

Response by the Homeopathy Research Institute to ‘the Australian report’

NHMRC Information Paper: ‘*Evidence on the Effectiveness of Homeopathy for Treating Health Conditions*’.
National Health and Medical Research Council, March 2015

The Homeopathy Research Institute (HRI) welcomes attempts to critically evaluate the evidence base for homeopathy, providing this is done accurately and objectively. Unfortunately the ‘Information Paper’ published 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 ‘*there are no health conditions for which there is reliable evidence that homeopathy is effective*’ is seriously misleading.

Responses in the media have further misconstrued this conclusion, implying either that there are no positive studies showing that homeopathy is effective, or that the evidence shows homeopathy is no better than placebo – neither of which are true.

However, sadly the NHMRC made a critical mistake in the way they analysed the evidence, which explains how they reached their inaccurate conclusion that there is no ‘reliable’ evidence that homeopathy is effective for any of the 61 conditions under consideration. In this systematic review of systematic reviews, the NHMRC have considered the results of **all trials for one condition together as a whole**, despite the fact that the individual studies were testing different types of homeopathic treatment.

The NHMRC reviewers asked, “*Is homeopathy effective for condition Y?*”, working from the premise that a positive trial showing that one homeopathic treatment is effective is somehow negated by a negative trial which shows that a completely different homeopathic treatment for that same condition is ineffective.

This is a bizarre and unprecedented way of assessing scientific evidence. In conventional research the question asked would be, “*Is treatment X effective for condition Y?*”, not “*Is conventional medicine effective for condition Y?*” based on combining the results of all drug trials together. Some treatments work, some don’t. The whole point of medical research is to establish which treatments are useful and which are of no value. This is no different in homeopathy.

Unfortunately this basic error by the NHMRC means that their findings tell us nothing about which homeopathic treatments do and don’t work for specific conditions, making this whole exercise of questionable value.

When one looks at the evidence appropriately – by specific treatment – there is evidence which meets the NHMRC’s inclusion criteria (good quality prospective, controlled studies), which demonstrates effectiveness for certain homeopathic treatments for several conditions e.g.

- individualised homeopathic treatment for diarrhoea¹ and otitis media^{2,3} in children,
- two different non-individualised treatments for allergic rhinitis – the homeopathic medicine *Galphimia glauca*⁴ and the isopathic medicine *Pollen 30c*,⁵ and
- the non-individualised complex homeopathic medicine *Vertigoheel* for vertigo.⁶

A second key reason why the NHMRC reviewers found 'no reliable evidence' that homeopathy is effective, is the definition they used for 'reliable evidence'.

Although certain elements of their definition are reasonable e.g. flaws in poor quality studies, the NHMRC also dismissed high quality positive studies as being 'unreliable' if either of the following applied:

- The number of participants in the trial was less than 150 (even in instances where the results were statistically significant, in which case the number of participants was sufficient)
- The study had been repeated multiple times by one research team, but not yet been repeated by another independent team, or a single study had not yet been repeated.

The NHMRC need to justify their use of n=150 as a line between reliable and unreliable and they certainly need to explain why size is relevant at all when the findings are statistically significant.

The HRI does not dispute the fact that positive studies should be replicated (ideally by multiple independent research team), but we do dispute the NHMRC's failure to identify these positive studies in their Information Paper as promising studies which should be repeated.

Overall, the fact that the reviewers found a lack of definitive positive evidence of effectiveness 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 research.⁷

A more transparent appraisal would have identified the conditions for which good quality studies exist showing that certain homeopathic treatments are effective, but stating that these studies need to be repeated to confirm the findings before definitive conclusions can be drawn.

References

1. Jacobs et al, Homeopathy for childhood diarrhea: combined results and metaanalysis from three randomized, controlled clinical trials, *Pediatr Infect Dis J*, 2003;22:229–34
2. Jacobs, J., Springer, D. A., et al. (2001). "Homeopathic treatment of acute otitis media in children: a preliminary randomized placebo-controlled trial." *The Pediatric infectious disease journal* 20(2):177- 183.
3. Sinha et al. Randomised controlled pilot study to compare Homeopathy and conventional therapy in Acute Otitis Media. *Homeopathy* 2012, 101: 5-12.
4. Wiesenauer and Lüdtkke. A meta analysis of the homeopathic treatment of pollinosis with Galphimia glauca. *Forsch. Komplementärmed.* 1996; 3: 230-234
5. Reilly, D. T., Taylor, M. A., et al. (1986). "Is homoeopathy a placebo response? Controlled trial of homoeopathic potency, with pollen in hayfever as model." *Lancet* 2(8512): 881-886.
6. Schneider et al. Treatment of vertigo with a homeopathic complex remedy compared with usual treatments – a meta-analysis of clinical trials, *Arzneim.-Forschung* 2005, 55(1) 23-29.
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).

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