

Response by the Homeopathy Research Institute to Australian NHMRC report

'Effectiveness of Homeopathy for Clinical Conditions: Evaluation of the Evidence'.

Overview Report prepared for the National Health and Medical Research Council (NHMRC) Homeopathy Working Committee by Optum, October 2013

The Homeopathy Research Institute (HRI) welcomes attempts to critically evaluate the evidence base for homeopathy, providing this is done accurately and objectively. Sadly the recently published 'Overview Report' by Australia's National Health and Medical Research Council (NHMRC) fails on both counts: it does not accurately reflect the findings of the original research studies in homeopathy and its conclusion that the evidence 'fails to demonstrate that homeopathy is an effective treatment for any of the reported clinical conditions' is seriously overstated. Responses in the media have further misconstrued this conclusion, implying that there are no positive studies showing that homeopathy is effective, which is far from the case.

HRI applauds the NHMRC's decision to assess the evidence by individual clinical condition – an approach which makes this report far more useful than the negative pseudo-scientific 'Evidence Check 2' report in 2010 published by the UK House of Commons Science and Technology Select Committee¹. The report is needed and timely, following on from the Swiss HTA report in 2006^{2,3}, which concluded in favour of the existence of clinical effects of homeopathy but was criticised on methodological grounds.

However, HRI strongly disagrees with the final conclusion in the NHMRC report that there is no evidence of the effectiveness of homeopathy for any conditions. In particular, we find the evidence for Upper Respiratory Tract Infections (URTIs) to be reasonably 'compelling'.

The reason for this difference of opinion becomes clear when you look at the method used by the Overview Report team. In their assessment of URTIs, the authors found three relevant systematic reviews, reporting that two found homeopathy to be effective in the treatment of URTIs, whilst one didn't.

The most recent of these reviews⁴, found 25 studies of sufficient quality for inclusion in the Overview Report (prospectively designed and controlled studies), yet only 7 of these are considered in this report.

Furthermore, they then pick out one trial – deemed to be of the best size and quality – on which they base their final conclusions that homeopathy is not effective in the treatment of URTIs. This study involved parents being given a choice of only three homeopathic medicines with which to treat their children for URTIs⁵; usual treatment would be an individualised prescription from a qualified homeopath, selected from hundreds of possible medicines. It is no surprise that this inappropriate approach proved to be no better than placebo and its results clearly do not tell us anything about the effectiveness of homeopathic practice in the treatment of URTIs.

This exemplifies a very serious flaw in the Overview Report in that no consideration has been given to the quality of the homeopathic approach used in the trials (known as model validity)⁶.

Overall, the fact that the authors found a lack of definitive positive evidence of efficacy for homeopathy in specific conditions is not surprising, as this is a common result with systematic reviews: for example, 49% of systematic reviews on conventional medicine reach similar 'inconclusive' conclusions and 96% recommend further research⁷. Furthermore, of 2500 treatments with good evidence used within the NHS, only 15% have been shown to be clearly 'beneficial', showing that the evidence base for most treatments needs further development⁸.

HRI agrees with the report's conclusion that, "There is a paucity of good-quality studies of sufficient size that examine the effectiveness of homeopathy...". Most homeopathy studies involve small numbers of participants, due to the escalating costs involved as the number of patients increases. As the funding available for research in homeopathy is minuscule compared to that dedicated to conventional medical research, homeopathy finds itself in a *Catch 22* situation – critics say there is a lack of evidence of effectiveness because the size of trials is too small, then use this 'lack of evidence' to say no more research should be done.

As for raising standards in research, this is an issue across the board. Only one study has ever looked directly at the quality of trials, comparing studies of homeopathy and conventional medicine, and the results showed that the homeopathy studies were, in fact, of higher quality than comparable trials from conventional medicine⁹.

In short, the NMHRC report simply confirms what we already knew – that more high quality research is needed. Only by carrying out more studies assessing homeopathic treatment for individual clinical conditions can the evidence base possibly reach a point where it is 'compelling'. Until then, the research will remain open to interpretation in some areas and totally inconclusive in others.

References

1. Great Britain, Parliament, House of Commons & Science and Technology Committee. *Evidence check 2: homeopathy*. (TSO, 2010).
2. Bornhöft, G. *et al.* Effectiveness, safety and cost-effectiveness of homeopathy in general practice - summarized health technology assessment. *Forsch. Komplementärmedizin* 2006 **13 Suppl 2**, 19–29 (2006).
3. Bornhöft, G. & Matthiessen, P. *Effectiveness, safety and cost-effectiveness of homeopathy in general practice*. (Springer, 2011).
4. Bellavite, P., Marzotto, M., Chirumbolo, S. & Conforti, A. Advances in homeopathy and immunology: a review of clinical research. *Front. Biosci. Sch. Ed.* **3**, 1363–1389 (2011).
5. Steinsbekk, A., Bentzen, N., Fønnebø, V. & Lewith, G. Self treatment with one of three self selected, ultramolecular homeopathic medicines for the prevention of upper respiratory tract infections in children. A double-blind randomized placebo controlled trial. *Br. J. Clin. Pharmacol.* **59**, 447–455 (2005).
6. Mathie, R. T. *et al.* Method for appraising model validity of randomised controlled trials of homeopathic treatment: multi-rater concordance study. *BMC Med. Res. Methodol.* **12**, 49 (2012).
7. El Dib, R. P., Atallah, A. N. & Andriolo, R. B. Mapping the Cochrane evidence for decision making in health care. *J. Eval. Clin. Pract.* **13**, 689–692 (2007).
8. Garrow, J. S. How much of orthodox medicine is evidence based? *BMJ* **335**, 951–951 (2007).
9. Shang, A. *et al.* Are the clinical effects of homoeopathy placebo effects? Comparative study of placebo-controlled trials of homoeopathy and allopathy. *Lancet* **366**, 726–732 (2005).

For further information contact us at info@homeoinst.org or visit www.homeoinst.org.