Dion Tabrett

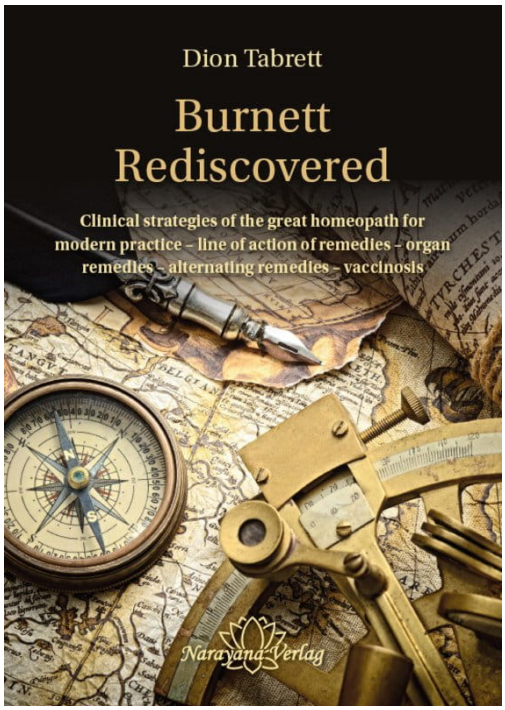
Burnett Rediscovered

Przyk?adowy tekst

Burnett Rediscovered

z Dion Tabrett

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W sklepie internetowym Narayana znajdziesz wszystkie niemieckie i angielskie ksi??ki na temat homeopatii, medycyny alternatywnej i zdrowego stylu ?ycia.

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Narayana Verlag to wydawnictwo publikuj?ce ksi??ki o homeopatii, medycynie alternatywnej i zdrowym stylu ?ycia. Publikujemy dzie?a cenionych, nowatorskich autorów, takich jak Rosina Sonnenschmidt, Rajan Sankaran, George Vithoulkas, Douglas M. Borland, Jan Scholten, Frans Kusse, Massimo Mangialavori, Kate Birch, Vaikunthanath Das Kaviraj, Sandra Perko, Ulrich Welte, Patricia Le Roux, Samuel Hahnemann, Mohinder Singh Jus i Dinesh Chauhan.

Wydawnictwo Narayana Verlag organizuje seminaria z homeopatii. ?wiatowej s?awy prelegenci, tacy jak Rosina Sonnenschmidt, Massimo Mangialavori, Jan Scholten, Rajan Sankaran i Louis Klein, inspiruj? do 300 uczestników.

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Introduction

Welcome to the world of James Compton Burnett. He was a very successful homoeopath and author of many books on homoeopathic medicine. Lots of cured cases of tumours, tuberculosis and vaccinosis. Lots of nosode prescriptions and organ remedies. And an ever-widening, expanding definition of the Law of Similars. What's not to like about Burnett?

This book is for undergraduate students of homoeopathy as well as for postgraduates. For undergraduates it is best read after one year of study and after the basic principles of homoeopathic philosophy, materia medica, miasm theory and anatomy and physiology have been covered. An understanding of classical homoeopathic methodology is assumed. Postgraduates and practicing homoeopaths can refresh their studies of Burnett, or, if new to Burnett then this book may be used as a navigation tool through his works. Note: *This book will be a companion text to students who study the Orion postgraduate course.*

Burnett wrote for the prescriber more so than for the student, so have a comprehensive materia medica close to hand and a medical dictionary.

Chitkaras' work, *Best of Burnett,* is strongly recommended but, as Chitkaras writes in his introduction, it does not replace Burnett's original works. *Best of Burnett* can be considered "The Greatest Hits" compilation double LP. But, as every music aficionado knows, you have to listen to

the original albums to get the true understanding. This book has no intention of replacing his original works but hopes to stimulate interest and reading (and indeed re-reading) of Burnett's work.

Burnett loved philology: the science of language and the love of learning and literature. This is probably why he used interchangeable terms and invented new terms to serve his ideas. His knowledge of French, German, Greek and Latin also contributed to his approach. It can make studying his writings somewhat tricky. Therefore, to help navigate through the original books I have used many of Burnett's terms (printed in **Bold** type) and included a glossary, defining each one. The glossary also contains general homoeopathic terminology for students.

Burnett has been my reliable "Clinical Compass" for the last 24 years. In an attempt to understand Burnett's work in relation to case analysis I have found that he took a broad and deep approach, pulling in different disciplines as needed and creating new ones where none existed. He was a therapeutic trailblazer, who, despite his fantastic clinical work and results, was heavily criticised.

Burnett rarely looked to cover an entire case with one remedy. And the more complex or hybrid the case the more remedies he was likely to use. It is strongly evident throughout his work that he cast his inquiring mind broadly over each case, searching for organ remedies, symptomatic similar remedies and symptom patterns for nosodes, vaccinosis and aetiologies — similar to the astronomer who searches the night sky for familiar stars and constellations. At times we may recognise particular stars and patterns such as Ursa Major but at other times we are lost until we recognise a sequence and are guided to our goal. Therefore, I have introduced a new term, "Constellation of Symptoms", which I hope will convey the meaning of *looking* for and *recognising* distinct and different symptom patterns that are indicative of distinct and different remedies in an individual's case history. Just like stars in the night sky that form constellations so too symptoms and remedies make up case histories.

This book is divided into three main parts:

Organopathic Medicine

Symptom Similarity (Hahnemann's Homoeopathy)

Medical Doctrines (Miasms/Nosodes, Vaccinosis, Aetiologies)

We start with the discipline of organ remedies and then progress to the increasingly more complex ideas of The Law of Similars and finally to the Medical Doctrines. At the end of the book there is an A to Z Therapeutic List based upon Burnett's clinical work.

There are two people whom I must thank in the writing of this book. Both are fine homoeopaths (and both also fine chess players). Firstly, Lynn Forte who introduced me to homoeopathy quite a few years ago. A great prescriber with a profound knowledge of materia medica. Lynn is a reliable friend that I frequently talk to regarding ideas and thoughts about homeopathic medicine.

Secondly, Mike Bridger, to whom I remain in debt for the generous sharing of his ideas on remedy relationships, triads, case mapping and constellations of remedies. Mike is the only other homoeopath I know who prescribes and teaches in a truly Burnettian style with the addition of a strong understanding of Kent's clinical cases and materia medica.

In 1994, I gave my first lecture to students at The London College of Homoeopathy at Regents Park College. That lecture was "James Compton Burnett" where I described his approach to practice. Now, 20 years have raced by and I still give a similar, but much updated version of that lecture.

It has been very enjoyable researching and preparing this book and each time I re-read one of Burnett's books I learn something new. But I must make it very clear that to attempt to take all his books and distil them and concentrate the best parts into this book cannot be done. I cannot take a large quantity and pour it into a small vessel, be it beer glass or a book about Burnett.

Dion Tabrett

3 Medical Doctrines

Introduction

The final section of this book explores what Burnett called, the "Medical Doctrines." The three covered are:

1.) Miasms/Nosodes

2.) Vaccinosis

3.) Aetio-pathology

Complicated cases often require a series of remedies covering not only organ treatments and symptoms but also one or indeed at times all three of the medical doctrines. Like a double helix of DNA Burnett often twisted and turned from prescribing miasmatically to treating vaccinosis, and interposed symptom-similar remedies and organopathy (Scientific Alternation of Remedies).

Many years ago when I was a student reading Burnett, and recommending his books to my classmates, the most frequent response was that he always prescribed *Bacillinum* for the tubercular miasm and *Thuja* for vaccinosis. True. He did prescribe both theses remedies as if he had shares

in them. But if you appreciate the prevalence of tuberculosis in London during his lifetime and also take into account the widespread use of the small-pox vaccine then it makes sense. And the cases and cures are no less than remarkable. Read *Vaccinosis and its Cure by Thuja* for vaccinosis, and *New Cure for Consumption and Curability of Tumours* for examples of miasmatic prescribing. Best of all, read the fantastically titled *Delicate, Backward, Puny and Stunted Children* for miasm and nosode prescriptions. All in all, ten different nosodes are represented in his book about delicate children.

When contemplating classical homoeopathy, Burnett can be considered a rogue, a rascal and a renegade.

He practised in accordance with Hahnemann and was an excellent prescriber according to the patients' symptoms. But he went beyond the symptoms and investigated, experimented and progressed homoeopathy in a direction uniquely his own. Burnett insisted on free thought in medical matters and, whatever your approach to homoeopathy may be, I can guarantee that there are valuable lessons to be learnt from Burnett's work.

3.1 Miasms and Nosodes

Burnett was a prolific prescriber of a class of homoeopathic remedies called **nosodes**. The name nosode is derived from the word *nosos* which means disease. Likewise, nosodes are remedies prepared from microbes that cause disease (bacteria and viruses) and also from the products of diseases such as tumours; examples are:

Bacillinum prepared from lung tissue of a patient who had died from bacterial tuberculosis infection.

Morbillinum prepared from buccopharyngeal exudates from a patient with the measles viral infection.

He introduced the nosodes: *Bacillinum* and *Glinicum* and a whole range of eleven cancer nosodes such as *Scirrhinum, Durum* and *Epitheliomin.* (See A-Z list of Nosode/Zoic remedies for more information.)

Burnett proved nosodes on himself such as *Bacillinum* and *Scir* and wrote that the future of homoeopathy belongs to homoeopathic pathologists who use nosodes.

In the graver forms of disease such as bacterial infection, viral infection and tumour formation Burnett hypothesised that the nosodes are the main remedies which have the full range of action corresponding to the disease state. It is interesting to note that organ remedies are mostly, but not exclusively, plant based (*Chelidonium, Crataegus, Thlaspi bursa pastoris*). Whereas, many of the deep-acting constitutional remedies are mineral based (*Calcium carbonicum, Silicea, Phosphorus, Sulphur*). And nosodes are coincident with bacterial infections, viral infections and tumours (*Medorrhinum, Morbillinum, Scirrhinum*). Burnett's other term for nosodes was **Zoic** remedies. Zoic means *animal life* and Burnett considered it logical that remedies that have a zoic quality (bacteria, viruses, disease products) will correspond to disease-processes that have a likewise zoic quality.

Hahnemann's theory of **Chronic Diseases** and **Miasms** was a huge influence on Burnett's prescribing. The idea of **Miasmatic Blocks/Walls** baring the action of symptom-indicated remedies was one of the cornerstone strategies used by Burnett and also by Clarke and others of his day. Burnett also used the terms **Diathesis, Dyscrasia** and **Taint** to describe miasms.

Chronic disease/miasm theory can be a riddle wrapped up in an enigma for some students. So here is an explanation, which will go some way to understanding this important subject.

A miasm may be defined as an individual's predisposition to particular disease manifestations and pathways. Each miasm has symptoms and

pathological states that it gravitates towards, but, there is always the possibility of overlap between each group. (See table 1 below.) This predisposition is frequently behind the symptom image that corresponds to the similar remedy and may block or bar the action of the indicated remedy.

Homoeopathy recognises five major chronic miasms, each with predispositions to specific diseases.

Psora
Sycosis
Syphilis
Tubercular
Carcinosin

Each of these has related nosodes, remedies and pathological affinities. It should be noted that many of the polycrest remedies can be related to some or indeed all of the above. Likewise, pathological affinities can also overlap.

Table 1 lists the five main miasms, their corresponding nosodes, related remedies and the characteristic pathological affinities for each group. More details of each individual nosode will be found in the Materia Medica section of nosode/zoic remedies.

Table 1. The five main miasms

The five main miasms	Corresponding Nosode	Related remedies	Characteristic pathological affinities
Psora	*Psorinum*	*Sulphur, Calcium carbonicum, Calcium sulphuricum, Graphites, Lycopodium*	Skin – eczema, dermatitis; Digestion -malassimilation; Immune system – hay-fever, asthma, tonsillitits
Sycosis	*Medorrhinum*	*Thuja, Staphisagria, Pulsatilla,* *Nitricum acidum, Natrium sulphuricum*	Skin – warts, cysts, polyps; Genito-urinary – cystitis, nephritis, cysts, fibroids; Immune system – asthma, vaccinosis
Syphilis	*Syphilinum*	*Mercurius, Aurum, Nitricum acidum* (note also in sycosis group), *Argentum nitricum, Silicea*	Mucus membranes – ulcers, abscess, fistula; Bones – abscess; Central nervous system – auto-immune, sclerosis
Tubercular	*Bacillinum, Tuberculinum*	*Calcium phosphoricum, Drosera, Phosphorus, Psorinum, Stannum*	Skin – ringworm, eczema; Respiratory – tuberculosis, pneumonia, asthma, tonsillitis
Carcinosin	*Carcinosin*	*Asterias rubens, Colocynthis, Folliculinum, Hydrastis, Scirrhinum, Staphisagria* (also in sycosis group)	Skin – moles, birthmarks, naevus; Endocrine – infertility; Immune system – asthma, eczema, auto-immune, vaccinosis

How a Miasm is Acquired:

Basically there are two ways:

Inherited Miasm
Acquired Miasm

Inherited Miasm

An inherited miasm is passed down from one generation to the next along a family history timeline. For example, if your mother has eczema and you also have eczema then it would not be terribly out of the ordinary if some or indeed all of your children have a tendency towards itchy, red inflamed skin that may well be diagnosed as eczema. Modern medicine would call this a genetic disease; and the terms *inherited miasma* and *genetic disease* can very often be interchanged. Allopathic medicine recognises *atopic* family histories. This is when a family's medical history displays hypersensitive, allergic conditions such as eczema, hayfever and asthma through different generations. This is our old foe Psora. The Psoric miasm contains all the atopic conditions plus many more as well.

> Any miasm may be inherited, and if you travel far enough back in time through all our family medical histories then you will eventually encounter most if not all the miasmatic influences.

Therefore, it is reasonable to assume that we all have inherited ALL the miasmatic states to a greater or lesser degree.

Acquired Miasm

An acquired miasm may arise in two ways:

Infective acquired miasm

Non-infective acquired miasm

Infective Acquired Miasm

The first term, infective acquired miasm, requires exposure to the microbe responsible for the disease. The second term, non-infective, does not require direct exposure for miasm acquisition.

An infective acquired miasm is when an individual is infected with the microbe that is coincident with the disease/miasmatic state. An acquired

Characteristics The third and final nosode from the triad *Malandrinum-Vaccininum-Variolinum*. The word *Variola* is from medieval Latin and means "pustule, pock".

Symptoms Pustular skin eruptions. Acne that leaves deep scars. The hair follicles become infected and inflamed, up to the size of peas.

- Chronic eczema following vaccination.
- Shingles after pains.
- Dizziness, giddiness and swimming in the head sensation. As if tight band encircled head.
- Clarke holds *Variolinum* as one of his chief remedies for bad backaches that nothing else seems to touch. Intolerable aching in lumbar and sacral region.

Related remedies *Antimonium tartaricum, Malandrinum, Thuja, Vaccininum, Sarracenia purpurea.*

Dose 30c, 100c.

References Burnett. Clarke.

Case Study

An Old Case (but a Useful One) to Illustrate Miasmatic Analysis and Nosode Prescriptions

Miss X. 2 years, 2 months old. June 1992. Inherited Psoric and Tubercular miasms. The psoric miasm is exposed and the tubercular miasm is active.

Early one morning before clinic I had a tearful phone call from a friend who informed me that she had been in the hospital all night with her daughter who had been diagnosed with left-sided pneumonia. The doctors had tried various broad-spectrum antibiotics and also put Miss X on a nebulizer. All to no effect. They informed the mother that they would proceed with steroid injections to suppress the inflammation. This scared the mother into phoning me. I did my best to calm her down and explained that I would give some remedies to her husband for Miss X to take and that I would come to the hospital in

the afternoon after clinic. (My colleague Lynn Forte and I both know the family well and have often described both parents as having *Phosphoric* constitutions). I sent *Phosphorus* 30c to take, repeated every 15 minutes. Upon looking in Clarke's *The Prescriber*, I read the following:

"*Pneumonia, chronic – intercurrent doses of Bacillinum will help the other remedies.*" (*The Prescriber* p.295-6.)

As there were no symptoms, just a diagnosis, to prescribe upon, I also sent *Bacillinum* 200c to take alongside the *Phosphorus* 30c. (Scientific Alternation of Remedies).

On arriving at the hospital later that day I found the patient looking totally normal and healthy. The mother told me the remedies "worked like magic".

The patient took three doses of *Phosphorus* 30c then one dose of *Bacillinum* 200c, and then fell straight asleep for one hour and woke up perfectly well. No need for steroid treatment.

The child has had numerous chest infections, has very bad eczema and lots of food allergies. So I suggested a course of homoeopathic treatment to take care of these predispositions.

First Consultation – 20th July 1992

Presenting complaint:

- Eczema – since 8 months old. Location: wrists and hands, feet, bends of knees and elbows. Very pustular eczema, can be very dry and very wet.
- <<< dairy products and processed foods.
- << milk on skin = nettle rash (Urticaria).
- << dog licks (saliva) = nettle rash.
- < when sleepy.
- Concomitant symptom – pale, undigested stools when eczema is flared up.

General health:

- Diet – vegetarian, organic foods only.
- Stool 1-2 × day – loose, very smelly, coloured yellow/brown.
- Stethoscope exam reveals lungs are clear.

Patient History:

- No vaccinations.
- At 8 months, eczema started.
- At 2 years 2 months – pneumonia left side. (Suspected Viral)

Family Medical History:

- Maternal: Mother- Asthma. Headache from eggs.
- Grandmother- Headache from eggs. Varicose veins and ulcers. Skin allergies.
- Grandfather- Cancer, lung. Heart problems. Varicose veins. Dementia.

Paternal:

- Father- Asthma. Swollen lymphatic glands.
- Grandfather- Stomach ulcer. Viral pneumonia.

Physical-Generals:

- Increased energy at night time, decreased energy first thing in the morning.
- Marked chilliness.
- Desires – crisps, chips, olives, pasta, cucumber.
- Averse – fizzy drinks.
- Sleep – always wakes hungry.
- Sleep position – "on back with arms spread out" (Father's observation).

Mental-Emotional:

- Character – "Up and down, happy then screaming" (Mother's observation).
- Clingy – shy with new people.
- Fears – dark – especially after twilight.

- Fears – hoover (loud noises).
- Enjoys – being outside.
- >> company. Likes music.

Objective Symptoms:

- Severe eczema lesions on both wrists. Looks fragile and delicate. Pale skin, thin hair, shy.

Case Analysis:

This is a tale of two taints. Firstly, there is the *Bacillinic/Tubercular* miasm that is apparent from the pneumonia acute and the response to the remedies *Phosphorus* and *Bacillinum.* Also, the family medical history of pneumonia and swollen lymphatic glands. Secondly, there is the Psoric miasm revealed by the eczema, particularly the modalities of aggravation from dairy foods, processed foods and dog licks. The concomitant symptom of pale, undigested stools with eczema flare-ups and daily, very smelly stools. (No other remedy in the Materia Medica does smelly stools quite as potent or as nasally offensive or as penetrating from the toilet-epicentre to all rooms in the house as *Psorinum*) Finally, the keynote symptom: sleeps "on back with arms spread out" is a strong symptom of the nosode *Psorinum.* Classically this position is the ameliorating position for *Psor* during an asthma attack or dyspnoea.

Due to the above evidence I felt confident in analysing the case as an inherited Psoric miasm with an exposed picture of the nosode *Psorinum.*

The main obstacle to the cure is the dormant but sometimes active Tubercular miasm. If this miasm becomes active then treatment would be refocused and the most similar remedy would be prescribed.

> Note that the main indicated remedy *Phosphorus* is orbited by two satellite miasmatic states *Psorinum* and *Tuberculinum*. The miasm can bar the action of the indicated remedy *Phosphorus.*

My first prescription was *Psorinum* 30c repeated three times a week for one month. One dose Monday, Wednesday and Friday. Why the low potency? Why the frequent repetition? The low potency was to avoid potential aggravation in a sensitive patient. (Nobody thanks the prescriber

for aggravating children's eczema. Least of all parents who have been kept awake at night due to itchy, restless kids!) The frequent repeat was to address daily symptoms. Admittedly, this was a long time ago. Today I prefer a much more Hahnemannian approach and would use 12c daily.

Second Consultation – 24th August 1992

- Eczema has cleared on the feet and partially on the legs. Slightly improved on the wrists and hands.
- Had a strange stool – pale with dark ripples. Stools have been better, more solid and much less of an odour. Appetite stronger and putting on a little weight. Respiration: a little wheezy on the left side. Parents have noticed that she is better in the mornings, getting up and playing with cousins rather than being grumpy. Still desires salt – crisps, on chips.
- There has been all round improvement. The skin and stools are better. The patient's character has improved as well. Also bigger appetite and putting on weight.
- Interestingly the skin lesion is clearing from the feet to legs – which is the opposite to **Hering's Law of Cure.**
- Chest a little wheezy. (Potential re-surfacing of the Tubercular miasm.)
- *Psorinum* suits the patient well enough to continue with same remedy, potency and repetition.

Prescription: *Psorinum* 30c three times a week for one month.

Three days after the second appointment the patient was a hit by an acute episode.

On the 27th August at 11.30pm I was called out by a very distressed mother. The patient's breathing had become accelerated and was very audible. Mum said it was just like this when the pneumonia started in June. She had already administered *Phosphorus* and *Bacillinum* but to no avail. The child's bed was in the parent's bedroom and as I tried to get symptoms I noticed her crying and going from mother's bed to her own bed, then back again. This restlessness and the fact that it was close to midnight suggested *Arsenicum album*. Clarke's, *The Prescriber,* included *Arsenicum album* in pneumonia. This was justification enough for me. Only having a 1M I dissolved one dose in a glass of water and gave immediately to the

patient to sip. She fell asleep in minutes and her respiration calmed right down. I stayed for an hour to check that the remedy held and then went home to bed.

Patient's mother reported that her daughter slept through the night with no problems and awoke the next day completely back to normal. *Psorinum* 30c three times a week was continued.

Third Consultation – 7th September 1992

- Eczema much better. Only patches on hand and bottom of thighs. Feet, lower legs and wrists are clear.
- Respiratory – clear, slight snuffly nose.
- Has been clingy but also naughty, tipping drinks onto the floor for a joke.
- Appetite strong. Patient is starting to fill out.
- Evaluation – the eczema lesion is still improving, patient is also putting on weight.

The acute in August was dealt with swiftly. I suspect this to be a flare up of the Tubercular miasm.

The naughtiness sounds to me more like a normal healthy child's joke than anything serious.

There was one more acute respiratory episode in October. A chest infection left a cough which the mother described as metallic. On listening down the phone I had to agree. Searching through the books I found a rubric in Phatak's Repertory "Cough, metallic". *Kalium bichromicum* was the only remedy. Three doses of 200c were given and it promptly cured.

Fourth Consultation – 1st December 1992

- Eczema almost clear. Slight rough patch the size of a five pence coin on left wrist. No eczema elsewhere.
- If she eats dairy food she gets itchy eyes and nose for a time but no skin eruption.
- Still desires salt.
- Still sleeps in the crucified position, which indicates *Psorinum*.

From this point on she receives *Psorinum* 30c weekly for the next eight months. All eczema clears although some dry skin in the bends of the knees and elbows remain.

Every 2-3 months she goes hoarse, a few doses of *Bacillinum* 30c take care of this.

This long case report can now be concluded; suffice to say that she continues in good health. The zig-zag between Psoric and Tubercular miasms was clear and the prescribing of the nosodes necessary to achieve the end result of clear skin and much greater resistance to respiratory infections.

3.3 Vaccinosis

In the opening sentence to his book, *Vaccinosis And its Cure by Thuja,* Burnett writes that the work is neither pro nor anti vaccination. In fact, like Kent, Burnett vaccinated some of his patients for small-pox if need be and was of the opinion that vaccination offered some protection. He also wrote that this effect reduced as the patient returned to full health. What the book does emphatically state is that when certain individuals are vaccinated there is an adverse drug effect that can be labelled as **Vaccinosis** and that this state can be treated and cured homoeopathically. Burnett's vaccinosis is related to the small-pox vaccine only, however, the concept may also be extended to all immunisations used by allopathic medicine today. He also writes about using the Law of Similars in a preventative way. This is termed **Homoeoprophylaxis.** But this is not homoeopathy. This is one disease given in dynamic doses to prevent another disease. Homoeoprophylaxis is "Like-Prevents-Like".

Burnett preferred to give the virus attenuated into a homoeopathic potency rather than re-vaccinate, when attending small-pox cases. He treated his family and others in this way and none ever contracted small-pox. (Homoeoprophylaxis is not covered any further in this book. For more information read Hahnemann's essay on *Belladonna* in "Observations on the Scarlet-Fever" in *The Lesser Writings* p. 479-83.)

When a person is vaccinated there may be a reaction in the first few days. Symptoms can be: an elevated temperature (febrile reaction) and a lo-

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List of Illustrations

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About the Author



Dr. Dion Tabrett studied at the London College of Homoeopathy, graduating in 1992. He then continued studying with the Open University and graduated with a BSc in Natural Sciences and an MSc in Science. Both of these degrees focused on human anatomy, physiology, pathology and molecular biology.

Dion has run successful practices in Berkshire, Cornwall, Devon, London and now practises in Bristol. He initially began his teaching career at the London College of Homeopathy in 1994. And has gone on to teach at colleges in Bristol, London, Wales, Taunton, Dublin and Cork, with his easygoing and approachable style. He works closely with Mike Bridger at the Contemporary college of Homeopathy in Bristol, where they both run the college clinic together. Mike and Dion co-founded and run the Orion Post-Graduate course, which is one of the longest running and most successful post graduate courses in the UK.

A very keen gardener, can tell you how to prune a wisteria in both June and January! Practitioner of the martial arts kenjutsu and karate. And a committed vinyl junky; collecting reggae, punk and ska records. He played bass guitar in a reggae band in the past and flamenco guitar these days. Dion has three kids, two teenage girls and one 4-year-old boy. His partner is also a homoeopath, Elly.

Finally, Dion is a self confessed Compton Burnett geek. A nerd, an anorak of the highest degree and is currently writing a book on Burnett's work and prescribing style and strategies.

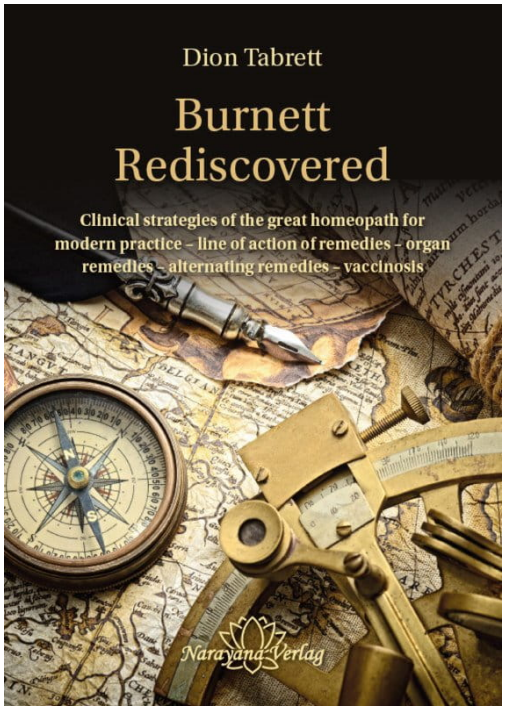
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