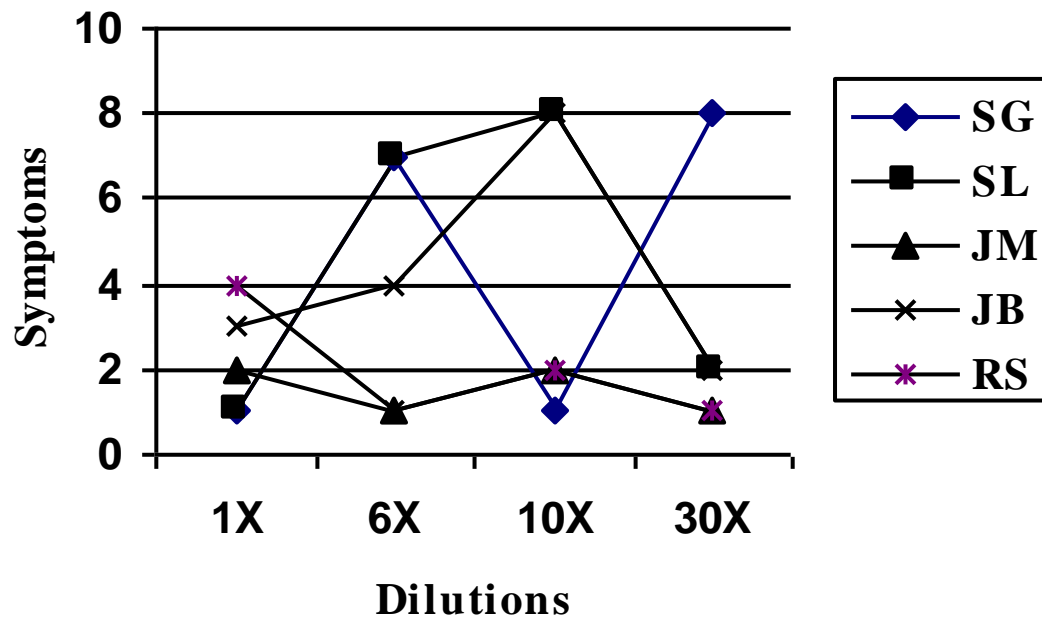


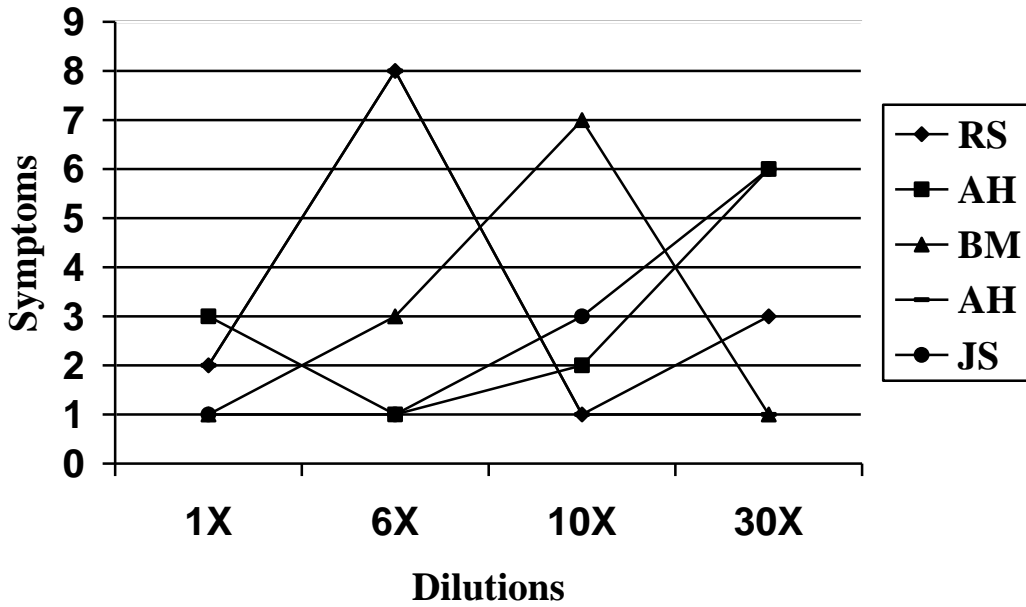
Supplementary memorandum submitted by
Dr Jean Monro and Dr Peter Julu

- 1 In our attempt to investigate the physiological evidence of low-dose immunotherapy, we have carried out several studies which included dilution of antigens, up to homeopathic concentrations.¹ These produced symptomatic responses at some dilutions and abrogations of responses at others. Selected antigens which suited the individual provoking no symptoms nor increased wheals when injected intradermally, were then used for treating patients with migraine and food allergies. Subsequently, with homeopathic dilutions provided by Ainsworth Homeopathic Pharmacy, similar responses were observed of provocation and nullification of symptoms.
- 2 Below are the graphic representations of the response to homeopathic concentrations.

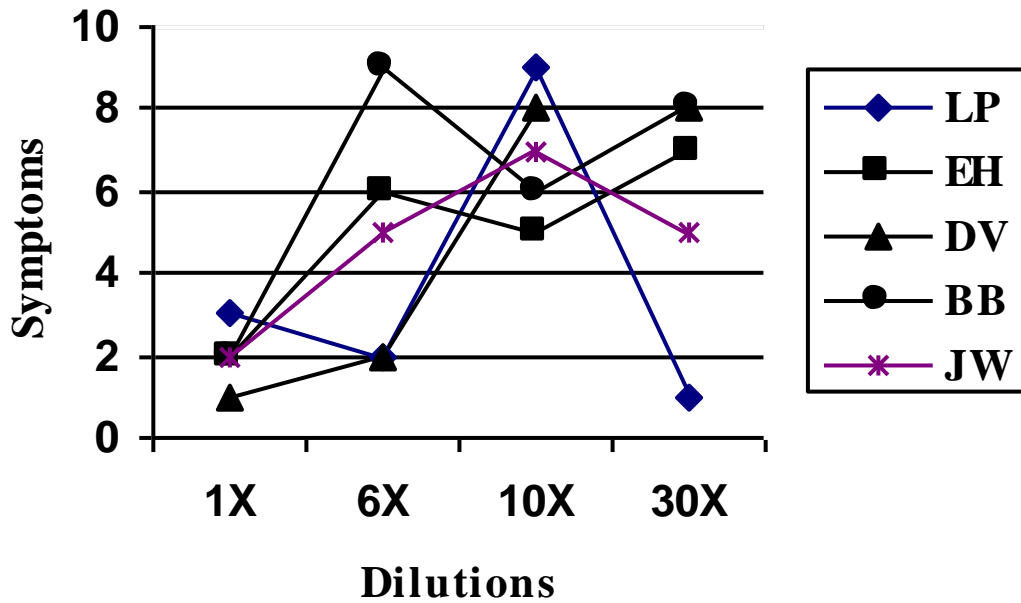
SYMPTOMS TO MILK AT DIFFERENT DILUTIONS



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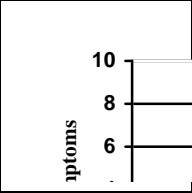
3 The text in relation to these graphs is as follows:

Fifteen patients were selected. Each of these patients had been previously diagnosed as being allergic to wheat, milk and egg, both by elimination diet followed by challenge which induced symptoms or observable physiological changes, and by previous skin testing using the provocation/neutralisation

method, with allopathic vaccines of 1:5 dilutions. The homoeopathic vaccines were prepared by Ainsworth Homoeopathic Pharmacy in dilutions of 1x, 6x, 10x, 30x.

Patients were exposed to each of these strengths within their vials, and also injected intradermally, with a 0.05 ml wheal being raised. Symptoms were noted and charted. Patients then held the vial and symptoms were noted. Where symptoms occurred, intermediary preparations of vaccines were obtained and charted. Dilutions of antigens below Avogadro's number, viz homoeopathic remedies, behaved in a manner similar to antigens injected sequentially, as in the Miller provocation/neutralisation technique and homoeopathic remedies have a similar pattern of provoking and neutralising symptoms.

- 4 It was then necessary to further investigate the physiological evidence of low-dose immunotherapy. This was, therefore, designed in the experimental terms of 'before and after' evidence. This is an ongoing clinical evaluation, but due to the urgency of this call for evidence, we want to share with you our early results.
- 5 The first pilot study was carried out and presented to the Joint International Neurogastroenterology and Motility Conference in August 2009 this year, showing very clear physiological responses to low-dose immunotherapy. Autonomic dysfunction was demonstrated and this was corrected by low-dose immunotherapy. We clearly showed that low-dose immunotherapy manipulates the autonomic nervous system and this is the basis for its mechanism of action. For example, we showed that low-dose immunotherapy corrected dysfunction of the sympathetic nervous system in both the splanchnic regions and skeletal muscles (see illustration attached, as presented at the Joint International Neurogastroenterology and Motility Conference 27 – 30 August 2009).
- 6 Further evidence of the mechanism of action of the low-dose immunotherapy is biochemical/immunological. The lymphocyte sensitivity assay is a test in which lymphocytes are viewed by confocal microscopy on a slide in which the medium is accessible to the addition of possible agents to which the lymphocytes can react, if they are sensitive. In the medium is a calcium probe which becomes fluorescent blue if the cell wall is breached with calcium. When the person's cells are viewed initially, the amount of calcium in the cell can be calculated by the density of the fluorescent probe. Thereafter, different agents are added to slides and the lymphocyte, if it is sensitive, will allow the ingress of further calcium. This was undertaken before and after the use of low-dose immunotherapy and shows a normalisation of cell membranes as a result of low-dose immunotherapy.
- 7 These findings are clear scientific evidence of the action of low-dose immunotherapy, and, since low-dose immunotherapy with homoeopathic dilutions has been shown to work similarly, giving parallel clinical results, we have no doubt that this is the mechanism of action of homoeopathic agents.
- 8 We have, therefore, embarked on the clinical evaluation of the physiological and chemical/immunological mechanisms of homoeopathic dilutions of our antigens.
- 9 A memorandum was presented to the House of Lords Science and Technology Select Committee on Allergy, Session 2006-07, which was chaired by Baroness Finlay of Llandaff. This described the background of low-dose immunotherapy.
- 10 Further presentations were offered at a seminar organised by Breakspear Hospital Trust at the House of Commons when we were guests of Michael Penning MP Shadow Health Minister. Information that was presented regarding allergy at that meeting can be made available to the Science and Technology Committee.



DECLARATION OF INTERESTS:

Jean Monro: Director of Breakspear Medical Group Ltd

Peter Julu: Inventor of NeuroScope

- 1 Monro JA. Biological effects of neutralising vaccines: the effects of weak electromagnetic fields and the concordance between the two. Proceedings of the International Conference on Electromagnetic Environments and Health in Buildings; 2002 May; London. In: Clements-Croome D, editor. Electromagnetic environments and health in buildings. London: Spon Press; 2004. p.267-80.

November 2009