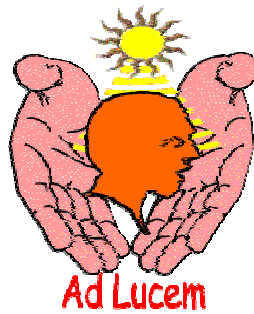


**The Use of EFT
and Homeopathy
in Combination**

Original Work

By Dr Tam Llewellyn-Edwards, PhD., FRSA., FBIH., MAAMT., MHMA.



Moving into Light

Presented by Seamus Hayes, Life Coach

<http://www.ad-lucem.com>
trainer@ad-lucem.com

Table of Contents

THE USE OF EFT	1
AND HOMEOPATHY	1
IN COMBINATION	1
ABOUT THE AUTHOR	3
1. INTRODUCTION	4
2. BACKGROUND OF EFT	4
3. BACKGROUND OF HOMOEOPATHY	6
4. COMBINING EFT & HOMOEOPATHY	7
5. SURROGATE TAPPING	10
6. LEARNING THE “OTHER” THERAPY	10
7. CONCLUSION	12
CASE HISTORIES	12
CASE 1	12
CASE 2	14
CASE 3	15
CASE 4	16
USEFUL REFERENCES	18
HOMEOPATHY	18
GENERAL HOMEOPATHY	18
TISSUE SALTS	18
BACH FLOWER REMEDIES	18
COMBINATION HOMEOPATHY	18
EFT	18
USEFUL WEB SITES	18

About the Author

The author, Dr Tam Llewellyn-Edwards is a qualified Meridian Therapist and also a qualified Classical Homoeopath. He is a Member of both the Association For the Advancement of Meridian Therapies and the Homeopathic Medical Association. He holds the degree of Doctor of Philosophy, and is a Fellow of the Royal Society of Arts, and a Fellow of the British Institute of Homeopathy.

He is a full time therapist at the Tickhill Complementary Health Clinic in South Yorkshire, United Kingdom, where he works alongside therapist of a number of other disciplines. He is, by training and instinct, a classical homoeopath but since learning Emotional Freedom Techniques (EFT) he has more and more found a place for this therapy within his homoeopathic practice

The author can be contacted by e-mail at :Tllewellyn@aol.com

His clinic's web site is at :- www.TickhillClinic.com

Acknowledgements

As author, I must give my thanks to Silvia who conceived this project and who has given so much effort towards the publication of this series.

Also I must thank my wife, Mair, who has guided me into fruitful paths and who has always been a support and an inspiration in my journey along such paths.

In this context I must also thank Chrissie who first introduced me to EFT and was my first teacher in this therapy.

1. Introduction

This Booklet outlines both Emotional Freedom Techniques (EFT) and Homoeopathy, but it is written principally to discuss the combined use of these therapies when treating individual patients. It is not intended to teach either therapy, but rather to be a guide to homoeopaths (both lay and professional) who are seeking to use the principles of EFT to increase the well being of their patients by exploiting the advantages of both therapies. Both therapies have their strong points and both have their weaknesses, but it is suggested that by using these therapies together the advantages of both can be obtained while avoiding each therapy's shortcomings. As I am principally a homoeopath I will be dealing mainly with the use of EFT as an adjunct to homoeopathy, but I will also show how homoeopathy can be used as an adjunct to EFT.

I will start by outlining both EFT and Homoeopathy and discussing each's mode of action and the problems that are well suited to each therapy as well of those which are difficult to treat using a particular therapy.

Then I will go on to discuss how these two therapies can be combined and the difficulties and advantages of using the therapies together

Finally, I introduce some case studies from my own practice to illustrate the point made in the booklet

2. Background of EFT

Emotional Freedom Techniques (EFT) are founded in the very ancient Chinese Art of Acupuncture. In China health providers have used the system of Acupuncture for at least 5 000 years. Eastern practice believes that energy flows through all living things and that this flow can only take place correctly within an organism if the opposing forces within the body (known as yin and yang) are in harmony or balanced. If there is any disharmony or unbalance the flow cannot take place efficiently and the Ch'i cannot regulate our vital functions. This lack of correct flow is defined as "illness".

The Ch'i is said to flow along fourteen invisible interconnecting main channels, referred to as meridians on each side of the body. These meridians are sometimes deep in the tissue, but surface at various points in the body, called acupoints. In traditional Chinese Acupuncture there are at least 360 such points, but there are believed to be many more not identified.

In traditional Acupuncture these points are stimulated by inserting needles into them. The needles are inserted in a combination of points specific to the problem presented to the therapist. It is the Acupuncturist's intention to clear blockages in the flow of the Ch'i by balancing the Yin and Yang. Once the flow is again free the body soon becomes healthy again.

Based on this ancient theory other therapists developed the parallel therapy of Acupressure. This was based on similar theories to Acupressure, but instead of inserting needles the same points are stimulated by applying pressure.

The therapy Emotional Freedom Techniques (EFT) was developed outside the field of Acupuncture and Acupressure, but it rests on a similar theory in that it seeks to stimulate acupoints by tapping, rubbing or very gentle pressure. The range of points employed in EFT is much smaller and only a dozen or so points are used and these are mostly around the face and hands.

Although there is a similarity between EFT and the two earlier therapies, EFT is more specifically psychologically based. The patients are taught to tap gently on their own acupoints, while using affirmations and key phrases to focus their minds on the problem.

The new concept that EFT brings is that of “Psychological Reversal”. This suggests that if the natural energy flow becomes reversed due to shock, stress or trauma, healing (which is the body's natural function) cannot take place easily as the body is fighting against the natural healing process. It is in this situation when we find people accused of ‘having no will power’ or ‘not wanting to get better’. It is not that they have no will power or do not want to get better, but that they cannot heal themselves. In other cases, where therapy is unaccountably not producing results, or only producing results very slowly, psychological reversal must be suspected.

EFT seeks to correct psychological reversal. As the patient gently taps or presses on an acupoint neural receptors under the skin convert this pressure to an electrical impulse that is transmitted to the brain and it is these signals that are intended to correct psychological reversal.

It is in these areas that modern science and classical Chinese Acupuncture theory begin to converge. There is no convincing physical evidence of meridians in the body, but microscopic inspection of acupoints shows that they have a greater concentration of nerve endings than do other skin locations (This can also be shown simply by observing that acupoints tend to be painful if pressed too strongly). Western science's explanation of Acupuncture – which is clearly effective as an analgesic – is that the stimulation of these acupoints causes the release of opiates, known as endorphins, within the brain. These natural substances reduce a person's perception of pain. This conventional explanation seems to be converging on the concepts behind EFT

In the few years since its conception, EFT has proved successful in the treatment of an ever-widening range of conditions. Starting with the treatment of simple phobias, it has shown itself to be suitable for the alleviation of pain and in the rapid treatment of deep psychological problems such as Post Traumatic Stress Disorder.

Just as does any therapy, EFT has areas where it may be difficult to apply safely and effectively. In the alleviation of pain, for instance, we must understand that pain is a useful and necessary function of the body. It serves to identify a problem to the brain and in some cases to act as a defence mechanism so that a damaged part is not further damaged by movement. In these cases, and for safety sake in all cases, the therapists must be sure that they are not removing a pain to such an extent as to allow the body to be further damaged nor to allow a patient's condition to deteriorate without the warning that pain may supply. When treating pain therapists must always be cognisant of the fact that the pain had a specific causation, and they must always seek to treat the cause of the pain as well as the pain itself.

There is a similar difficulty when EFT is used to remove phobias and fears. In many cases the fear or phobia is irrational and serves no useful function (such as the fear of spiders in the UK or a phobia about touching wool garments). However, in some cases (such as the fear of water) therapists must take care to remove the unnatural and unnecessary fear without allowing patients to become reckless in their normal life.

EFT has proved to be successful in the removal of complex psychological problems, but this is often a difficult and long task as the removal of one problem simply uncovers another one beneath. Such patients are particularly difficult to deal with and should be treated only by experienced therapists and even then with great care.

3. Background of Homoeopathy

The concepts of homoeopathy have their roots in the earliest history of medicine, but in its current form we only need to go back some 200 years to a German doctor and pharmacist called Samuel Hahnemann. He re-discovered the idea of like cures like (which became the corner stone of this therapy) and introduced the principle of minimal dose. It is this principle of minimal dose that makes homoeopathy so difficult to understand under the tenets of contemporary science. In fact the action of a homoeopathic material cannot be explained within the bounds of chemistry or physics, as we currently understand it.

When a material is selected for use as a homoeopathic remedy (I will cover the selection later) it is diluted to a very high dilution before it is administered to the patient. In fact in some cases the material is diluted to such an extent that there is only a vanishingly small chance of the final material containing even a single molecule of the original substance. How then does it operate on the organism? The simple (and truthful) answer is that we do not know. Certainly it does not act chemically on the organism, as it remains effective when diluted to such an extent that there is not sufficient material to take part in a chemical re-action, as we currently understand it. It is only in the last 10 years or so that research into super-diluted solutions has shed some light onto this matter and we are beginning to gain some insight into the mode of action of homoeopathic materials. However, the picture remains very clouded and for the purpose of this booklet we do not need to go into it. It suffices to say that the mode of action must be "energetic" rather than "chemical" in form. This means that homoeopathy may have a similar mode of action to EFT (which has been discussed but which clearly operates on an energy level), and we will come back to the import of this factor later.

To conclude this brief over view of homoeopathy we need to understand how the particular remedy is selected. As stated above a guiding principle is "like cures like". When homoeopaths assess patients, they seek to understand the symptoms presented (rather than the clinical identity of the problem), and then they seek to identify a remedy that would produce this symptom picture in a healthy organism. For a simple example of this, consider a patient presenting with nausea, vomiting and diarrhoea and complaining of a burning in the mouth. This patient would be given *Arsenicum album* as these are the symptoms of arsenic poisoning. (The arsenic given would be safe, as it would be given in homoeopathic dilutions so great as to prevent it having any chemical effect.) This is the concept of like cures like. This is a very simple example as in practice the number of symptoms presented would be much greater and would cover many other aspects of the patient's being including such things as illness history and background. All these together would lead the homoeopath to select a remedy to cover all of the presenting symptoms, or at least the major ones.

In theory homoeopathy is suitable for all types of problems and diseases. Homoeopathy can be helpful in the treatment of any problem which, given ideal conditions, the body could heal itself. If we can accept the concept that the mind can affect all aspects of our living and well-being, this gives homoeopathy a very wide applicability indeed. Such things as the loss of limbs, or problems which require mechanical or surgical intervention to correct, are the only things which are theoretically outside the scope of homoeopathic treatment.

In practice, however, things can never be that simple, and even the best Homoeopaths sometimes face problems they are at a loss to counter. Sometimes the driving symptoms are hidden (this is often the case in skin problems) and sometimes the real chronic problem is covered by some particularly disturbing acute problem, such as pain. In other cases the patient is so distressed by some aspect of their condition that other symptoms are discounted and not reported to the therapist.

The time taken for a homoeopathic remedy to work can also be a problem where the patient is seeking immediate relief from a problem. A fundamental concept of classical homeopathic practice is the minimum dose. A Homeopath will prescribe a minimal dose of the remedy and wait to see a change, before proceeding with different dosage levels or changing the remedy,

if a cure is not affected. This waiting time can be unacceptable to the patient in some case – such as acute or incapacitating pain.

It is these limitations of homeopathy, which led the author to seek another therapy to combine with his homeopathic practice in order to provide a more complete and rounded service to his patients.

4. Combining EFT & Homeopathy

In this chapter we discuss the combination of Homeopathy and EFT. By “combination” I mean the use of both Homeopathy and EFT on the same patient. If a therapist, effective with both therapies elects to use either Homeopathy or EFT on a particular patient, it is simply a matter of professional choice. The therapist has simply decided that a particular therapy is best for a particular patient and, being effective in both has decided to use the one judged more suited to the case in hand.

In this booklet we are discussing the combined use of these therapies working together for the good of the patient. “Why use a combination, when either therapy may be effective?” is a valid question and a good starting point. Both Homeopathy and EFT are widely effective therapies and it could well be argued that the use of either alone would be sufficient to treat most patients. This may well be the case, but the emphasis must be on the good of the patient. A combination of therapies should be used when it will produce the fastest and most complete treatment for the patient and, of course, must be used if we judge that either therapy alone would not fully satisfy the case.

Which, then, are the cases that fall into this category? The rudiments of the answer to this critical question have already been presented in Chapters 2 and 3, where we discussed the advantages and the drawbacks of each therapy. Can the drawbacks of one therapy be countered by the advantages of the other? I think they can.

Before looking at those aspects of each therapy, which may benefit from support from the other therapy it is as well to discuss the validity and indeed safety of combining these to specific therapies.

Homeopathy can be used together with conventional therapy and has been for 200 years without problems. The two can work at the same time to help the patients body to become whole again. They work on different levels – the conventional therapy on a chemical level and the homeopathy at a sub chemical level which has never been fully explained, but which is usually considered to be an “energy” level. The two can each work in there own way without one interfering with the other.

Equally EFT is an energy therapy and as such will not produce any conflicts when used in conjunction with a chemical based therapy such as conventional medicine.

There is room for some doubt, however, when we suggest using EFT and Homeopathy together on the same patient at the same time. Both are energy therapies and we must consider if they can conflict with each other. The mode of operation of neither EFT nor homeopathy is understood in the modern scientific sense, so we cannot seek any theoretical decision on the effect of combining the two therapies. We much rely on clinical observation. EFT is a relatively new therapy and there is, as yet, only a small amount of clinical experience available, even if we pool knowledge obtained from using EFT on patients already using homeopathic like remedies such as Bach Flower Remedies and Tissue Salts. The therapeutic effect EFT can be likened, with some justification, to that of Acupuncture so we may look to clinical experience in combining Homeopathy and Acupuncture. Both have been in use for many years, but it is only in the last 50 years that individual patients have been exposed to both at the same time. There is considerable clinical evidence to show that a patient undergoing homeopathic treatment can safely and effectively also undergo Acupuncture. In a few cases a clash has been reported and this must remain a possibility if

we seek to use both Homeopathy and EFT on the same patient. In all reported case of an interaction between Acupuncture and Homeopathy the problem has been that a well chosen homeopathic remedy which has begun to work ceased to work following Acupuncture. This should not be a problem with respect to patient care as a homeopathic remedy that works for a while and then stops working is usually re-administered and would start work again until the next Acupuncture session.

In view of the above, I feel that we can safely assume that in the great majority of cases Homeopathy and EFT will not upset each other's action. It must remain a possibility that a session of EFT may stop the action of a well-chosen homeopathic remedy and this must always be a consideration in the circumstances when this combination is used. As long as we are aware of it, it should not be to the detriment of patients. When a long course on EFT is envisaged it may be advisable to use low or medium potency homeopathy (which involves regularly repeated doses) rather than high potency homeopathy (which calls for only a single dose) in case the EFT does interfere with the homeopathy.

Once satisfied that we can do our patients no harm in combining the two therapies we can look to see where one therapy can counter the difficulties faced by the other. I am not suggesting that either homeopathy or EFT will not work in some cases (they are both in fact widely applicable), but I am suggesting that in some cases the use of one or the other will speed the patient towards cure and will ease the therapists load.

One clear area where Homeopathy is not immediately effective is the area of pain relief. There is no "homeopathic opiate". Homeopathy treats pain by seeking the basic cause and relieving that. Once the basic cause is removed the pain will go away, but in the meantime that patient will suffer. It was this aspect that first drew me to the idea of combining Homeopathy and EFT. The relief of pain quickly is often demanded by the patient. The first duty of the therapist, of course, is to ensure that there is not some identifiable reason for the pain. If there is, its removal would not be wise if it could mask a dangerous situation that needs surgical or other therapeutic attention. Once this matter has been cleared (often by reference to a conventional practitioner) a Homeopath can start treatment, but a simple course of EFT can be invaluable in removing or reducing pain from the very start of treatment. This gives that patient immediate relief and may enable the Homeopath to receive from the patient more accurate details of the whole symptom picture, which greatly simplifies the treatment.

Homeopathy is often quite effective in treating emotional problems, but when a patient is suffering from an emotional blockage (psychological reversal) the symptom picture received from the case-taking interview is often confused and inaccurate. A session of EFT can act to clear up the blockage and a new case taking can show a different and much clearer picture.

We often come across confused cases where the mass of small symptoms is almost overwhelming. The patients presents with a mass of problems – all minor when seen in isolation but quite a problem for the patient when seen all together. Here we may have problems using EFT simply because it is difficult to pick out a significant problem to use as a first affirmation and we may be faced with a large number of affirmations before the true shape of the underlying problem appears. With homeopathy the patient with a mass of symptoms is the easiest one to deal with as the more symptoms presented the smaller the number of remedies that covers them becomes. Here I would recommend the initial use of Homeopathy, possibly a quite simple acute treatment in an attempt to remove some of the symptoms and clear the picture. Once a fundamental factor (or two) shows it may be time to try EFT with a clearer affirmation.

The two most difficult types of patient are the ones who say they just feel unwell and do not know why, and those who present with a single (often minor) problem which fills their world and prevents any progress or discussion of the deeper problems which are the ones that really need clearing.

In the case of those who are just "unwell" and genuinely so, but just unable to express their "unwellness" we can often use EFT to focus on that (undefined) feeling of unwellness. Once

that has been removed or reduced the patients symptoms will become clearer of more focused and the therapist will be able to proceed using EFT or Homeopathy as seems more appropriate to the case.

Where there is a single overpowering problem overshadowing the real problem we can start with either Homeopathy or EFT. If the problem is emotional in nature it may be more suitable to start with EFT and where it is more physical in nature Homeopathy may be a better first choice. There is considerable overlap here and therapists should use whichever therapy springs to mind as the most suitable. However, the point I wish to make is that once a particular mode of therapy is selected it is not necessary to stick to that mode and once the picture is clearer a change of therapy can be considered. It is not in the patient's interest to work with one mode of therapy until it is exhausted, or until it has clearly failed, before we seek another. At each stage of treatment we must be prepared to change the mode of therapy if a different mode of therapy appears more suitable. We can take this a step further and we should always be prepared to pass the patient on to another therapist if a re-assessment of the case warrants it. However, with two modes of therapy that complement each other as well as do Homeopathy and EFT we should be able to find a suitable run of treatment for most patients.

The list of situations that could be assisted by using a combination of Homeopathy and EFT is endless. Nevertheless, I would only expect a therapist to need to use the other therapy in a small percentage of cases. Each therapist, be they principally a Meridian Therapist or a Homeopath, has an effective and widely applicable therapy which will suffice to treat most cases presented. The use of the other therapy should be reserved for the small number of cases where it will assist the patient back to health in the most effective manner.

As an Appendix to this booklet I have placed a small number of my own cases where I have used both EFT and Homeopathy on a single patient. In all cases I suspect that a competent therapist in either therapy would have been able to reach an equally satisfactory result, but the question we need to ask is were the patients' best interests served by combining the therapies. I can only leave the answer to that question to you

5. Surrogate Tapping

This booklet cannot be complete without adding some thoughts on “Surrogate Tapping”, and its use in combination with homeopathy.

Many EFT Therapists use what is known as “Surrogate Tapping” extensively and effectively as a major part of their treatment, and many claim considerable success using this method. Surrogate Tapping does not involve the patient directly but is the term used when the therapists tap their own bodies with the intent of helping another. It is particularly useful in cases involving animals, small children or any patient who cannot (or will not) tap for themselves.

It is not the place of this booklet to discuss the theory or background of this form of EFT, but as it is widely used with considerable success, its use in combination with homeopathy needs to be addressed.

A large number of therapists using many different modes of therapy do not restrict their therapy to the face to face meeting with their client, but continue the session after the client has left by “sending healing thoughts” or “wishing their clients good health” or by some similar means of extending the good to be obtained from the healing session. A number of homeopaths do use some similar method, but it is probably used by a smaller percentage of homeopaths than other therapists.

This extension of the healing process is to be recommended, and following the theme of this booklet I would recommend that homeopaths use Surrogate Tapping to this end. It may be considered as no more than a convenient method of focussing the therapists attention on the (no longer present) patient whose treatment continues homeopathically, or it may be considered as an furthering of the homeopathic treatment by adding EFT, but either way it is a powerful method of assisting the patient to recover. I would strongly recommend it to homeopaths.

6. Learning the “other” Therapy

By its nature and because of its publishers, this booklet will stand mainly as a guide to practicing homeopaths who wish to add EFT to their practice, but I would also like to think that some EFT Therapists would be able to use it to add Homeopathy to their existing EFT practice. To this end I will, in this Chapter, outline how both homeopaths and EFT therapists can learn the rudiments of the other therapy. In a booklet of this size I cannot hope to teach either therapy but will simply hope to indicate what learning these therapies at a basic level (suitable for use as a second therapeutic arm) would entail and indicating where suitable help can be found.

EFT, in its basic form, is a very simple process. It can be learnt to a level adequate to treat patients very quickly. What cannot be learnt so quickly is the more fundamental aspects of patient care and case management. It is assumed that a homeopath seeking to learn EFT will already understand these fundamental aspects and will only need to learn the “mechanics” of EFT therapy. Given such a background it is not too difficult to obtain sufficient knowledge of EFT to enable it to be used as an adjunct to Homeopathy. The best place to start is the Association for Meridian Therapies (UK). This Association will provide details of courses and seminars suitable for therapists wishing to learn the therapy. They can also provide details of active therapists in the field, some of whom will be willing to teach the therapy (and all of whom will be happy to discuss it and its application)

For EFT therapists who wish to add homeopathy as an adjunct to their main therapy of EFT the situation is more difficult. Normal homeopathic training takes three years with a further year of practical clinical training. Homeopathic therapy is fundamentally different in a number of ways to the therapies we know well and it is difficult to see how the training period could be

reduced. Even allowing for the fact that a competent EFT therapist will have already understood many aspects of healing therapy, which are common to all healing modalities, to learn to apply classical homeopathic principles effectively a full course would be necessary. Despite this all is not lost as there are a number of aspects of homeopathy that are easily grasped and a therapist already conversant in another therapy should be able to attain basic competency in a short time scale. Unfortunately no courses exist in homeopathy for therapists with other modalities and the searcher will have to self-educate using generally available published material.

Classical Homeopathy requires the application of a single remedy individually suited to the client and in a suitable strength. The Classical Homeopath then waits to observe the results before proceeding with treatment. There are many thousands of possible remedy and gaining an adequate knowledge of each is a major task in itself. However, adequate treatment can be given in many cases using a much smaller number of remedies (known as polycrests) that are widely applicable. A working knowledge of these can be quickly obtained from popular books on the subject, which are easily available. Some examples are to be found in the reference section at the end of this booklet.

As well as Classical Homeopathy there are a number of branches of Homeopathy, which have split from the main stream over the years, and some of these afford a simpler choice of remedy, which may be adequate for use as an adjunct to another therapy. Two, which spring immediately to mind, are Bach Flower Remedies and Tissue Salts (also known as Biochemical or Schuessler's Salts)

Bach Flower Remedies were developed by Dr Edward Bach at the start of the 20th century and are intended for self-administration by the patient. There are only 38 different remedies each suited to particular problems. All can be used in conjunction with any of the others for more complex cases and this leads to a simple therapeutic regime that could be used effectively as an adjunct to EFT.

Dr Schuessler devised a system of therapeutics towards the end of the 19th century, which was based on the biochemical make up of the cells of people suffering from various illnesses. Only 12 Tissue Salts are involved and again these can be used in conjunction with each other. This system has stood the test of time and these salts are widely available to the general public and they, too, could be used effectively as an adjunct to EFT.

Bach Flower Remedies are better suited to mental and emotional problems while Tissue Salts are better suited to physical ailments although there is considerable overlap. There are a number of suitable books available to introduce the new user to these two ranges of remedy and some will be found in the reference section at the end of this booklet. They contain sufficient information to allow EFT therapists to use these methods as an additional help for their patients.

The very complexity of homeopathic prescribing has bred a number of "easier" methods. In general these methods have not provided an adequate full system of therapeutics, but they are suitable and often effective for the basic control of simple problems. The simple method most suited for use together with EFT is "Combination Homeopathy". This system is based on the assumption (not entirely valid in all cases) that an incorrect homeopathic remedy can do no harm and the worst it can do is nothing. It is but a short step from that to the prescription of a number of remedies that seem relevant to the symptoms observed in the case hoping that the correct remedy will work while the incorrect ones will do nothing. This, rather over simplified, therapy will often work and will not cause harm as long as only low strength remedies are used. It fails with deep or complex problems where stronger remedies or more accurate prescribing is necessary, but in these cases the EFT therapists will be using the power of their own therapy and Combination Homeopathy will be adequate as an adjunct to that main therapy. Lists exist of combinations suitable for particular named diseases – a concept rejected by Classical Homeopaths, but one adequate as for an adjunct therapy. Some such publications are to be found in the reference section below

7. Conclusion

It is now time to bring this booklet to a conclusion.

What have I proved? Very little, I suspect. However, I hope that I have demonstrated that, in most cases, EFT and Homeopathy can be used in combination with the same patient. The bigger question of the advisability of their use in combination I leave to the reader.

Practitioners of both Homeopathy and EFT have produced large numbers of satisfactorily completed cases without resorting to another therapy, and equally both Homeopaths and Meridian Therapists have at times failed to help their patients. Would the additional therapy have helped in a significant number of these failed cases? We will never know.

As a Homeopath I have found that, for me, the knowledge of EFT as a second therapy has assisted me to assist my patients. All I ask of you is that you consider the ideas and the cases presented then make your own judgment based on your circumstances and the evidence as you see it.

Case Histories

Case 1

The client was a middle-aged woman who presented with lower back pain, but claimed that she felt simply “unwell”

Client details

Married with two daughters (one married and the other away at University). She lives with her husband and works as a shop assistant. She has no brothers or sisters. Her mother suffered from back pain.

She suffered from lower back pain, a stiff upper back and claimed to be generally unwell, but was unable to say in what way she was unwell.

Treatment

The client presented for homeopathic treatment and a full case study was taken at the first session. She had had her back problem for some five years and (as well as conventional treatment) she has seen a number of complementary therapists, but had been unable to obtain relief, except following acupuncture, which had provided short-term relief from the back pain.

Her mother is ageing and weak and the client worried about her, and often worked herself up “into a state” about her.

She claimed to have neither fears nor phobias.

She had recently become “anxious about small things”

About six months ago she had suffered a bad attack of flu and had not felt well since then. The continuous feeling of being under the weather was “getting her down”

Homoeopathy

A full homoeopathic case was taken. I will not detail the full case notes here. Suffice to say that the client displayed apathy towards her illness and was mentally dull being drowsy and droopy, with great fatigue. She presented with a dull aching in the lumbar and sacral region

that passed upward, and complained of pain in the muscles of the back, hips and lower limbs, especially in the knees. She walked with a tottering gait. She also disclosed a variety of other symptoms and described herself as "unwell", but could not say in what way.

This led to the prescribing of Gelsemium at the homeopathic potency 30C, one pillule to be taken twice each day

Second Visit

The client returned for her next scheduled consultation three weeks later. She reported an easing of the pain and a general improvement in her health. This had occurred after about eight days of homeopathic treatment. At this point she had (as advised) stopped taking the homeopathic material. The cure held for a few days but then she started to feel a little worse. An "upset at work" then occurred and the client became rapidly worse and returned for her scheduled second appointment. The client was again treated homeopathically and given Gelsemium at the higher potency of 200C

Third Visit

The client was in a much better state both mentally and physically. She was happier and had more energy, and most of the original symptoms had disappeared. Unfortunately she was still suffering from severe back pain, but was happy that this could be controlled allopathically with the drug Sevredol (Morphine Sulphate)

Homeopathy does not have a direct answer to pain and it was at that stage that EFT came into the picture. The pain had no physical cause that could be diagnosed by conventional medicine. She had received treatment for the back pain from a physiotherapist, an osteopath and an acupuncturist, but had received no relief except for a temporary one following acupuncture. No abnormalities were evident from an X-ray

EFT

The current state of the back pain was assessed by the client as about 4 on a scale of 10 - the low score being caused by a recent dose of Sevredol.

After a brief introduction to EFT and an explanation of what was involved, a series of tapping was undertaken focused on the back pain. In the initial series only the face and body tapping points were used. Immediately after this tapping the client showed some considerable surprise and declared that the pain had dropped to a 1 on the scale of 10. A further series of tapping was then undertaken, this time including the tapping points on the hand. Following this the client assessed that the pain had dropped to a zero.

She now complained of a lesser pain just above the right buttock (which had apparently been masked by the greater back pain). The client was advised to continue the tapping sequences herself at home after the consultation focusing on the new pain.

She left the clinic walking freely and erect which was in marked contrast to her slow hesitant gait as she arrived.

Follow up

A telephone contact a week after the third session revealed that the client was still feeling well and was pain free for the first time in many years

Conclusion

This is a case where Homeopathy and EFT worked well together. Homeopathy had little to offer in the immediate relief of the clients pain, which EFT removed very easily. The client's state at her first consultation was such that it would have been difficult to identify a suitable affirmation to suit her rather diverse and ill-defined symptoms so EFT would have been

difficult to apply, whereas homeopathy is well suited to this general undefined malaise. Together EFT and homeopathy afforded complete relief from a long-standing and complex problem and gave the client back a good quality of life. An interesting and rewarding case.

Case 2

The client was a young married woman with a responsible and stressful post in the publishing trade, who presented with depression and anxiety that she believed to be stress related

Client Details

The client was married and lived with her husband who had a full time job. They had no children and she held a responsible job in the publishing industry. The job was cyclic, in that the work load (and pressure) built up as the copy deadline approached and then slackened for a while after the copy date as routine tasks were completed to clear the way for the next issue a month away.

There was a family history of depression, as the client's mother, older sister and aunt had all been diagnosed as "depressive". She had a younger brother who had shown no signs of depression.

First Session

The client had presented for homeopathic treatment, seeking to clear her depression without having to resort to allopathic drugs, the effect of which she had seen on her close family.

A full homeopathic case study was made. She claimed to be a "workaholic" who loved her work and the stress it produced when trying to meet deadlines and, in the past, had not suffered from this stress. She was a perfectionist who liked things to be "right", and who disliked change as she saw it as a threat to order and routine. There had been no significant changes in her home or work life, but she repeatedly referred to changes in her environment. Some discussion took place about her childlessness and she admitted to being sad at the prospect of never having children (She had had three unsuccessful IVF treatments), but insisted that she had put this problem behind her and it was no longer a significant factor in her life.

Over the last few months she had found that the stress at work was upsetting her, and she was depressed because she saw this as change and as an indication that she was "not up to the job". In practice she was still working well and no deadlines had been missed and no insurmountable problems had arisen. As the depression increased she had been unable to sleep for worry about trifles and the resulting tiredness had added to her depression.

In the last few weeks she had found she was afraid of meeting new people, and had suffered a couple of panic attacks at work. In her social life she reported that she had lost her self-esteem. She was also beginning to show the symptoms of Irritable Bowel Syndrome (although she did not label it as such). She carried a fear of a total breakdown under stress.

The homeopathic picture looked like Lycopodium. She was presenting with a number of keynotes of that remedy and also showed some of the acute symptoms associated with it. She was given Lycopodium 30C, and as she was continuously worrying about some sudden point of stress causing a complete breakdown she was also given a low potency Combination Homeopathic Remedy aimed at providing immediate but short term relief from stress.

Second Session

The patient returned for her next session about three weeks after the first, and immediately admitted to being much better. The depression was gone had she had revived her old confidence and energy. She was enjoying life and work. The single problem remaining was

the IBS (although she still had not identified her symptoms with the syndrome). The symptoms were intermittent and could not be aligned with any initiating influence, such as stress, food or her monthly cycle. This is a difficult problem for homeopathy. There are a number of effective remedies to use against IBS type conditions, but it is difficult to choose between them when the initiating cause is not obvious. Also it is difficult to use homeopathy to treat a symptom that is intermittent.

The use of EFT seemed a viable option. At the time of the second session the patient was suffering from a violent attack of her IBS symptoms. The pain was reported as 8 on the "1 to 10 scale". An EFT session was given. Following the first series of tapping the "discomfort" dropped to 6, and after the second it dropped to 5. During the discussions which were part of the EFT therapy the affirmation was discussed and the idea presented to the patient that she could take the method away with her and set up her own affirmations to suit any other symptoms she may have. During these discussions she brought up the idea of using EFT with a suitable affirmation regarding her lack of children. Another round of tapping was made with an affirmation based on her feelings about being childless. These feelings were not suitable for placing on the usual scale, but she said she would continue with the tapping "as necessary". When asked, just as she was leaving, about the "discomfort" rating on a scale of 1 to 10, she remarked, "Oh! That's gone". Which did not surprise me at all.

Third Session

The client did not need a third session. She rang just prior to the scheduled date and cancelled. She reported that she was feeling better than she ever had with no anxiety or depression and no IBS symptoms. Her feelings about being childless were not discussed.

Conclusions

Homoeopathy alone would not have been as effective in this case as was the combination of the two therapies. The residual IBS type symptoms would have been difficult to treat, and it would have taken a number of sessions of homoeopathy for the "problem" (if it was a problem) of childlessness to be addressed. The problem was touched upon in the initial case taking, but not considered to be a factor in view of the patient's outward acceptance of her condition. EFT was effective in removing the IBS symptoms, but also enabled the childlessness problem to surface, and then dealt with that effectively. Had the patient been treated only with EFT it is not clear how easy it would have been to remove the presenting problem of depression, before disclosing the further problem that lay beneath, whereas homeopathy quickly removed the depression and allowed the patient to resume a normal happy life, when the other problems could be addressed.

I suspect (which the benefit of that great thing – hindsight) that the patient's final realization of the fact that she would remain childless was the major initiating event causing her depression, but of course we will never know.

Case 3

The patient was a teenage boy, who was suffering from sudden uncontrolled bouts of violence and anger. Anger seemed to build up within him and would break out following some relatively minor incident. He was brought to the clinic by his father, following a recommendation from one of his teachers who had been treated at the clinic with homœopathy some time earlier.

First Session

The boy was well aware of his problem, and disliked what it was doing to him. He was seeking a solution and seeking one via Homeopathy, as this therapy was the one recommended by his teacher.

It was not a simple homeopathic problem, because the boy became quite normal between bouts of anger. "His normal quite loving self", his mother said. At the time he visited the clinic he was in one of his "normal" periods. He reported that something had upset him at school that day, but that he was able to simply shake it off and forget it. At the time of the visit he presented with no significant symptoms. We had some discussion regarding his life style and his schools and social life, but could find no initiating cause for his anger. He had a slight worry about acne, but was aware that many of his school friends were suffering more than he.

We could trace no pattern in his bouts of anger, and could not trace them to any particular class of initiating events in his life, nor to any particular foodstuffs. The classical homeopathic answer was to give the Constitutional remedy. With few unusual characteristics to go on and with no acute indicators it is difficult to find a Constitutional remedy, particularly in a teenager, but his seemed to be *Mercurius solubis Hahnemanni* and this was given at 30C homeopathic potency. The low potency was an indication of the lack of certainty I had in the accuracy of the solution.

Near the end of the session I mentioned EFT and we discussed its background and uses. The young lad was happy to try it out so I eagerly agreed to use it as a backup to the Homeopathy. We tapped about his anger. Of course there was no reading on the scale of 1 to 10 as he was in one of his "quiet phases", but we tapped anyway. I left the room to prepare the homeopathic remedy and left him tapping. On my return he said, "That tapping makes me feel good". He was unable to say in what way it made him feel good, but I left it at that – recommending that he tapped now and again especially if he began to feel angry.

Second Session

The patient rang to cancel his second session, as he felt fine and was still enjoying the tapping, and his father rang a few days later to thank me for my good work saying that all had been "sweetness and light" since I had seen his son about five weeks previously. No more appointments were made, but we agreed to stay in touch.

Conclusions

I am not sure that this case is complete in the absolute sense, as the problem may not yet have been solved. The initiating problem may lie deeper. Perhaps the boy will simply grow out of it, or perhaps he will need some follow up therapy in the future – only time will tell.

The case is complete as both father and son are satisfied that the problem has been solved. However, which therapy solved the problem? I suspect it was the EFT, but it would have been wrong, and probably counter productive, to force that type of therapy on the boy as he had presented for Homeopathy and was carrying a belief, from his school teacher, that it would be homoeopathy that would help him.

Case 4

The patient was a young lady with a disfiguring skin eruption. Since a baby she had suffered from an undiagnosed skin complaint that caused her to erupt with vesicles that burst to form open ulcers that were slow to heal. Once healed disfiguring scars remained.

First Session

The patient presented with the skin problem, but it was soon clear that a far greater problem was the disfigurement that went with it. Luckily her face was little affected as most of the damage was on her back and arms. However, the fact that she saw herself as "disfigured" and could not wear a sleeveless or backless dress was causing her great distress

This was a case that could have been looked at (and treated) in two quite different ways. If the skin problem could be removed clearly the patient would be satisfied, but equally if the patient could be taught to live with the "disfigurement" (which was, in fact, not very bad) the

case would be equally solved. There is a great difficulty in clearing skin problems, especially those of long standing, and also there was the possibility that the patient's view of her condition was causing stress that could be contributing to the problem itself. In view of these factors it was decided that the first treatment should be using EFT to take the heat out of the problem by increasing the patient's self image despite her "problem". Basically it was quite a simple EFT exercise to use tapping to reduce the patients "dislike" of her skin condition from 10 to 5. The patient then went away to practice her new skill.

Second Session

Two weeks later the patient returned, with a mixed report of her success. Sometimes she was happy with her condition and knew that "it did not matter". At other times she hated her skin and would do anything to improve it. In these latter periods, she tried tapping and some times it helped at least for a short time, but others it did not. The focus of these black periods seemed to be the arrival of new eruptions on any part of her body she could see.

She was clearly good at tapping, and it was tempting to persevere with this treatment, but the client was adamant that she had given it a try and now wanted her skin problem cleared.

The obvious homeopathic remedy for the case was Gunpowder and this was given with instructions to "keep on with the tapping".

Third Session

Three weeks later she was able to report that the open ulcers had all healed, and that no new ones had appeared for "a week or two". She was clearly over-joyed with the outcome, but still complained that the scars left by previous eruptions were still disfiguring her. Homeopathy has had some success in the removal or reduction of scar tissue so it was decided to continue with the treatment of that condition. The case continues with the patient, initially, taking homeopathic Silica. To date there is little improvement in the scarring over and above that which would be expected with the end of the eruptions, but the patient is now much happier about her condition. She still taps on occasion, but finds she does not need to very often.

Conclusions

In this case EFT worked well allowing the patient to overcome her problem, which was mainly one of self-image. However, her eruptions continued and the sight of them continuing undermined her efforts to improve in that area and to maintain that improvement. It may have been possible to address the problem of the continuing eruptions using EFT, but it was simpler to look to Homeopathy for this task. Once the eruptions had ceased the EFT was able to work more effectively and the self-image problem was solved. Should Homeopathy be able to reduce the scarring that will be a bonus, but already the case has reached a satisfactory conclusion, as the patient is satisfied.

USEFUL REFERENCES

Homeopathy

General Homeopathy

MacEoin, B (1997): "Practical Homoeopathy" pub Bloomsbury Press

Hayfield, R (1994): "Homeopathy" pub Virgin Press

Locke, A & Geddes, N (1996) "Homeopathy" pub Dorling Kindersley

Tissue Salts

Chapman, JB (1952): "Dr Schuessler's Biochemistry" pub New Era

Bach Flower Remedies

Vlomis, G (1990): "Flower Remedies to the Rescue" pub Thorsons Publishing Group

Combination Homeopathy

Copen, B (1994): "A Materia Medica of Homoeopathic Formulas" pub Bruce Copen

Khokhar, PS (1998): "Homoeopathic Combinations" pub B Jain Publishers

EFT

Hartmann-Kent, S (1999): "Adventures in EFT" pub DH Publications

Llewellyn-Edwards, T (2000) "Heal Yourself & Others with Meridian Therapy"

Pub books@meridiantherapy.org

Eden, D (1998): "Energy Medicine" pub Piatkus

Useful Web Sites

Association for the Advancement of Meridian Therapies Web Site www.meridiantherapy.org

US Meridian Therapies Site <http://www.emofree.com>

Proxy Tapping Site <http://www.animalEFT.bizland.com>

Homeopathic Medical Association Web Site <http://www.the-hma.org>