

Centre for Integrative Medical Training
In Association with the Dundee NHS Homeopathy Clinic



Foundation Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

Part 1.7

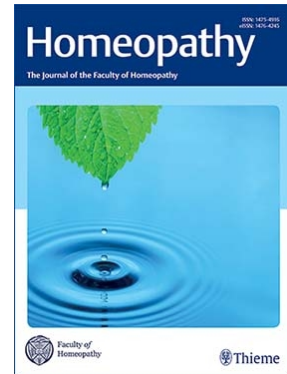
Clinical Research

In this unit we will take a look at research in homeopathy. The core booklet for this section is rather slim - not because there is little to say about research, but because it is more appropriate to link you to the best current sources than attempt to list them here.

Homeopathy is the Faculty's International peer reviewed research journal, published by Thieme.



The Journal Website link is:
<https://www.thieme.com/books-main/product/4359-homeopathy>



Another important resource can be found at the **Carstens Institute**
<https://www.carstens-stiftung.de/artikel/the-scientific-background-of-current-homeopathy-debates.html>



By now you will appreciate that the research agenda for homeopathy falls into two categories, which are outlined again for you overleaf.

1. *Basic Science*

Firstly, **basic science**, asks whether homeopathy can work at all.

This is concerned with what the medicines are and what happens in the process of making a homeopathic remedy. You should have grasped some of the main issues in the short video lecture presented in Unit 1.

Much of the basic science agenda is highly technical and mostly falls into the realm of physics. The science of water is evolving steadily and continues to yield interesting, but frequently paradoxical, models - particularly on the nature of liquid water.

Research in Basic Science has been a controversial and stormy area, particularly for those engaged in the investigation of the physics of water.

You may wish to look into the furore surrounding the research of Jacques Benveniste, whose treatment at the hands of his critics was considered scandalous by many and, arguably, resulted in a suspension of research in this area of science for the best part of a decade.



The Homeopathic Research Institute has been an important body for the promulgation and dissemination of homeopathic research activity in recent years. <https://www.hri-research.org>



2. Clinical Research

The second main research agenda is in the realm of **clinical medicine**. This is concerned less with how the medicines might work and more with how well they work in practice. Clinical research has evolved greatly in the past 50 years.

You may wish to remind yourself of the basic methodological issues relating to clinical research by reviewing the following presentations by: Robbert van Hasselen, former Deputy Director of Reseach at RLHH and Dr Andrew Vickers (former research director at RCCM).



Critical Appraisal and Clinical Research Methodology
- Dr Andrew Vickers <https://youtu.be/WrtFdMhqWjU>



The Empirical Cycle and Clinical Research in Homeopathy
- Dr Robbert van Hasselen <https://youtu.be/8NsjxcSeTHo>

Historical Data Sets

You will appreciate that a substantial body of clinical writing exists for homeopathic medicine. The more recent literature contains both Observational Studies and Randomised Controlled Clinical Trials.

There have also been a number of important published meta-analyses of RCTs. The scope of these and their inclusion criteria, methodologies and conclusions, could form the basis of a lengthy debate. Broadly speaking, the majority of these systematic reviews support the existence of biological activity in homeopathic medicines above and beyond placebo.

Before you progress to an overview of contemporary research activity, it is helpful to set the scene. In the following video, Peter Fisher gives an overview of past homeopathic research (this video mainly covers the period between 1986 and 1996)



<https://youtu.be/mLfsnW3mNRE>



ACTIVITY 4.1.1

Now look closely at the Research Digest from the Faculty of Homeopathy:



<https://facultyofhomeopathy.org/homeopathy-the-evidence/>



Recent Systematic Reviews

In an attempt to penetrate the question of possible research bias, Mathie (et al.) has performed the most rigorous systematic review so far. This looks closely at the available papers and critically examines their research design in an active search for evidence of possible bias.



Mathie applies strict quality criteria to the studies, before determining them suitable for inclusion in his latest systematic review. You can hear Robert Mathie present his conclusions at the 2019 HRI Research Congress in London here:



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Resourcing Research

It is important to appreciate that the pharmaceutical industry has dominated the research agenda for the past half century. The race for ownership of drug patents clearly influences the resources available for research.

This means that the investigation of treatments which do not lead to commercial ownership, is often in the hands of small clinical teams who are often working with very limited financial resources. The fact that good quality research can still be carried out under these circumstances should be applauded, but it is clearly the case that the evidence base for homeopathy will evolve more slowly under these conditions, than drug development does with the resources available in commercial pharma.

The matter of how pharmaceutical research is presented to the clinical world is one of increasing concern. You should now read these articles on the matter published in the British Medical Journal.



<https://www.bmj.com/commercial-influence>

Safety

In this section we consider the question of risk in homeopathic practice.

There are a number of articles listed below which engage the question of safety both in Medicine in General and Homeopathy in particular.



It is worth scanning through these papers and opinion pieces. We hope that they will help you to form a perspective, both on the issue of risk, and comparative risk between homeopathy, conventional and integrated practice.

After you have looked through the following, do your own on-line search and read through the commentary overleaf.

Homeopathy

Do homeopathic medicines provoke adverse effects?

A systematic review.



Dantas F., Rampes H. www.ncbi.nlm.nih.gov/pubmed/10939781

Safety of homeopathic products



Brian J Kirby www.ncbi.nlm.nih.gov/pmc/articles/PMC1279671/

Risk in homeopathy



Stub, T., Kristoffersen, A., Alraek T., Musial F., Steinsbekk A. munin.uit.no/bitstream/handle/10037/7911/article.pdf

Homeopathic aggravation with quinquagintamillesimal potencies



Rossi E., Bartoli P. Bianchi A., Endrizzi C., Da Fre M. www.ncbi.nlm.nih.gov/pubmed/22487371

Herbal



Quality and safety of herbal products: Part 1
New Legislation and Production

Conventional Medicine

'First do no harm? I wish.'

Opinion piece [@TheSecretDr](http://bma.org.uk/secretdoctor)
(see supplementary reading)



First do no harm: the impossible oath
BMJ 2019; 366 doi: <https://doi.org/10.1136/bmj.l4734>

Commentary

The final articles, in the list you have looked at, discuss harm within conventional medical settings. You will notice that the authors make a clear distinction between preventable harm and non-preventable harm. In the category of non-preventable harm they include the 'appropriate prescribing of a drug that causes a drug reaction.'

This begs the question of whether, in a non-life threatening situation', the incidence of this 'non-preventable' harm might be reduced by routinely using a facilitatory treatment (eg. homeopathic) as the first line approach. This doesn't remove the option of subsequently moving to drug intervention if clinical improvement does not take place.

How much harm might be avoided if a well selected homeopathic remedy were introduced early in a treatment programme, providing an opportunity for spontaneous resolution, placebo phenomena, or even a (!) remedy-mediated healing process? We might argue that such prescribing is legitimate, even while acknowledging that homeopathy is not a panacea. Like any other intervention, it may fail to act for the patient's benefit. Just as in conventional practice, patient non-response may mean that the treatment options need to be reconsidered.

All practitioners are bound to practice within the limits of their knowledge and experience. In this introductory course you will notice that much of the prescribing relates to self-limiting acutes and non-morbid conditions (eg PMS). You should maintain a clear awareness of your treatment boundaries, in the knowledge that the scope of your practice will broaden in the course of your Intermediate and Membership-Level training.

At the moment, for example, you may choose to continue much of your conventional prescribing and introduce homeopathy as an adjunct, or perhaps, in some cases, use it as a preliminary to conventional prescribing while you gain experience. For example, you may wish to provide a patient with *Cantharis* for cystitis, while also providing a back-up prescription for an appropriate antibiotic, to use if their symptoms don't show improvement within, say, 24 hours.

Critics suggest that there are operational risks from homeopathy relating to missed diagnoses and delayed treatment. Evidence for this is hard to find and, once again, any practitioner who is practicing within the bounds of their competence and properly assessing the prognosis in each case, will understand the time-frames in which they should treat and review their patients.

