

EXHIBIT 11

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Attorneys for Defendants
9 HYLAND'S, INC. and STANDARD
HOMEOPATHIC COMPANY
10

11 IN THE UNITED STATES DISTRICT COURT
12 FOR THE CENTRAL DISTRICT OF CALIFORNIA
13

14 KIM ALLEN, DANIELE XENOS,
RODGER HUTCHINSON, MELISSA
15 NIGH, SHERRELL SMITH, YUANKE
XU, DIANA SISTI, and NANCY
16 RODRIGUEZ, on behalf of themselves
and all others similarly situated and the
17 general public,

18 Plaintiffs,

19 v.

20 HYLAND'S, INC., a California
corporation; and STANDARD
21 HOMEOPATHIC COMPANY,

22 Defendants.
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Civil Action No. 2:12-CV-1150 DMG
(MANx)

CLASS ACTION

**DECLARATION OF DR. PETER
A. G. FISHER IN SUPPORT OF
DEFENDANTS' OPPOSITION TO
CLASS CERTIFICATION**

Judge: Hon. Dolly M. Gee
Date: July 13, 2012
Time: 9:30 a.m.
Location: Courtroom 7

1 I, Peter A.G. Fisher, declare as follows:

2 1. I am Clinical Director and Director of Research at the Royal London
3 Hospital for Integrated Medicine (RLHIM). The RLHIM is the largest centre for
4 integrated medicine in Europe and part of University College London Hospitals
5 NHS Foundation Trust (UCLH), one of the UK's leading academic medical centres.
6 I am also Physician to Her Majesty Queen Elizabeth II. I am a Fellow of the Royal
7 College of Physicians, accredited as a specialist in both homeopathy and
8 rheumatology (Board certified), and am a Fellow of the Faculty of Homeopathy. I
9 was awarded my Bachelor of Arts in Medical Sciences from Emmanuel College,
10 Cambridge University in 1972, and my Bachelor of Medicine, Bachelor of Surgery
11 (British medical degree, equivalent of US MD) from Cambridge University in
12 1975.

13 2. I am an Expert Advisor on Complementary and Alternative Medicine
14 to the UK National Institute of Health and Clinical Excellence (NICE) and was
15 previously Clinical Lead of NICE NHS Evidence - complementary and alternative
16 medicine. I was reappointed a member of the Advisory Board on the Registration
17 of Homoeopathic Products, an advisory committee to the Medicines and Healthcare
18 products Regulatory Agency (a UK government agency approximately equivalent
19 to the FDA), in November 2011. I am Clinical Lead of the Complementary and
20 Alternative Medicine Library and Information Service (CAMLIS,
21 www.cam.nhs.uk). I am a member of World Health Organisation's (WHO) Expert
22 Advisory Panel on Traditional and Complementary Medicine chaired
23 WHO's working group on homeopathy and. I have previously served as Lead,
24 National Cancer Research Institute Complementary and Alternative Medicine
25 Clinical Studies Development Group, Disease Management Subgroup (2004-2010);
26 Member and Deputy Chair of the Advisory Board on the Registration of
27 Homoeopathic Products, Medicines Control Agency, UK Department of Health and
28

1 as a Member of the European Commission Homoeopathic Medicine Group,
2 European Commission Directorate-General XII, Brussels.

3 3. I have published many papers on research in Complementary and
4 Alternative Medicine and its integration. I am also Editor-in-Chief of the
5 international journal *Homeopathy*. I am a member of advisory and editorial boards
6 including: Cochrane Collaboration Complementary and Alternative Medicine Field,
7 Alzheimer's Society Specialist Review Panel, Evidence-based Complementary
8 Medicine (eCAM), European Journal of Integrative Medicine (Berlin), Focus on
9 Alternative and Complementary Therapies.

10 4. Attached as Exhibit A is a true and correct copy of my current
11 curriculum vitae.

12 5. I have been retained by Defendant's Hyland's, Inc. and Standard
13 Homeopathic Company to provide my expert opinion regarding the issues raised in
14 plaintiff's complaint and motion for class certification. In addition to my
15 background, training, and experience in medicine and homeopathy, I have reviewed
16 the following materials in order to provide my opinions in this case:

- 17
- 18 • The plaintiffs' Second Amended Complaint
 - 19 • The plaintiff's motion for class certification
 - 20 • A wide range of scientific publications, as discussed in more detail
21 below.

22 6. Homeopathy is based on the concept of 'treating like with like' (in
23 Latin *similia similibus curentur*). The word homeopathy and the systematic
24 application of this concept to medicine are due to the German physician Samuel
25 Christian Hahnemann (1755-1843). However the idea of treating disease on the
26 basis of similarity can be traced to much earlier in the history of medicine, for
27 instance to the works of Hippocrates (approximately 450 BCE). The concept is
28 also prominent in the work of Theophrastus Bombastus von Hohenheim (better

1 known as Paracelsus) in the late 15th century, and in the medical traditions of
2 several Asian countries.

3 7. Homeopathic treatment aims to stimulate and direct the body's self-
4 healing capacity by triggering a reaction. The body reacts to stimuli which have
5 physiological effects (drugs or toxins) by attempting to maintain homeostasis (a
6 stable internal environment); it is this effect that is exploited in homeopathy. There
7 is substantial overlap with other area of pharmacology and toxicology including the
8 widely observed phenomenon of hormesis (the paradoxical, stimulatory or
9 beneficial effects of small doses of toxins).^{1, 2, 3, 4} An hormetic dose response curve
10 is non-linear: typically it is J or hockey stick shaped with a linear dose response
11 relationship at relatively high doses (the shaft of the stick) but a reversed dose
12 response curve (the hook) at low dose. Other related phenomena include rebound
13 effects (where withdrawal of a drug produces the reverse effect, so for instance,
14 blood pressure is higher than it was before the prescription of a drug after its
15 withdrawal), dose-dependent reverse effects and paradoxical pharmacology.^{5, 6, 7}
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17 ¹ Stebbing ARD (1982). Hormesis - the stimulation of growth by low levels of
18 inhibitors. *Science of the Total Environment*, 22:213-234

19 ² Calabrese EJ, Blain R (2005). The occurrence of hormetic dose responses in the
20 toxicological literature, the hormesis database: An overview. *Toxicology and
Applied Pharmacology*, 202:289-301.

21 ³ Calabrese EJ, Staudenmayer J, and Stanek EJ (2006). Drug development and
22 hormesis. Changing conceptual understanding of the dose response creates new
23 challenges and opportunities for more effective drugs. *Current Opinion in Drug
Discovery & Development*, 9:117-123.

24 ⁴ Calabrese, EJ Staudenmayer JW, Stanek EJ, Hoffmann GR (2006). Hormesis
25 Outperforms Threshold Model in National Cancer Institute Antitumor Drug
26 Screening Database. *Toxicological Sciences*, 94:368-378

27 ⁵ Bond RA (2001). Is paradoxical pharmacology a strategy worth pursuing? *Trends
in Pharmacological Sciences*, 22:273-276.

28 ⁶ Teixeira MZ (2006). Evidence of the principle of similitude in modern fatal
iatrogenic events. *Homeopathy*, 95:229-236.

⁷ Teixeira MZ (2007). Bronchodilators, fatal asthma, rebound effect and similitude
Homeopathy, 96:135-137

1 'Postconditioning hormesis' refers to a small dose of noxious stimulus exerting a
2 beneficial effect after a biological system has been exposed to a harmful stress of
3 similar nature.^{8, 9} These phenomena have in common that they are secondary,
4 reverse or paradoxical reactions to drugs or toxins by living organisms, as a
5 function of dose and/or time.

6 8. In order to minimise the primary action of the drug or toxin while still
7 stimulating the secondary reaction of the body, homeopathic medicines are used at
8 minimum dose. Homeopathic medicines are prepared by a process known as
9 potentization which involves repeated dilutions, usually in steps of 1:10 or 1:100,
10 with succussion (vigorous shaking) between each dilution. Dilutions are denoted
11 for instance 3X for the 3rd decimal (i.e. 3 x 1:10 dilutions) or 200C for the 200th
12 centesimal (200 x 1:100 dilutions). Clean glassware (test tube and pipettes) is used
13 for each step of dilution. Some homeopathic medicines, particularly those made
14 from insoluble substances are prepared by a long period of grinding (known as
15 trituration) with lactose, in the early stages of dilution.¹⁰

16 9. It is known from the work of the 19th century scientists Amadeo
17 Avogadro and Johann Josef Loschmidt that, since matter is particulate, it is unlikely
18 that dilutions above 23X or 12C (corresponding to dilutions of 10⁻²³ and 10⁻²⁴
19 respectively) to contain any molecules of the starting substance. Homeopathic
20 medicines in which a molecule of the starting substance is unlikely to be present are
21 variously referred to as 'ultramolecular' or ultra low dilutions (ULD), or BRAN
22

23 ⁸ Calabrese EJ, Bachmann KA, Bailer AJ, et al. (2007). Biological stress response
24 terminology: Integrating the concepts of adaptive response and preconditioning
25 stress within a hormetic dose-response framework. *Toxicology and Applied*
Pharmacology, 222:122-128.

26 ⁹ Van Wijk R, Wiegant FA. Postconditioning hormesis and the similia principle.
27 *Front Biosci* 2011; 3:1128-38.

28 ¹⁰ German Homoeopathic Pharmacopoeia (Homöopathische Arzneibuch), 5th
supplement to 1978 Edition, English translation (1993). London, British
Homoeopathic Association, pp31-38.

1 (Beyond the Reciprocal of Avogadro's Number). Classical pharmacological
2 actions in-vivo have been reported with dilutions as high as 10^{-22} mol/L and
3 repeatedly with dilutions of $10^{-17} - 10^{-18}$.¹¹ Homeopathic medicines are used in low
4 dilutions, below the 'molecular threshold', in which some of the original substance
5 is present, and in high dilutions, in which material quantities of the starting
6 substance are unlikely to be present.

7 10. Many objections to homeopathy are based on the argument 'it doesn't
8 work because it can't work'; since there is no established mechanism whereby the
9 ultramolecular dilutions sometimes used in homeopathy could act, they must be
10 inactive. While it is true that the mechanism of action of Homeopathic high
11 dilutions is not fully understood, this is not a valid objection in the face of evidence
12 that they do have actions which are not due to 'placebo' effects, are not mediated
13 by psychological mechanisms such as expectation, suggestion or conditioned
14 reflexes.

15 11. There is a substantial body of research using animal models, human
16 cells, plants and other organisms. The HomBRex Database on Fundamental
17 Homeopathy Research includes details of about 1500 basic research experiments in
18 homeopathy. Of these 830 experiments employed ultramolecular dilutions in 745 of
19 these at least one positive result was reported. Animals were the most often used
20 model system (n = 371), followed by plants (n = 201), human material (n = 92),
21 bacteria and viruses (n = 37) and fungi (n = 32).¹²

22 12. A meta-analysis led by Prof Claudia Witt of the Charité University
23 Medical Center in Berlin, Germany evaluated 67 *in vitro* biological experiments in
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27 ¹¹ Eskinazi D (1999). Homeopathy re-revisited – is homeopathy compatible with
28 biomedical observations? *Archives of Internal Medicine*, 159;1981–1986.

¹² www.carstensstiftung.de/hombrex

1 75 research publications and found high-potency effects were reported in nearly
2 75% of all replicated studies.¹³

3 13. The best established and most repeated series of in-vitro experiments
4 in homeopathy is a test tube model of the allergic response using human basophils,
5 a type of white blood cell. The human basophil degranulation test (HBDT) is a
6 well-established *in vitro* model of allergic response. There are now at least 17
7 publications based on this method, spanning over 25 years and including multi-
8 centre and independent replications.¹⁴ There is a consistent peak at 16C (10^{-32}), well
9 into the ultramolecular range. These experiments have yielded insights into
10 possible mechanisms of action. For instance it is highly specific to histamine; the
11 effect is not induced by histidine, a close structural analogue of histamine, and it
12 appears to be mediated by H2 receptors, since it is partly blocked by the H2
13 receptor antagonist drugs ranitidine and cimetidine.¹⁵

14 14. Another cellular system which has been the subject of repeated
15 experiments over a long period is the effect of ultramolecular dilutions of aspirin on
16 blood clotting. The effect is hormetic: ultramolecular dilutions promote clotting,
17 the reverse of substantial doses.^{16, 17} Recent work with 'knock-out' mice suggests
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19 ¹³ Witt CM, Bluth M, Albrecht H, et al. (2007). The in vitro evidence for an effect
20 of high homeopathic potencies – A systematic review of the literature.
Complementary Therapies in Medicine, 15:128–138.

21 18. Brizzi M, Lazzarato L, Nani D, et al. (2005). Biostatistical insight into the
22 As₂O₃ high dilution effects on the rate and variability of wheat seedling growth.
Forschende Komplementärmedizin und Klassische Naturheilkunde, 12:277–283.

23 ¹⁴ Endler PC, Thieves K, Frass M, Bonamin L, Scherr C, Baumgartner S.
24 Repetitions of fundamental research models for homeopathically prepared dilutions
beyond 10^{-23} : a bibliometric study. *Homeopathy* (2010);99:25-36.

25 ¹⁵ Belon P, Cumps J, Ennis M, Mannaioni PF, Roberfroid M, Sainte-Laudy J,
26 Wiegant FAC. Histamine dilutions modulate basophil activation. *Inflamm Res*
2004, 53, 181-8.

27 ¹⁶ Lalanne M, Doutremepuich C, De Seze O, Belon P. What is the effect of
28 acetylsalicylic acid at ultra low dose on the interaction platelets/vessel wall?
Thrombosis Res 1990 60: 231-236.

1 that the effect is due to inhibition of COX-2 mediated PGI₂ production in the
2 vascular endothelium.¹⁸

3 15. The question of how such effects might be mediated is, at present,
4 unanswered. However there has been important progress towards an understanding
5 in recent times. One might think that shaking water is an innocuous process, but it
6 in fact unleashes very violent, but highly localised, processes. Homeopathic
7 succussion causes microcavitation within water, these microcavities are very
8 shortlived (a few microseconds), but as they implode they generate temperatures of
9 thousands of degrees Kelvin followed by extremely rapid cooling and very high
10 pressures (in the region 1000 atm). This in turn generates intense shock waves
11 which propel particles in the solution at high velocity. Empirical evidence of the
12 occurrence of microcavitation and very high, but very localised, energies, during
13 homeopathic potentisation has recently been published.¹⁹

14 16. Another recently discovered effect of the dilution process concerns
15 dissolved silicates. The process of succussion produces small colloidal particles of
16 silica of around 20-40 micrometers diameter, derived from the glassware, in the
17 water. These concentrations of silica are too low to have any direct physiological
18 effect but have strong enzyme stabilising effects.²⁰

21 ¹⁷ Eizayaga FX, Aguejout O, Desplat V, Belon P, Doutremepuich C.
22 Modifications produced by indomethacin and L-NAME in the effect of ultralow-
23 dose aspirin on platelet activity in portal hypertension. *Pathophysiol Haemostasis*
Thrombosis. 2007; 35: 357-363

24 ¹⁸ Aguejout O, Eizayaga FX, Desplat V, Belon P, Doutremepuich C. Prothrombotic
25 and Hemorrhagic Effects of Aspirin. *Clinical Appl Thrombosis/Hemostas*, 2008
doi:10.1177/1076029608319945.

26 ¹⁹ Chikramane PK, Suresh AK, Bellare JR, Kane SG. Extreme homeopathic
27 dilutions retain starting materials: A nanoparticulate perspective. *Homeopathy*
(2010) 99, 231-242.

28 ²⁰ Ives JA, Moffett JR, Arun P et al. Enzyme stabilization by glass-derived silicates
in glass-exposed aqueous solutions. *Homeopathy* (2010) 99, 15-24

1 17. Recent discoveries in the area of nanotechnology, a rapidly advancing
2 area of science which involves the use of extremely small particles (of the order of
3 nanometres), are relevant to the homeopathic production process of trituration.
4 Procedures used to prepare nanoparticles are very similar to trituration, involving
5 long periods of grinding. Reducing particle size increases surface area and
6 modifies important physicochemical properties, so that nanoparticles have a wide
7 range of potential applications in medicine and elsewhere. A number of studies
8 have demonstrated enhanced hormetic responses to materials in nanoparticulate
9 form.²¹

10 18. Experiments using a range of physical and physico-chemical methods
11 have reported results suggesting structural anomalies in dilutions prepared by the
12 homeopathic method. Methods include low temperature thermoluminescence, flux
13 calorimetry, conductometry, pHmetry Raman and Ultra-Violet-Visible (UV-VIS)
14 spectroscopy and Nuclear Magnetic resonance (NMR). Low temperature
15 thermoluminescence involves freezing water to the temperature of liquid nitrogen,
16 bombarding it with x- or γ rays. Its use to investigate highly diluted preparations
17 was pioneered by Louis Rey. The 'signature' of lithium is detectable in
18 ultramolecular lithium chloride by this method.²² This result has been
19 independently verified.²³

20 19. The group led by Vitorio Elia at the University of Naples has, over
21 more than a decade, published series of papers investigating physico-chemical
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25 ²¹ Iavicoli I, Calabrese EJ, Nascarella MA. Exposure to nanoparticles and hormesis.
26 *Dose Response* (2010) 8:501-517.

27 ²² Rey L (2003). Thermoluminescence of ultra-high dilutions of lithium chloride
and sodium chloride. *Physica (A)*, 323:67-74.

28 ²³ van Wijk R, Bosman S, van Wijk EP. Thermoluminescence in ultra-high dilution
research. *J Alternative Complementary Med* 2006; 12: 437-443.

1 properties of ultramolecular dilutions. They have detected, using standard methods,
2 anomalies of specific conductivity, heat of mixing and other parameters.^{24, 25, 26}

3 20. Work from the Materials Research Institute of Pennsylvania State
4 University, led by the late Prof Rustum Roy, shows that ultradilute homeopathic
5 medicines can be distinguished from controls and each other by Raman and Ultra-
6 Violet-Visible (UV-VIS) spectroscopy.^{27, 28} These effects may be due to epitaxy,
7 the transfer of information, not material, from the surface of one material, usually
8 solid, to another, usually liquid. Measurement of 20MHz T1 and T2 water proton
9 nuclear magnetic resonance relaxation rates can distinguish homeopathic dilutions
10 of histamine from solvent at ultramolecular dilutions.^{29, 30}

11 21. These findings suggest the existence of extended, ordered dynamics
12 involving liquid water molecules, in the form of dissipative structures, within such
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16 ²⁴ Elia V, Niccoli M. Thermodynamics of extremely diluted aqueous solutions. *Ann*
NY Acad Sci 1999; 879: 241.

17 ²⁵ Elia V, Napoli E, Niccoli M, et al. New physico-chemical properties of extremely
18 diluted aqueous solutions. A calorimetric and conductivity study at 25 1C. *J Therm*
Anal Calorimetry 2004; 78: 331-342.

19 ²⁶ Elia V, Elia L, Marchettini N, Napoli E, Niccoli M, Tiezzi E. Physico-chemical
20 properties of aqueous extremely diluted solutions in relation to ageing. *J Therm*
Anal Calorim 2008; 93:1003-1011.

21 ²⁷ Roy R, Tiller WA, Bell I, Hoover MR. The structure of liquid water; novel
22 insights from material research; potential relevance to homeopathy. *Mater Res*
Innovations 2005; 9: 93-124.

23 ²⁸ Rao ML, Roy R, Bell I. Characterization of the structure of ultra dilute sols with
24 remarkable biological properties. *Mater Res Innovation* 2007; 1(1): 3-18.

25 ²⁹ Demangeat J-L, Gries P, Poitevin B et al. Low-field NMR water proton
26 longitudinal relaxation in ultrahighly diluted aqueous solutions of silica-lactose
prepared in glass material for pharmaceutical use. *Appl Magn Reson* 26 (2004) 465-
481.

27 ³⁰ Demangeat J.-L. NMR water proton relaxation in unheated and heated ultrahigh
28 aqueous dilutions of histamine: Evidence for an air-dependent supramolecular
organization of water. *Mol. Liquids* 144 (2009) 32-39.

1 dilutions.^{31, 32} Dissipative structures are complex, self-organising systems, far from
2 thermodynamic equilibrium. Within a dissipative structure there is long-range
3 interaction between particles, and they exchange energy and matter with their
4 environment. Examples of dissipative structures include cyclones, lasers and living
5 organisms.

6 22. Turning to the clinical research literature, two reviews of the clinical
7 research literature in homeopathy, conducted by different authors and using
8 different methodologies have examined the clinical areas in which homeopathy is
9 effective. The two reviews yielded similar results, both concluded that homeopathy
10 is effective for the treatment of influenza.^{33, 34} A systematic review of homeopathy
11 for upper respiratory tract infections reached a positive conclusion.³⁵ A Health
12 Technology Assessment commissioned by the Swiss Federal government, found
13 that 24 of 29 trials were positive and showed significance or a trend in favour of
14 homeopathy in the course of treatment when compared with placebo, or
15 significance, a trend or equivalence when compared with conventional standard
16 treatment.' The conclusion was '...the trial results showed probable effectiveness of
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21 ³¹ Elia V, Napoli E. Dissipative structures in extremely diluted solutions of
22 homeopathic medicines: A molecular model based on physico-chemical and
23 gravimetric evidences. *Int. J. Design Nature Ecodynam* (2010) 5:39-48.

24 ³² Elia V, Napoli E, Niccoli M Thermodynamic parameters for the binding process
25 of the OH⁻ ion with the dissipative structures. Calorimetric and conductometric
26 titrations. *J Therm Anal Calorim* (2010) DOI 10.1007/s10973-010-0757-1.

27 ³³ Mathie RT (2003). The research evidence base for homeopathy: a fresh
28 assessment of the literature. *Homeopathy*, 92:84-91.

³⁴ Jonas WB, Kaptchuk TJ, Linde K (2003). A critical overview of homeopathy.
Annals of Internal Medicine, 138:393-399.

³⁵ Bellavite P, Marzotto M, Chirumbolo S, Conforti A. Advances in homeopathy
and immunology: a review of clinical research. *Front Biosci* (2011) 3:1363-1389.

1 homeopathy for allergies and infectious diseases of the upper respiratory tract.³⁶
2 As a result of this report homeopathy is now reimbursed by compulsory health
3 insurance in Switzerland.

4 23. There have been four systematic review/meta-analyses of homeopathy
5 as a whole (i.e. for all conditions) have been published. Of these three have
6 reached positive conclusions; that there is evidence that homeopathy is clinically
7 effective. The one exception is the review by Shang et al.³⁷ This meta-analysis was
8 controversial, not least because its conclusions concerning homeopathy were based
9 on only eight clinical trials whose identity was not revealed until several months
10 after the publication of the paper, precluding informed examination of its results.
11 The only undisputed conclusion of this paper is that clinical trials of homeopathy
12 tend to be of higher quality than matched trials of conventional medicine: of 110
13 clinical trials each of homeopathy and conventional medicine, 21 of homeopathy
14 and 14 of conventional medicine were judged to be of higher quality. 'Higher
15 quality' equates to less risk of bias.

16 24. Based on the literature regarding the effectiveness of homeopathic
17 remedies, as well as clinical experience with those remedies used by patients
18 worldwide it is, in my opinion, improper to reach any scientific conclusions
19 regarding the efficacy or effectiveness of any (or all) of the products named in
20 Plaintiff's Second Amended Complaint solely by looking at whether homeopathic
21 remedies are effective in general. In order to determine whether, for example,
22 Hyland's Calms Forté has been falsely or misleadingly represented to provide
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24 ³⁶ Bergemann SM, Bornhöft, Bloch D, Vogt-Frank C, Righetti M, Thurneysen A,
25 Clinical Studies on the Effectiveness of Homeopathy for URTI/A (Upper
26 Respiratory Tract Infections and Allergic Reactions). In Bornhöft G, Matthiessen
27 PF (eds), Homeopathy in Healthcare – Effectiveness, Appropriateness, Safety,
28 Costs. Springer, Berlin 2011. DOI 10.1007/978-3-642-20638-2_10.

³⁷ Shang A, Huwiler-Muntener K, Nartey L, et al. (2005). Are the clinical effects of
homoeopathy placebo effects? Comparative study of placebo-controlled trials of
homoeopathy and allopathy. *Lancet*, 366:726–732.

1 temporary relief of simple nervous tension and sleeplessness, one needs to evaluate
2 the ingredients in that product, and whether there is evidence to demonstrate that
3 the ingredients do not provide such relief.
4

5
6 I declare under penalty of perjury under the laws of the United States and the
7 State of California that the foregoing is true and correct. Executed this 14th day of
8 June, 2012, at London, England.
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Peter A. G. Fisher