

NHMRC Overview on Homeopathy

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Abstract

Keywords

- ▶ NHMRC
- ▶ RTCs
- ▶ effectiveness of homeopathy
- ▶ level of evidence

The National Health and Medical Research Council's conclusion on homeopathy was not legitimate because it was based on homeopathic trials that lacked homogeneity in their intervention. In some trials the intervention was isopathic. The overview and many previously conducted systematic reviews were exclusively based on randomized controlled trials that comprised only 27% of all clinical studies so far published in homeopathy. It is not rational to leave out the evidence generated through uncontrolled studies if these studies showed consistent results.

Introduction

The National Health and Medical Research Council (NHMRC) is Australia's peak body for supporting health and medical research by funding the best research, selected through a competitive peer review process. NHMRC also develops health advice for the Australian community, health professionals and governments in the form of public health and clinical practice guidelines, statements, information papers and evidence reviews.

NHMRC, Australia undertook an assessment of the evidence of the effectiveness of homeopathy for treating health conditions.¹ This assessment was based on evidence collected from:

- An overview of published systematic reviews by an independent contractor, OptumInsight, Inc. (Optum, USA)
- An independent evaluation of information provided by homeopathy interest groups and the public
- Consideration of clinical practice guidelines and government reports on homeopathy published in other countries.

The assessment of the evidence used standardised, accepted methods for assessing the quality and reliability of evidence for whether or not a therapy is effective for treating health conditions. The work was overseen by the Homeopathy Working Committee established by the NHMRC. In total, 57 systematic reviews were identified that contained 176 individual studies. These systematic reviews searched for published research on homeopathy for 68 health conditions

and found published research on 61 of these conditions. No published research was found for the remaining seven conditions.

Conclusions of NHMRC

- NHMRC concluded that there are no health conditions for which there is reliable evidence that homeopathy is effective.
- Homeopathy should not be used to treat health conditions that are chronic, serious or could become serious. People who choose homeopathy may put their health at risk if they reject or delay treatments for which there is good evidence for safety and effectiveness. People who are considering whether to use homeopathy should first get advice from a registered health practitioner. Those who use homeopathy should tell their health practitioner and should keep taking any prescribed treatments.

On detailed analyses of the report we found that the assessment process overlooked some key facts about homeopathy and NHMRC therefore failed to draw a legitimate conclusion.

- It was important that the studies considered in the overview should have relevance to the homeopathic principles and should represent the predominant current practices in homeopathy.

Numerous studies considered in NHMRC overview lacked relevance to the fundamental principles on which the homeopathic practice is based. For example, the findings of following studies were more applicable to isopathy rather than homeopathy.

- Studies assessing effects of 30C dilutions of various allergens in perennial allergic rhinitis²
- Studies assessing effects of allergen (dust mite) 30C in allergic asthma³
- Studies assessing effects of homeopathic dronabinol on weight, body fat and distress in HIV+ patients.

◦ The *recommendation* based on the assessment of evidence should pertain to the type of homeopathic intervention used in the trials and not to homeopathy in general. In NHMRC overview the trials based on individualised homeopathy, clinical homeopathy, combination of homeopathic medicines, specific medicine and isopathy were all pooled together while assessing evidence of effectiveness of homeopathy.⁴ Each of these interventions differs in terms of the underlying principles of homeopathy and the manner in which the homeopathic intervention is operationalized. In homeopathic studies using individualized homeopathy it is not only the homeopathic drug which is tested for its efficacy but also the underlying principle on which it was prescribed. The analysis of the investigator who finally selects the medicine is also, though unknowingly, tested. In contrast to individualised homeopathy, clinical homeopathy is not based on the principle of “similitude” and “individualization” and the medicines are prescribed on the disease rather than on the totality of characteristic symptoms. NHMRC did not consider these intricacies of homeopathic intervention when assessing the outcome of homeopathic trials. Considering the fact that the nature of homeopathic intervention and distinction between them can affect the interpretation of research findings, Optum should have assessed the evidence of effectiveness separately for individualised and clinical homeopathy so that the results of the overview would have been both statistically and clinically significant.

◦ Limitations of current hierarchy of level of evidence: diverse specialities are often asking different questions and it has been recognized that the type and level of evidence required for answering the queries needs to be modified accordingly. The same holds true for homeopathy. So far a total of 1,117 clinical trials of homeopathy have been published. Out of them 298 are randomized controlled trials (RCTs).⁵ The bulk of the evidence generated in homeopathy is through nonrandomized trials, case series or case studies which are level 3–4 evidence. This is primarily because of the way a typical homeopathic treatment is instituted, which includes individualized case taking, analysis of symptoms, selection of a remedy, potency and its repetition. Many of these steps are dependent on investigator’s personnel skills and cannot be completely free of biases. Therefore, the

conventional RCT design (level 2 evidence) is not the ideal design for assessing individualized homeopathic intervention. Nevertheless individualized homeopathic intervention represents the true art of homeopathic prescribing. Previous systematic reviews and NHMRC overview were restricted to RCTs so that the bulk of evidence remained unevaluated when assessing the effectiveness of homeopathy. Fineberg⁶ reviewed the association between the study design used in the evaluation of technology and subsequent clinical practice and concluded that stronger forms of evaluation such as RCT do not notably have more success than weaker forms in shaping of medical practice. A review of selected clinical studies in acute leukemia⁷ demonstrated that *nonrandomized studies have been the primary mechanism for establishing the efficacy of new therapies*. In homeopathy, uncontrolled trials and case studies provide bulk of evidence, but no serious effort has been made to utilize this data of evidence even if it shows consistent results.

Conclusions

- The future systematic reviews should focus on a particular type of homeopathic intervention, either individualised or clinical homeopathy, for assessing the evidence of effectiveness of homeopathy.
- The results should be discussed in context to the type of homeopathic intervention that is being deployed and not to *homeopathy as a whole*.
- Since most of the RCTs in homeopathy are of poor quality (NHMRC Information Paper), it is not rational to discard all lower level studies especially if they give consistent results.
- A method of critical appraisal of case series and case studies should be devised. Such a method will allow evidence generated to be used in making strong clinical recommendations.

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