

13 March 2015

The HSA has noted the release of the draft report during 2014 and the release of the final report on 11 March 2015 of the Australian NHMRC's Homeopathy Working Committee. The HSA continues to welcome any review of the efficacy of homeopathic therapies where statements emanating out of such research may be regarded as being rational and fair relevant to the research conducted. We also hope that further reviews specifically aimed at assessing the effectiveness of a broad range of other therapies be considered including for conventional medicine, and be made public. As the report has taken two years in its development, the HSA still requires additional time to evaluate it in full and carefully consider its recommendations and how it arrived at its conclusions.

Despite this opinion and requirement for considered further review, it is notable that significant levels of bias have allegedly been present through the work of the committee associated with the generation of the report. This is evidenced by various statements of homeopathy being implausible and ineffective, before the committee entered to complete its work as well as the release of statements directly related to the final report by organisations critical of homeopathy prior to its public release<sup>1</sup>.

In addition, a variety of other concerns in relation to the generation of the report (amongst others) has been made public by other organisations that may impinge on the reliability of the report's findings should they turn out to be accurate<sup>1,2,3</sup>:

1. The report appears to consist of a review of Level 1 evidence and limited Randomised Controlled Trials (RCTs) considered, despite best international practice indicating the need for appraising all available research (also see point 3 below). No other evidence was taken into account, which while this seems to be rational, does not appear to take account of other additional single trial evidence (such as other RCTs not part of a pre-existing systematic review).

This is a difficult position for a therapy which claims that it is targeted towards individualisation and is also extremely diverse in the types of therapeutics and specific methodologies of application. Having only considered existing systematic reviews, which themselves may have been significantly flawed in terms of their selection of quality research related to homeopathy, this may confuse the various forms of homeopathy and its correct application.

While there is no arguing the standards used for selection of high quality studies – related to homeopathy one would require guidance as to whether form, prescription type and methodology used could actually result in the comparison of the studies and can be reliably thought to support the final outcome. Ultimately what is required from any clinical trial in relation to homeopathy is the requirement for generally excellent high quality research studies (as for any therapy) as well as consideration of the innate tenants of the very therapy being investigated. If these are both not accounted for then the research reliability suffers (positive or negative).

2. This problem is confounded by the fact that an expert in homoeopathy was not included on the panel despite recommendation from homoeopathy / CM organisations in Australia and various critiques of the draft report in 2014.
3. The studies included were those available in English and ignored any studies emanating out of India (the largest provider of homoeopathic services / education in the world which has a state funded Central Council for Research in Homeopathy [CCRH]), Cuba, South America, Russia. As a result a significant number of related research was excluded, which makes the broad final conclusion all the more puzzling.
4. It has emerged that the report was sent to 3 external reviewers for comment and after receiving information as a result of access to information processes it was discovered that 2 of the 3 researchers allegedly held significant concerns about the methodology of the report – apparently omitted in the final version and not referenced or disclosed.
5. The very nature of the report was to examine the researched ability of homoeopathy to effectively treat any specific condition. This subjected an entire means of therapy which is diverse by its very own prescripts and specifically targeted to the individual to a potentially unfair assessment. The report actually concluded that there was insufficient high quality evidence that was available to support any claim of treatment.

This is not surprising when there is insufficient very high quality research with high participant numbers in the field taking place due to its high cost and lack of significant expertise and when research studies are being conducted with inappropriate designs relevant to the specific form of therapy.

However, this is also an effect commonly found in review of research where as one caters for the required increased quality so the therapeutic effect sought diminishes and is not uncommon to homoeopathy but also to other CM and conventional therapies.

Homoeopathic practitioners in South Africa are trained to a high requisite level and have to register with the Allied Health Professions Council of South Africa (AHPCSA) to commence practice in the profession of homeopathy. Members of the public are asked to ensure that should they consult a practitioner of Complementary Medicine that they are indeed registered with the AHPCSA. It is further encouraged that any complaint against the practice, behaviour or otherwise of any individual practitioner is reported to the AHPCSA for investigation and sanction. Practitioners have been regulated in South Africa for more than 30 years and the HSA is of the belief that the profession continues to offer a highly professionalised service geared to providing complementary healthcare for those seeking such an option. This means of regulation holds practitioners accountable and ensures that patients are handled with due care and consideration for all other available healthcare services at the patient's disposal.

The HSA is broadly supportive of all efforts by the National Department of Health (NDoH) including the efforts of the NDoH and Medicines Control Council (MCC) to regulate publically available medicines in the open market such that producers of such medicines would have to submit applications for their legal sale with a review that these medicines are produced according to the required quality standards (that the medicines are free from adulterants and contain what they claim), that they are safe (when taken as

prescribed or whether they require oversight by a registered professional) and finally whether the claims made are rational and fair with regard to the nature of the therapy and the available evidence.

Homoeopathic preparations are a broad therapeutic range of products that may have a variety of final presentations. Not all homoeopathic preparations are highly dilute and in fact many consist of low dilution products which may have a direct physiological effect on an individual. Likewise, the scope of practice of a homoeopathic practitioner is not only limited to homoeopathic preparations but also to a variety of the therapies in the field of CM including supplementation, limited herbal applications, dietary advice and the like. As trained diagnosticians, practitioners are trained to not only arrive at a diagnosis but assess their own ability with which to treat such.

It is disappointing that such a high level report would be associated with such potential flaws, particularly after public consultation was provided for and where such final conclusions are made. Again, we welcome any rational review of the operations of the therapy and its practitioners but must stand for the application of fairness, acknowledgement of the innate challenges of the therapy itself and the reduction (preferably total elimination) of direct bias.

In conclusion, the report summary found the following <sup>4</sup>:

*“There was no reliable evidence from research in humans that homeopathy was effective for treating the range of health conditions considered: no good-quality, well-designed studies with enough participants for a meaningful result reported either that homeopathy caused greater health improvements than placebo, or caused health improvements equal to those of another treatment.*

*For some health conditions, studies reported that homeopathy was not more effective than placebo. For other health conditions, there were poor-quality studies that reported homeopathy was more effective than placebo, or as effective as another treatment. However, based on their limitations, those studies were not reliable for making conclusions about whether homeopathy was effective. For the remaining health conditions it was not possible to make any conclusion about whether homeopathy was effective or not, because there was not enough evidence.”*

The HSA therefore acknowledges the primary outcome of the report identifying an apparent lack of high quality evidence and welcomes the associated need for higher quality research to be conducted with due regard for the innate philosophies, approaches and wide variety of the therapy and subsequent design considerations. When considering this outcome, the potential flaws of the research, alleged associated bias and the limited scope of its review we cannot support the tagline that “homoeopathy is not effective for any condition” as is being further reported in the media and the positive experiences by patients attending registered homoeopathic practitioners for 200 years cannot be discounted.

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## REFERENCES

1. Australian Homeopathic Association (AHA). (2015). Open Letter to Prof. W. Anderson of the National Health and Medical Research Council (NHMRC), Australia; 11 March 2015; [http://aha.onefireplace.com/Resources/Documents/NHMRC\\_Open\\_response\\_letter\\_by\\_AHA\\_to\\_NHMRC.pdf](http://aha.onefireplace.com/Resources/Documents/NHMRC_Open_response_letter_by_AHA_to_NHMRC.pdf)
2. Complementary Medicines Australia. (2015). CMA Disappointed with NHMRC Statement on Homeopathy; 11 March 2015; [http://www.cmaustralia.org.au/Resources/Documents/Media-Releases/2015/20150311\\_NHMRC\\_Homeopathy.pdf](http://www.cmaustralia.org.au/Resources/Documents/Media-Releases/2015/20150311_NHMRC_Homeopathy.pdf)
3. Homeopathy Research Institute. (2014). Response by the Homeopathy Research Institute to Australian NHMRC Draft Report; [www.homeoinst.org](http://www.homeoinst.org)
4. National Health and Medical Research Council (NHMRC). (2015). NHMRC Statement: Statement on Homeopathy; 11 March 2015; [http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/cam02\\_nhmrc\\_statement\\_homeopathy.pdf](http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/cam02_nhmrc_statement_homeopathy.pdf)