



CFS Trial in Leuven with CFS-PC: conclusions after one year

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History

After reading the article of Peter Chappell in Links and meeting the man at the Crossing Bridges Conference, I found his claim to be able to cure AIDS and the integrity that seemed to motivate the design of the new remedy enough to invite him for a guest lecture in our homeopathic training centre, the CKH. This was organised in October 2003 in Leuven. In my enthusiasm I invited every AIDS organization in the country, talked to doctors, buddies and AIDS patients, because we wanted to present a live case. The plan was to give the patient Peter's remedy, which he called PC1, for two to three months and by the time the lecture was held, we could evaluate the results, if any. The outcome was quite disappointing: we received not a single reaction whatsoever.

The conclusion seemed to be that there was no real interest in AIDS at all in our country and the belief that nothing could be done against it was so strong that nobody even wanted to spend a few hours to listen. This made me ask Peter if he thought it would be possible to apply his new method for designing remedies to another disease. Although CFS is not really an epidemic disease, my CFS patients frustrated me often in daily practice. My experience with them was that if there was any reaction at all to homeopathic remedies they showed the pattern of incurable diseases: a quick flare-up after a remedy with a prompt relapse. This bad prognosis was confirmed by the development in the patients' condition. I spoke to other homeopaths but there didn't seem to be a satisfactory cure for those patients.

CFS Trial

Peter agreed to my suggestion and I set up a trial: with a pilot group of ten volunteers, most of them CFS patients of long standing – some in homeopathic constitutional treatment, others not – and five homeopaths. We interviewed the patients simultaneously for two days. Then, together with the dossiers of some other 50 CFS patients, from the homeopaths involved and with Peter, we brainstormed to formulate the identity of the disease. With this information Peter designed the remedy and this was given to the patients. The protocol we followed was very simple: dissolve the granule in a bottle of water, take every day a sip after vigorously shaking it and stop if any aggravation occurred.

Because the project started 17–19 of December 2003, the remedy was taken by some patients not earlier than the last days of the year. Owing to a few holidays the homeopaths in charge were less available. The beginning of 2004, most of the homeopaths involved got alarming telephone calls: some patients from the pilot group had very severe aggravations, some from the very first sip; but most of them continued the remedy for a few more days until the symptoms became unbearable. We all

advised them to immediately discontinue the remedy and wait for things to happen until the first follow up which was scheduled for 20 January.

First follow-up 20 January 2004

As the aggravations were very striking and moreover described by the patients as their original symptoms, we thought this reaction was healthy compared to previous ones. With most of the patients the aggravations faded away in three to seven days after discontinuing the remedy. Because some signs of amelioration set in, we applied fundamental homeopathic philosophy saying that after an initial and quick aggravation, amelioration is quite possible. We all put the patients on placebo daily until the second follow-up.

Second follow-up: 5 March 2004

The group of homeopaths involved was now three in number. Independently, after consulting the patients the first remark was: 'the constitutional remedy becomes clear now in my patient'. Almost all patients had aggravations on their SL, probably due to their expectations after the severe aggravation they had the first time. The majority on the other hand reported ameliorations that were quite remarkable and asked to put it in numbers they said they went from something like three or four out of ten to now seven or eight!

So the small hints of amelioration we saw the first time seemed to hold. To avoid unnecessary aggravations we gave the patients individualised doses of the CFS PC remedy and asked them to keep in close contact with us.

Third follow-up: 5/5/2004

With Peter Chappell again present for the evaluation the conclusion was that of the ten patients five did remarkably well, showing an improvement on the Karnofsky score (100 points max score of well-being) of seventeen points.

S U M M A R Y

When, at a guest lecture in Leuven by Peter Chappell on the treatment of AIDS with PC1, it appeared nobody was interested in participating in a trial, Anne Vervarcke proposed that Peter design a remedy for another disease. Using the same method as he used to design PC1, a remedy was designed for Chronic Fatigue Syndrome. This article discusses the results after a one year follow-up.

KEYWORDS PC remedies, Chronic Fatigue Syndrome



Some patients ameliorated dramatically better with the PC remedy than with any other treatment they had had before. Among the things they reported were better concentration, able to read a book again after twenty years, able to do administration, to work on the computer, less pain in muscles and joints, forget I had CFS, looking for a job, doing the household chores and still having energy in the evening, intolerance for foods much less of a problem, being able for the first time in ages to follow a movie until the end, needing far less sleep.

We continued the administration of the remedy on a more individual base; some patients kept taking a daily dose while others took only one sip and waited for six weeks.

Evaluation after one year: December 2004

From the four live follow ups taken on that occasion three were remarkably improved in all areas: able to get up in the morning, doing the work, take care for a disabled husband, start doing sports again, work a full time job, finish university in a normal rhythm now, free from pain.

There seem to be in almost all patients at least some reaction and in two cases a better functioning of the constitutional remedy now given.

Since no patient has been continuously worse or has deteriorated in the past year, we conclude that the treatment with PC CFS does no harm and in the worst case provokes a status quo. Patients who didn't benefit stopped the treatment early or/and started other therapies. So we can conclude that it is certain that it can be a potential remedy for CFS; however, because of the small number of patients it is premature to make definitive pronouncements.

Second phase of the trial

In view of the encouraging results, the group of homeopaths involved is extended to twelve. They follow a strict protocol established by the core group. This protocol has been developed through experiences during the investigation and is crucial for a smooth treatment and the objective assessment of the treatment. Basically the remedy is administered only once with a week's pause to see reaction. If there isn't any then for three consecutive days a dose is taken with again a week's pause. If there

is still no reaction then the remedy can be taken every day until aggravations set in.

The list of homeopaths involved can be found at the website of the CKH – www.ckh.be – and the protocol can be obtained there if more homeopaths want to work with us.

The remedy can be ordered as PC142e at recept@hahnemann.nl (www.hahnemann.nl)

More about the remedies designed by Peter Chappell can be read in his book 'The Second Simillimum'.

In this second phase of the trial we will evaluate three times during 2005, on dates we announce to the participants, and formulate conclusions again in December 2005.

References

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Vita

Anne Vervarcke is director of the CKH, Leuven. The CKH ■ for fifteen years the Centre for Classical Homeopathy in Flanders, organises a five-year training course in Classical Homeopathy, a postgraduate course, lectures, a yearly seminar and makes publications as well as actively promoting classical homeopathy.

Anne Vervarcke, who trained in Bloemendaal and Amersfoort, has had a private clinic since 1989. Since 2004 she works with a few homeopaths she trained herself. She has been teaching since 1990, in the CKH that she established and for which she designed the complete program. She attended many seminars and workshops with famous homeopaths, and is especially inspired by the work of Rajan Sankaran. This, combined with a thorough knowledge of the 'classics', fifteen years of practice and an investigating mind, makes her a most inspiring teacher.

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