

A homeopathic physician reflects

Dr Nick Avery retired earlier this year. He talks to *simile* about the major influences on his career and how he sees the future for homeopathy in medical practice.

What first got you interested in homeopathy and how did your experience of learning homeopathy influence your future teaching at the Tunbridge Wells Homeopathic Hospital and on the HPTG course?

My original introduction to homeopathy came via acupuncture. In 1994, a good friend announced that I really ought to meet his neighbour who was a Russian refugee, a former colonel in the Russian army, who had been working as a top space scientist and had an IQ "off the scale". Apparently he had invented a machine that diagnosed what was wrong with you by measuring acupuncture points. This sounded really whacky but I met him nevertheless.

He demonstrated his "Monada" device which was inspired by and, so he claimed, an improvement on the Vega machine used by many practitioners of complex homeopathy. Somehow he persuaded me to attempt a clinical trial of the machine on 200 of my GP NHS patients, under the sponsorship of Dr Julian Kenyon at the Centre for the Study of Complementary Medicine in Southampton. I knew nothing about acupuncture, so Julian persuaded me to attend a weekend course. As a result I found myself treating my patients with needles and they couldn't get enough of it!

I also knew very little about

homeopathy although I had referred a number of patients, at their request, to Dr Ann Clover at the homeopathic hospital in Tunbridge Wells. As a Vega machine measured patients for things called "nosodes", which was something to do with homeopathy, I decided to attend the Homeopathic Professionals Teaching Group (HPTG) course, which was designed to teach GPs homeopathy.

The HPTG group were proponents of the George Vithoulkas school of classical homeopathy, although we were exposed to a number of innovative "gurus" during the three-year course. These included Jan Scholten, who introduced ideas about the periodic table, and Jeremy Scherr who reassured us that listening to the patient and trying to help come up with any remedy was enough, and finding the "one remedy" was a bonus. I was also impressed by Jonathan Shore who, apart from introducing new remedies – such as many from the bird family – showed how important it is to listen to the patient and try not to lead them into a particular direction. This approach obviously took a lot of consulting time and may have been the inspiration behind my longest consultation of 8 hours and 20 minutes!

I also enjoyed the many books written by Rajan Sankaran who gradually developed an approach which I think has been taken up by many young homeopaths. This may be what led to my approach to emphasising the emotional symptoms of the case.

Dr Ann Clover was very supportive when I worked with her at the Tunbridge Wells Homeopathic Hospital, first as clinical assistant, then later clinical Fellow, and she adopted a very classical but practical approach, taking into account the time constraints

of working in the NHS. This involved mixing the constitutional or similimum concept with local prescribing. Together with David Ratsey and Kathryn Vale, we set up the homeopathy course HETW (Homeopathic Education at Tunbridge Wells) and within two years I took it over and became director of education for the course.

Twelve HPTG students also undertook a teacher training course run mainly by doctors David Owen and Alice Greene and eight of us completed the three-year programme. This taught me the importance of "feedback" rather than criticism which enables the teacher to develop – which, hopefully, I did!

Dr Kathryn Vale – a fellow HPTG graduate – also did the teacher training course and is probably the expert on how to treat patients under the constraints of limited time. This was the biggest difficulty in terms of transferring our knowledge of classical homeopathy to our more familiar GP setting. The approach is more based on piecing the patient's history together over a number of short consultations, using local, supportive or specific remedies until the "bigger remedy" becomes clear.

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How did your practice change after you joined Prof George Lewith at the Centre for the Study of Complementary Medicine in Southampton?

The first thing that George said to me was “sort out the gut.” I did not realise how important this would turn out to be, as I found that many of my patients had IBS which turned out to be due to dysbiosis. I remember when I was still a GP, new to homeopathy, and many of my patients felt able to tell me about all the complementary things that they had been doing without my knowledge. Several of them were seeing someone who was treating them for Candida. Little did I know that within a few years, I too would be treating most of my patients for this condition which many conventional colleagues don’t believe exists. Fixing the gut and restoring nutrition improves the “soil” or “terrain”, as Hahnemann put it, and creates the optimum environment for the organism to respond to a homeopathic stimulus. As I said in my talk to the Faculty of Homeopathy Congress a few years ago (to the horror of my colleagues!): “Homeopathy doesn’t make patients better – it is the patient’s response, which is dependent on sorting out physical issues such as dysbiosis and nutrition, before adding in the stimulus.”

George also taught me a lot about complex homeopathy which involves mixing large cocktails of low potency/ mother tincture remedies designed to work together to have specific effects such as organ support or focussing the attack on pathogens using nosodes. This meant taking on board the use of the Vega machine (so-called because it measures the “Vegetative reflex”). This involved applying a probe to a specific acupuncture point and introducing different ampoules into the electrical circuit containing nosodes, remedies or organ tissues and measuring its effect on impedance measurements. This is a tricky technique which is very user dependent and feels like “electronic dowsing.” It is difficult to accept from a scientific viewpoint but I sat in with George many times during which I noticed most of the patients returning for follow-up had improved dramatically following ministrations suggested by the test. In fact, I can only remember one patient who had not improved out of hundreds!

I therefore tended to sort out the gut and nutrition before adding in the constitutional or similimum remedy. This approach also enables the remedy to be worked out over a number of appointments, during which time the patient is feeling better anyway.

How has your training in allergy, environmental and nutritional medicine with the British Society for Ecological Medicine, helped in your practice of homeopathy?

The BSEM course, which was spread over three years, was a real eye-opener and I found it really fascinating and extremely useful. This gave me all the tools to enable me to apply many of George Lewith’s techniques. I learned about neutralisation and enzyme-potentiated desensitisation which had a profound effect on allergic issues. Many patients have major problems with illnesses such as multiple chemical sensitivity and these techniques, together with homeopathy and isopathy have proved very helpful in managing these difficult conditions. I felt that these tricks were the perfect complement to homeopathy itself.

I also think it would be difficult to practice full time just offering homeopathy, the BSEM techniques increase the options and make it possible to treat a broader range of patients with different expectations. Some of my patients came to me with a history of “never responding to homeopathy” and did very well with the other approaches.

Your interests have included the treatment of Chronic Fatigue Syndrome, Fibromyalgia and IBS. How has practising integrated medicine, in addition to homeopathy, helped with this?

When I worked at the Tunbridge Wells hospital, I was only allowed to prescribe homeopathic remedies (or use acupuncture). This helped many patients to some degree (audits regularly indicated that 70-80% of patients improved). However, the quality of result was significantly better when these other techniques were incorporated. CFS patients who were bed-bound were, in many cases, able to return to an active, normal life. Blood tests available at Biolab and Acumen [Ed: clinical labs] gave a scientific view of the underlying physical problems,

such as major magnesium deficiency, or mitochondrial failure and led to specific regimes to correct them. Once the “soil” had sufficiently improved, then remedies applied using the homeopathic principle were much more likely to produce a healing response. Interestingly, by correcting the nutritional issues, particularly magnesium related to energy and muscle function, I did myself out of a lot of income from acupuncture treatments that were no longer necessary!

What do you think will help more doctors become interested in homeopathy and take up Faculty training, given the difficult climate for NHS homeopathy?

One of the biggest issues is the over-reliance on the double-blind, cross-over clinical trial technique for assessing the efficacy of treatments. This has some rationality in terms of statistics and treating patients who fit the trial criteria (e.g. those who have only a single pathology, are on no existing medication, are not pregnant, but above a minimum and below a maximum age, in other words not paediatric or geriatric) but does not really apply to individual patients. This colours the approach of new doctors who are trained exclusively in this scientific approach. It means that they dismiss homeopathy and indicate their views to their patients.

I would say that if a patient came to see you and was pregnant then the evidence would not apply to her. If the patient was a child or over 65, the same situation applies. The evidence, for example, of the efficacy of flu vaccinations is based on administering the injection to healthy young individuals who produce a good immune response; yet it is recommended for the young or elderly whose immune response is poor. In other words there is no evidence that it is of any benefit to the people who actually need the vaccine. So people are not actually being scientific with the results of these trials.

I think that focussing on how inappropriate this method is in terms of measuring effects of medicines on individuals and looking at outcomes, audits and patient satisfaction should be pushed forward.

I was attracted to homeopathy because I felt conventional medicine was not interested in causation or cure,

only management. I have now cured many patients which I could not do before; I enjoyed seeing patients with “tricky” conditions such as IBS and chronic fatigue; “heart-sink” patients no longer made my heart sink as I felt I could help most of them in a fundamental way. It brought me enjoyment and satisfaction in my work. I think GPs were looking for this when I took up homeopathy. I think the same need is there now and we should encourage them to give homeopathy a try; to try to bring the enjoyment back into medicine for them.

Is the public perception of homeopathy and complementary medicine where you thought it would be when you first started out training in CAM and how do you see its future?

I think many members of the public are very happy with the idea of homeopathy and there is a lot of dissatisfaction with the empirical approach which is designed to treat symptoms rather than cure patients. I did not anticipate the strong anti-homeopathic perspective of conventionally trained doctors, although I suspect some medical schools such

as Southampton, which has input from Prof Lewith, Dr David Owen, Dr Trish Ridsdale and Dr Jonathan Hardy, with whom I have had the pleasure of teaching, will be producing more open-minded graduates. Interestingly they run a complementary medicine module which is shared with the student osteopaths and they were already very much “on-side” with these techniques.

The future will be driven by patient demand versus antipathy from the mainstream. I don’t think the mainstream will ever completely win, although some CAM techniques may need to go “underground” – particularly as, once the Brexit process is completed, we will no longer have the possibility of protection from Europe in terms of patients’ rights to choose their treatment.

What are you looking forward to, now you have more free time?

My decision to retire was precipitated by a major, incurable (but treatable) illness. This will have an impact on what I am able to do and I am trying to learn how to pace myself – which is something I have been advising my patients for years!

However, I am looking forward

to regularly practising and, hopefully improving, my musical prowess on a number of instruments. I have transitioned from the guitar and mandolin to harmonica and, now, penny and low D whistles. This has enabled me to join my musical friends once a week to play Irish music and Blues in a pub in Hastings which I hope to continue indefinitely.

I have always wanted to study astronomy but never had enough time to do it justice. For my recent birthday my daughter and son-in-law have told me to pick a course and go for it!

I also have a “Man-shed” which is now to be re-named “Grandad’s Workshop”. This means I will not only be spending time making my granddaughter wooden toys but also helping her to play with them.

Finally, we will be spending a lot of time in the South of France where we have a holiday home, which does not have access to the internet. I will certainly not be missing those demanding patient emails and having deadlines. In fact it has taken me six months to write this because I am so far off the pace which probably means that I have finally learned how to relax.