

AVH Response to the December 15, 2012 Letter by Dr. Narda Robinson to the
Delegates of the AVMA

The Academy of Veterinary Homeopathy's (AVH) Standard of Practice (SOP) was developed for veterinarians when exclusively applying classical homeopathy to cases. Veterinarians who have trained in classical homeopathy understand the rationale of the standards, specifically as they apply to interpretation of effects of the prescriptions. Since the goal of homeopathy has always been to alleviate the suffering of the sick patient in the least harmful way¹, the idea of withdrawal or denial of appropriate conventional interventions when indicated is strictly a misinterpretation from an untrained perspective.

The AVH recognizes that most of our clients have previously sought conventional care, sometimes from within our own integrated practices. Many of these animals have not responded to conventional therapy, potential or current side effects may have been unacceptable, or the cost of therapy may have been prohibitive. As in any treatment option, clients *elect* to use a modality for their animals and if not already informed by previous veterinarians, should be informed by the veterinary homeopath of all conventional options available including the risks versus benefits of these options² with appropriate regard to the skills of the corresponding practitioner. All veterinarians are first and foremost beholden to the practice acts of their respective states.

Veterinary homeopaths, as professionals, are able to order and interpret diagnostic testing. Since many patients commence homeopathic treatment while being maintained on conventional medications, veterinary homeopaths are trained to know when sufficient improvement has occurred to enable the patients to be weaned off of the medications when this is possible. As veterinarians, they are able to recognize zoonotic diseases and take appropriate measures to limit the morbidity from and spread of infectious diseases. Like all holistic practitioners, they consider proper nutrition to be of paramount importance and emphasize dietary improvement in all cases. Vaccine administration, as in any practice, is determined by risk of infectious disease versus risk of vaccine adverse events, with consideration for state laws in the case of rabies vaccine, and administered according to vaccine labels for use in healthy animals.

Additional comments on the SOP:

1. "Only the remedy that is *homeopathic* [italics ours] to the case" refers to the process of selecting the remedy based on the Law of Similars.
2. "Medicinal effects" of foods refers to herbal effects such as found in chamomile tea, for example.
3. "Medicines are most suitably given by mouth."
Dr. Robinson writes, "This directive, adapted like the others from an early

19th century homeopathic text⁷, was formulated prior to the development of the modern hypodermic needle in 1853 and the disposable syringe in 1956.”

These historical vignettes are irrelevant to this standard, which refers to the simplest effective way to administer remedies.

The text that is referenced is The Organon of Medicine, Sixth Edition, which forms the basis for modern homeopathic treatment. The author of this text, the medical doctor Samuel Hahnemann, introduced to medicine the first organized method for testing medicines and basic measures to prevent contracting illnesses from the sick. Using clinical trials and empirical observation, Dr. Hahnemann developed many of the tenets of homeopathy which are being verified by contemporary scientific studies³. For example and relevant to this section, Hahnemann had observed that when the prepared homeopathic remedies were placed on lactose pellets, they retained their medicinal properties and were able to elicit healing reactions in patients. Studies today in nanopharmacology show that the nanoparticles that are generated in the homeopathic preparation process of dilution and succussion (shaking) remain stable when poured onto the lactose or sucrose pellets⁴.

Homeopathy as well as many other “CAVM” modalities are based on traditional or original sources. Many therapies considered conventional today have been gleaned from traditional medicines. We believe it is neither professional nor ethical nor in the best interests of advancing medicine to mock a CAVM modality while referencing traditional or original sources⁵.

Additional comments on Dr. Robinson’s letter:

1. Dr. Robinson supports the notion that homeopathy is ineffective while carefully avoiding the discussion of evidence in addressing her points. Her writings, in particular her columns in Veterinary Practice News, cite studies only when homeopathy was not effective, mention anecdotes as proof, and tell incomplete stories to sway her audience.⁶ The efficacy issue has been fully addressed in the AVH’s white paper³.
2. Contrary to Dr, Robinson’s statement, AVH members are not forced to agree to the AVH Standards or practice. The actual signature line on the membership application corresponds to the following statement: “By signing below I affirm that I am applying for membership in the Academy and have read and understood the Standards of Practice of the Academy

of Veterinary Homeopathy.”⁷

3. The concept of “vital force” forms the basis for many forms of medicine throughout the world, including Traditional Chinese Medicine (“Qi”), Ayurveda (“prana”) and Chiropractic (“the Innate”). This is a concept that at this time can be neither proven nor disproven, yet its theoretical construct can be utilized in delivering effective treatment in the vitalistic therapeutic modalities.
4. Dr. Robinson’s persistent insinuation of pervasive animal abuse by veterinary homeopaths is offensive and unfounded. If Dr. Robinson is aware of individual cases of alleged malpractice from practitioners of any form of therapy, she has a responsibility to report these to the appropriate state boards rather than malign an entire segment of our profession. No veterinary modality, be it homeopathy, surgery, oncology, internal medicine or general practice, should be judged on its worst-performing practitioners.
5. Dr. Robinson states, “As the Iowa Board of Medicine contends, ‘The public needs to be informed that this practice [homeopathy] may not be useful and that it may divert individuals from other, more efficacious modalities of care while taking precious time for homeopathy to take effect. In addition, patients may spend considerable money for treatments that may not be effective. The Board’s position is ‘buyer beware.’”

This is a fitting close to Dr. Robinson’s letter as it nicely illustrates two critical points.

First, Dr. Robinson appears to differ from the Connecticut VMA’s conclusions. By stating that “[homeopathy] *may* [italics ours] not be useful, “ and “*may* [italics ours] not be effective,” she takes a step back from the Resolution 3’s absolute stance that homeopathy has been *conclusively* proven ineffective. However, she still does not offer evidence to support the possibility of its ineffectiveness.

Second, Dr. Robinson utilizes a common tactic of skeptics that we pointed out in our earlier letter. Namely, a quote taken out of its full context is used as “evidence” against homeopathy. She could have instead selected from the quote, “Homeopaths find that the homeopathic healing process can be quite subtle at first, but the treatments are usually ‘prompt, thorough, and longlasting” or “Some double blind, placebo controlled studies suggest that homeopathic treatments may be effective for a few specific conditions.” These quotes were taken from the same page of the Iowa Board of Medicine’s policy statement on homeopathy, written in 2001.

Although the volume of evidence has increased substantially since this statement was issued, the remainder of the statement remains relevant. The policy is largely supportive of health care providers using homeopathy in practice and emphasizes the usual standards of care to which all physicians must adhere. The policy concludes with the following statement, which could easily apply to DVM/VMDs:

An M.D. or D.O. is trained to diagnose human conditions using a myriad of diagnostic techniques and treat those conditions using a wide variety of modalities. An M.D. or D.O. is better prepared to identify what conditions are more threatening and require traditional care. An M.D. or D.O. is regulated, and therefore the public has a state agency to go to with complaints.⁸

¹ Hahnemann S. The highest ideal of cure. In : O'Reilly WB, ed. *Organon of the medical art*. Redmond, Washington: Birdcage Books, 1996;60.

² "What obligation does a C.A.V.M. veterinarian have to inform [25] a client of 'conventional' veterinary treatments or therapies? A C.A.V.M. veterinarian does have an obligation to discuss with a client all appropriate conventional treatments and therapies and that discussion must be objective. A veterinarian—conventional or C.A.V.M.—should not try to sway the client by subjective statements to the veterinarian's personal views about what particular decision should or should not be made. American Veterinary Medical Law Association's White Paper commissioned by the American Holistic Veterinary Medical Association. October 7, 2004, page 12. Available for download at: https://www.ahvma.org/index.php?option=com_content&view=article&id=74&Itemid=133. Last visited December 22, 2012.

³ Academy of Veterinary Homeopathy white paper: "The Evidence Base for Homeopathy" submitted the AVMA House of Delegates, December 2012. Available at: <https://www.ahvma.org/>

⁴ Tavares Cardoso MA, Talebi M, Soares PA, Yurteri CU, van Ommen JR: Functionalization of lactose as a biological carrier for bovine serum albumin by electrospraying. *Int J Pharmaceutics* 2011, 414(1–2):1–5.

⁵ Traditional Chinese Medicine has been the object of Dr. Robinson's derision in many of her Veterinary Practice News columns: "The 'black box' style of herbal prescribing (*referring to TCM*) based on metaphorically eliminating Damp Heat and extinguishing Internal Wind no longer suffices." May 2009. "When Folklore Meets Food Fad."

<http://www.veterinarypracticenews.com/vet-practice-news-columns/complementary-medicine/tcm-and-the-chinese-new-year.aspx>

“Traditional Chinese Veterinary Medical (TCVM) food therapy ... entails making diagnoses and dietary prescriptions based on metaphorical descriptions of illness and magical correspondences....”

<http://www.veterinarypracticenews.com/vet-practice-news-columns/complementary-medicine/when-folklore-meets-food-fad.aspx>

August 2009. “When Does Medicine Become Religion?”

“ ‘Medical acupuncture’ [which Dr. Robinson teaches at Colorado State University School of Veterinary Medicine] refers to a contemporary system of acupuncture based on scientific principles. Instead of remaining mired in ancient metaphorical disease processes ... (w)e eschew belief-system orientations, in which students are expected to adopt and regurgitate poorly defined metaphysical and metaphorical processes as though they were a highly developed, quasi-spiritual ancient healing method.... Why should we turn over our patients’ health and well-being to a primitive and poorly understood system of Chinese medicine...? accessed on 12/19/12 at

<http://www.veterinarypracticenews.com/vet-practice-news-columns/complementary-medicine/freedom-from-folklore.aspx>

“Freedom from Folklore.”

⁶ Robinson, N. “Dr. Robinson Responds to Dr. Epstein.”

<http://www.veterinarypracticenews.com/letters-to-the-editor/narda-robinson-responds-to-dr-epstein.aspx>. The letter quotes Dr. David Ramey, established skeptic: “High-dilution homeopathic preparations ... involve dilution to the point where it is very unlikely that even a single molecule of the base compound is present. This means that there is no conceivable mechanism of action by any currently accepted scientific standards, including those of chemistry and physics which govern serial dilutions.”

“Once a positive result surfaces, the study needs replication. For example, a paper published in *Nature* was initially ‘hailed as one of the first and best proof of principles of homeopathy.’” Other scientists attempting replication found the ‘remarkable claims’ to be a “delusion.” The letter also fails to mention that after the one failed replication, two subsequent studies were published that replicated the study she cited and used more blinding and more refined techniques. These subsequent studies are: Belon P, Cumps J, et al. Histamine dilutions modulate basophil activation. *Inflamm Res*. 2004; 53(5): 181-188 and Chirumbolo S, Brizzi M, et al. Inhibition of CD203c membrane up-regulation in human basophils by high dilutions of histamine: a controlled replication study. *Inflamm Res*. 2009; 58(11):755-764.

“Anecdotal complaints of puppies dying from parvovirus...”

⁷ The AVH membership application.

<http://www.theavh.org/documents/AVH%20Membership%20app.pdf> .

⁸ Iowa Board of Medicine. A policy statement on homeopathy. Approved by the Board on June 28, 2001. <http://medicalboard.iowa.gov/policies/homeopathy.html>