

Homœopathy
at
The Glastonbury
Festival
2000

**A Report by The Travelling
Homœopaths Collective**

Copyright
The Travelling Homœopaths Collective 2000

All rights reserved

Travelling Homœopaths Collective
10 Wordsworth Road, Salisbury, SP1 3BH
01722 340792/ 0181 3741892
info@thc.org.uk
www.thc.org.uk

Homœopathy at the Glastonbury Festival

A report by The Travelling Homœopaths Collective

The Travelling Homœopaths Collective was set up in the summer of 1990 to provide a mobile homœopathic clinic that would offer treatment at festivals, fayres and other outdoor events.

The Collective has developed and grown in many ways over the last ten years. The most important development was becoming a registered charity in 1997. Through donations and a grant from the National Lotteries Board the equipment used by the Collective has developed from the hay bales and oil lamps of the early days to a sophisticated and colourful marquee, with electricity supplied by solar panels and a wind generator that powers lighting and computers. The computers run Radar homœopathic software and allow in depth case analysis and more accurate prescribing.

The objectives and activities of the Collective have also developed. The treatment of acute conditions remains the primary concern of the clinics but they permit, and even necessitate, a number of secondary activities. These include the promoting of homœopathy and informing the public about homœopathy, what it is and what it can do. The Collective has also established a role in the training of professional homœopaths. Students and qualified homœopaths can gain experience in on the spot treatment of acute conditions, experience that is not often available in the UK. This knowledge is passed on at seminars and through teaching at the homœopathic colleges.

The tenth anniversary of the Collective has been an opportunity to reassess the activities we undertake and to widen and develop our objectives. This reassessment has led to the plans for the mobile clinic outlined in the attached newsletter and to new educational initiatives now being developed.

However, this anniversary is also an opportunity to examine our core activity of providing acute clinics at festivals and to see how we might improve the services we offer.

The Glastonbury Festival was the first festival to have a THC clinic and it is still our largest and most important event. The report *The Show Must Go On* prepared by Dr Isabel Oliver on the provision of medical services at the 1999 Festival offers part of a framework to analyse the Collective's effectiveness at Glastonbury and to examine how we might enhance the facilities and services that we provide at festivals.

In appendices we have included a breakdown of the treatment given at the Homœopathic Clinic during the 2000 festival. The number of patients seen and the conditions such as the weather were not greatly different in 1999 and 2000 and so comparisons between these figures and those in Dr Oliver's report are likely to be valid.

The figures show that the Collective's operation is extremely efficient. An average of 28 patients were treated per staff member at The Homœopathic Clinic, which is nearly four times the 7.3 treated per staff member at the Festival Medical Services. This is partly due to the non specialist nature of homœopathy and the ability of experienced homœopaths to treat a wide range of illness.

The figures show that the users of medical services at the festival appear to be well informed about the relative strengths of homœopathy and of conventional medicine. The Collective saw a much higher proportion of people with hayfever, colds, gastro-intestinal problems and emotional difficulties and the FMS saw a much higher proportion of people with cuts, bruises and drug problems.

Although follow ups are impossible in festival conditions the number of people returning to say that they are better, either the next day or at later festivals, is heartening and our patients tend to find our treatment to be extremely effective.

The number of patients seen at the clinic has remained steady at over five hundred in recent years, at least when the weather has been not too bad, but it is lower than the peak of about a thousand seen in 1995. There are a number of reasons for this. One is undoubtedly the vast growth in the size and scope of the FMS operation. Another is the congestion at the gate into the healing field which occurs on Saturday and Sunday afternoons making it quite difficult for people to get to us at the busiest times.

There has also been a change in the nature of the festival-goer with the increasing popularity of the festival. The number of people with an interest as much in the other activities as in the music has grown less quickly than the number attending for the music alone and not taking in all that is going on away from the main stages.

The patients that are seen at the homœopathic clinic are more au fait with what homœopathy is than they used to be, and more than a fifth of them have their own

homœopaths and are receiving homœopathic treatment. This is good news for homœopathy and may well be an indication of the success that the Collective has had in informing festival-goers about the benefits of homœopathy.

It seems apparent that the current situation is not optimal for achieving the twin aims of treating people and informing the public about homœopathy. There is also a new direction that has become important in recent years, the development of cooperation between conventional and complementary medicine, which we are not yet addressing at all.

Dr Oliver pointed out that “it is possible that these agencies (the homœopathic clinic and others) reduce the potential workload for FMS” Given the efficiency of the homœopathic operation and the way in which homœopathy’s holistic approach means trained homœopaths can be effective over a wide range of clinical areas; it would make sense to maximize the role homœopaths play in reducing the workload of the FMS.

The best way to achieve these aims: to reduce pressure on the FMS, to increase the public’s exposure to homœopathy and to increase cooperation between homœopaths and the practitioners of conventional medicine, would be for the Travelling Homœopaths Collective to have a presence in main medical area and to work there together with the Festival Medical Services.

This would allow practitioners to explain homœopathy to interested patients, to treat those for whom treatment would be appropriate and to refer to local homœopaths for constitutional treatment. Even where treatment is not appropriate the presence of

knowledgeable practitioners able to listen and explain medical and psychological issues, would substantially alleviate the pressure on the FMS at busy times. The opportunity for medical practitioners and homœopaths to observe each other at work and to discuss that work is an important opening for the development of closer ties and deeper understanding. An understanding that will be important both at and away from the festival itself.

We would like to suggest that at the 2001 festival 2 shifts of 2 homœopaths, who are experienced both in homœopathy generally and in the particular work of festival acutes clinics, work with the FMS in the main medical area during the busier times. Their role would be as outlined above but also to observe how they can be most helpful and how their practices need to be adjusted to bring the greatest possible benefit to the festival, the public and the medical community both homœopathic and conventional.

These homœopaths would be equipped with all the most commonly required remedies and would be in communication with the main clinic for support in unusual circumstances.

Homœopathy and Glastonbury have been good for each other over the last ten years and we need to develop so that we can do more for each other and for the public in the coming decade.



The Travelling Homœopaths Collective Clinic
at The Glastonbury Festival

Appendix A Homœopathic Treatment at Glastonbury 2000

The Travelling Homœopaths Collective provided homœopathic treatment from their clinic in the Healing Field at the Glastonbury Festival from Wednesday 21st June to Sunday 25th June 2000. The clinic was open from 8 a.m. to 2 a.m.

A total of 532 patients were seen.

Treatments by day:

Wednesday	25	4.7%
Thursday	71	13.3%
Friday	112	21%
Saturday	176	33%
Sunday	148	28%

310 were female (58%); 222 were male (42%).

Patients by age:

Babies + Infants	15	3%
Children	13	2.5%
Teenagers	36	7%
Adults	468	87.5%

The clinic was staffed by 18 qualified homœopaths and one student working under supervision.

Each homœopath treated an average of 28 patients.

The homœopaths were divided into 4 shifts.

Reasons for attending the clinic

Mental/Emotional	36	6.76%
Drugs/Alcohol	12	2.25%
Headaches	23	4.32%
Eyes	14	2.63%
ENT	56	10.52%
Hayfever	112	21.05%
Teeth	5	0.93%
Teething	3	0.56%
Gastro/Intestinal	46	8.64%
Genito/Urinal	13	2.44%
Obs/Gyn	9	1.69%
Respiratory	6	1.12%
Asthma	3	0.56%
Coughs/Colds	38	7.14%
Musculo/Skeletal	49	9.21%
Soft tissue/Skin	30	5.63%
Bruises/Contusions	20	7.75%
Cuts/Abrasions	4	0.75%
Soft tissue infections	6	1.12%
Burns	4	0.75%
Sunburn	16	3.00%
Eruptions/Rashes	14	2.63%
Insect bites	6	1.12%
Fever/Collapse	4	0.75%

3 patients were referred to the Festival Medical Services and one to the Samaritans.

54 patients were not given remedies:

43 were referred to homœopaths local to them for constitutional treatment.

8 were given creams.

3 were advised to do nothing at that time.

110 patients (21%) were already receiving long term homœopathic treatment.

247 patients (47%) were referred to homœopaths local to them for more in depth treatment.

171 patients (32%) did not want referrals. Most stated that they were not settled or did not think that they could afford treatment.

Appendix B

Remedies used

Remedy	Times used	Remedy	Times used
Arnica	36	Sol	7
Pulsatilla	35	Causticum	6
Nat. mur.	33	Hypericum	6
Nux vomica	31	Ignatia	6
Sulphur	24	Kali bich.	6
Arsenicum	21	Sepia	6
Rhus tox.	19	Tuberculinum	6
Aconite	16	Urtica urens	6
Euphrasia	16	Chamomilla	5
Ruta graveolens	15	Colocynthis	5
Alium cepa	14	Hepar sulph.	5
Apis	13	Lycopodium	5
Mercury	13	Gelsemium	4
Bryonia	12	Phytolacca	4
Sabadilla	12	Staphysagria	4
Phosphorus	11	Thuja	4
Belladonna	11	Arg. nit.	3
Silicea	10	Dulcamara	3
Lachesis	9	Mag. phos.	3
Arundo	7	Opium	3
Cantharis	7	Spongia	3

10 other remedies were used twice and a further 26 just once.

A total of 78 different remedies were used.