, a member of parliament in Germany, and H. Albonico from Switzerland CAM, and F. Porzsolt who is an emeritus professor from the university.

If there are any questions on the Congress, please inform me and I will respond as soon as I am able. In addition to the lecture review presented, I had the pleasure of presenting a research project on Validation of Provings that was supported by the HPCUS. It has been a pleasure to serve the AIH over the past six years as a representative to the LMHI. Hopefully, I have presented a consistent and relevant representation of the AIH needs and concerns. Over the next year, I will continue to assist Dan Cook as he assumes the position and responsibilities. I have informed the LMHI Secretary and President of the change.

Sincerely,

Todd A. Hoover, MD
U.S. NVP to the LMHI

Greece has a long history of homeopathic clinical practice, 7 Medical Associations for doctors, dentists, vets and pharmacists. Two associations are members of LMHI and three of ECH. There’s also an active Homeopathic Patients Association, some laymen and, recently, a Homeopathic Pharmaceutical Industry. Last year the Greek Ministry of Health following the European directives has commenced the process of full legislation of Homeopathy regarding education, medical practice, insurance coverage, production of remedies, etc. During the last decade, we have the creation and function of the first Greek Homeopathic Pharmaceutical Industry, named “Korres”, approved by the National Drug Institute of Greece.

The big and great news from Iranian Homeopathy association is the approval of the regulations of the alternative medicine in the high commission of Iranian Medical Concil. Now with this approval Homeopathy has strongest position in Iran more than ever had. Iranian Homeopathy association (IHA) still have two big problems. 1. Lack of organized integrated courses which should be taught in the universities. 2. The absence of homeopathy remedies in Iranian pharmacope. This is worth mentioning that prescription of homeopathy remedy is not easy in Iran because in their absence in drugstores the Homeopath should have the remedies in their office and they are not allowed to charge the patients for the any remedy (homeopathy or anything else). On the other hand the homeopathy visiting fee is not more than General practitioner (another problem). We have also had 60 new members in IHA 40 Medical doctors and others are paramedics.
In recent months the Italian Parliament passed legislation for mandatory vaccinations. A persecutory campaign vs whoever dares to criticize this policy was organized: a cardiologist (homeopathic doctor too) was expelled from the Medical Council, even though he was never denounced by patients or condemned in Court. Our Federation strongly supports him. Moreover, we have negotiate a prolongation with the Ministry the deadline for the registration of our medicines (June 30th). We risk to lose at least two thirds of them by next January. Such a “Witch hunt” climate has served to reinforce the unity between the Associations of homeopathic physicians and patients. The last FIAMO National Congresses (Riccione, 2016, March 11th -13th; Reggio Calabria, 2017 March 24th-26th) were very successful, with excellent guest speakers (H.Frei, F. Master, M. Brunson), as well as Hahnemann Day in Rome and Naples, with a large participation of physicians and the public.

In Malaysia Homeopathy has been categorized as Traditional medicine. For the past decades, traditional medicines such as Malay Medicine, Chinese medicine, Indian and Homeopathic medicine has made significant contribution to the people in this country. Malaysia with its rich tropical biodiversity is a reliable sour for natural health product and to ensure its quality and safety for the consumers, The Malaysian Government has taken a positive approach towards traditional and complementary Medicine (T & CM). It supports efforts to integrated Traditional and Complementary Medicine with modern medicine and will introduce evidence-based practices, incrementally where appropriate, into the mainstream of our national healthcare re system. Since last 20 years, It is incredible to note that 500,000 people in Malaysia, Singapore, Brunei and Indonesia watched on live and listened in by phones as MRHP President Prof Dr Nik Omar talk on Homeopathy Healthcare and Complementary Medicine in All-Asian Satellite Television and Radio Operator (ASTRO) Special Channel of Halal Bio News, answered questions and directly addressed many of the myths and misinformation regarding Homeopathy and Complementary Medicine in Malaysia. The first Malay known to introduce homeopathy in Malaysia was Dr Burhanuddin Helmy some where around 1937. In 1960 M0 Malaysia Homeopathic Society was formed, few years later another Soother Society of Homeopathy Bumiputra wutra was formed in 1980’s and in July 23, 1985 the National Homeopathic Medical Practitioners Association (MRHP) was formed by Dr Nik Omk Omar bin Haj Nik Daud. This Homeopathic Association (MRHP) remain as the most active Homeopathic Organization in Malaysia under the leadership of Dr Nik Omark Omar. In the past 24 years of struggles, MRHP has organized over 1,000 local000 local and international events across the country, from press conferences, seminars, talks to community discussion in radios, TVs, ios, TVs, ASTRO Broadcasting, etc.

25 years Kazakh Homeopathic Association is the guardian of the health of the people of Kazakhstan. On 29 September 1992 year Kazakh Homeopathic Association was registered by the Ministry of Justice as a Public Association. Homeopath in Kazakhstan can only be qualified doctors. Homeopaths are officially recognized and can only practice after studying and passing the exams in the Medical Institute for Postgraduate Education. Now it is called the Kazakh Medical University of Continuing Education. Doctors- homeopaths, members of the Kazakh Homeopathic Association, give lectures there. October 14-15, 2016, Kazakh homeopaths were participants in the 25th Congress of the Asian Homeopathic Medical League and 1st Eurasian congresson homeopathic medicine in Moskow, Russia. We were participants of the World Integrated Medicine Forum on the regulation of homeopathic medicinal products: National and Global Strategies, Delhi India, 23-24 February.
PRESIDENT,
Dr. Alok Pareek, India

Dear Friends,

Since the LMHI Congress in Buenos Aires, the Executive Committee has been in close co-ordination working on multiple subjects. The officer’s group especially has been in communication virtually every 3rd day.

I am happy to say that most of the subjects have been well managed and we have been making steady progress in multiple avenues of development.

Some of the important work which I would like to share in my report is as follows:

Personally, I was involved with the officer’s group in managing political issues in countries such as GHANA, Malaysia and China.

In case of Ghana, we realized through further information that the membership has to be an associate membership and not an institutional membership. The needful rectification has been done. In case of Malaysia, we now have 2 institutional members and we had to make suggestions for a process of communication for internal elections and co-ordination for better LMHI work. In case of China, we now have a new contact person. There were certain legal issues between our former contact person and another group. We were able to avoid LMHI involvement in the legal matters and find a middle path through communication and discussions.

On 17th November I visited Jaipur to attend the inauguration of the national Congress of HMAI, our institutional member in India. It was a wonderful congress with more than 1500 delegates. It was a good opportunity to raise awareness about LMHI.

The document “Advantages of being an LMHI member” was jointly revised by us and uploaded with corrections.

For the World Homeopathy Day, we had two applications for 2017: From Canada and Malaysia. Considering the situation was still under development in Malaysia, we had to chose the only other option Canada and LMHI was represented by our Vice president Gustavo Cataldi.

One of the most important work has been a thorough revision of the Congress Organisational Guidelines which will be presented to you subsequently.

Another important feature is an amendment in the membership eligibility which is not essentially an amendment but a clarification to maintain what it actually means.

There were multiple other communications with Homeopathy One organization, Homeopathic Links, Bolivia, Russia, Australia etc where I had to co-ordinate with the respective secretaries.

In 2008, at the 63rd Congres of LMHI, the Association of Homeopathy in Republic of Moldova became a member. Now we have a total of 42 members.

Homeopathy is taught since 1999 at the University of Medicine and Pharmacy “Nicolae Testemitanu” Chisinau. We maintained the curriculum of courses of specialization and improving in homeopathy, as follows:

-Initiation course in alternative medicine (homeopathy included) with a total duration of 3 months (312 credits) – without legal right to practice.
-Certification level course – total duration of 3 months (312 credits) to acquire the legal right to practice.
-General training for doctors with competence in homeopathy. 3 modules around the year. Intensive course (10 hours daily – 10 days each module).

We organize every month a seminar of homeopathy, where our homeopaths meet and share information about cases, remedies, news in homepathy in our country and in the world. Moldavian homeopaths also attended international courses, conferences, seminars and congresses in Romania, Greece, Ukraine and Russia.

AVIG the organisation for medical doctors trained in homeopathy, together with the naturopath doctors, and the doctors for neural and regulation therapy has been extended with acupuncture doctors. The total number of registered homeopathic doctors in the AVIG is 166 and the number is decreasing, due to lack of new doctors interested in homeopathy and the ageing of the members. The number of new members in 2016 was 0; 1 member died: Mrs. C. Terstegge, and 5 registered members resigned due to pension. The title homeopathic doctor and the requirements for registration as such, are safeguarded by a committee of quality. Lex Rutten published a book ‘Fundamentals of Statistics and Clinical Research in Homeopathy’ published by B Jain in 2016. Clinical cases registration: In March 2017 the pilot research on registration of clinical cases outcome was presented by Christien Klein. The final results will be published later in a magazine. It was clear that it is not easy to register all in the same way. Robert van Hasselen presented his CARE checklist and HOM-CASE for better registration in the future.
Immediate Past President
Dr. Renzo Galassi, Italy

After the Congress of Buenos Aires, where I finished my heavy work as a president, I decided to dedicate my time to support of our new President, to help our secretary for Newsletter and the editorial Board and as requested by Dr. Alok Pareek to coordinate the solidarity activities of our Association.

It’s a pleasure for me to see that the Working group Project, that I created in Los Angeles, 2010, is going on working and producing results. I am a member of all the groups and sometimes I receive questions or I am asked for some advice by some secretaries. It’s a pleasure now, without the pressure of the responsibility as a president, to help our Board members during their hard daily work.

I have tried to help our group on Provings, during the difficult work for the Multicentric Proving, that I strongly wanted before leaving the presidency, and now we are waiting for the results that Prof. Ashley Ross has in his hands. Many more activities of minor importance have been done over the last year with pleasure and with the spirit of service for our beloved Association that has always characterized my presence inside the Board.

Prime Vice President
Dr. Gustavo Cataldi, Argentina

During the course of this year, I have been in constant exchange with the other members of the LMHI Executive Committee, addressing different subjects, some more urgent than others.

I have attended to the celebration of the World Homeopathy Day 2017 held in Ontario, Canada, in April. The event was entitled “International Convention of World Homeopathic Day” and was organized by the Homeopathic Medical Association of Canada (HMAC). I was very well received by our NVP from Canada, Dr. Bhupinder Sharma.

One of my tasks as Prime Vice-President is the coordination of the Working Groups. In this regard, I have outlined the document “WG Operating Procedures”, in order to organize their work.

General Secretary
Dr. Altunay Agaoglu, Turkey

I had been in contact regularly with the executive council as well as the NVP/NCP’s. Our communication had been disconnected with some of the NVP’s for a long time. I reengaged in connection and established a new working ground. I made new national connections and have commenced dialogue with the NVP/NCP’s.

Also I have catalyzed a coordination between the university and the LMHI executive council concerning the Haiti Project.

I am fully active in the development of the website and the implementation of the data to the website.

I have worked with Martin Brand in formation of the algorithm concerning the epidemics and disasters group.

I have realized all of my chores as a general secretary.
71st LMHI Congress — “The disease is expressed in th human microcosmo, which gives voice to the substance”

I would like to express my gratitude and congratulate Gustavo Cataldi and his team of Homeopathic Masters for the magnificent congress offered us in Buenos Aires - Argentina last year. The Section of Dentistry counted on distinguished dentists Argentine homeopathic dentists and counted on the following subjects:

- Aplastic oral: clinical use (Galán, M; García Ortiz, S, Palacios, S; Pingitore, D; Tachella, V)
- Look inside the mouth (Jurio, Monica)
- Homeopathic Therapeutic Clinic in Dentistry (by myself)

NVPs Message

I sent a message to the NVPs, with the collaboration of Bernardo Merizalde, with the following requests:

- homeopathy activities in dentistry;
- institutes and departments promoting homeopathic dentistry;
- homeopathic dentists training institutions;
- articles published to promote our website;
- books, prefaces, literary works that can enhance and supplant librarian needs;

And ..., offered to help in the area of teaching, in clinical practice, discuss about the recognition and need of homeopathy in dentistry by government agencies.

I got the return of Hungary, Argentina and a dentist from Germany and with the help of Evin and Altunay I received the information from the homeopath dentists from TURKEY and GREECE, as we could see below:

The Argentina return:

Dentists graduated in the CEMHHCba.
Celeste Forzani: forzani@gmail.com
Jose Ernoli: Jose ernoli@hotmail.com
Carlos Svetlige: casvetlige@arnet.com
Fernanda Soria: fersoria56@hotmail.com
Lourdes Santamaria: lourdessantamaria.od@gmail.com
Roxana Ferreyra: roxanalaraderreyra@gmail.com

Homeopathic Therapeutic Clinic in Dentistry (by myself)

Roxana Ferreyra: roxanalaraderreyra@gmail.com

Dentists belonging to Homeopathic Associations of Argentina

CemhhCba: Roxana Ferreyra: roxanalaraderreyra@gmail.com
Adjunct Professor of Dental Clinic

EMHA: Mónica Jurio: monicajurio@arnet.com.ar
Assistant Professor of Homeopathic Dentistry

AMHA: They dictate the career of odontoestomatologia Homeopatica
The Germany return:
Lieber Frau Feighelstein,
Habe leider von Ihnen noch keine e mail erhalten. Freue mich auf einen Kontaktaufbau zwischen den Kontinenten, vielleicht kommen wir ja mal zu einem persönlichen Austausch. Wie kann ich Sie unterstützen?
Ihnen liebe Grüße vom Mittelrhein
Herzlichst
My return:
Sie können uns helfen, indem sie alle Arten von Aktivitäten auf dem Einsatz von Homöopathie in der Zahnmedizin in Deutschland zu senden oder wo Sie wohnen. Ich spreche sehr schlecht Deutsch. Wenn Sie mir die Daten auf Englisch senden kann besser sein, danke, Gloria.

So... Dear Gloria, Nice to hear about you. I’ll open to help you. Best regards from Koblenz situated near by the rhine The Hungary return:

Dear Gloria André Feighelstein,
thank you for your letter. I deeply agree on your thoughts and I am glad that homeopathic dentists from different countries and continents can be in contact.

My name is dr Huba Papp, and I lead the Hungarian Homeopathic Medical Association’s (HHMA) Medical Dental section since 2004. I took the role over from dr Beáta Szabó. The Hungarian homeopathic doctors have two associations: HHMA, following classical homeopathy, and the Hungarian Clinical Homeopathic Physicians Foundation (HCHPF) for clinical homepaths. Few GP’s and dentists are members of both associations. The 25 year old HHMA has 23 registered dentist members, but besides there are 50-100 dentists in Hungarian using homeopathic remedies in their surgery. I, as section leader, regularly organise one day basic courses for dentists, to learn the basis of homeopathy and homeopathic medicines to be used as part of their daily routine. For dentists already using homeopathy we organise courses on different levels each 2-3 years I will collect from my colleagues and send you the abstracts you were asking for.

The contact details of both Hungarian homeopathic associations:

Magyar Homeopata Orvosi Egyesület (MHOE)
Hungarian Homeopathic Medical Association (HHMA)
www. homeopata.hu
homeopata@t-online.hu
President: dr Andrea Radnai

Magyar Klinikai Homeopátiás Orvosok Alapítványa (MKHOA)
Hungarian Clinical Homeopathic Physicians Foundation (HCHPF)
www.mkhoa.hu
info@mkhoa.hu
President: dr Ildikó Zarándi

Please find attached the list of HHMA’s dentists with contact details.

Few words about me: besides homeopathy I practice hypnosis, craniosacral therapy, hirudo therapy and anthroposophy. I was the organiser of Ill International Anthroposophical Dental Congress held last year in Budapest.

I wish good luck for your work!
Kind regards,
Dr Huba Papp

I would like to thank Evin and Altunay for their efforts in providing the list of dentists of the Homeopathic Associations of Turkey and Hungary

This secretariat did not receive any other feedback from the other NVPs.

About the WGs for Dentistry:

At this moment, I have three confirmations: all from Brazil:

So... Dear Gloria, I will open to help you. Best regards from Koblenz situated near by the rhine...
I can appreciate that the number of homeopathic dentists has increased, but their needs are in research (especially in Brazil where we already have Masters in Homeopathy, Argentina and Mexico that already have several works, in the divulgation and defense of homeopathy, in the pharmacy to meet their prescriptions for the homeopathic medicines they use in their clinics. There lie their problems and information needs, with sure.

My humble opinion, please:

Dentistry, as well as Medicine and Veterinary Medicine are the prescribers, the ones that individualize their patients, and who need Research, Public Relations, Education, Pharmacy to meet their needs. This secretary together with other homeopathic dentists can collaborate in the construction of the LMHI HOMEOPATHIC EDUCATION TEXT BOOK, both in theory and in dental practice.

In Brazil we are already specialists in Homeopathy. Homeopathy is inserted in the Brazilian Health System as well as in the curriculum of dentistry faculties, in training courses, specialization and master's degrees. Dental homeopathy is a master's and doctoral thesis. It is inserted in undergraduate and postgraduate courses in Brazil. Homeopathy in Dentistry is already an integral part of the Brazilian Health System. The Brazilian homeopathic dentists can now obtain the title of specialists in homeopathy, as well as the physicians, veterinarians and pharmacists.

Dental homeopathy in LMHI is also growing in Argentina, Mexico, Ecuador, Colombia, Chile, Cuba, France, Bulgaria, Hungary, Romenia, Russian, Japan, Poland, India, and in several other countries.

Dental Homeopathy should meet its needs, as well as the other areas of prescribers and educators.

I suppose that in order to spread Homeopathy in Dentistry we need disclosure by the NVPs and their associations and entities. They can offer training courses, even if they are initially done by Homeopathic Physicians, what matters is that they are qualified homeopath and we also offer seminars at our congresses at the same time. For practice, homeopathic conduct is unique. What differs is the means of clinical diagnosis of oral pathologies – Dentistry restrict body area.

It is also important that NVPs show this Secretariat their needs and their doubts so that we can try to solve them in the best way. We can discuss all of this during our congresses and IC meetings or at some point during the congresses.

As an example, today I am part of the Pharmacy WG. We need the Pharmacy to meet the immediate needs of our patients. Others need the Research WG to evolve their research, others have problems with how to solve their research needs and respond to attacks on our science.

Homeopathic dentistry grows every day, we can observe in our congresses. This is going to be eighteenth LMHI Congress with Homeopathic Dentistry lectures.

I would suggest that Dentistry, such as Medicine and Veterinary Medicine, be the areas that are both necessary and well-connected with the WGs of Pharmacy, Public Relations, Education, Research. I think we should have a WG of Provings, when we could discuss in clinical practice, both medicine, dentistry and veterinary medicine, to fully meet our needs, walking together in a single noth. We should note that the time of our congresses to cover all matters is insufficient, but with good information and organization of our NVPs, it would be easier. Am I right?

Moreover, in the current world economic situation it is extremely difficult to get around, no matter how much we want to go to different regions of the world. We would have to make efforts to offer better conditions for our congresses.

It is extremely difficult TODAY to move from our countries to others, even though we want to!

Today the means to attend LMHI congresses, which do not only involve the countries of Europe but of the Americas, Oceania, Asia ??

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PERU

**Dr. CARLOS CORBACHO, NVP**

In September 2016 The Peruvian School of Homeopathy following the guidelines of LMHI homeopathic education began The Third Course of 3 years (six cycles of four months each)

In the last five years a team of four teachers directed by Dr. Carlos Corbacho teach in Ten Modules a chapter of homeopathy inside a postgraduate course for M.D.s of Complimentary Medicine in The San Marcos University, the oldest University in Latin America. They are the following colleagues: Dr. Martín Corbacho, Dr. Héctor Hernández, Dr. Luis Pun,

In The city of Lima exists ten Homeopathic Pharmacies, In The City of Cuzco one, in Arequipa one, In Trujillo one.

The Good News are the incorporation of New Members of the Peruvian Society of Homeopathic Medicine.(is the new name of Oldest Medical Society of Homeopathy of Peru) to L.M.H.I. In the attached document, I give the relation.

The change of my email and the change of the name of Society they were informed verbally in Los Angeles and Ecuador, However the old information persists.

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ROMANIA

**Dr Doina Pavlovschi, NVP**

The Romanian Society of Homeopathy has continued its activity of promoting homeopathy in our country, by organising courses and seminars with renowned lecturers from Romania and abroad. In the last years, we have also taken part in the Project of standardisation CEN TC 427 for medical doctors with additional qualification in homeopathy, our country has contributed to the elaboration of the European standard and we voted in favour of this measure, considering that a standardisation of homeopathy will contribute to a better recognition of our profession in Europe and in the whole world. The standard was recently translated in Romanian and can already be accessed by those interested to benefit from its use. In 2016, we have organised in Brasov the XXXI-th Congress of the Society, together with our colleagues from Timisoara (AMH), and we had as guest of honour dr. Jorgos Kavouras, from Germany who gave a seminar before the Congress, with live cases. The Congress was dedicated to the personality of Johann Martin Honigberger, from Brasov, the legendary man who brought homeopathy to India. This year, the XXXII-nd Congress of SRH will be held in Bucharest when we will celebrate 70 years of existence for the Romanian Society of Homeopathy. We can conclude that there is a rich agenda of courses, workshops and seminars which embrace a large domain in homeopathy, with both classical and modern ideas and that our society has a dynamic activity, with the aim to spread the knowledge of homeopathy and to help our colleagues to continue to improve their knowledge, each year more and more.
If our NVPs can effectively collaborate with LMHI EC, the work will flow better. The NVPs themselves could bring the information, the needs of homeopathic dentists, associations and homeopathic entities who have or wish to have a dentistry department of their respective countries. Certainly Homeopathy will strengthen with the support of all homeopaths. Dental Homeopathy has already reached its position. It would be inconsequential to deny it. The Dentistry Homeopathy is of extreme importance for the healing of our patients, in a close and serious relationship between the other areas that belong to it.

72nd LMHI HOMEOPATHIC WORLD CONGRESS – LEIPZIG 2017

It will certainly be a successful congress and blessed by God and Angelika Gute-Wickert. We will also have a section of dentistry that is already in its programming.

**Other activities:**
- Conference: Criteria in homeopathic clinical therapeutics - limits, scales and potencies - Gloria André Feighelstein - LMHI Secretary for Dentistry

**Professional Activities:**
- Professor of Homeopathy for Dentistry and Pharmacy graduation – Universidade Salgado de Oliveira – Niterói – RJ - Brazil
- Professor of Histology, Embryology, Molecular and Cellular Biology, General Pathology and Clinical Biochemistry for graduations courses in the health area – Universidade Salgado de Oliveira – Niterói – RJ - Brazil
- Technical Officer of the Polyclinic of the Civil Police of the State of Rio de Janeiro
- Chairman of the Committee on Integratives Oral Health Specialties and Practices – Dentistry Council of Rio de Janeiro – Brazil
- Chairman of the Women Committe – Dentistry Council of Rio de Janeiro – Brazil
- President of the First Chamber of Instruction of the Ethics Committee of the Dentistry Council of Rio de Janeiro – Brazil
- General Secretary of the Oral and Facial Esthetics Committee of the Dentistry Council of Rio de Janeiro – Brazil
- Member of the First Technical Support Unit for Diagnostic and Therapeutic Support, Clinical and Surgical Specialties of the Federal Council of Dentistry - Brasilia - Brazilian Federal Capital
- Member of the Intersectoral Commission of Integrative and Complementary Practices in the Unified Health System of the National Health Council – Brasilia – Brazilian Federal Capital

**In short – since our last report, there has been nothing really new. The legal status of homeopathy in Slovenia did not change since our last report. Only medical doctors with additional qualification in homeopathy are allowed to practice homeopathy, but they are not allowed to practice conventional medicine and their medical licence is revoked. Since the decision to change the Medical Doctors Service Act, which threatens doctors practising homeopathy with a revocation of medical licence as a punitive measure, which was passed with a 40:18 vote by the Assembly of the Slovenian Medical Chamber on 17th December 2014, nothing really changed. The Ministry has to prepare new regulation, which needs to be adopted by the National Assembly. A representative of the Slovenian Homeopathic Society is attending meetings of the ministry of health working group for the preparation of new regulation. On 1st of December, 2016, the Slovenian Institute for Standardisation (SIST) published EN 16872:2016 „Service Provision of Medical Doctors with additional Qualification in Homeopathy” in English language and on 24 March 2017 European standard was published also in the Slovenian language. Slovenško homeopatsko društvo (SHD) is the LMHI institutional member, full member of the European Committee for Homeopathy (ECH) and it is the only homeopathic medical association in Slovenia.**
Dear Colleagues,

I wish again to thank all of those who have made the LIGA NEWS [LN] and LIGA LETTER [LL] excellent tools to communicate the international activities and professional quality of Homeopathy in the LMHI.

Emphasis must again be given to our inspiring and dedicated Past President: Renzo Galassi. He initiated a WORKING GROUP (WG) for the LMHI NEWS. As of this time, the following have very generously given their time and effort to this WG: Altunay Agaoglu, Dan Cook, Bernard Zauner and Pietro Guila.

I wish likewise to congratulate the person who does the outstanding arrangement, art, color, editing etc. of our exciting publications: Evin Turkay.

In Summary:
2012 TOTAL: €13,072
2013 TOTAL: €9,405
2014 TOTAL: €8,046
2015 TOTAL: €7,368
2016 TOTAL: €1,095
2017: €1170 plus the LIGA LETTER (to be calculated)

SPAIN
Ute Maria Fischbach, NVP

First of all, it is necessary to emphasize on the immense work being done in defence of Homeopathy by the different associations in Spain headed by their Presidents A. Marques (ANH and FEMH), M. Bravo (AMHB), A. Sacristan (SEMH) and C. Mateo (veterinary section). The attacks have been continuous, numerous and extremely sharp. Despite all, our people have managed to transmit a serene image of the homeopathic clinicians who are working in a responsible and conscious manner. Thanks to the work, for example, of G. Fernández (Director of the AMHB-Master), it was possible to counteract some of the malicious information, since in the scarce occasions that he has been allowed to speak in the media, he was able to convey with seriousness and foundation the principles of homeopathy and its beneficial effects for the patient.

Second, there is also a good news: we have managed to create a Homeopathic Patient Network, which is working hard to defend the rights of the patients to choose freely the way of being healed. As it has happened in the previous years, one after another the Sections of Homeopathy have been cancelled in the different schools (e.g., Canary Islands) or they are prevented from celebrating acts in the name of Homeopathy (e.g., Madrid, Seville). These steps have been followed by the Faculties of Medicine (e.g., Saragossa), which have also eliminated the possibility that the students could gain access to an accurate information about this medical specialty.

We need urgently a support of our high instances, ECH and LMHI, in common.

The LIGA NEWS QUIZ CORNER featured by Pietro Gulia has continued to certainly help me see more clearly some remedies and aspects of homeopathy. A number of colleagues have expressed their enthusiasm. I could, of course, go on and on congratulating so many colleagues for their articles, contributions on ideas, corrections, revisions, language clarification, and many other wonderful aids to make our LN/LL outstanding publications.

The LMHI Library Committee

Dr. Richard Hiltner, U.S.A.

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Updated Financial Aspects of the LN/LL
Altunay Agaoglu, our Past Secretary of the Treasury, and the present Secretary of the Treasury, Monika Kölsch, offered much information on the last 6 years on Expenditures. I am happy with the decreasing finances needed to continue the LN/LL. 2017 had somewhat more expenses, but very reasonable.

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The Allied Health Professions Council of South Africa (AHPCSA) implemented a mandatory Continuous Professional Development (CPD) program for all professions including homeopathy, which runs over a two-year cycle. The first cycle ended on the 30th 2015 and was completed successfully. The HSA provided CPD events and assisted practitioners with online CPD record keeping for its members. We continue to await the finalisation of a homeopathic internship program for graduates of homeopathy. The HSA recognised the need for an internship for graduates and made a lengthy proposal to the AHPCSA to initiate an internship. The intention is to collaborate with the two universities that offer the homeopathy program and utilize their clinic infrastructure as the base for the internship. This will require private practitioners to participate as supervisors, clinicians and lecturers. The AHPCSA is in the process of finalising legal scopes of practice for Homeopathy, Naturopathy and Phytotherapy. The HSA has begun coordination of the LMHI 2018 event, committees have been confirmed as well as venues, theme, logo and website which have been decided and implemented.

South Africa
Dr Danny Pillay, NVP

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A) Scientific Framework of Homeopathy

The document on “Scientific Framework of Homeopathy”, a joint publication of LMHI, European Committee for Homeopathy and Central Council for Research in Homoeopathy (India) is being updated with latest Homeopathy researches published in English peer-reviewed journals, we still need colleagues from French, Spanish and German speaking countries to contribute. Abstracts in English can be sent to us.

B) Reply to TGA, Australia

A reply was sent to Therapeutics Goods Administration (TGA), Government of Australia, in response to the open consultation sought regarding options for the future regulation of low risk products, conveying Option 2: keep it the way it is but require homoeopathic scientific evidence for high level claims’ as the most valid, scientific and pragmatic option of all.

C) Network building — bridging the gap among drug regulators, industrialists and practitioners over regulations of homoeopathic medicinal products.

LMHI actively participated in World Integrated Medicine Forum held in New Delhi, India on 23rd–24th February 2017. The two-day forum, organised by Central Council for Research in Homoeopathy in collaboration with Dr. Robbert van Haselen, Director, World Integrated Medicine Forum. The forum had representations from regulators, manufacturers and pharmacopoeia experts from 24 countries, as well as from World Health Organization (WHO). Heads of reputed international industries including Heel, DHU, Reckweig, Wala, Hevert, Boiron, Hyland’s, Labolife, CAC Group of Companies and Living and leading Indian industries like SBL, Bakson, Willmer Schwabe (India), B. Jain, New Life, HAPCO etc. actively participated in the forum. Dr. Alok Pareek, LMHI President, elaborately presented physicians’ perspectives towards regulations of HMPs from world over. He expressed the need to address the discrepancies arising out of non-standardization of production of HMPs. The lack of confidence in certain production methods leads to a bias from the physician’s side towards only choosing the scale of dynamisation he trusts. He further pointed out that liberal rules for products not following the homoeopathic cardinal principles of simplex or a thorough Hahnemannian proving and their labelling as “Homoeopathic medicine” is causing deterioration in classical homeopathic practice. Standardisation is necessary in every aspect, right from proving to pharmacopeias, manufacturing, and dispensing.

He informed the audience that LMHI is taking initiatives in bringing about this standardization and stressed that the definition of ‘homoeopathic medicine’ also needs to be unanimously decided for uniformity. Finally, he urged for coordination among all the stakeholders from producers to end users regarding use of HMPs. Dr. Heike Gypser, Secretary of Pharmacy, LMHI, could not attend the forum despite her willingness to do so. However, her views on the subject were communicated to the forum.

The panelists at the forum recommended that given the worldwide usage of Homeopathy, harmonisation, or at least, collaboration, convergence and reliance on regulations of HMPs is required, in the best interest of public, the ultimate beneficiaries of this system of medicine. It was unanimously palpated that better regulatory standards for HMPs would also assure implementation of Good Pharmacopoeial Practices. It was suggested that exchange of information should be encouraged for harmonisation and collaboration for research on mapping the diversity in pharmacopoeial standards for HMPs, and finding out ways to evaluate and compare points of convergence and divergence across various countries, in terms of: HMPs regulations, pharmacopoeia and industry standards. A short report on this forum will soon be sent for publication in LMHI Newsletter.

D) Facilitating agreements/MoUs

During WiMIF, an important Memorandum of Understanding (MoU) on cooperation in the field of Homoeopathic Medicine was signed between the Homoeopathic Pharmacopoeia Convention of the United States (HPCUS) and Indian bodies – Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H) and Central Council for Research in Homoeopathy (CCRHI). Dr. Todd Hoover, Member, Research Working Group, played a vital role by facilitating the signing of this agreement. It is hoped that this agreement will be a benchmark for many more agreements to follow with the aim to develop and harmonize homoeopathic pharmacopoeiae of various countries and to strengthen and/or enable regulatory provisions for homeopathy worldwide.

E) Tribute to Dr. Hahnenmann at International Convention on World Homeopathy Day 2017 organised by LMHI in Brampton, Canada

Dr Gustavo and myself participated in the World Homeopathic Day celebrations at Canada. A tribute presentation was delivered during the International Convention on World Homeopathy Day (April 22-23, 2017) at Brampton, Canada, showcasing the progress made in Homoeopathy since its discovery and the challenges lying ahead of us that need to be addressed by researchers and/or practitioners. The NVP Canada will submit a report of the event.

F) Validation of the modified Naranjo algorithm adapted in homeopathy

The Research Working Group of LMHI had developed standard guidelines for clinical verification, with major contribution by my colleague Dr. Michael Wassenhoven. LMHI is updating these guidelines, and conducting a technical survey to validate the content of the modified Naranjo algorithm adapted in homeopathy in the protocol of drug validation. A link to this survey has been/is being sent to a group of identified reviewers, NVP’s and also includes all the members of Research Working Group. The comments received will be further analyzed for assessing the content validity of the Naranjo algorithm. This concludes the LMHI Research Secretary report 2017.

Thank you all for all possible support I was extended all this while!

Dr. Raj Kumar Manchanda, India

Secretary for Research

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Alok Pareek, LMHI President, elaborately presented physicians’ perspectives towards regulations of HMPs from world over. He expressed the need to address the discrepancies arising out of non-standardization of production of HMPs. The lack of confidence in certain production methods leads to a bias from the physician’s side towards only choosing the scale of dynamisation he trusts. He further pointed out that liberal rules for products not following the homoeopathic cardinal principles of simplex or a thorough Hahnemannian proving and their labelling as “Homeopathic medicine” is causing deterioration in classical homeopathic practice. Standardisation is necessary in every aspect, right from proving to pharmacopeias, manufacturing, and dispensing.

The Department of Alternative Medicine’s research using Eupatorium perfoliatum 200C for prophylaxis of Dengue hemorrhagic fever in 2 provinces, which began in July, 2016 and supposed to end in one year, has been extended for another year and in 18 more areas because of smaller sample size than required (as of Mar. 2017, we have only 4,803 participants against 18,400 required) .

On education, our second class of students has graduated in April 2017 and our next class, organized in cooperation with Rangsit University, will start in August 2017. There are currently 78 graduated homeopaths in Thailand. Graduated homeopaths can only practice complementarily under their own existing professional licenses. We’ve planned 2 basic homeopathy seminars for the public this year, one in Bangkok in March and another one at the Faculty of Medicine, Khon Kaen University in northeastern Thailand in July 2017.
The progress in respect to the Provings portfolio is in two distinct areas: validation of the Harmonised Guidelines for Homoeopathic Provings (2014); and work towards the widened international uptake and refinement of the Guidelines.

1) VALIDATION OF THE HARMONISED GUIDELINES

The LMHI-ECH Harmonised Guidelines for Homoeopathic Provings was launched at the 2014 LMHI Congress in Paris. Although the Guidelines represent a synthesis of the input on provings methodology from a number of sources within both the LMHI and the ECH, there has been no formal evaluation of the quality of provings conducted in terms of the Guidelines, in terms of the quality of symptoms and the coherence of the total remedy picture produced.

Arising from discussions initiated by the Past President of the LMHI, Dr Renzo Galassi, a plan was developed for the initiation of an international proving to be conducted simultaneously in five countries. At the 2016 Congress in Buenos Aires, the countries and their local proving co-ordinators were identified, and a Harmonised Guidelines-compliant protocol was developed for implementation at the respective sites. The remedy to be proved was selected by Dr Galassi, and randomisation of placebo, 30c and 200c potencies was effected by the remedy producer in Germany. After some difficulties in getting remedy batches to Italy, India, Mexico, South Africa and Argentina, the proving was commenced in December 2016. While not all issues were successfully resolved, the remedy was proved largely according to plan, and it is expected that data from the provings will be able to be presented at the 2018 LMHI Congress in Cape Town. The proving is particularly interesting because it has a number of ‘firsts’:

a) it is the first proving to be conducted on a single substance (produced at a single source), using a single protocol, in five countries simultaneously;

b) the selected countries are from both northern and southern hemispheres and the proving therefore is simultaneously conducted in opposite seasons; and

c) the languages of expression are English, Italian and Spanish

These provide an opportunity to evaluate inter alia the validity of the Guidelines, the reproducibility of provings across geographical and ethnic boundaries, the consistency of general symptomatology across seasonal, cultural and environmental differences, and the specificity of metaphor and association across cultural and linguistic differences. Since the proving is ultimately of an (as-yet-unidentified) known remedy, it will also provide a useful basis for comparison of a scientifically rigorous modern proving to the existing clinical basis for application of the same remedy.

2) WIDENED INTERNATIONAL UPTAKE AND REFINEMENT

The LMHI-ECH Guidelines for Homoeopathic Provings are envisioned as a primary reference for the conduct of accountable and reproducible modern ‘Hahnemannian’ provings. While there are been an increasing interest in aligning other existing proving guidelines, there is an identified need to actively pursue processes of alignment. Following on from earlier work towards aligning the ECCH Guidelines to our document, we are now, as co-curators (with the ECH) of the document (and to a less formal extent the evolution of thinking on provings) engaging with colleagues in India to identify obstacles to the alignment of existing CCHR and other Indian protocols to our Guidelines. To this end a Workshop has been confirmed for discussion of hurdles and possible strategies for incorporation of points of issue into a reviewed set of Guidelines at the upcoming 2017 LMHI Congress in Leipzig. It is envisaged that the refined Harmonised Guidelines for Homoeopathic Provings document will be officially launched at the 2018 LMHI Congress.

I thank the LMHI for the opportunity to actively facilitate the evolution and scientific understanding of this extremely important aspect of homeopathic science.

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**Turkey**

**Dr. Saliha Binici, NVP**

The Turkish Health Ministry has released the complementary and alternative Medicine regulation about 14 different approaches including homeopathy in 2014. Regarding this regulation only MD’s and dentists can do homeopathy treatment. MD’s must complete 350 hours. After completing 210 hours of courses on education, pharmacist can have a certificate as homeopathic consultant pharmacist. The participants can choose between clinical homeopathy and classical homeopathy education. The homeopathy courses can be organized only in universities which have CAM practice centers as part of the continued medical education program. The Turkish Health Ministry gave a licence to some MD’s and pharmacists, who had training from institutions abroad, license to Works as homeopaths. The selling, producing and importing of Homeopathic remedies are legal but the Turkish Medicines and Devices Agency didn’t give any permission for a homeopathic remedy yet. The veterinarians are allowed to treat with homeopathy.

At the moment Klask Homeopathy Derneği, UHODER and Homeopatik Tıp Derneği are the 3 members of LMHI. There are also 2 active lay person associations in Istanbul and Izmir who give courses and seminars to lay persons.

**U.S.A.**

**Dr. Todd Hoover, former NVP**

The news in homeopathic medicine in the United States in the past year has continued to center on the actions of the federal regulatory agencies including the Food and Drug Administration (FDA) and the Federal Trade Commission (FTC). While the FDA has not come out with any specific new regulation regarding homeopathic medicine in the wake of an inquiry into our discipline over a year ago, some regulatory actions have made national news. On September 30, 2016, the Food and Drug Administration (FDA) issued a press announcement warning that Homeopathic Teething Tablets “...may pose a risk to infants and children”, they further recommended that “…consumers stop using these products and dispose of any in their possession.” In November 2016, members of the AIH and HPCUS attended a luncheon with Senator Bob Casey (Pennsylvania) to discuss concerns over the misunderstandings and harmful effects of misguided regulation on the public who want access to homeopathic therapies. As of this writing, the FDA has not made any substantive changes in the way homeopathic drug products are regulated in the U.S. The AIH held its annual meeting in Phoenix. It included a discussion of the ongoing work of Dr.s Prafull and Ambrish Vijayakar and a presentation of cases by Dr. Prafull Borkar from India. In March of 2017, several representatives from the U.S. Homeopathic Pharmacopoeia attended a world congress on homeopathic pharmacy in New Delhi. At that meeting a memorandum of understanding was signed between the two countries to allow for a greater working alliance. In April 2017, the HPCUS invited delegates from India to attend their annual meeting to begin that process.

THE LIGA LETTER • Vol. 23 • Review 2017 • www.lmhi.org
With regard to the Italian situation for the year 2017 we have received 44 registrations as Liga members from the students of IRMSO school in Rome until now and we have already sent the relevant fees to the LMHI treasury.

At the international level, we are coming to an end with the Textbook of Homeopathy and in Lipsia (Part N° 1) we will know who wants to be author of the lessons and the topics of them.

With Cook’s help the Guidelines for the Authors have been better established. As required, we have established the homeopathy teaching program in Haiti (Part N° 2) specifying the books necessary for the teaching of Homeopathy and in collaboration with Renzo and Bernardo we are working out the project to realize the education in Haiti (Part N° 3). And lastly, the mailing list of the members of the Education Group has been updated (Part N° 4).

PART N° 1

Dear Members of the Education Group,

We are going on with the plan of the L.M.H.I. Homeopathic Textbook. I haven’t received any proposal to modify the topics, so I suppose they are satisfactory.

I think that it will be possible to look into them during the meeting in Lipsia.

Dr. Daniel Cook has given a valid contribution to the Guidelines for Authors.

Some of you have asked if it is possible to write more articles per topic, others how to match articles from different authors to make a whole.

In my opinion every authors should choose a single topic and the Text should contain different topics from different authors without making a single article. It could be possible that different authors decide to write together a single article. I think that these issues can be dealt with during the meeting in Lipsia. It is important that now those of you interested in writing on the topics of the L.M.H.I. Homeopathic Textbook give me the name and the chosen topic.

1) Plan of the work L.M.H.I. Homeopathic Textbook approved until today:

- History of the Homoeopathy
- Glossary
- Necessary and sufficient conditions for the practice of the Homoeopathy - § 3 Organon - VI Ed.
- The principles of homoeopathic method. - Vis medicatrix naturae - Similia similibus curentur (Law of similar) - The pure homoeopathic experimentation (Proving) - The individuality of the sick man -The individuality of remedy -The single remedy The minimum dose -The Chronic Diseases (Miasms)
- Case taking and analysis of the case.
- Selection of symptoms
- Selection of repertory and repertorization
- How to study the Materia Medica
- Materia medica comparison - Remedy relationship
- The follow-up (reactions and their proper interpretation)
- Indications and contra-indication of homoeopathic treatment
- Dosage
- Pharmacy in Homoeopathy
- Basic and clinical research according to homoeopathic method (proving, clinical verifications, etc)
- Treatment of epidemics

Guidelines for Authors

Papers are accepted for consideration on the understanding that their contents have not been published in full or in part elsewhere. Furthermore, papers may not be offered to any other publication at the same time that they are under consideration by L.M.H.I. (Education Group Members and Executive Committee). All papers are subject to peer review by Education Group Members and the Executive Committee decides on publication.

Authors should send their work by email to LMHI Prime General Secretary - Dr. Altunay Süylemez Ağaoğlu (altunaysoylemez@gmail.com), to Mrs. Evin Turkay (lmhi.assistant@gmail.com), or to the Secretary for Education - Dr. Pietro Federico (omeopatia@iol.it).

Papers should be laid out as follows: Title page (Authors, Title of lesson, short running title); Abstract; Key words; Text; Graphs; Tables and illustrations; References (journals, books).

Title page - The full name and surname of each Author (if more than 6 Authors give the first 3 and add “et Al.”), full names of the Author’s institutional affiliations, full postal address, telephone and fax numbers, e-mail address (if more than one Author: give the address to which any communications should be sent); title of the work; suggestions for a short running title.

Abstract - Short but complete (a maximum of 100 words).

Key words - Give 3 to 7 key words.

Text - The names of homeopathic remedies, books or journals, should appear in italics, The binomial system and abbreviations are used for homeopathic remedies e.g Nat-m, Kali-ar. Potencies should be clearly indicated and the method of dilution specified (CH, DH, K, LM or Q). Other abbreviations and contractions should be defined in the text when first used.

Graphs Tables and Figures - These should be numbered and sent on a separate page. A legend should be included for each of these, to explain the contents and any abbreviations used.

References - Only Author(s) or papers relevant to the published work should be cited, Arabian numbered, and listed at the end of text in numerical order corresponding to the one of citation in the text.

Layout of manuscripts

Use the standard format: A4 - the font should be Times New Roman, twelve points, single-spaced. Total lines per page 50 – characters per line 90. Pages should be numbered using Arabic numbers. Paper length no more than 15 pages.

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Upon acceptance of an article, Authors will be asked to sign a Publishing Agreement that will ensure the widest possible dissemination of information. The Publishing Agreement will be the following: “Subscribed Authors(s) (full name of all the Authors) transfer the Copyright of manuscript titled (title of paper) to “L.M.H.I. Homeopathic Textbook” and declare that they have not published previously, domestically or abroad, the same article; furthermore, manuscripts have not been offered to other publications at the same time that they are under consideration for this textbook”. The “L.M.H.I. Homeopathic Textbook” including all individual contributions and illustrations published therein, is legally protected by Copyright for the duration of the Copyright periods. Any use, exploitation, or commercialization, outside the narrow limits set by Copyright legislations, without the Publisher consent, is illegal and liable to criminal prosecutions. This applies in particular to copying or other forms of duplicating, translating preparations of CD and electronic data processing or storage.
Proofs
The L.M.H.I. Executive Committee and the Education Group shall examine the text within 60 days of receipt and reserves the right to ask for any modification from the Authors. The checked proofs (responsibility of the Authors) should be returned to the Executive Committee within 15 days of receipt. The L.M.H.I. may proceed with the publication of the article if no corrected proofs are received.

Disclaimer
Any treatment or drug therapy scheme, any dosage or application which appears in the paper does not involve, imply, or express any guarantee or responsibility on the part of the editor respecting any instructions about the dosage, uses, or forms of application presented in the article. The Authors are responsible for any statements made in the article.

PART N°2
Basic Course in Homeopathy - L.M.H.I. Education Program HAITI
Proposal by Dr. Pietro Federico Secretary of Education

The main aim of this Homeopathic Course is to give students a deep understanding of homeopathic fundamental principles coupled with a working knowledge of homeopathic methodology and its clinical application.

Method of Teaching - Classes; classroom practice; basic clinical practice on homeopathic methodology and treatment of acute and chronic diseases; homeworks.

Course Planning - A two-year course consisting of two biannual sessions per year. Every session shall last one week with eight-hour lessons per day. It is necessary to have a voluntary cooperation of at least three teachers per session.

Textbooks recommended
- C.F.S. Hahnemann - Organon VI Edition
- E.B. Nash - Leaders in Homeopathic Therapeutics (French or English or Spanish Edition)
- J. Amédée Lathoud - Materia Medica (French or English or Spanish Edition)
- Adolph Lippe - Textbook of Materia Medica
- H.C. Allen - Keynotes and Characteristic with Comparisons of some Leading Remedies of Materia Medica
- William Boericke - Pocket Manual of Homeopathic Materia Medica
- J.T. Kent - Repertory of Materia Medica

Constantine Hering - The Guiding Symptoms of our Materia Medica (One copy of the twelve Volumes to be consulted by students at the Queensland University library)

FIRST YEAR
I session: 8 hours per day for a week
II session: 8 hours per day for a week

I session - Subjects:
Introduction
Basic history and philosophy of homeopathic medicine.
Hahnemann: his life and works.
Different methods of homeopathy: unicism, pluralism, complexism.
Relationship between homeopathic and conventional medicine.
Homeopathy: science and art. Principle of similars and of contraries.

Principles of homeopathy
Natura morborum medicatrix.
The law of Similars (similia similibus curantur)
The concept of Energetic or Vital Force of Life
Individualization of the Patient
Individualization of the Remedy
Concept of infinitesimal dose.
Pure Experimentation: methodology of provings.
Treatment by potentized remedies
The Homeopathic Concept of Chronic Disease
Concept of health, disease and healing.
Scientific foundations of homeopathy according to the knowledge of physics, chemistry and medicine.

Organon
Introduction to Hahnemann’s Organon.
Systematic study of the Organon paragraph by paragraph. Reading, commenting and in-depth study of the text.

Homeopathic Pharmacology
Homeopathic Pharmacopoeias.
Origin of the substance: animal, mineral and vegetable kingdoms.
Methods of preparations: “souche” Mother Tincture, dilution and dynamization, CH, K, LM-Q.

II session - Subjects:

Organon
Systematic study of the Organon paragraph by paragraph. Reading, commenting and in-depth study of the text.

Materia medica
Introduction to Materia Medica. Materia Medica Pura (Hahnemann); clinical and synthetic Materia Medica (Kent, Lathoud, Nash, Lippe, etc).
Study and analysis of the most frequently used polycrystals:

Semiotics
Introduction to the Repertory of the Materia Medica.
Kent’s Repertory.
General structure of the Repertory.
Translation and comparison of the main symptoms of each individual column.
Techniques of repertorization.
Use and practice of the Repertory in acute and chronic clinical cases.

SECOND YEAR
III session: 8 hours per day for a week
IV session: 8 hours per day for a week

III session - Subjects:

Organon
Systematic study of the Organon paragraph by paragraph. Reading, commenting and in-depth study of the text.

Homeopathic Pharmacology - Materia Medica
Detailed comparative study of semipolycrystals remedies.

Preparation of remedies
CH, K Scale.
LM-Q Scale.
Pharmacotherapy. Therapeutic techniques.
Posology. Prescribing strategies. Difference between CH and LM-Q.

Semiotics
Study of mind and mental symptoms in Materia Medica and Repertory.

Use of Repertory in studying Materia Medica and the most common pathological syndromes.
Study of keynotes.
Hahnemann’s miasms: their signs and symptoms.
Symptoms and their modalities.
The pain: modalities.
Characteristic symptoms: prevalent, singular, distinctive, uncommon.
Local symptoms. Contradictory symptoms.
Mental symptoms: sexuality, eroticism, affectivity, memory, intellect, will, feelings and sensitivities.

III session - Subjects:

Homeopathic Clinic
Doctor-patient communication and relationship. Empathy.
Anamnasis. Direct and indirect questioning.
Characteristic symptoms. Perception, evaluation, hierarchy of the totality of symptoms.

THE LIGA LETTER • Vol. 23 • Review 2017 • www.lmhi.org
Acute and chronic diseases. Acute phases of chronic disease.

First prescription
Selection of remedy, of the dose, of the potency and repetition of the remedy.

Prognosis. Sistematic follow-up of the evolution of the condition of patient after the prescribed remedy.

Kent’s observations and second prescription.
The so called Hering’s law.

Indications and limits of the homeopathic method.
Clinical cases.

Materia Medica
Lesser known remedies and nosodes; small remedies, partially proved and recently proved remedies.

Clinics
Homeopathy in Pediatry.
Homeopathy in Epidemic Diseases.
Homeopathy in Traumas.
Homeopathy in more common Neurological, Gastrointestinal, Cardiovascular diseases.

Homeopathic knowledge and clinical competence as regards:
1-anamnesis  (case taking)
2-evaluation and hierarchy of symptoms
3-repertorization
4-prescription according to the principle of similar
5-selection of potency, dose and appropriate dilution and repetition
6-case management and follow-up.

Homeopathic anamnesis of acute and chronic illnesses.

Syndromes
Psychiatric disorders ; neurological, endocrine, cardiovascular, respiratory, allergic, immunodeficiency, infectious and contagious, hepatobililiary, diarrhoeic, urinary, rheumatic, odontological, ocular, dismetabolic disorders, paediatric, geriatric, dermatological syndromes.

PART N° 3

After planning the Basic Course in Homeopathy for teaching Homeopathy in Haiti, it is necessary to face the question of the teaching staff.

It is necessary to get all the proper permissions and follow the homeopathic prophylaxis. It should be better to send to Haiti at least four or five teachers fluently speaking French and also English and Spanish. They should adapt to the new situation that they will find there because the environmental condition is very critical and the reception very difficult. Local authorities can provide accommodation in tents or similar places. The installation of the classrooms is difficult too. We are not sure if it will be possible to use sound and video projection systems.

The LMHI medical doctors and teachers really interested in the Haiti school. The installation of the classrooms is difficult too. Local authorities can provide accommodation in tents or similar places. The installation of the classrooms is difficult too. We are not sure if it will be possible to use sound and video projection systems.

The Guiding Symptoms of our Materia Medica by Constantine Hering to be consulted at the Queensland University library.

PART N° 4

Education Group Member List  May 2017

Since the last LMHI Executive Board meeting in September, 2016, the committee has attempted to monitor and address several issues regarding the image and stance of homeopathy in different parts of the world.

Explicit support was offered and/or to those LMHI National Vice Presidents and members who requested our support and assistance to address attacks against homeopathy in their respective countries. To better address the needs of the organization, a yahoo group for the PR Committee’s members to communicate and we have 8 members subscribed, out of 21. The address for the group is: LMHI-PR@YahooGroups.com. After the initial introductions, there has been no activity among the group.

During the interim, the executive committee drafted a statement in support of the “Australian consultation on homeopathic medicinal products” at a very short notice. The document was orchestrated primarily by Dr. Altunay Söylemez Ağaoğlu and Dr. Rajkumar Manchanda. We hope this action will bear fruit. The only difference between this submission and others was the request that declarations of a homeopathic product’s efficacy should be supported by adequate research evidence.

There is also a “PR Group Liga Brazil 2015” at WhatsApp. This has been a very active group, sharing news, information and opinions about various subjects related to homeopathy. A number of messages involved requests for support for a Dr from Mexico who was being removed as director of the National Homeopathic Hospital. We also received requests from Spain and Russia to defend against institutional attacks against homeopathy. The outcomes of such situations are still pending.

As discussed through e-mail exchange among the executive board members, political situations arising in various countries for which the LMHI is asked to be involved needs to consider the following elements:

1) Each country has its own circumstances and unique socio-cultural and political peculiarities. Besides, there is no way a small group of executives at the LMHI can handle the situation alone. We are individuals with limited resources of time, energy and money. But we can be leaders, organizers and supporters of such efforts to the best of our abilities.

2) The attacks on homeopathy are based on lies, distortions, and sophistry. A draft document listing and counter-arguing such statements has been developed, and after review by the LMHI Executive Committee, it will become available for distribution among the LMHI members, associates and the media. These strategies have significant historical precedent, both in the form of such attacks and defense. In a way, we need to develop the “apologetics” of homeopathy. This document can be the basis of a broad PR campaign to improve the perception of homeopathy.

3) Each National VP should take charge of assessing the current status and political standing of homeopathy in their country and determine the national homeopathic community’s power base and resources. That should include individuals with influence, including industrialists, business leaders, journalists, etc., who are supportive of homeopathy.

4) We all need to accept that the homeopathic community is divided, particularly between homeopathic physicians, professional homeopaths and lay homeopaths. If we want to win this war we need to unite, the schools of homeopathy and practitioners, even if certain distinctions are maintained regarding the extent of training, practice and responsibility among the various types of homeopaths. The differences in efficacy of the various modalities of homeopathy, coached within their own philosophies, are still to be defined by systematic research and should not be a reason for our internal fracture, as it has occurred from homeopathy’s infancy.
National Vice President/
National Contact Report Form

Name of the Country:

Summary of Report: One paragraph in length, in English (for use in the Minutes) Duplicate 130-word paragraph to be submitted to Liga Letter Editor.

Members: Number of members in his/her country.

Organization: Numbers, titles and addresses of the different associations.

Schools: Names of homeopathic schools or courses.

Program of Activities: The programs of the national congresses in the immediate past and the next year.

Publications: The names of the works given in the congress or meetings.

Magazines: The names and addresses of the publications and magazines.
Welcome

LMHI 2018 will be hosted in the city of Cape Town also known as the “Mother City” from the 05-08 September 2018, at the Cape Town International Convention Centre (CTICC). This is a multicultural city that boasts modern world-class infrastructure, breath taking views, heritage sites, one of the world’s greatest wonders “Table Mountain” and nearby Robben Island where the infamous Nelson Mandela was incarcerated.

We are excited to host our colleagues from all over the world, for the first LHMI congress to be hosted on African soil. We extend to you an invitation to join us for LMHI 2018, Cape Town in an idyllic setting where old friends meet and new friendships are forged. We look forward to you experiencing our country, our city, our renowned South African hospitality and a successful congress on “Contributing to Sustainable Healthcare”.

The Congress theme is derived from Goal 3 of the UN Sustainability Development Goals (SDGs) and is of enormous importance to the prosperity of all nations, the mitigation of the impact of poverty and war on the well-being of individuals, and the promotion of efficient healthcare for all in the face of a host of communicable and non-communicable disease threats.

The Organising Committee believes that, as a system of medicine, homoeopathy has an important role to play in our conceptualisation and promotion of sustainable healthcare, and I urge you, as clinicians and researchers, to share your scientific insights and experiences in respect to the promotion of homoeopathy within the pursuit of the SDGs. Let us utilise the opportunity of the LMHI Congress 2018, at the southernmost tip of the African continent, to bring together the various threads of scientific excellence within homoeopathy, to share our experiences and to harness the strengths of our gentle yet potent medical system for the betterment of all of humanity.

Apart from the excellent scientific programme, the organisers will also ensure various tourism experiences are available for delegates as well as incredible opportunities for socialising and entertainment. Our website (www.lmhi2018.org.za) is the main portal of communication for all your delegate, presenter or exhibitor needs. Travel information, information on calls for abstracts and more are all available online.

Be sure to book early, register online - we welcome you to South Africa in 2018!
Time as a physical and psychological phenomenon has been - and still is - widely studied in its many manifestations, including those connected with the second law of thermodynamics describing the passing of time in a unidirectional and irreversible way.

The detailed recording of the experiences of the individual throughout his lifetime, and repetition in time of psychic conflicts and pathological manifestations registered in a biopathographic history in chronic disease, reflects how the individual responds to the exposition to noxal factors throughout his personal history, both, telluric, emotional, traumatic or infectious origin, according to his morbid predisposition.

The repetition in time of the wrong individual's response to the surrounding environment will give us the key to finding the totality of symptoms that reflects the image of Simillimum. This repetition over time resembles a temporary loop and is represented in a tragically comic way in the movie "Groundhog Day" where the main character is trapped in the same day and only gets out after 10,000 years. The premise is that by finding the Simillimum, it should help the individual out of this fruitless repetition of that vital attitude in his personal history that prevents him from achieving his highest aims of existence.

Paschero synthesizes this saying about the sick individual, "Just realizing that his psychobiological maturation means not to obsessively defend their individuality as a separate entity, in preserving their childhood autism and resolve with increasing selfishness the existential problem of insecurity by accumulating material goods or power, but to develop his sense of community that allows him to shed self-awareness, as Hahnemann postulated to achieve the higher purpose of its existence, after rectification of his will power achieved through the Simillimum."

Chronic disease develops in each individual timeline, and so we accumulate experiences on the inherited terrain, this morbid disposition from which we started, and on which we draw our personal history. It is through the research of its details that we can find the keys that will help us to draw a picture in totality, as more than the sum of the parts, in order to discover the Simillimum needed by the patient. These keys, which are reiterated in the personal history, in different ways of reacting to an individual life, are what lead us to be able to identify the patient and not the disease.

It has been a while since we started travelling a path to a medicine of synthesis, a holographic medicine, as it is the human being. We cannot deny that this most modern medicine tries to encompass not only the physical aspects already known for centuries, but also the emotional, psychological and even spiritual aspects, where each individual ought to find the meaning of life and also the significance of the state of non-equilibrium, experiencing it as an opportunity to reformulate and re-create his circumstances. We need to respond to this new vision, to this model of Universe that shows itself as something increasingly complex and integrative, but at the same time ever deeper in meaning.

Members of the American Institute of Homeopathy (AIH), America’s oldest extant national medical association, are licensed health care professionals practicing homeopathic medicine who are extremely concerned about the safety of all medicines, not only those designated as homeopathic. Our society obtained and reviewed records from the FDA via a Freedom of Information Act (FOIA) request along with data posted on the FDA website reporting adverse effects associated with teething products containing belladonna.

When the FDA first posted warnings regarding homeopathic teething products it stated that these products “may pose a risk” to infants and children. (1) Establishing causality is certainly not an easy task, but equally important is the determination of relative risk, since these serious adverse events (mainly seizures and death) also take place in the general pediatric population regardless of the use of either homeopathic or conventional medicines. From a public health perspective, the FDA's action appears, at first glance, to have erred on the side of caution, but upon closer examination, their actions seem like an overreaction. Their database is incomplete, at best, and when taken at face value, misleading. The FDA did not appear to perform any analysis of the data, nor did it make any attempt to evaluate the relative risk from using homeopathic teething products. Relative risk is the ratio of the probability of an event occurring in the treated group in comparison to the general public. It allows others to determine if these products are associated with an increased or a decreased risk of serious adverse events (SAEs). (2) A cursory analysis suggests that these homeopathic teething products may be associated with a neutral or beneficial risk. If this is the case, then the FDA’s warnings were unwarranted.

The FDA may have issued warnings and advised parents to discontinue use and dispose of these products based on a superficial review of an incomplete database, without full statistical analysis.

Childhood teething, while not an illness per se, is known to be associated with fevers (3) and fevers in children are associated with febrile seizures (4) and other adverse events, which tend to occur most frequently in similar age groups (between 6 months and 5 years). (5) Between 4-10% of healthy children experience seizures (6), while 2-5% suffer from febrile seizures. (7)

The FDA database is a haphazard assortment of 411 reports collected over a fourteen-year period (from 1993-2016). Twenty-eight of these reports fail to document a date of occurrence; twenty-seven involved the use of products that do not even contain Belladonna; thirteen were from a product that was not homeopathic (Oragel); eight did not provide enough information to identify which homeopathic product was used; and one case was listed five separate times, leaving only 359 reports. Out of these 359 reports, 221 (or two-thirds) were from the pre-2010 version of Hyland’s teething tablets containing Belladonna 6x (which was reformulated to 12x in 2010) and was not even on the market at the time that the FDA issued its warning. After elimination of more than two thirds of this database due to irrelevance, only 138 case reports remain. Most of the reports were of extremely limited utility, lacking information and essential details necessary to establish the course of events. Most failed to document personal, family and allergy histories. Many conventional medicines, (8) OTC products (9) and vaccines (10) that are commonly administered to this age group (six months to five years) are known to be associated with increased risk of SAEs, including seizures and death, but these reports failed to document their use.
Some reports failed to include any clinical information whatsoever, making it impossible to determine what happened or why the report was filed at all. Inclusion of some of this data might have helped established etiology and causality, but this was not done.

The remaining 138 reports covered products manufactured by only two homeopathic pharmacies (Hyland’s and Humphrey’s), and did not include any reports relating to the use of homeopathic products manufactured by Raritan. This was particularly noteworthy since the homeopathic teething tablets manufactured by Raritan (and marketed by CVS) were found to contain concentrations of belladonna that were twenty times more concentrated than those manufactured by the other pharmacies.

Analysis of the entire FDA database (including pre-2010 data) suggested that the use of homeopathic teething products in the teething pediatric population was associated with a modest seizure rate between 1.52 - 2.01% (determined by multiplying the observed rate by 1,000 to account for possible under-reporting), which was consistent with the lower end of the background rate of 2.5% for febrile seizures in children, or a relative risk of 1 or less.

This suggests that there was no increased risk of seizures from taking homeopathic teething products, but what about reports of infant deaths? The news media widely reported that there were ten cases of infant deaths associated with these products, (11) but the FDA database only reported eight accounts.

Cases in the FDA database included the following:

1) One case was associated with a fever of 102°, but the parent was unable to recall if a teething product had been administered. A febrile seizure was the most likely cause of death.

2) A second case contained no clinical information whatsoever, making it impossible to determine either the course of events, or if a homeopathic product had been administered. No determination could be made regarding the cause of death.

3) A third case involved a child born five weeks prematurely (a known risk factor for developmental problems and SIDS, any one of which could have caused this death).

4) A fourth case involved a child who had been taking homeopathic teething tablets for two weeks (one week beyond what was recommended), but no clinical information accompanied this case, making it impossible to determine causality.

Note: The plasma half-life of belladonna alkaloids (atropine, and scopolamine) ranges between 13-38 hours, while the maximum amount of scopolamine found in any single Hyland’s teething tablet was 53.4 nanograms. (12) Unless this child had been intentionally overdosed by administering several hundred entire bottles of teething tablets (containing 135 tablets of Belladonna 12x) simultaneously, it would be pharmacologically impossible to accumulate a dose of 5 milligrams of scopolamine. Exact data on lethal doses of scopolamine are lacking, but ingestion of 10 mg has been reported to be lethal in children. (13) A maximum daily pediatric dose of 1.05 milligrams of belladonna alkaloids is recommended when administering conventional belladonna tincture. (14)

To generate a pharmacologically active dose of belladonna alkaloids (of 0.2 milligrams) using teething tablets or gels would require a 10-pound child to ingest at least a dozen bottles of teething tablets, at once (or in a very short period of time) to begin to experience even mild anticholinergic side effects as such dry mouth, blurry vision, or urinary retention. (15)

5) The fifth case involved a child with a fever of 102° who had had received a single homeopathic teething tablet by mouth. A febrile seizure was the most likely cause of this death.

6) The sixth case involved a child with hereditary spherocytosis and hemolytic anemia, who was already sick, feverish and lethargic prior to the use of a homeopathic product. (All of these are known risk factors for developmental delays, severe infections and SIDS, any one of which could have caused this death.)

7) The seventh case lacked sufficient medical history to determine any causality. This child had apparently received intermittent doses of homeopathic teething medicine over a five-month period.

8) The eighth case involved a child of low birth weight from a high-risk birth to a 15-year-old mother with abnormal kidney functioning (all known risk factors for developmental delays and SIDS, any one of which could have caused this death).

Finally, if these teething products were indeed toxic, then data gathered from both Poison Control Centers and pharmaceutical hotline services following accidental ingestions should confirm this. If a suprathereshold quantity of belladonna alkaloids were involved in causing seizures, deaths or other SAEs, then reports from accidental ingestions would confirm this pattern. Among 685 cases of accidental ingestions of varying amounts (from a whole bottle or an unknown amount from a bottle) in children under 2 years old, and 830 accidental ingestions in children aged 2-6 years old, no symptoms whatsoever were reported by callers to a manufacturer’s hotline. Similarly, calls made to Poison Control Centers to inquire about the risks of these ingestions, failed to include complaints of SAEs. (16)

If homeopathic teething products caused SAEs, then at least some of these events would have been recorded in cases of accidental ingestion, but they were not. Serious adverse events in response to “accidental ingestions” and overdoses of these products, in otherwise healthy children, have not been reported.

As noted above, the data provided by the FDA was grossly inadequate and reliance on it makes it impossible to establish causality in any single case of SAEs. Contrary to what the FDA asserted, that these products posed a risk to the teething pediatric population, this assertion cannot be ascertained from this data. Data on seizures fails to demonstrate an increased risk; reports of deaths fail to demonstrate a correlation; and reports of accidental ingestions fail to document serious adverse reactions at all. All of this adds up to reports that do not prove causality or reflect an increased risk from these products.

The most likely scenario for the cases listed in this database was that either these events were caused by other factors (some that may not have been reported), or they represented the “normal” background rate of these events, which was supported by simple estimates of relative risk. At any rate, much more detailed study and statistical analysis is needed.
The FDA’s actions in this matter appear to constitute a gross dereliction of duty. Premature warnings without even rudimentary scientific inquiry suggests prejudicial intent. The FDA, whose mission statement is to protect public health by assuring the safety, efficacy and security of human and veterinary drugs, has erred, and their actions might be interpreted as an attempt to railroad homeopathy out of the public marketplace, which they were successful in doing with respect to homeopathic teething products. (17) Of course, this scenario will not surprise most people who have been paying attention lately, but allowing these messages to remain unchallenged is unconscionable.

Respectfully Submitted,

Ronald D. Whitmont, MD, President
American Institute of Homeopathy
Rhinebeck, New York

1) https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm523468.htm
2) http://health.knowledgeblog.org/2011/07/22/basic-statistics-for-epidemiology-risk/
4) http://www.nationwidechildreens.org/seizures
5) https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Fact-Sheets/Febrile-Seizures-Fact-Sheet
8) http://www.aesnet.org/clinical_resources/practice_tools/medications_provoke_seizures
9) http://www.epilepsy.com/learn/triggers-seizures/over-counter-medications
11) https://www.nytimes.com/2016/10/19/health/teething-remedies-infant-deaths.html?_r=1
12) https://www.fda.gov/drugs/drugsafety/informationbydrugclass/ucm538669.htm
14) https://www.drugs.com/monograph/belladonna.html
1 in 40 people have been treated with homeopathy in Hong Kong and Macau. According to the 2015 data from the homeopathy centre Living Homeopathy in Hong Kong and Macau, the number of people using homeopathy in Hong Kong and Macau has grown to more than 200,000. These numbers coupled with Hong Kong’s remarkable history that moves through Chinese immigration, colonization by the British, and subsequent handover into a Special Administrative Region of China, Hong Kong is perfectly placed to be the gateway for homeopathy to be introduced into China.

Internationally recognised Homeopathy Practitioner Courses were first brought into Hong Kong and Macau in 2008, and then later into Taiwan and Mainland China, when the Prof. To Ka Lun Aaron of Living Homeopathy teamed up with Mani and Misha Norland from The School of Homeopathy in the UK. The Hong Kong Association of Homeopathy (HKAH) and Macau Association of Homeopathy (MAH) also founded by Prof. To Ka Lun Aaron were established in 2005. These two associations became members of the International Council for Homeopathy (ICH) in 2014 and 2015 respectively. The associations organize homeopathic conferences and exhibitions, attracting more than 3,000 attendees.

The 2013 conference was titled ‘The centrifugal approach to Skin disorders’, where severe chronic cases of different skin pathologies were shared. Different case analysing methods and management strategies were discussed. Impressive results of the cases raised much public interest that year.
Meeting HRH Prince of Wales

Prof. Aaron To and Dr. Yvonne Fok from The Hong Kong Association of Homeopathy were honoured to be invited to an event in July 2017 to celebrate natural medicine at His Royal Highness the Prince of Wales' home in Highgrove, England. They attended the event as guests of The School of Homeopathy in the UK. HRH The Prince of Wales invited the School and some faculty to the event. HRH The Prince of Wales has openly supported and promoted use of Complementary Medicine, in particular Homeopathy, for decades. Prof. Aaron To was delighted to discover HRH’s passion for the development of homeopathy all over the world.

Figure: (from left) Yvonne Fok, Aaron To, Prince of Wales

Quote from Mani Norland, the Principal of the School, “I had the honour of meeting HRH in 2009 at an event in London. Back then HRH asked me to keep him updated on The School of Homeopathy’s activities and homeopathy in general……So ever since we met in 2009 I have been writing to HRH each year. Last year, I suggested an event at Highgrove would help boost the profession and so to my great surprise the School was then invited to a Complementary Health Practitioner’s Reception at Highgrove.......”

Mani continues, “Around 100 practitioners and professionals from the world of natural and conventional medicine gathered at Highgrove. It was a special event where HRH met with each person individually. HRH had a charming and relaxed manner that immediately put us all at ease. He spent a few minutes with each of us. We discussed the School, homeopathy in the UK and China, natural medicine and his new state-of-the-art clinic at Dumfries House that will offer free ‘holistic’ care for patients referred from the NHS. HRH also addressed guests in a speech where he spoke of the importance of natural medicine and an integrated approach to healthcare and his new clinic in Scotland.”

“The garden tour was equally unforgettable to all of us.” Misha Norland, founder of The School of Homeopathy says, “HRH Prince Charles’ gardens at Highgrove are beguiling and idiosyncratic, an outer reflection of the inner man. Each area would require a few paragraphs to describe, as each is designed in a different style, varying from formal to woodland, with areas of natural planting through to stylised and elaborate where we encounter an abundance of topiary. A passion of the Prince, our guide informed us. There are gateways and temples, a stumpery and a green frog pond providing a snail and slug free habitat for a substantial hoster garden. There are wild flower meadows humming with bees. And so on and yet more, like walking in a book of fairy tales… His Royal Highness’ effort in transforming the gardens around the Highgrove house is inspiring, so is his enthusiasm in Homeopathy. The hearty words from the Prince of Wales definitely gave the School of Homeopathy and our Chinese colleagues fresh life and vigour.”
Research in Homeopathy

Co-operating with the School of Public Health in the Chinese University of Hong Kong, the first cohort study of homeopathy in China was published in 2017. The study was about the individualised homeopathic treatment in Type II diabetes mellitus (T2DM). Figure: Presentation of the Cohort study in Homeopathy Research Institute Conference 2017 in Malta.

Glycaemic goals are not achieved in most patients with T2DM especially in those with long disease duration and taking multiple oral antidiabetic drugs (OAD). Researchers from Hong Kong aimed to investigate the effectiveness of individualized homeopathic treatment in glycaemic control. Prognostic factors for homeopathic treatment were also studied. The researchers used the change in fasting plasma glucose (FPG) and glycated haemoglobin (HbA1c) at 12-month as the main measure outcome. It is found that the improvement in FPG in the homeopathy group was significantly greater than in the control: -2.24 mmol/L (95% confidence interval [CI]: -3.47 to -1.01) vs 0.16 mmol/L (95% CI: -1.72 to 2.04), p = 0.001. The mean difference in glycated haemoglobin (HbA1c) was also significantly greater, -1.11% (95% CI: -2.17 to -0.05) vs 0.08% (95% CI: -1.37 to 1.53), p = 0.046. It is interesting to find out that poorer baseline glycaemic control was associated with significantly better outcome (r = -0.750, p < 0.001), this association was the same as lifestyle modification but exactly opposite to conventional treatment. This finding highlights the fundamental difference between the temporary suppressive effect of the OAD and the restorative healing power of homeopathic treatment.

Potential of Homeopathy Regulation in China

Complementary Medicine is not new for Chinese people because of the history of traditional Chinese medicine (TCM) since ancient times. In 2014, The Department of Health in Hong Kong stated that the Government would encourage the development of a registration system for regulation and recognition of homeopaths. The Macau Association of Homeopathy started a campaign in 2015, during the public consultation period for the healthcare reform. More than 30,000 Macau citizens signed and sent letters to the Health Department to express their wish to have regulation and recognition for homeopathy. This was aided by discussions and support from members of the Legislative Council in 2016.

Chinese Software

In collaboration with Archibel, A Chinese version of Radaropus homeopathic software was released in 2014, with the first complete Chinese translation of Kent’s Repertory, William Boericke’s Repertory and Materia Medica. New books in Chinese are being added and more translations of classical homeopathic literature are in process. Clificol, the inbuilt Clinical File Collection software in Radaropus, is also available in Chinese. Practitioners from China are able to store hundreds of clinical cases for specific research projects. Representatives from the Hong Kong Association of Homeopathy have joined the systematic review team in The Homeopathic Research Institute in 2017, and will work on the serial systematic reviews led by Dr. Robert Mathie.
LMHI as a non-profit organization: Appeal for donations

The LMHI has recently obtained the legal status of a non-profit organization, according to the legal requirements in Germany where the LMHI has its statutory seat. We are grateful to be able to announce that we are now entitled to issue donations receipts for your financial contributions – and we need donations. Each of you can spread the information of “Donations for LMHI” among your patients, friends and every person who can contribute to our great and important project for Homeopathy.

Patients, colleagues, institutions all over the world now have the possibility to stimulate the important activities of the LMHI.

The LMHI supports national homeopathic associations which need financial aid by stimulating basic and clinical research, by providing basic homeopathic teaching books to guarantee a proper homeopathic education.

According to the LMHI statutes, the main purposes of the LMHI are:
- the development and securing of homeopathy world-wide, and
- the creation of a link among licensed homeopaths with medical diplomas and societies and persons who are interested in homeopathy.

The LMHI is exclusively devoted to non-profit activities serving philanthropic benefits.

How to donate;

We welcome and rely on donations of money to support ongoing LMHI projects and to be able to start new ones! You will be given a donation receipt. To make a finance contribution, you can submit a bank transfer to the LMHI bank account;

Deutsche Bank Privat- und Geschäftskunden AG
Postdamer Platz 11
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