



# Homeopathic Services

## 1 Summary

This paper outlines the rationale for an approach to the commissioning of Homeopathic services by [NHS commissioning organisation].

The majority of systematic reviews conclude that there is insufficient evidence to support homeopathy generally or for certain specified conditions/remedies.

It is recommended that [NHS commissioning organisation] ceases to commission new referrals to homeopathic services, and provides for six months treatment for those who are already in treatment or on a waiting list.

## 2 Options

As a result of this review, the following options are put for consideration

Agree to reduce current Service Level Agreements (SLAs) that cover homeopathy to a given level

**OR**

Agree to allow free referral to the service, with activity determined by service capacity

**OR**

Agree to reduce to zero, the services procured from homeopathic providers by [specified time]. Agree that homeopathy is to be provided by the PCT in exceptional circumstances only.\*

with 6 months of continued treatment for current patients\* OR  
without continued treatment for current patients

with 6 months of treatment for those on NHS waiting lists\* OR  
without continued treatment for those on waiting lists

\* = recommended options



### 3 Background

Homeopathy has been used since the late 18<sup>th</sup> century to treat a variety of conditions. A 1999 BBC telephone survey<sup>1</sup> reported that 17% of a random selection of 1204 adults in Britain had used homeopathy in the previous year. The majority of homeopathy is provided outside the NHS but there are five homeopathic hospitals in the country.

Although homeopathy is available in some parts of the NHS, it is controversial. Many studies question its efficacy and consider the effects of homeopathy to be little more than a placebo effect. This prompted a group of physicians and scientists, led by Professor Michael Baum of University College London in May 2006, to write to all NHS Acute Trusts and PCTs with concerns about the “ways in which unproven or disproved treatments are being encouraged for general use in the NHS”<sup>2</sup>.

#### 3.1 Homeopathy

Homeopathy is based on the notion of treating like with like i.e. a substance that can cause certain symptoms can also be used to resolve similar symptoms. Patients are treated with very low dose preparations of substances, which produce symptoms similar to those experienced by the patient<sup>3</sup>. Patients' symptoms are then monitored, and treatment is adjusted accordingly. As a result treatment is highly individualised and will vary from patient to patient and also between practitioners.

Conditions that are commonly treated with homeopathy include the following:

- where there is no known diagnosis and tests are normal but the patient feels unwell
- chronic conditions where there may be poor prognosis without sufficiently effective treatments
- conditions where drug treatments are poorly tolerated or contra-indicated
- those who suffer from repeated episodes of acute illnesses<sup>4</sup>

#### 3.2 Suggested Mechanism of Action

*“The aspect of homeopathy that is implausible for many people is that its remedies are often diluted to the point where there may be no molecules of original substance left. The leading current proposal for the mode of action of such ‘ultramolecular’ dilutions is that water is capable of storing information relating to substances with which it has*



*previously been in contact and subsequently transmits this information to pre-sensitised biosystems. The process is thought to be mediated by structural modifications of water, analogous to the storage of information by magnetic media. Such information is retained in physical, rather than chemical, form."*

**Faculty of Homeopathy**

[http://www.trusthomeopathy.org/case/res\\_action.html](http://www.trusthomeopathy.org/case/res_action.html)

Site accessed 17<sup>th</sup> April 2007

In fact, magnetic media (e.g. floppy disks, hard disk drives, digital cameras etc.) work because of well-understood physicochemical processes, so this analogy is totally misleading. A major weakness about the argument regarding 'structural modification' of water is as follows. Most of the water on earth probably arrived here over four billion years ago. During that time, water molecules will have come into contact with all sorts of substances, from salt and gold in the sea to natural and artificial chemicals that are dissolved throughout our environment. The major problem with the homeopathic argument here is whether it is really scientifically possible that a few minutes of homeopathic 'succussion' confers an effect that four billion years of contact with other chemicals has failed to.

## 4 Current Service provision

Homeopathic care for our residents is provided through an SLA with [xxx Homeopathic Services Provider].

The table below shows activity data and cost of homeopathic treatment in [xxx] for 2005/2006.

Inpatient Activity				
	Day case	Elective	Non Elective	TOTAL
Activity				
Cost				

Outpatient activity				
	Total	First	Follow-up	TOTAL
Activity				
Cost				

## 5 Clinical Effectiveness

In reviewing the clinical effectiveness of homeopathy, it is important to note that many of the published research studies are flawed with methodological problems such as lack of validated outcome measures, small sample sizes, and prescribing numerous homeopathic remedies for the same diagnostic category. Tables 1- 3 provide summaries of reviews carried out by the NHS Centre for Reviews and Dissemination<sup>3</sup>.

**Table 1 Reviews assessing the effectiveness of homeopathic treatment overall**

Study	Comments and Author's conclusions
Hill (1990)	40 RCTs included from 1966 - 1989 " The therapeutic value of homeopathy cannot be considered to have been demonstrated"
Kleijnen (1991)	107 trials, including 68 RCTs from 1943 - 1990 " Evidence of clinical trials is positive but not sufficient to draw definitive conclusions because of low methodological quality and the unknown role of publication bias "
Linde (1997)	89 RCTs from 1966 - 1995 "Results of meta-analysis not compatible with the hypothesis that the clinical effects of homeopathy are completely due to placebo. Insufficient evidence was found that homeopathy is clearly efficacious for any single clinical condition"
Cucherat (2000)	16 RCTs from 1967 - 1998 "There is some evidence that homeopathic treatments are more effective than placebo; however, the strength of this evidence is low because of the low methodological quality of the trials. Studies of high methodological quality were more likely to be negative than the lower quality studies"



**Table 2. Reviews assessing the effectiveness of individualised classical homeopathy.**

Study	Comments and Author's conclusions
Linde (1998)	32 trials from 1966 -1998 "Results suggest that individualised homeopathy has an effect over placebo. However the evidence is not convincing because of methodological shortcomings of, and inconsistencies between, the trials"
Ernst (1999)	6 trials from 1978 - 1998 "All of the included trials had serious methodological flaws. Thus the value of individualised homeopathy relative to allopathic treatment is unknown"

**Table 3. Reviews assessing the effectiveness of homeopathy for treatment of specific conditions**

Study	Comments and Author's conclusions
Ernst (1998) Arnica	8 trials from 1966 - 1997. " The claim that homeopathic arnica is efficacious beyond a placebo effect is not supported by rigorous clinical trials
Barnes (1997) Post operative ileus	6 trials up to 1996. "Homeopathic treatment administered immediately after abdominal surgery may reduce time to first flatus when compared with placebo. Analyses do not provide evidence for the use of particular homeopathic remedy or for a combination of remedies for postoperative ileus. Several draw-backs inherent in primary studies and in the methodology of meta-analysis preclude a firm conclusion"
Ernst (1998)	8 trials from 1996 - 1997. "The published evidence does not support the hypothesis that homeopathic remedies are more effective than placebo in alleviating the symptoms of Delayed Onset of Muscle Soreness



Study	Comments and Author's conclusions
<p>Long (2001) Osteoarthritis (OA)</p>	<p>(DOMS)".</p> <p>4 RCTs up to 2000. "The small number of RCTs conducted to date preclude firm conclusions as to the effectiveness of combination homeopathic remedies for OA. The standardised treatments used in the trials are unlikely to represent common homeopathic practice, where treatment tends to be individualised".</p>
<p>Ernst (1999) Headaches and migraine</p>	<p>4 double blinded RCTs from 1966 - 1998. "These data do not suggest that homeopathy is effective in the prophylaxis of migraine or headache beyond a placebo effect".</p>
<p>Linde (2001) Asthma</p>	<p>3 trials from 1966 to 1997 "There is not enough evidence to reliably assess the possible role of homeopathy in asthma. As well as RCTs, there is a need for observational data to document the different methods of homeopathic prescribing and how patients respond".</p>
<p>Vickers (2001) Influenza</p>	<p>7 RCTs from 1966 - 1999 "Oscillococcinum probably reduces the duration of illness in patients presenting with influenza symptoms. Though promising, the data are not strong enough to make a general recommendation to use oscillococcinum for first-line treatment of influenza. Current evidence does not support a preventative effect of homeopathy in influenza.</p>

**Cochrane Reviews**

RW McCarney, K Linde, TJ Lasserson<sup>6</sup>

Homeopathy for chronic asthma. 6 placebo-controlled and double-blind trials with a total of 556 people were included in the review. The authors concluded that



there is insufficient evidence to reliably assess the possible role of homeopathy in the treatment of asthma.

### **Other Reviews**

#### Shang (2005)<sup>5</sup>

This paper compared 105 trials of homeopathy against matched trials of conventional medicine. The study found that smaller and/or lower quality trials found more beneficial effects than larger and higher quality trials (both homeopathic and conventional). They concluded that when account was taken of bias in the analysis there was weak evidence for a specific effect of homeopathic medicine but strong evidence for conventional interventions. They also reported that the better quality trials of homeopathy that used objective outcomes were all negative.

#### Mathie (2003)<sup>7</sup>

This paper identified 93 original articles of which 79 were placebo controlled and 14 compared with active treatment. Mathie searched several databases including the British Homeopathic Library. Only RCTs were included. No comment was made about the quality of the studies nor sensitivity analysis undertaken to account for variation in quality. It should also be noted that Mathie defined trials as 'favourable' if *any* outcome was found significant; this should be viewed with some caution as the probability of finding a positive result by chance increases the more outcomes are analysed.

Using these possibly biased definitions, Mathie found that there was evidence to favour homeopathic effectiveness in a variety of conditions, including childhood diarrhoea, fibrositis, hayfever/allergic rhinitis, influenza. For the remaining 20 conditions analysed there was insufficient evidence to favour or discount homeopathy.

#### Survey of patient rated outcomes

This is a survey of 499 patients (out of 786 identified) treated by the Royal London Homeopathic Hospital (RLHH). The survey identified that most referrals were patient initiated with only 15% suggested by the GP and 3% by another hospital doctor, although increasingly more referrals were being initiated by GPs. The most frequent reasons for seeking CAM were that other treatment had not helped and concerns about, or the experience of adverse treatment effects of conventional medicine. 45% of patients had been attending the RLHH for 3 months – 2 years; 23% had been attending for more than 5 years. 289/467 patients judged that their main problem was moderately or much improved and 443/490 patients were satisfied with their clinical care. Of the 262 patients who had been using conventional prescription medicines for their main problem when they first attended RLHH 29% had stopped and 84 had decreased their usage since starting treatment. *Of course, this is a patient satisfaction survey, and therefore perceived satisfaction might be due to the interaction with the clinician, rather than the treatment effect of homeopathy.*



## 6 Cost Effectiveness

Currently there is not enough data to make a reliable statement on the cost effectiveness of homeopathy.

Key point to consider: The treatment provided is often additional to conventional treatment and therefore it is likely that patients would continue to consult their GPs, oncologists and other consultants for continuation of their conventional treatment.

## 7 Affordability

Homeopathy in many cases is provided as additional to conventional treatment and with no definitive evidence of clinical or cost effectiveness, is it treatment that in which the PCT should continue to invest?

## 8 Equity

Health care should be allocated justly and fairly on the basis of need and capacity to benefit. In order to address local priorities and health inequalities in the community within available resources, there will be situations when treatment will not be generally given solely because it is requested or in the case of treatment of very little benefit because it is the only treatment available.

## 9 Quality and safety

None of the reviews commented on this; in fact the review by Shang noted this as a limitation of their review in that they did not assess risks, although they did note that the trials included in their study were small and lacked the power to reveal infrequent but important adverse effects (difficult even in larger trials).

## 10 Ethical considerations

- **Respect for patient autonomy.** [xxx NHS commissioning organisation] will prioritise the provision of treatments or services primarily on the grounds of their cost-effectiveness or cost-utility. Within these constraints, [xxx NHS commissioning organisation] supports patients in making their own informed choices regarding treatment. The preference of some patients for homeopathy is therefore an insufficient indication on its own that [xxx NHS commissioning organisation] will procure homeopathic services on their behalf. [xxx NHS commissioning organisation] will therefore take due regard of the impact on other patients and other services of providing homeopathic treatment.





- **Beneficence.** There is currently not enough evidence to ascertain when homeopathic treatment would be considered to be the best available treatment for a patient or group of patients.
- **Non-maleficance.** Homeopathic treatments that are a result of dilution ('succussion') are almost wholly water. There is currently no evidence that homeopathic treatment carries any risk to the patients receiving treatment, however, provision of homeopathy could prevent provision of other treatment of proven clinical and cost effectiveness.

## 11 Overall conclusions

Such evidence as exists to support use of homeopathy is very weak. There remains a relatively strong possibility that any observed benefits may be mediated by a placebo effect. Trials and meta-analysis provoke strong reactions from both sides of the debate. Homeopaths and many patients believe strongly in the benefits of this therapy. However the scientific evidence in favour of medical benefit is equivocal at best, despite many years of research and hundreds of studies. The evidence of cost-effectiveness is lacking.

In the light of many and competing other pressures on the finances of the NHS, [name of your organisation] is advised to adopt the recommended option in section 2 of this paper.

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