all children in the age group of 0-15 years in the month of August every year for three consecutive years. Symptom similarity, complementary relationship, virulence and underlying miasms were taken into consideration while selecting these drugs. This project was named B.C.T. After its commencement in 1999 the mortality and morbidity rates of J.E. fell drastically. 343 cases were reported in 2000 with 72 deaths, in 2001 only 30 cases with 4 deaths, in 2002 only 18 cases but no deaths, in 2003 and 2004 no cases were recorded. The Government had officially published the statistics and acknowledged the efficacy of homeopathy. This is the first major involvement of homeopathy in the field of prevention of epidemic diseases in our country. Neighbouring states which have not adopted this method continued to show higher incidence of J.E. cases. After witnessing the decline in India other nations are showing keen interest in this innovative method. Subsequently the Virologists of the Institute of Tropical Diseases, Kolkata conducted experiments on Belladonna's antiviral effects on Chorionic Allantoic Membrane and ascertained the efficacy of these drugs. The findings were published in American Journal of Infectious Diseases. Endemics and epidemics should be studied from the miasmatic viewpoint to understand their virulence, change of patterns and recurrence. This work has been carried out under the personal supervision of Dr. G.L.N. Sastry.

Keywords: Epidemics, Homeopathic prophylaxis, Belladonna, Calcarea Carbonica, Tuberculinum.

Economic evaluation of the Bristol Homeopathic Hospital: final results of the BISCUIT feasibility study

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Aim: NHS commissioners need to know if services reduce NHS costs such as GP consultations, hospital visits and medications to inform their funding decisions. The aim of the BISCUIT study was to test the feasibility of economic evaluation of homeopathic packages of care from the Bristol Homeopathic Hospital.

Methods: Using a prospective matched controlled cohort design, 15 case participants from the Bristol Homeopathic Hospital and 19 community controls were matched for GP practice, condition, age and sex. We collected data on personal and NHS costs, wellbeing and quality of life five times over 15 months. GP medical record data were extracted on NHS resource use for all 34 BISCUIT participants. Descriptive analyses from a NHS cost and societal cost perspective were carried out by an independent statistician. To identify key attributes of value for a Discrete Choice model, we interviewed Bristol Homeopathic Hospital patients. Interview data were analysed using a framework approach.

Results: To be presented

Conclusion: Results should be taken with caution. However, findings suggest that homeopathic packages of care offered by the Bristol Homeopathic Hospital may have an impact on quality of life and wellbeing. But further work is needed to devise methodologies to robustly test resource usage, especially given the substantial variation in resource usage amongst individuals.

Quantum coherence domains and nanoparticles – one and the same thing?

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Understanding the physics behind the action of homeopathic dilutions has recently gathered momentum with the new links that have being drawn between homeopathy and the burgeoning field of nanoparticles. The advantages of such a connection are clear in that this relation brings homeopathy research into the fold of conventional material sciences. And it is all the more attractive in that nano-pharmacology is an emerging field of research which is currently drawing a lot of attention and consequently research funding. On the other hand we have theories such as the Quantum Coherence Domains (QCDs), which have previously been put forward to explain homeopathic dilutions, immediately begging the question as to whether these quantum domains have anything to do with conventional nanoparticles.

In this presentation I will offer an overview of Quantum Coherence Domains and how they differ and contrast from nano-particles. I will then put forward the idea that QCDs are to be considered as nano-particles themselves, albeit of a different types entirely from those that have been studied until now. I will present the way in which these quantum-nano-domains are formed and how they are able to record specific information. The way this information is then fed back to the patient will be presented, showing how it can modulate the complex sets of biochemical interactions at the basis of homeostasis.

I will present evidence that quantum-nano-domains offer greater explanative power than conventional nanoparticles in a number of experimental settings. The evidence for these quantum-nano-domains will be reviewed, highlighting areas which remain problematic, and those open to further investigation and replication.

In the end we are still faced with a very complex problem, we are only slowly unravelling. At the present time

many indications point towards the idea that nanoparticles of some type are involved in homeopathic dilutions. These ideas need to be verified experimentally, confirming or infirming the different hypotheses, furthering and bringing needed clarity to this crucial field of research.

Economic evaluations of homeopathy: a review

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Context: Economic evaluations of homeopathy are needed as part of the overall evidence-base of homeopathy. Such evaluations are of importance for patients, practitioners, policy makers and other stakeholders. Only limited evidence has been provided in previous reviews. There is a need to assess current research evidence of economic evaluations of homeopathy and to discuss recommendations for future research.

Objectives: To review and assess existing economic evaluations of homeopathy.

Methods: A review based on articles retrieved through databases and other sources. Databases used: AMED, Cochrane LIBRARY, CRD (DARE, NHS EED, HTA), EMBASE, MEDLINE. Other sources: *Homeopathy* (the journal), reference lists and contact with other authors.

Results: Sixteen economic evaluations of homeopathy fulfilling the inclusion criteria were identified. Studies included a total of 3.700 patients who received homeopathic treatment. Ten studies reported on control group participants. Ten out of 16 studies identified cost savings and health improvements. Four studies found improvements comparable to control group participants, at similar costs; and two studies at higher costs. Studies were highly heterogeneous and had several methodological weaknesses.

Conclusions: The overall evidence suggested cost savings and potential benefits of homeopathy. Studies did however have several methodological weaknesses and were highly heterogeneous, limiting the possibility to draw firm conclusions. We present recommendations for future research.

Homeopathic medication in pulmonary tuberculosis treatment, clinical evolution, and drug-resistance: a randomized, double blind clinical Trial

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Tuberculosis (TB) is a serious worldwide public health problem, with high rates of incidence, prevalence, and mortality. Nearly one third of the world population is infected with Mycobacterium tuberculosis. TB prevention and treatment represent a considerable financial burden for society. Up to 2015 US$ 8 billion per year will be needed in the most affected countries. Until the present day there is no effective vaccine to prevent TB in adults. Multi-drug resistance in TB treatment (MDR-TB) is increasing worldwide. Globally, 3.7% of new cases were estimated to have MDR-TB, as well as 20% of previously treated cases. Besides, the average proportion of MDR-TB cases with extremely drug-resistant tuberculosis (XDR-TB) is 9.0%. A significant effort is being addressed to develop both new drugs to treat drug-sensitive or drug-resistant TB, and eleven vaccines to prevent TB. Globally, the treatment success rate among all newly-diagnosed cases has been 85%, and 87% among patients with smear-positive pulmonary TB (the most infectious cases). This figure reveals a rate of about 15% unsuccessful treated cases, which poses an impact on population treatment time, cost, efficacy, and safety. Regimen for most patients with MDR-TB takes 20 months. Cost of drugs alone for treating the average MDR-TB patient is 50 to 200 times higher than for treating a drug-susceptible TB patient. Besides, second-line anti-TB drugs can have serious side-effects, while being less potent. In a broader perspective of the disease progress, these consequences are major causes for treatment abandonment, a factor that contributes to increasing the number of new infected patients. The objective of this study is to evaluate the influence of the homeopathic medicine Tuberculinum bovinum in patients treated for pulmonary tuberculosis, with first-line anti-TB drugs RHZE (isoniazid, rifampicin, pyrazinamide, and ethambutol). A prospective, randomized, placebo-controlled, double blind trial is being conducted with 50 adult patients at the tuberculosis control unit of the Hospital Federal dos Servidores do Estado (Federal Hospital of State Workers), in the city of Rio de Janeiro. All patients met the following criteria for entry into the trial: male or female, sputum smear-positive pulmonary tuberculosis, beginning of anti-TB treatment. Patients diagnosed either with extra-pulmonary tuberculosis, or non-first-line RHZE treatment, have been excluded. The rationale for this last criterion was due to the fact that RHZE is the most commonly used anti-TB drug scheme, has the shortest duration, and yet could potentially have its success rate improved. Data is collected in a regular basis, along 6 months of treatment, by using questionnaires for first consultation and follow-up. Information analyzed includes clinical and laboratorial features of the tuberculosis disease, and individualized characteristic patterns of patient and his/her evolution. Outcomes of the study include difference between the homeopathic medication and placebo in: clinical evolution of the disease, clinical evolution of patient miasmatic pattern, antibiotic resistance development, RHZE adverse effects, and tuberculosis resulting sequelae.