

HOMEOPATHY WITHIN THE NATIONAL HEALTH SERVICE, UK

Some people take the position that public money should not be spent on homeopathy because “there is no proof that it works” or “tax-payers money shouldn’t be spent on placebos”. However, very few people have access to the facts needed to weigh up this argument effectively, so below are some reliable facts on Homeopathy and the NHS.

How much is spent on homeopathy?

- From the total NHS drug budget of **£11 billion** a year, the NHS spends **£152,000 (0.0013%)** on homeopathic prescriptions.¹
- Out of the total NHS budget of **£100 billion a year**, **£4 million (0.004%)** is spent on Homeopathy² if you include everything from running the hospitals departments to paying the doctors.

The NHS homeopathy service provides approx. **40,000 homeopathic prescriptions a year**. When considering value for money, it should be remembered that if these patients were not treated by the homeopathy service, they would have to be treated by other departments using more expensive conventional drugs.

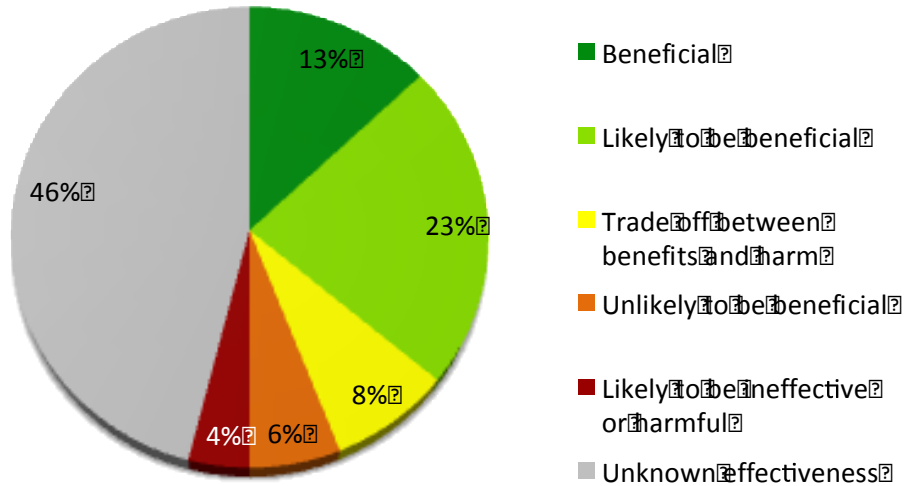
Homeopathy should be considered in the same way as all other NHS treatments

Some people argue that the NHS should not pay for homeopathy because we do not know that it works, whereas conventional medical drugs are ‘tried and tested’. Surprisingly this issue isn’t actually as clear-cut as one might think.

For example, research has now confirmed conclusively that **SSRI anti-depressants such as Prozac work no better than placebo for mild and moderate depression**,³ yet in 2006 the **NHS spent c£150 million on SSRI’s** (estimate based on the total of £300 million spent on antidepressant drug prescriptions in 2006, half of which were for SSRI’s).⁴

An article in the prestigious *British Medical Journal (BMJ)*⁵ looked at the ‘proof’ behind NHS treatments found that **only 13% of 2,500 commonly used NHS treatments are known to be beneficial**:

Scientific evidence regarding commonly used treatments (N=2500)



This data clearly indicates that the NHS pays for many treatments besides homeopathy for which the evidence is still unclear. Although there is a perception that decision-making in medicine is evidence-based, in fact as this article states, *“The figures suggest thatmost decisions about treatments still rest on the individual judgements of clinicians and patients.”*⁵

What evidence is there that homeopathy helps NHS patients?

Four published ‘observational studies’ carried out from 1999 to the present day have tracked the outcome of patients being treated at NHS homeopathic hospitals. These studies consistently show that patients improve clinically following homeopathic treatment (often from chronic, difficult to treat conditions); some also highlight areas of potential economic benefit for the NHS as a whole in terms of reduced prescribing of conventional drugs. For example:

The largest observational study at **Bristol Homeopathic Hospital followed over 6,500 consecutive patients with over 23,000 attendances in a six-year period**⁶. **70% of follow-up patients reported improved health**; 50% reported major improvement. The most common diagnostic groups were Dermatology, Neurology, Rheumatology, Gastroenterology, Psychiatry and Ear, Nose & Throat. The largest improvements were reported in childhood eczema or asthma, and in inflammatory bowel disease, irritable bowel syndrome, menopausal problems and migraine.

A 500-patient survey at the Royal London Homeopathic Hospital showed that many patients were able to reduce or stop conventional medication following homeopathic treatment.⁷ The extent of improvement varied between diagnoses e.g. 72% of patients with skin complaints reported being able to stop or reduce their conventional medication; for cancer patients there was no reduction. The study also showed that many patients seek homeopathy because of their concerns about the safety of conventional treatment.

When assessing these clinical results it is important to remember that NHS patients are usually referred for homeopathy because conventional medicine has failed to give satisfactory results, or conventional treatment is contra-indicated in their case. One has to ask, if these homeopathy services were not available, who could treat these 40,000 people instead? How ethical is it to remove a service that is currently valued by patients, without being able to offer them a viable alternative treatment?

Interesting related research from France

Homeopathy is widely used in France and a major study following 8559 patients attending GP practices was used to assess the effectiveness of homeopathic treatment.⁸

Two key findings of the EPI3 project:

- **Upper respiratory tract infections (URTIs) – patients treated by GPs trained in homeopathy did as well clinically as those treated with conventional medicine, but used fewer conventional drugs**⁹

518 adults and children with URTIs who consulted GPs certified in homeopathy had similar clinical results to those treated by conventional GPs, but had significantly lower consumption of antibiotics (OR=0.43, CI: 0.27–0.68) and antipyretic/anti-inflammatory drugs (OR=0.54, 95% CI: 0.38–0.76).

- **Musculoskeletal disorders (MSDs) – patients treated with homeopathy did as well clinically as those treated with conventional medicine, but used only half the amount of non-steroidal anti-inflammatory drugs (NSAIDs) and had fewer NSAID-related side effects**¹⁰

1153 eligible patients with MSD were followed for 12 months, comparing groups who received homeopathy (N=371) or conventional medicine (CM; N=272), or a mixed approach involving both approaches (N=510). The twelve-month development of specific functional scores was identical for all groups ($p > 0.05$). After adjusting for propensity scores, NSAID use over 12 months was almost half in the homeopathy group (OR, 0.54; 95%CI, 0.38-0.78) as compared to the CM group; no statistically significant difference was found in the mixed group (OR, 0.81; 95% CI: 0.59-1.15).

MSD patients seen by homeopathic physicians showed a similar clinical progression when less exposed to NSAID in comparison to patients seen in CM practice, with fewer NSAID-related adverse events and no loss of therapeutic opportunity.

Can we trust this study?

This 'EPI3 study' is managed by LA-SER a UK based company specialised in scientific evidence for medicine and health technologies (<http://www.la-ser.com/>). The project team includes individuals from high-profile institutions such as the Institut Pasteur in Paris, University of Bordeaux and McGill University, Montreal; Lucien Abenham is the French General Director of Health (Surgeon General) [Wikipedia].

References

1. Science and Technology Committee 'Evidence Check 2: Homeopathy' HC 45
2. Freedom of Information Act request to the Department of Health by the Faculty of Homeopathy. Cost was £11.89 million between 2005 and 2008.
3. Kirsch I, Deacon BJ, Huedo-Medina TB, Scoboria A, Moore TJ, et al. Initial Severity and Antidepressant Benefits: A Meta-Analysis of Data Submitted to the Food and Drug Administration. *PLoS Med*, 2008; **5** (2): e45
4. www.dailymail.co.uk, Anti-depressants taken by thousands of Brits 'do NOT work', major new study reveals. By Fiona McRae, 26 February 2008
5. Garrow JS *BMJ* 2007 **335**:951 [[Pubmed](#)]
6. Spence D, Thompson E A, Barron S J. Homeopathic treatment for chronic disease: a 6-year university-hospital outpatient observational study. *J Altern Complement Med* 2005; **5**: 793-798
7. Sharples F, van Haselen R, Fisher P. NHS patients' perspective on complementary medicine. *Complement Ther Med* 2003; **11**: 243-248
8. Grimaldi-Bensouda, L. *et al.* Benchmarking the burden of 100 diseases: results of a nationwide representative survey within general practices. *BMJ Open* **1**, e000215 (2011)
9. Grimaldi-Bensouda, L. *et al.* Management of upper respiratory tract infections by different medical practices, including homeopathy, and consumption of antibiotics in primary care: the EPI3 cohort study in France 2007-2008. *PLoS One* **9**, e89990 (2014)
10. Rossignol, M. *et al.* Impact of physician preferences for homeopathic or conventional medicines on patients with musculoskeletal disorders: results from the EPI3-MSD cohort. *Pharmacoepidemiol. Drug Saf.* **21**, 1093–1101 (2012)

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