OCCUPORTUNITIES FOR HOMEOPATHY
WITHIN THE NEW NHS
Preface

The latest round of reforms to face the health service represents a huge opportunity for homeopathy. The government's emphasis on consultation at every level in order to determine local need for services means that health professionals and members of the public will be able to use their voice to ensure that people get the services they want.

This resource pack has been put together to help supporters of homeopathy to ensure that it not only continues to play a vital role in the NHS, but becomes increasingly available and accessible in accordance with public demand.

We have set out a clearly argued case for this, and every claim is backed up with sound research evidence: on efficacy, on safety and on cost-effectiveness.
Contents

Section A

Introduction
1. What is homeopathy? Definitions, origins, development 5
2. Growth and current popularity 7

Section B

The general case for developing homeopathy in the NHS
1. Health authorities’ and Primary Care Groups’ priorities 10
2. Evidence showing how homeopathy can meet government priorities: safety, cost-effectiveness and efficacy 12
3. Dealing with popular misconceptions - clinical research and statistical analysis 17
4. Attitudes of doctors towards homeopathy 20
5. Clinical areas where homeopathy has much to offer 21

Section C

The evidence for homeopathy
1. The research issues 26
2. Clinical issues 31
3. Overviews and meta-analyses of clinical trials 37
4. Outcome studies 41
5. Case histories 48
6. Centres of excellence 52

Section D
### Appendices

1. The Faculty  
2. The Trust  
3. References  
   - 4. Key points - summary
SECTION A

INTRODUCTION

1. WHAT IS HOMEOPATHY? DEFINITION, ORIGINS, DEVELOPMENT 5

2. GROWTH AND CURRENT POPULARITY 7
**Introduction**

1. **What is Homeopathy?**

Homeopathy is a therapeutic system. Its principles differ from those of conventional medicine, as does its approach to the patient and to the concept of ill health.

Disease takes hold when health-maintaining mechanisms break down. Obviously the physical immune system is an essential part of this but other factors also have a role to play. For example, we know that smoking causes lung cancer. However, smoking cannot be the only factor involved because then all smokers would get lung cancer.

Modern homeopathic doctors work in the same way as their conventional colleagues. History, examination and investigation are all important in patient management. All aspects of the patient's condition are important: the symptoms and signs of illness; the patient's personality, temperament and genetic markers (for example, physical build, skin and hair colour); and a strong family history of particular diseases.

The practitioner is looking not only at the patient and his or her current symptoms, but also beyond the disease itself and at those forces that ought to be sustaining health but have failed. One of the main aims of homeopathy is for the patient to say, 'I feel better in myself'.

The homeopathic principle has been recognised intermittently in medicine since the time of Hippocrates. In modern times homeopathy was first described by the German physician Samuel Hahnemann (1755–1843). Hahnemann was dissatisfied with the medicine of his day, which he regarded as dangerous and ineffective. A chance observation led him to investigate the effects of various medicinal substances on himself and other healthy volunteers.

From these clinical trials he deduced that an illness could be treated with a medicine which could produce similar symptoms in a healthy
Thus when the practitioner is trained in conventional medicine and in homeopathy, the patient stands to gain from both systems.

2. GROWTH AND CURRENT POPULARITY OF HOMEOPATHY

Over the past 200 years, homeopathy has spread widely from its beginnings in Germany to countries throughout the world. This is despite the suspicion and hostility that it has often faced, particularly from some sectors of orthodox medicine.

Despite this, however, homeopathy is the only complementary therapy to have been made available through the National Health Service continuously since the NHS was set up in 1948. There are five homeopathic hospital services in Great Britain: in London, Glasgow, Bristol, Liverpool and Tunbridge Wells and homeopathy is used by many of the professions allied to medicine, as well as by doctors themselves. In pharmacy, dentistry, nursing, midwifery and podiatry, practitioners can use homeopathic therapy more specific to their needs but based on narrower criteria than those used by doctors in the treatment of chronic illness.

Over the past few years, there has been an unprecedented growth of interest in and use of complementary and alternative medicine (CAM) in general and homeopathy in particular. While health professionals trained in conventional medicine are increasingly recognising the part that CAM has to play in treating many conditions, the lead has largely come from patients themselves.

People are becoming more and more worried about issues such as chemicals in the food chain, the side-effects and toxicity of many
conventional drugs and treatments, and the growing resistance to antibiotics. They also increasingly recognise the benefits of a holistic approach to care, where the practitioner sees them as an individual rather than a clinical condition or a set of symptoms and takes the time to listen.

2. GROWTH AND CURRENT POPULARITY OF HOMEOPATHY continued

As far as homeopathy is concerned, patients are especially attracted by the gentleness and safety of its remedies. And they also see for themselves that it is effective, often only after they have spent a lot of time and sometimes money failing to find the answer to their health problems in conventional medicine.

A recent survey of patients at the Royal London Homoeopathic Hospital found that 80% of respondents said that their main problem had improved since beginning treatment at the hospital. Of those who had been taking prescription medicines when they started treatment at the RLHH, 29% had stopped and 32% reduced their intake. Over-the-counter sales of homeopathic medicines are growing by 20% a year, while referrals to the RLHH increased by 31% in 1997. Demand at the Glasgow Homoeopathic Hospital has also increased: up by 40% over a five-year period.

When Lothian Health Board opened a new homeopathic clinic in 1994, 40% of all GP practices in the area had referred a patient within four weeks and every practice had done so within eight months.
The growing popularity of homeopathy among doctors is also highlighted by the fact that over 25% of Scottish GPs have taken Faculty-accredited training at the GHH.

The Homeopathic Trust currently receives some 400 requests a month for information about homeopathy and homeopathic practitioners. So the demand for homeopathy is there and growing steadily. The challenge is now to ensure that it will continue to be met, by qualified, state-registered practitioners and on the NHS.

Reference
## Section B

**The General Case for Developing Homeopathy Within the NHS**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health Authorities’ and Primary Care Groups’ Priorities</td>
<td>10</td>
</tr>
<tr>
<td>3. Dealing with Popular Misconceptions - Clinical Research and Statistical Analysis</td>
<td>17</td>
</tr>
<tr>
<td>4. Attitudes of Doctors Towards Homeopathy</td>
<td>20</td>
</tr>
<tr>
<td>5. Clinical Areas Where Homeopathy Has Much to Offer</td>
<td>21</td>
</tr>
</tbody>
</table>
The general case for developing homeopathy in the NHS

1. HEALTH AUTHORITIES’ AND PRIMARY CARE GROUPS’ PRIORITIES

Three factors will gauge the expansion of homeopathy and other complementary and alternative therapies in the NHS: safety, efficacy and cost-effectiveness.

According to health secretary Frank Dobson these will be the criteria that PCGs and PCTs will have to use when considering buying complementary therapies for patients. He set out government thinking on complementary and alternative therapies at a conference of orthodox and complementary practitioners held in May 1998. Mr Dobson said he took a pragmatic view toward treatment. He believed that "what works is what counts and what counts is what works. With so many threats to our health we cannot afford to ignore anything that works and is safe".

He said it was clear that some people did not respond to even the most modern orthodox treatment, and that some of these people were being helped by complementary and alternative medicine.

Mr Dobson also sought to assuage the fears of some fundholding GPs who had been buying in complementary therapies. They believed that their freedom to continue to purchase complementary therapies would be lost when the new Primary Care Groups came into operation. But the health secretary has made clear that the new groups will be able to continue providing complementary medicine and even to expand provision as long as these services are clinically effective, cost effective and safe.

The government's priorities are shared by GPs, according to a survey by the Royal London Homoeopathic Hospital (RLHH). The hospital sent out a questionnaire to GPs in 20 health authorities asking them to indicate what factors influenced their attitudes towards the value or effectiveness of complementary medicine. Twelve factors were listed, and the GPs asked to rate each on a four-point scale from not important to very important.
1. HEALTH AUTHORITIES’ AND PRIMARY CARE GROUPS’ PRIORITIES continued

The categories were:

- randomised clinical trials (RCTs)
- safety
- economic evaluation
- audit outcome data
- availability of literature
- expert opinion
- patient satisfaction
- theoretical understanding
- laboratory research
- colleagues’ views
- uncontrolled outcomes
- patient demand.

The three most often cited areas were: evidence of efficacy (particularly RCTs and audit outcomes), safety and economic evaluation (cost-effectiveness). And in each of these priority areas, there is growing evidence of the advantages or the effectiveness of homeopathy.
2. Evidence showing how homeopathy can meet government priorities

a. Safety

Safety was the main concern of GPs in the RLHH study, and one of the reasons for the popularity of homeopathy among patients is that it does not have the side effects associated with many allopathic drugs\(^2\).

In fact, adverse reactions to drugs have become a major problem for orthodox medicine. A recent article in the *Journal of the American Medical Association*\(^3\), for example, found adverse drug reactions (ADRs) to be the fourth cause of death behind heart disease, cancer and strokes in American hospitals. The researchers estimated that in 1994 some 2,216,000 hospitalised patients had serious ADRs and 106,000 had fatal ADRs.

However, there have been claims that homeopathic therapies do have side-effects, some of them dangerous. Indeed, one health authority put forward this argument as one of its reasons for purchasing homeopathy only in exceptional circumstances.

A briefing document from Lambeth, Southwark and Lewisham HA maintains that not only is homeopathy clinically ineffective but it is not as safe as adherents claim. "Many homeopathic preparations contain heavy metals, e.g. mercury, which although diluted, can produce toxic symptoms in occasional cases", it says, and "anaphylaxis can also occur rarely, especially when injections are used"\(^4\).

Such statements are untrue, according to the RLHH. Its medical and research director, Peter Fisher, says that the hospital has looked carefully at the world literature on the subject. Leaving aside cases of mistaken identity (that is where the medicine was herbal not homeopathic) and cases of malpractice, in which homeopathy was only incidentally involved, there are fewer than 10 reports of adverse side-effects.

As to heavy metal poisonings or anaphylaxis due to homeopathic medicines, Dr Fisher says he is not aware of a single case. Anyone making such a claim should be asked to produce the evidence.
2. EVIDENCE SHOWING HOW HOMEOPATHY CAN MEET GOVERNMENT PRIORITIES
continued

b. Cost-effectiveness

A number of studies have shown that the bills for orthodox drugs and procedures fall after the introduction of homeopathy\(^5,6\). Research carried out at the Glasgow Homoeopathic Hospital supports these findings\(^7\).

David Reilly, consultant physician at the hospital, found that the main cost of homeopathic care is the lengthy time a practitioner spends with a patient. The resultant prescription costs the NHS on average less than £2, and unit dispensing from stock (in dispensing practices and NHS clinics) is even more economical.

He also found that homeopathic treatment resulted in a sustained fall in the number of conventional drugs patients took, thus reducing the NHS drugs bill. A survey of outpatients revealed that after one year 37% of patients had sustained a reduction in their conventional medications. Further, the absence of significant side effects resulted in a lowering of the costs associated with iatrogenic illness.

An extensive survey involving a representative sample of 500 outpatients attending the RLHH identified a similar trend\(^2\). One of the questions patients were asked was whether they had been using conventional medication for their main health problem when they started homeopathic treatment and whether they will still using conventional treatment.

262 patients had been using conventional medication when they first went to the hospital, but since receiving homeopathic treatment, 76 (29%) had stopped and 84 (33%) had decreased their usage. (Of the other patients, 87 (33%) had remained on the same medication and 15 (4%) had increased their medication.)
The biggest changes were among patients attending for musculoskeletal problems, skin and podiatry, genito-urinary, neurological and respiratory conditions. (See table following. Figures refer to numbers of patients.)

<table>
<thead>
<tr>
<th>Systems of the body</th>
<th>Medication stopped</th>
<th>Medication decreased</th>
<th>Medication the same</th>
<th>Medication increased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculoskeletal</td>
<td>26</td>
<td>23</td>
<td>31</td>
<td>4</td>
</tr>
<tr>
<td>Skin &amp; podiatry</td>
<td>13</td>
<td>7</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Genito-urinary</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Neurology</td>
<td>7</td>
<td>5</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Respiratory</td>
<td>6</td>
<td>17</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>

Savings are found in community as well as hospital settings. A community health project using complementary therapies in Leyton, east London, came up with similar findings for the reduction in drugs. It also found that patients visited their GPs less often following treatment. The project is part-funded by the Redbridge and Waltham Forest HA, and run on two highly deprived housing estates initially for the inhabitants. It was later extended to take in a catchment area of 160,000 people with 86 GPs being able to refer patients.

The complementary therapies provided are: homeopathy, osteopathy, aromatherapy, counselling, therapeutic massage, acupuncture, shiatsu. The most popular therapies are osteopathy, taken up by 24% of patients, and homeopathy 21%. An evaluation of the service was undertaken by the health authority's public health department.

A random sample of 60 clients was asked about its use of conventional medication since receiving treatment by project therapists. 31% of these
patients reported they had either reduced the amount of drugs they had been taking or that they no longer needed them.

They were also asked about their visits to their GPs. Only 7% had not visited their GP before treatment (patients can self refer to the project). This figure had increased to 33% since receiving treatment, which would suggest that patients would not need to visit their GPs as frequently as in the past following homeopathic treatment.

2. Evidence showing how Homeopathy can meet government priorities
   continued

c. Efficacy - clinical evidence

See pages 17 and Section C for a comprehensive overview of clinical studies, outcome studies and a comparison of the three main meta-analyses.

d. Efficacy - evidence from patient-reported improvements in health

Research suggests that if patient demand and satisfaction were the guiding principles for purchasing treatment, then complementary therapies would have a significant place in the NHS.

Reilly\(^7\) for example, reports that in a survey carried out at the Glasgow Homoeopathic Hospital, 81% of patients rated their care as very good or excellent, with only 9% choosing to be treated only by conventional medicine in future.
Consumer surveys\textsuperscript{16} also show similar levels of satisfaction, with 4 out of 5 users claiming significant benefit or cure from their treatment.

The RLHH's patients' perspective survey\textsuperscript{2} also found high levels of satisfaction. Two-thirds of the patients suffered from chronic conditions which had lasted more than five years, and most had come to the hospital because other forms of treatment had not helped, yet over 80\% said the condition being treated at the hospital had improved. 85\% were receiving homeopathy for their condition.

A high to moderate improvement in the condition of their main health problem was reported by 62\% of patients since starting treatment; 19.5\% indicated a slight improvement while 13.5\% said there had been no change. Only 2\% reported feeling slightly worse, and 3\% said that their problem was moderately or much worse. 60\% of patients also reported a significant improvement in their feeling of well-being, and over one-third of patients said that other problems had also improved. These problems were psychiatric (anxiety, stress, depression), musculoskeletal, skin and digestive system disorders.

2. \textsc{Evidence showing how homeopathy can meet government priorities}

Efficacy - evidence from patient-reported improvements in health continued

Demand for complementary treatment came from the patients. 79\% asked their GP for a referral, while just 15\% were referred at their GP's suggestion (although there seemed to be a trend towards more GP-instigated referrals).

Similar findings came from the community-based project in Leyton\textsuperscript{8}. 98\% rated the homeopathic service as excellent, with 27\% reporting improved mobility, 37\% reduced pain, and 54\% improvement in a range of disorders such as poor sleeping and eczema.
Clients were asked to record the severity of their problem on a scale between 1-7 (7 being very severe) before and after treatment. Before treatment just under half (48%) had rated their pain at 5. After treatment only 15% had given a 5 rating.

Patients were also asked to rate their bodily pain pre and post treatment on a six-point scale ranging from none to very severe scale. 56% reported moderate to very severe pain. This figure had dropped to 10% following treatment.

Although the Leyton project takes self-referrals, the report shows that 80% of referrals came from GPs, and that 90% of the GPs who could refer patients did so.

3. DEALING WITH POPULAR MISCONCEPTIONS

Evidence from clinical research and statistical analysis

Perhaps the major problem homeopaths face in defending or promoting their discipline is the scepticism about its effectiveness caused by the mystery of how homeopathy works.
This underlying disbelief or scepticism can affect attitudes towards both clinical and statistical studies which show that homeopathy is more effective than placebo, and this, in turn, can influence purchasers' decisions on whether to buy homeopathic services.

This seems to have happened in the case of Lambeth Southwark and Lewisham HA and the document it produced justifying its reasons for buying homeopathy only in exceptional circumstances. It states that the reason for the decision was the lack of evidence that homeopathy is clinically effective. "This follows a careful review of the scientific literature on clinical effectiveness and extensive discussions with local consultants and GPs."

The document then goes on to raise issues about the methodology used in research to determine the effectiveness of treatment. In particular it is concerned that placebo or non-specific factors, including the therapist's interpersonal skills, could have an effect on patient outcomes. "Non-specific factors are not reproducible", it states, "and the HA does not consider that purchasing a service which only produces non-specific effects is a good use of resources."

But as Peter Fisher points out the main case for homeopathy is, in fact, built precisely around the principle of separating the specific and non-specific factors through the use of double-blind, placebo-controlled trials. 200 of these trials of homeopathy have now been carried out.

In a section which purports to look at the methodological deficiencies of research on homeopathy, the first point raised is about the underlying principles of homeopathy, especially potentiation, which the document states "are unacceptable to most other scientific disciplines".

Dr Fisher says that it would be more accurate to say that the underlying principles "are not understood and are therefore rejected by most doctors.

3. DEALING WITH POPULAR MISCONCEPTIONS: Evidence from clinical research and statistical analysis continued
"The information medicine hypothesis, which could explain how potentiation works, proposes that homeopathic medicines store information in a way similar to a floppy disk. It can then transmit this information into a pre-sensitised (sick) biosystem. Physicists are much less phased by this hypothesis than physicians. It is also getting considerable support from physical theory."

The second methodological point raised by the Lambeth, Southwark and Lewisham document is about a meta-analysis published in 1991 by Kleijnen and colleagues, which, it claims, found "that the evidence for homeopathy is not sufficient to draw definite conclusions because most trials are of low methodological quality".

In fact, the document incorrectly quotes Kleijnen's conclusion, which stated: "The evidence is positive, but not sufficient...". By leaving out the first four words, the tone of the quote is completely altered, and misrepresents the author's findings.

The Kleijnen study has now been superseded by a high-quality meta-analysis by Klaus Linde and colleagues published in The Lancet last year. Linde's conclusion is carefully, if rather obliquely, worded: "The results of our meta-analysis are not compatible with the hypothesis that the clinical effects of homeopathy are completely due to placebo". But a reading of the study shows a clearly positive result for homeopathy. 42% of the trials were clearly positive and a further 39% showed a positive trend. Unfortunately, this study, too, has been misrepresented and used against homeopathy.

Two other meta-analyses published since the Kleijnen paper, one on homeopathy as a whole and the other on post-operative ileus have also provided positive results for homeopathy.

The final point on methodology raised by the document is concern about the lack of "high quality evidence that homeopathic treatment is better than, or equivalent to, standard medical treatment".

While it is true that there are not many trials comparing homeopathy with conventional treatment, Peter Fisher says the document is an example of the way opponents of homeopathy keep moving the goal posts.
3. DEALING WITH POPULAR MISCONCEPTIONS: Evidence from clinical research and statistical analysis continued

"Until recently, it was claimed that there is no evidence that homeopathy has any specific effect at all, and that trials should therefore compare it with placebo. This document, however, contends that homeopathy does not have specific effects, but at the same time demands that it is compared with treatment known to be active."

Another problem with comparing homeopathic and conventional treatments is that it may not be comparing like with like.

"Reilly's work on hay fever\textsuperscript{16,17}, for instance, shows that homeopathy has a long-term effect and can be safely used in a general practice setting," says Dr Fisher. "There is no current conventional therapy which has a similar profile in terms of duration of action and safety.

"Homeopathy is often intended to improve quality of life and reduce the number of exacerbations and drug requirements. Our research\textsuperscript{2} shows it is often effective in this, but then the effect being sought is not the same as in conventional treatment which is usually targeted at specific symptoms."
4. ATTITUDES OF DOCTORS TOWARDS HOMEOPATHY

As both Reilly\textsuperscript{7} and the RLHH patients' perspective report\textsuperscript{2} show, there is a growing interest among doctors in complementary therapies. Reilly reckons that 75\% of GPs want complementary therapies available in the NHS, while the RLHH reports increasing interest among junior doctors to train at the hospital. And, following requests from medical students, Glasgow University is teaching homeopathy as part of the undergraduate course\textsuperscript{18}.

In 1992 the GPs' newspaper \textit{Doctor} reported that a survey of readers had found that 80\% of GPs responding believed homeopathy to be effective, and 21\% believed that, in certain circumstances, it was more effective than conventional medicine.

A study of the views of GPs on complementary therapies carried out in Lothian\textsuperscript{18}, revealed that many had a surprisingly responsive attitude towards non-traditional forms of medicine.

The study was undertaken to find out what support there would be among GPs for a homeopathic service. It found that only 10\% of GPs who responded had never recommended or referred patients for any complementary therapy, while 69\% had referred patients for homeopathy.

It also revealed that 37\% of GPs had some training in complementary therapies, and 46\% wanted training or further training in a complementary therapy, particularly homeopathy. 74\% said they would welcome a specialist homeopathic service in Lothian.

Lothian now has a well-established and successful service, funded by the health board.
5. CLINICAL AREAS WHERE HOMEOPATHY HAS MUCH TO OFFER

The ability to understand a patient's illness and prescribe an appropriate treatment using the homeopathic method requires special skill. This has led to a view that homeopathy is a speciality. Indeed, patients are referred to doctors with this skill for homeopathic treatment.

However, homeopathy as a therapeutic method has more in common with the "generalisms" than the "specialisms". The specialisms tend to relate to a single body system or an area of the body; for example, dermatology, rheumatology, neurology and so on. General practice, general surgery and general medicine, on the other hand, tend to have much wider and overlapping remits.

Health care managers and GPs will often ask for "referral guidelines", including information on what kinds of problems homeopathy can treat. Some homeopaths have responded to this by drawing up lists of clinical conditions which they feel they have some potential to treat, and, further, have even drawn up lists headed: "Do not refer the following". Unfortunately, there is no consensus within homeopathy about which conditions should be on which lists.

One possible response is to help the enquirer to understand the generalist nature of homeopathy, which treats individuals with a particular, or special, approach.
Another possible response is to explain that as homeopathy works by aiding the body's own recuperative powers, it will be unsuccessful in treating conditions which the body cannot reverse.

It may be helpful to think of broad areas where homeopathy may be helpful. On the next page are four major groups. The conditions in each group are examples only – not an exhaustive list.

5. CLINICAL AREAS WHERE HOMEOPATHY HAS MUCH TO OFFER

1. Conditions for which we have relatively ineffective allopathic treatments

   Allergies
   Anal fissures
   Bruises
   Chilblains
   Colic
   Fear/phobias
   Glandular fever
   Grief
   Impotence
   Influenza
   Intermittent claudication
   Mastalgia
   M.E.
   Nightmares/night terrors
   Pathological anger
   Premenstrual syndrome
Teething
Urethral syndrome
Warts

2. Patient groups or situations where it is potentially unsafe to use allopathic treatments

Pregnant women
Young children
Older people
Anticipatory anxiety

3. Situations where the side-effect profile of the allopathic remedies can be unacceptable

Anxiety
Depression
Night cramps
Osteoarthritis

5. CLINICAL AREAS WHERE HOMEOPATHY HAS MUCH TO OFFER continued

4. Conditions in which homeopathy is used primarily in a complementary way to achieve reductions in long-term allopathic treatment

Asthma
Constipation
Convulsions
Dysmenorrhoea
Eczema
Migraine
Neuralgias
Otitis media (recurrent)
5. Conditions in which homeopathy is wholly complementary with the aims of reducing specific symptoms or improving wellbeing

Malignancy
Parkinson's disease
References

1. Royal London Homoeopathic Hospital. The Purchasers’ Perspective - an unpublished survey of GPs' attitudes on the evidence base of complementary medicine.


4. Lambeth, Southwark and Lewisham HA. Unpublished document showing basis for purchasing homeopathy only in exceptional circumstances.


SECTION C

THE EVIDENCE FOR HOMEOPATHY

1. THE RESEARCH ISSUES  
   Page 26

2. CLINICAL STUDIES  
   31

3. OVERVIEWS AND META-ANALYSES OF CLINICAL TRIALS  
   37

4. OUTCOME STUDIES  
   41

5. CASE HISTORIES  
   48

6. CENTRES OF EXCELLENCE  
   52
The Evidence for Homeopathy

1. THE RESEARCH ISSUES

Many opponents of homeopathy argue that any beneficial effects – and they have to agree that these exist – must be due to a placebo effect. They find the principles upon which the therapy is based literally unbelievable. Yet recent reviews of research into homeopathy – all conducted by non-homeopaths with a distinctly sceptical view – have concluded that homeopathy does have a clinical effect beyond that of placebo.

Meta-analyses
The three main analyses included only those trials in which a proportion of the subjects were randomised to a control group. One of the best-known papers is by Kleijnen\(^1\). The researchers were conventional epidemiologists and clearly sceptical about homeopathy. In an earlier paper they had described GPs' beliefs in complementary medicine as irrational. They were meticulous in seeking out and evaluating studies, using a predetermined list of quality criteria.

They found that of 107 trials with interpretable results, 77 were positive. They then looked at a sub-group of the most rigorous trials and discovered that 15 out of 22 found homeopathy to be superior to placebo. One of Kleijnen's conclusions was that the evidence found: 'would probably be sufficient for establishing homeopathy as a regular treatment for certain conditions'.

More recent studies by Boissel\(^2\) and Linde\(^3\) are statistical meta-analyses. Boissel's work, carried out for the European Commission, analysed only those trials with a clearly stated primary outcome measure. The team pooled results from 15 trials representing a total of 2,000 patients to
answer the question 'Does homeopathy have an effect?' and found that it did indeed. They called for further high quality studies.

Linde looked at the results from 89 trials covering over 10,500 patients to discover that the clinical effects of homeopathy could not be explained by placebo effects. This paper also concluded that further research was warranted.

1. THE RESEARCH ISSUES continued

In a follow-on from Kleijnen's work, the Research Council for Complementary Medicine looked at recent randomised, placebo-controlled, double-blind trials investigating clinical outcome. Of seven such trials, it found that two unequivocally favoured homeopathy, three showed a positive trend, one showed homeopathy superior for one of several outcome measurements and one found homeopathy exactly equivalent to a placebo. In other words, the council's work, like Kleijnen's, found that the best studies favoured homeopathy over placebo.

The introduction to Kleijnen's paper states that 'many doctors do not believe that homeopathy is an efficacious treatment as it is highly implausible'. Kleijnen goes on to say: 'It is also often stated that homeopathy has not been evaluated using modern methods – that is controlled trials.' The author adds, however, that while the first argument may be true, the second is certainly not. Lack of research-based evidence is a criticism widely used against all complementary medicines but in the case of homeopathy it is completely unfounded.

Difficulties with RCTs

Complementary medicine does have some difficulties with randomised controlled trials. In the case of homeopathy, the main problem is that practitioners carry out an individualised assessment, taking account of patients' personalities and lifestyles as well as their symptoms. Thus two patients presenting with the same symptoms and the same medical diagnosis might be given entirely different treatments. Homeopaths also seldom prescribed one single remedy. In an RCT, however, all patients in the treatment group normally receive the same drug, while those in the control group are given a placebo.
Different types of RCTs
The Foundation for Integrated Medicine makes a distinction between 'explanatory' and 'pragmatic' RCTs. It defines the explanatory RCT as being appropriate for determining the efficacy of a single 'active intervention' by comparing it with a placebo treatment for a particular clinical condition. This methodology also requires the blinding of the evaluator, patient and practitioner.

The pragmatic RCT, however, as defined by the Foundation, takes place under everyday conditions and is used to evaluate the efficacy, safety, cost effectiveness and acceptability of treatments or services. It may, for example, be used to compare a new therapy with the conventional treatment of choice. This involves randomisation of the patient, the Foundation says, but because the aim is to mimic normal treatment and allow practitioners to individualise treatment as required, blinding of a patient or practitioner might not be essential.

1. THE RESEARCH ISSUES continued

The Foundation argues that while the advantages of the RCT are clear, other research methods are also valuable and for some research questions and situations, more appropriate. This is not specific to the field of complementary medicine and the Foundation quotes Black's work on the circumstances in which observational studies would be the methodology of choice for evaluating the effectiveness of healthcare. In these situations experimentation was unnecessary, inappropriate and perhaps impossible.

Examples of the traditional RCT
In an attempt to fit into the conventional pattern of the traditional RCT, however, some researchers have tested the effects of a single homeopathic remedy on a particular condition, even though in practice, homeopaths would use a variety of different remedies. One example is Reilly's trial of homeopathy for hay fever, where subjects were randomised to receive either a single homeopathic remedy or a placebo, although homeopaths do not usually treat hay fever solely with this remedy. Reilly has now carried out four double-blind, placebo-controlled trials examining the evidence for the placebo hypothesis and all four have found in favour of homeopathy over placebo.
An RCT to evaluate the efficacy of a homeopathic remedy for flu\textsuperscript{11} randomised nearly 500 patients to receive either Oscillococcinum or a placebo on a double-blind basis. The main outcome measure was the proportion of patients recovering from flu in 48 hours. A total of 17.1\% of patients recovered, compared with 10.3\% in the controls.

**Outcome audit**

While RCTs provide the best evidence on whether a treatment works, they do not answer all of the important questions, including those concerning cost-effectiveness, the long-term benefits of a homeopathic treatment compared with alternatives and which patients benefit most from a particular treatment.

Glasgow Homoeopathic Hospital has carried out an audit of 100 outpatients. At presentation, 81\% had failed to respond to conventional treatment, although 47\% had seen a consultant. Follow-up of 80 of the patients after one year found that 60\% had an improvement in their presenting complaint and 61\% in their well-being, while 49\% had a sustained improvement of value in daily living and 37\% a sustained reduction in conventional therapy\textsuperscript{12}.

1. **THE RESEARCH ISSUES continued**

Similarly, an audit of 100 in-patients at Glasgow found that all had had conventional care for their problem, 97\% had previously seen a consultant and 67\% had previously been admitted to hospital. Three months after treatment at Glasgow, of the 73\% available for follow-up 58\% had a useful improvement in their presenting complaint and 67\% in general mood and well-being\textsuperscript{12}.

Studies at the Royal London Homoeopathic Hospital have looked at the results of the care given for patients with a range of diagnoses. For example, while over 80\% of a group of 24 patients with asthma had had the condition for over five years, nearly two-thirds reported an improvement or a great improvement in their condition. Sixty-seven per cent had a decrease or great decrease in their use of bronchodilators and half reported visiting their GP less frequently for urgent treatment\textsuperscript{13}. 
Other studies at the RLHH that looked at patients with eczema, gynaecological problems, headache and migraine and ulcerative colitis, as well as at children with asthma, found marked improvements in patients’ conditions after treatment\textsuperscript{13}. The eczema patients also showed a decrease in the use of topical steroids. A study of the effect of palliative cancer care at the RLHH showed improvements on scores for psychological distress, anxiety and depression.

**Funding issues**
Funding is always a problem in research but particularly so for complementary medicine. For example, latest estimates suggest that for every £100 spent on conventional medical research, only 1p is spent on complementary medicine.

**Commitment to further research**
Researchers from a conventional medical background who have looked at homeopathy, such as Boissel and Linde, have found enough evidence to convince them that homeopathy warrants more research. Despite difficulties with funding and methodology, homeopathy’s centres of excellence are committed to providing an ever-increasing research base to show homeopathy’s clinical effectiveness and cost effectiveness by means of both the rigorous discipline of the RCT and the practical approach of the outcome audit.

---

**References**


10. To be published


2. EXAMPLES OF CLINICAL STUDIES

a. Treatment of influenza. Ferley et al.

Ferley's controlled trial\(^1\) looked at the effectiveness of a homeopathic preparation in the treatment of influenza and influenza-like syndromes.

The researchers say that while a regular feature of homeopathic treatment is that two patients who have the same disease are liable not to benefit from the same treatment, there is a school of thought that certain diseases, especially some acute conditions, could be treated with substances or drug mixtures tailored to the disease characteristics alone. They add that such drugs are gaining popularity among large sections of the medical profession and also among the public who buy them over the counter.

Oscillococcinum – made of Anas Barbariae Hepatis and Cordis Extractum HPUS 200 C – is such a drug. The vehicle is made of lactose and saccharose and a placebo of identical appearance was made up consisting of lactose and saccharose alone.

The study took place during an influenza epidemic. Patients who took part in the study were chosen from those attending GP surgeries with influenza-like syndromes, defined as a rectal temperature equal to or above 38° C or above and at least two of the following symptoms: headache, stiffness, lumbar and articular pain, shivers. Most of the participating GPs were not homeopathic clinicians.

The standard treatment is five doses of Oscillococcinum. The first was given at the medical practice and the patients took the remaining four on the following mornings and evenings. Two hundred and thirty-seven patients received the test drug and 241 the placebo. They recorded their rectal temperature twice a day and the presence or absence of five cardinal symptoms (headache, stiffness, lumbar and articular pain, shivers) as well as cough, coryza and fatigue. Recovery was defined as a rectal temperature of less than 37.5° C and complete resolution of the cardinal symptoms.
The results showed that the proportion of patients who recovered within 48 hours of treatment was greater among the drug group than among the placebo group: 17.1% compared with 10.3% ($P = 0.03$).

2. EXAMPLES OF CLINICAL STUDIES: treatment of influenza continued

The researchers say that the positive effect of the homeopathic preparation 'cannot be explained in our present state of knowledge' and they call for further investigation.

A repeat trial conducted by Papp et al has just been published in the British Homeopathic Journal\textsuperscript{2}. This showed that the symptoms of patients receiving Oscillococcinum\textsuperscript{R} were significantly milder ($P = 0.023$) after 48 hours than patients in the placebo group. The number of patients with no symptoms was significantly higher in the group receiving Oscillococcinum\textsuperscript{R} from the second day onwards (verum 17.4%, placebo 6.6%) until the end of the patients' recording.

Reference


Jacobs' work set out to discover whether homeopathic treatment was useful in the treatment of acute diarrhoea in children, the leading cause of paediatric morbidity and mortality.

This randomised double-blind trial took place in two clinics in poor districts of Nicaragua, a country where diarrhoea is the primary cause of mortality during the first year of life and accounts for 19% of all outpatient consultations in children aged from one to four years.

The researchers thought that acute childhood diarrhoea was an ideal condition for a homeopathic study because the short duration of illness would allow for intensive follow up, there was no standard allopathic treatment that would have to be withheld during the trial and the public health importance was great.

Eighty-one children aged between six months and five years took part. An initial history was taken for each child, a physical examination was carried out, a stool specimen obtained and a diarrhoea index score was assigned to each child. Children with type A or B dehydration were prescribed oral rehydration therapy. Those with type C were transferred to hospital and did not take part in the study.
The children were then given a homeopathic interview and examination. Information about the nature of stools, abdominal pain, vomiting, mood and temperature, degree of thirst and appetite, presence of fever, abdominal bloating, sleep disturbance, perspiration and other signs and symptoms was collected. Each child was then prescribed one homeopathic medication on an individual basis. Identical tablets without medication were used as a placebo. Follow up was daily for five days.

The treatment group had a statistically significant (P<.05) decrease in duration of diarrhoea, defined as the number of days until there were less than three unformed stools daily for two consecutive days. There was also a significant difference (P<.05) in the number of stools per day between the two groups after 72 hours of treatment.

2. EXAMPLES OF CLINICAL STUDIES: treatment of acute childhood diarrhoea continued

The researchers conclude that homeopathic treatment might be useful in this condition and add that further study should be considered.

Reference

c. Homeopathic immunotherapy. Reilly et al.¹

This research followed a pilot study² and a larger trial³, both designed to answer the question: "Is homeopathy a placebo response?". The results of the first two trials suggested that it was not but, because the findings were so controversial, the researchers asked independent colleagues to see if the results could be replicated in a third trial.

The three studies all used homeopathic immunotherapy in inhalant allergy as a model, the first two in hay fever and the third in asthma, with the same main outcome measure: a visual analogue score of overall symptom intensity.
Subjects were chosen from people attending an asthma outpatient clinic. Their symptoms and compliance were monitored for a four-week run-in period and they were asked not to take any new allergen-avoidance measures during the trial. At the beginning of the run-in each patient was assessed by a homeopathic and an asthma clinic doctor. A nurse did skin tests and a respiratory physiologist measured pulmonary function and bronchial reactivity to histamine.

The study design was a randomised double-blind assessment of two parallel groups, one receiving homeopathic treatment and the other a placebo. Twenty-eight patients with allergic asthma, most of them sensitive to house-dust mite, were randomly allocated to receive either oral homeopathic immunotherapy to their principle allergen or an identical placebo. The homeopathic doctor selected the homeopathic prescription on the basis of the largest skin-test weal concordant with allergy history. The test treatments were given as a complement to patients’ usual conventional care.

At the main end point four weeks after the treatment began, patients were reassessed by both doctors, diaries were checked and pulmonary function tested.

A difference in visual analogue score in favour of homeopathic immunotherapy appeared within one week of starting treatment and persisted for up to eight weeks ($P=0.003$). There were similar trends in respiratory function and bronchial reactivity tests.

2. EXAMPLES OF CLINICAL STUDIES: homeopathic immunotherapy continued

A meta-analysis of this research and the two previous studies found a similar pattern of change: the homeopathically treated groups showed a greater improved in visual analogue scale scores than the placebo groups. The researchers go on to ask if the explanation could be three false-positives and argue that if this were so, then the technique of randomised
controlled clinical trials itself would have to be fundamentally flawed. The evidence is that either homeopathy works or that the clinical trial does not, they conclude.

References


3. OVERVIEWS AND META-ANALYSES OF CLINICAL TRIALS OF HOMEOPATHY

The introduction to the earliest well-performed overview of homeopathic clinical trials contains the statement that ‘many doctors do not believe that homeopathy is an efficacious treatment as it is highly implausible .......It is also often stated that homeopathy has not been evaluated using modern methods – that is controlled trials. The first argument may be true, but the second is certainly not true.' The authors demonstrate this to the readers of the British Medical Journal with their overview of 107 references. Since that publication, there have been at least 50 further reported studies. How can we make sense of all this information?

There have now been four published attempts at pulling together the increasing amount of data generated by clinical trials of the effects of homeopathic treatment on humans. All of these have excluded studies in which outcome was to do with a change in a laboratory test (i.e. there was no intention to treat a medical condition), in vitro studies and trials in animals. Each has different inclusion and exclusion criteria for a trial to be of sufficient quality to be included in the analysis – some very much more strict than others – and each uses a different methodology to achieve an overview. One of them, Hill and Doyen, can safely be disregarded, since it takes into account only a few of the published trials in a selective fashion.

The overall result of the other three meta-analyses is that homeopathic treatment has a clinical effect above that of placebo.

All three of the analyses included only trials which stated randomisation of a proportion of the subjects to a control group (usually a placebo control). Kleijnen assessed trials for methodological quality using seven criteria and produced a quality score, which was then related to how much confidence one could have in the reported clinical outcome for each trial. This study is more of a systematic review than a true meta-analysis, since it does not involve any combining of statistical outcome for different trials.

The more recent studies by Boissel, and Linde, are statistical meta-analyses but combine the data using different methods. Boissel is by far the stricter, allowing into the statistical synthesis only those trials with a
clearly stated primary outcome measure. Linde also assessed trials in which a reasonable outcome measure could be determined from the

3. OVERVIEWS AND META-ANALYSES continued

trial report. This accounts for the large difference in number of trials included in the two analyses (table). A way of looking at this, is that Boissel represents results from 2,000 patients, whereas Linde pools results from over 10,500 patients.

Summary Table

<table>
<thead>
<tr>
<th></th>
<th>Hill</th>
<th>Kleijnen</th>
<th>Boissel</th>
<th>Linde</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. trials found</td>
<td>NA</td>
<td>107</td>
<td>180</td>
<td>186</td>
</tr>
<tr>
<td>No. randomised trials</td>
<td>40</td>
<td>68</td>
<td>115</td>
<td>119</td>
</tr>
<tr>
<td>No. included in analysis</td>
<td>40</td>
<td>68</td>
<td>17</td>
<td>89</td>
</tr>
</tbody>
</table>

Boissel used a rather unusual technique of combining p-values of the selected trials to answer the question: 'Does homeopathy have an effect?' and concluded that it does, with a probability below 0.001.

Linde used a more usual meta-analytical technique of determining the odds ratio (OR) for each trial and then combining these. A result greater than one indicates greater effectiveness of one treatment compared with another. The combined OR for studies was 2.45 (95% CI 2.05, 2.93) in favour of homeopathy, indicating that the clinical effects of homeopathy cannot be ascribed to placebo effects.

Even removing the relatively poorer quality trials from the analysis, the OR of the 26 of the highest quality was still significant, at 1.66.
Both Linde and Boissel took account of possible publication bias (the fact that positive results are more likely to have been published than negative ones) and concluded that it was very unlikely to be of significance. Linde's calculation is that there would need to be several hundred unpublished trials with negative results to reduce the meta-analysis result to insignificance. From the very diligent searching needed

3. OVERVIEWS AND META-ANALYSES continued

to identify all the trials that were included, involving not just library/database searching, but also contact with many institutions where such research is likely to have taken place, it is reasonable to assume that there are very few unpublished negative results.

So three analyses using different techniques, by three groups of independent, sceptical, unrelated researchers, none of whom were practising homeopathic doctors, in three different countries (Netherlands, France and Germany) have produced broadly similar outcomes. It is important to note that all three groups set out from sceptical viewpoints from within the conventional medical scientific community, and seem in their reports to be somewhat shocked that despite their best efforts to show otherwise, homeopathy has an action above that of placebo.

References


Summary of meta-analyses

**Kleijnen 1991**

- 77% are positive
- The higher the scientific merit of the study, the more likely it is to show homeopathy as superior to placebo.
- The evidence presented in this review would probably be sufficient for establishing homeopathy as a regular treatment for certain conditions.

**Boissel 1996**
Report for European Commission. 15 trials. Very strict inclusion criteria. Meta-analysis; data synthesis by combining the significance levels (p-values) for the primary outcomes from each trial.

- Combined p value for the 15 trials was highly significant p=0.0002.
- 'There is evidence that homeopathic medicine is more effective than placebo'.

• Little evidence of publication bias.
• Further high quality studies are needed.

**Linde 1997**
Lancet. 89 trials. Meta-analysis; data synthesis by combining the odds ratios.

• Combined odds ratio 2.45 (95% CI 2.05, 2.93) in favour of homeopathy.
• Odds ratio for 26 best quality studies was 1.66.
• No evidence of significant publication bias.
• The results are not compatible with the hypothesis that the clinical effects of homeopathy are completely due to placebo.
• Further research is warranted.

4. SOME RECENT OUTCOME STUDIES

a. Adult and childhood asthma

A group of adults attending the out-patient department of the Royal London Homoeopathic Hospital completed a questionnaire about their general health and their asthma. They were asked whether there was a difference in their need to use their medication and their need to visit their GP for urgent asthma treatment since receiving homeopathic and/or enzyme-potentiated desensitisation treatment. Sixty-seven per cent reported a decrease or great decrease in their need to use a bronchodilator (for example, Ventolin inhaler) and of
the 20 patients who used a corticosteroid inhaler, 55% reported a decrease or a great decrease in their need to use it.

A group of parents whose children were attending the RLHH out-patient department completed a questionnaire about how they felt about their child's general health and asthma since starting treatment there and whether there was a difference in their child's need to use inhalers, their child's need to visit the GP for urgent treatment for asthma and their school attendance.

Of 25 children, 48% had had asthma for over five years and 48% for between two and five years. Eighty per cent of parents reported an improvement or a great improvement in their child's asthma since receiving homeopathic treatment.

Of the 23 children who used a bronchodilator, 56% of parents reported a decrease or great decrease in their child's need to use it. Of the 13 children who used a corticosteroid inhaler, 61% of parents reported a decrease or a great decrease in their child's need to use it.

Over 60% reported that their child had visited the GP less than usual for urgent asthma treatment while they were receiving treatment at the RLHH. Nine parents said their child had been able to attend school more than previously was possible and some also said that their child had been able to participate more in sport.

4. SOME RECENT OUTCOME STUDIES: adult and childhood asthma continued

New adult asthma patients are now part of an outcome-focused audit at the hospital. At each visit the clinician completes a form indicating his or her assessment of the patient's general well-being and asthma, including a clinic peak-flow measurement reading and the recent range of peak flow readings. The homeopathic remedies prescribed and the patient's current conventional medication are also recorded. The patient also completes a questionnaire which is a disease-specific outcome measure for asthma. All
this information will be stored on a database. An audit for new patients at the children's clinic is now being planned.

Reference


4. SOME RECENT OUTCOME STUDIES continued

b. Palliative cancer care
There has been a marked increase in the number of patients being referred to the Royal London Homoeopathic Hospital for complementary cancer therapy in recent years. New referrals currently stand at over 200 a year. This study looked at the impact of the service on patients’ quality of life.

Fifty consecutive patients with malignant tumours attending the complementary cancer therapy clinic for the first time were followed up for at least six months. The group included patients with 19 different primary sites. Breast carcinoma was the most common primary (36% of patients), followed by bronchus (10%), ovary, pancreas, thyroid and meothelioma. The patients had relatively severe disease: 74% had confirmed metastases or recurrent disease. The mean time between initial diagnosis and first attendance at the CCT clinic was nearly two years.

All patients received at least one homeopathic prescription. The two main types of medication were either targeted on particular symptoms, especially pain and anxiety, or intended to improve general health. Other therapies included Iscador, acupuncture and relaxation.

The patients completed the Hospital Anxiety and Depression Scale and the Rotterdam Symptoms Checklist in order to measure the psychological components of Health-Related Quality of Life. They were followed up at least every two months.

Health-Related Quality of Life data for 29 patients who attended on at least two occasions were analysed, comparing values at the initial attendance with those at successive follow-up visits. Statistically significant improvements were found in the psychological distress subscale of the RSCL, comparing the initial scores with those at the third and fourth visits.

Similar results were found in the HADS Anxiety subscale, comparing the initial value with the third visit. At the initial visit 48% of patients had normal HADS anxiety scores and this rose to 75% by the forth visit. Physical symptoms measured on the RSCL scale were stable over time.

Reference
4. SOME RECENT OUTCOME STUDIES continued

c. In-patient integrated care

The Glasgow Homoeopathic Hospital is a national centre for the integration of complementary and orthodox medicine within the NHS. A physician-led, multi-disciplinary, multi-modality team tackle mostly tertiary referrals of very complex patients who are failing to progress with more orthodox care.

In 1991 an in-depth review of clinical outcome and patient satisfaction was conducted on 100 sequential in-patients. These patients had very high levels of distress and pathology, which conventional care was failing to help or contain. Nevertheless, after GHH care, 58% had an improvement of value in daily living in their chief complaint and 67% a similar improvement in general mood and well-being, persisting at least three months after care.

In 1997, this research was repeated using a modified and externally validated outcome score and further questions to assess the resource implications of integrated care. One hundred sequentially admitted in-patients over a six-month period completed questionnaires on topics such as presenting complaints, previous care, effects of GHH in-patient care on health, use of other health resources and satisfaction ratings for the Glasgow service. There was a 77% response rate.

The patients' diagnoses included multiple sclerosis, chronic fatigue syndrome, depression/anxiety and malignancy. Forty-one per cent had uncontrolled pain from a range of conditions, including migraine, osteoporosis, arthritis and angina.

For all patients their presenting complaint affected their daily living and well-being and 85% reported major disruption to their daily life and a drastic effect on their well-being. Eighty-three per cent had failed to respond to conventional treatment.

Three months after discharge, 85% had an improvement in their presenting complaint, 89% had an improvement in overall coping, 88% an improvement in overall well-being and only 6% had a significant deterioration of their presenting complaint.
4. SOME RECENT OUTCOME STUDIES: in-patient integrated care continued

In terms of the impact of GHH in-patient care on conventional care and costs, 72% patients reported fewer admissions to other hospital; 51% fewer attendances as out-patients for conventional treatment; 40% fewer visits to their GP and 46% a decrease in their use of conventional medicines. Ninety per cent rated GHH integrated care as better or very much better than conventional care and 86% thought the GHH in-patient care crucial to or very important in their recovery.

Reference

4. SOME RECENT OUTCOME STUDIES: continued

d. Out-patient care at Bristol Homoeopathic Hospital

An analysis of over 3000 outpatient consultations during a twelve-month period from 1 November 1997, which identified nearly 2000 individual patients, showed that in excess of 70% of those patients reported an improvement following homeopathic treatment.

Almost all the patients in the analysis had previously received mainstream medical intervention at the secondary care level and had either failed to respond satisfactorily or had been unable to tolerate the medication prescribed.

A breakdown, based on a response scale +3 much better, +2 moderately better, +1 slightly better, 0 unchanged, -1 slightly worse, - 2 moderately worse, - 3 much worse, is shown below. The assessment included as much objectivity as possible, e.g. for asthma, objective assessments such as improvements in peak flow measurements and decreased usage of beta2 agonists formed important elements in the clinical outcome assessment.

<table>
<thead>
<tr>
<th>Condition</th>
<th>+2 or better</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis (excluding RA)</td>
<td>38%</td>
<td>70%</td>
</tr>
<tr>
<td>IBS</td>
<td>51%</td>
<td>75%</td>
</tr>
<tr>
<td>Crohn’s disease / ulcerative colitis</td>
<td>69%</td>
<td>79%</td>
</tr>
<tr>
<td>MS</td>
<td>36%</td>
<td>76%</td>
</tr>
<tr>
<td>Cancer</td>
<td>49%</td>
<td>77%</td>
</tr>
<tr>
<td>Menopause</td>
<td>68%</td>
<td>85%</td>
</tr>
<tr>
<td>Headache/migraine</td>
<td>44%</td>
<td>79%</td>
</tr>
</tbody>
</table>
### The Evidence for Homeopathy

<table>
<thead>
<tr>
<th>Condition</th>
<th>+1 or better</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eczema</td>
<td>80%</td>
</tr>
<tr>
<td>Psoriasis</td>
<td>68%</td>
</tr>
<tr>
<td>Acne</td>
<td>72%</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>79%</td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td>80%</td>
</tr>
<tr>
<td>Chronic back pain</td>
<td>84%</td>
</tr>
<tr>
<td>Asthma</td>
<td>67%</td>
</tr>
<tr>
<td>Chronic catarrh</td>
<td>72%</td>
</tr>
<tr>
<td>Hayfever</td>
<td>71%</td>
</tr>
</tbody>
</table>

### Reference

Spence D. Clinical Outcome Audit - Bristol Homoeopathic Hospital Conference proceedings: Improving the Success of Homeopathy 2. London. RLHH. 1999. P75

4. **SOME RECENT OUTCOME STUDIES: continued**

**d. Outpatient care at Tunbridge Wells Homoeopathic Hospital**

All patients attending the Tunbridge Wells Homoeopathic Hospital for follow-up appointments were asked to complete a short questionnaire. 1372 patients completed the questionnaire which also included information about the diagnosis for which they had sought help.

The table below shows the percentage of patients reporting positive benefit on the scale +1, +2 or +3 improvement:
5. CASE HISTORIES

Case 1

EW is a van driver for a local council. Now 63, he was 55 when he went to his GP with a bout of left-sided headache. This was initially diagnosed as sinusitis and he was treated with an antibiotic. After he had to go to A&E with another severe headache and vomiting, however, he was urgently referred to a neurologist.

The sudden onset of severe headaches in a middle-aged man is sometimes due to a brain tumour and Mr W’s doctor was clearly concerned about this. He was seen by the neurologist three months after the headaches began. In this time he had four attacks, which were all identical. For about three hours before the headache he began to feel tired and yawned. The pain came on very suddenly and was accompanied by severe nausea and then
vomiting. The patient described the pain as a severe throbbing above the left eye. While he had the pain, he was very sensitive to light and noise, and the whole attack would last about two days. During the first 12 hours of the attack, he would vomit every hour. He needed to take about two days off work every month.

The neurologist could find nothing on examination, but arranged several tests, including blood tests and brain scans. These were all normal and a diagnosis of migraine was confirmed.

Over the next three years the attacks continued, despite the fact that Mr W used a large number of well-indicated conventional treatments. After three years, his GP referred him to another neurologist, who repeated some of the tests, including the brain scan, and agreed with the diagnosis of migraine.

Mr W then tried another round of more powerful anti-migraine drugs, again to no effect. Some of the painkillers caused him to develop a stomach ulcer and he needed treatment for this as well. By now he was having four days off work every month with two severe attacks. He could neither predict when he was going to get an attack nor could he prevent it. He did notice that if he was feeling worried, then the attack was more likely to begin with the pain.

As a last resort, the GP referred Mr W to me. I took account of the details of his attacks and a number of other factors in his constitution. I provided him with the remedy Bryonia (wild hops) in a moderate potency – 30C – to be taken twice a day for two days a week.

5. CASE HISTORIES continued

At follow up two months later the patient had been entirely headache-free and had lost no time from work since he began the remedy. He had actually only taken the Bryonia for three weeks, stopping the treatment when the two expected attacks did not happen. I have seen him several times during the past four years and he has had no more migraine, despite some upsetting events in his life, which would normally have triggered an attack.
Thus Mr W had the best of conventional medical opinion from two different neurologists, many sensible investigations and all the standard anti-migraine treatments to no avail. Homeopathy resolved his problem.

**Case 2**

MJ, 58, was referred with bowel problems. For three years, she had experienced recurring episodes of colicky pain, wind and a feeling of bloating. She was initially diagnosed as having irritable bowel syndrome, but investigation showed that she had extensive diverticular disease in the lower bowel.

The conventional treatment is to keep the bowel moving with anti-spasm drugs and additional dietary fibre. Mrs J was studying for a university degree and her symptoms were very troublesome in her work, particularly as her examinations approached. She wanted an alternative to chemicals to help her symptoms. At times the pain was extremely severe, making her double up and unable to do anything apart from lie in bed. She was unable to wear anything tight around her stomach and she had an embarrassing amount of wind from the bowel. She had to be extremely careful about her diet, as some foods which definitely triggered a bad attack.

I initially treated her with the homeopathic remedy Sepia (ink of the cuttlefish) in high potency, coupled with Colocynth (bitter cucumber) when the pain was particularly bad. When I saw her again a few weeks later, this treatment had not helped, so I took account of some deeper characteristics of her personality.

In particular I realised that the symptoms were much worse when she was worried, for example about her examinations. She was also particularly keen on sweets, yet they made her symptoms worse. These factors together suggested the remedy Argentum nitricum (silver nitrate) suggested itself.

I prescribed this in high potency and a couple of months later Mrs J returned to say that the medicine had worked very well. She had noticed
an improvement immediately after taking the first dose. The wind in the bowel was much reduced and she had no colicky pains at all. I suggested she used the Argentum nitricum as and when she needed it and over the next few months she settled down to a single dose of the 30C potency every morning. Her symptoms remain well under control six months after treatment. She is coming up to her finals without any abdominal problems and has not needed any conventional medication although, of course, she is still careful about her diet.

Case 3

MW, 53, was in great distress when I saw her. She suffers from the exquisitely painful condition trigeminal neuralgia, a spasmodic condition of unknown cause involving the main nerve of the face. Mrs W had a particular complication in that she experienced pain in her tongue and teeth as well as the from the ear to the side of her face. In a bad bout she had excruciating pain inside the ear and travelling down to her throat.

At the height of the pain, the patient's whole mouth and face were hypersensitive to the touch. She could not eat or drink and sometimes could not even speak. The pain was experienced every few seconds. Mrs W had first had this condition 10 years previously but conventional treatment at that time was very effective and she had had no further problems until the problem re-occurred. She was offered surgery to the nerve but decided against this. She was very worried that she might eventually need surgery, however. She was already taking a high dose of the conventional drug that had been effective before but was still in severe pain and was often unable to function normally for whole days at a time.

She decided to try complementary therapy and was having acupuncture several times a week. She felt it had been helpful, but was still worried about the prospect of surgery. She is a charming, lively, successful businesswoman, who spends much of her life helping people in need. These characteristics, coupled with the details of the nature of the pain, led me to prescribe the remedy Phosphorus in high potency followed by Verbascum in 30C potency, twice a day.
5. CASE HISTORIES continued

When I saw Mrs W a month later, she was very much better. The pain only ever occurred now if she knocked her face; for example, while washing or turning over in sleep. Also a much smaller area of the face and mouth was affected. She felt that the Phosphorus had given her great peace of mind, but that the Verbascum had been instantly effective on the pain. She was beginning to reduce the dose of the conventional drug and felt she was well on her way to recovery. Now, several months later, she has not needed to come back, as the pain has gone completely.

Reference

6. CENTRES OF EXCELLENCE

There are five homeopathic hospitals in Great Britain, all offering NHS treatment.

Glasgow
The Glasgow Homoeopathic Hospital is a national centre for the integration of complementary and orthodox medicine. The hospital is involved in both randomised controlled trials and patient outcome studies into the effects of homeopathy (see pages 31 and 41). The GHH Outcome Score was developed specifically to measure the effects of treatment on patients with a wide range of acute and chronic conditions and is being used by other homeopathic hospitals to monitor the effectiveness of the service they provide. A new hospital, the first purpose-built homeopathic hospital since the 1920s, designed to provide a truly holistic healing environment, opened in January 1999.

London
The Royal London Homoeopathic Hospital is the leading homeopathic hospital in England. Its academic research department is responsible for carrying out major RCTs and it has also produced an in-depth study of patients' perspectives on homeopathic and other complementary medicine and therapies. The hospital's complementary cancer therapy service is receiving a steadily increasing number of referrals of patients with a wide range of different primary and secondary cancers.

Bristol
Homeopathic medicine has been available in Bristol since 1852. The homeopathic hospital, now part of The United Bristol Healthcare NHS Trust, sees a large number of chronic diseases and is often able to help arrest the progress of the disease and to relieve symptoms and improve the patient's quality of life.

An outcome audit of 400 consecutive follow-up consultants in the outpatient department showed 55% were "much better" and 25%
improved. In common with other outcome studies at homeopathic hospitals, these results come from patients who are usually referred for homeopathy as a last resort because orthodox medicine has either failed to treat them or caused unacceptable side-effects.

6. CENTRES OF EXCELLENCE continued

**Tunbridge Wells**
The hospital in Tunbridge Wells, part of Kent and Sussex Weald NHS Trust, is an outpatient unit working in co-operation with local acute medicine services. There are also clinics in Sevenoaks and Bromley. The hospital carries out about 3,500 patient consultations a year and is seeing growing numbers of referrals from GPs.

Tunbridge Wells is now engaged in a continuing programme of audit and has just analysed one year’s figures (see page 47).

**Liverpool**
The Department of Homoeopathic Medicine in Liverpool is part of North Mersey Community Trust. The department sees about 1000 new patients a year and treats a total of around 5,500 patients every year. An audit is currently underway at Liverpool in which outcomes for a total of 150 patients in various categories, including all new referrals in one particular month and all new arthritis patients during two consecutive months, are being scrutinised.

Results so far are extremely positive, with a high percentage of patients showing an improvement in their presenting complaint, often a significant improvement. An overview of two weeks’ clinics shows of patients being treated for asthma, 77% showed a moderate or significant improvement, while for eczema the figure was 68%, for depression 66%, for migraine 66% while for patients with menstrual-related problems and those with irritable bowel syndrome, the figure was 100% with moderate or significant improvement.
SECTION D

APPENDICES

1. THE FACULTY  
   Page 55

2. THE TRUST  
   56

3. REFERENCES  
   57

4. KEY POINTS - SUMMARY  
   65
1. THE FACULTY OF HOMEOPATHY

The Faculty of Homeopathy represents and regulates doctors, vets, and other healthcare professionals who practise homeopathy. These include podiatrists, dentists, nurses, midwives and pharmacists, as well as other state registered healthcare professionals. Its mission is to enable safe, effective homeopathy to be available to all. The Faculty's aim, therefore, is to see homeopathic treatment widely accessible within the NHS.

It promotes the academic and scientific development of homeopathy and was incorporated by an Act of Parliament in 1950. There are now over 1,000 members world-wide. It also is poised for growth as interest in homeopathy increases, both among the public and among healthcare managers and professionals.

Postgraduate courses in medical homeopathy are taught at five faculty-accredited postgraduate teaching centres in the UK - Bristol, Glasgow, London, Oxford and Tunbridge Wells- and a growing network of local groups which provide education suitable for continuing medical education. Students are encouraged to sit the specialist examinations that lead to the Faculty's internationally recognised qualifications: LFHom, MFHom and VetMFHom, as well as the DDFHom for dentists.

The Faculty also publishes the British Homeopathic Journal, the leading international journal in the field. It is an active member of the international homeopathic community and a founder member of the European Committee for Homeopathy, which has developed a European code of professional conduct and agreed standards of training in homeopathic medicine in the European Union.
2. The Homeopathic Trust

The Homeopathic Trust was established as a charity in 1948 by the Faculty of Homeopathy. Its role is to advance the teaching, knowledge and practice of homeopathy to the highest standards and to promote homeopathy to healthcare professionals, purchasers of healthcare and the general public.

Its vision is defined as to ensure that the benefit of homeopathy is available to all and its mission as to ensure that high-quality homeopathy is an integral part of general and specialist healthcare. It works for increased quality homeopathy in the NHS by means of campaigning and fund-raising, for research, professional education and public information and awareness.

The great increase in demand for complementary medicine has been reflected in the large number of enquiries with which the Trust has to deal – currently 5,000 a year. The Trust’s supporters make a valuable contribution, both financially and in terms of campaigning.

The Trust has identified five key themes for the future. These are: information and education; increasing the provision of homeopathy within the NHS; medical education and training; research; and public support. It is working for access to primary- and secondary-care homeopathy in every major British city and town by 2002.
3. OVERVIEW OF REFERENCES

The following summary of references has been provided by the British Homoeopathic Library in Glasgow. Many of the references listed here also appear in other sections of the resource pack. Also enclosed is a copy of the references from the Lancet meta-analysis.

General

Systematic Reviews and Meta-Analyses

Cost-Effectiveness Studies

Studies/Audits of Homoeopathy in the NHS
OVERVIEW OF REFERENCES continued


Homeopathy and Opinions/Attitudes/Usage Surveys
A. Patients
1. Alton S, Kayne S. A pilot study of the attitudes and awareness of homeopathy shown by patients in three Manchester pharmacies. *British Homeopathic Journal* 1992;81:189-193. Patients chosen at random in pharmacies were asked to complete a questionnaire. 84% out of 74 middle class people had heard of homeopathy. Of 10 working class people only 2 had heard of homeopathy. Arnica was the drug most frequently identified. There was a positive view towards homeopathy in general.

2. Anon. Complementary medicine. What works for you? *Health Which* 1997; June: 84-87. 2018 readers of Which magazine were asked about the therapies they used. Homeopathy was used by 27%. For homeopathy, 89% were satisfied with their treatment and 11% received treatment on the NHS. A very large range of conditions were said to have improved greatly with homeopathy - allergies, arthritis, back pain, sports injuries, gynaecological problems, emotional problems etc.

3. Furnham A, Bhagrath R. A comparison of health beliefs and behaviours of clients of orthodox and complementary medicine. *British Journal of Clinical Psychology* 1993;32: 237-246. A questionnaire was completed by 80 patients in each group. Homeopathic patients claimed to take less notice of popular health care recommendations, believe in numerous “healthy life style” methods of preventing illness and be dissatisfied with orthodox medicine than the patients of orthodox medicine.

4. Vincent C, Furnham A. Why do patients turn to complementaty medicine? An empirical study. *British Journal of Clinical Psychology* 1996;35: 37-48. Over 250 patients from three complementary medicine practices - acupuncture, osteopathy and homeopathy completed a questionnaire. The main reason that patients used homeopathy was the ineffectiveness of orthodox medicine for their complaints. They were mainly suffering from musculoskeletal/rheumatic, allergy/skin or viral/M.E. disorders.

B. General public
5. Emslie M, Campbell M, Walker K. Complementary therapies in a local healthcare setting. Part 1. Is there real public demand? *Complementary Therapies in Medicine* 1996; 4: 39-42. A random sample of 500 members of the public in Grampian were sent questionnaires and the response rate was 70%. 63% had heard of homeopathy, 32% would consider using homeopathy, 30% thought that homeopathy should be available in the NHS. 52% felt that it was essential and a further 36% felt it was desirable to have a register of approved complementary therapists. Of the people who had used homeopathy 78% said they would use it again.

C. Doctors
6. Anon. GP thumbs up for homeopathy. *Doctor* 1992; 16 July: 17. 282 GPs replied to a questionnaire from Doctor magazine. 80% believed homeopathy to be effective. 37% believe it has limited uses, 33% strongly approve of it and 21% believe that in certain cases it is more effective than conventional medicine.

7. Perkin MR, Peacry RM, Fraser JS. A comparison of the attitudes shown by GPs, hospital doctors and medical students towards complementary medicine. *Journal of the Royal Society of Medicine* 1994; 87(Sept): 523-525. The response rate to a questionnaire was over 80% of doctors (unusually high). 90% of hospital doctors and GPs and 71% of medical students knew the principles of homeopathy. 21% of hospital doctors and 49% of GPs had suggested referral of
OVERVIEW OF REFERENCES continued

patients to homeopathy. 22% of hospital doctors and 76% of GPs had had patients request a referral to a homeopath. The majority of respondents felt that alternative medicine should be available on the NHS.

8. White AR, Resch KL, Ernst E. Complementary medicine: use and attitudes among GPs. *Family Practice* 1997; 14(4): 302-306. All GPs in Devon and Cornwall were sent questionnaires. Of the 47% who replied, 6% had treated patients with homeopathy during the previous week, and 21% had treated, referred or endorsed homeopathy during the previous week. 29% of GPs rated homeopathy as over 50% effective.

9. Wyllie M, Hannaford P. Attitudes to complementary therapies and referral for homeopathic treatment: a survey of General Practitioners in Lothian, Scotland. *British Homeopathic Journal* 1998; 87:13-16. GPs were surveyed by post and the response rate was 56%. 92% were willing to refer patients to a homeopath. 9% prescribe homeopathy themselves, 41% would consider homeopathic treatment as an option for suitable patients and 42% would refer at patients request. 74% would welcome a specialist NHS homeopathic clinic in Lothian.

D. Health Authorities and GP Fundholders
Cameron-Blackie G, Mouncer Y. Complementary Therapies in the NHS. NAHAT Research Paper No. 10. 1993

E. Usage for diseases
Swayne J. Survey of the use of homeopathic medicine in the UK health system. *Journal of the Royal College of General Practitioners* 1989; 39: 503-506. In a survey of 1 week’s prescribing by 73 doctors who used homeopathic medicine 25% of GP consultations were managed using homeopathic medicines. Homeopathy was used for a wide range of morbidity in general practice including most diagnostic groups such as respiratory, musculoskeletal, mental disorders, injuries, infections, nervous system, sense organs, genitourinary and cardiovascular.

Market
Wicks H. Review of “Complementary Medicines: a Mintel Market Intelligence Report. Revised ed. 1995 London.” *Complementary Therapies in Medicine* 1996; 4: 77-78. Retail (OTC) sales in Britain of homeopathic remedies rose 18% from £15m in 1992 to £17.7m in 1994, more than double their 1988 value of £8m. This does not include private and NHS prescriptions. Present growth is 5% per annum.

Adverse Effects/Safety of Homeopathic Treatment

Audit and Outcome Studies
OVERVIEW OF REFERENCES continued


Clinical Research Articles

OVERVIEW OF REFERENCES continued


Experimental Research Articles

OVERVIEW OF REFERENCES continued


**Europe**


**Research**


**Dentistry studies**


   **Study type:** Randomized, placebo-controlled clinical trial  
   **Language:** English  
   **Condition:** Dental neuralgia  
   **No. of patients:** 60  
   **Remedies:** Arnica montana, Hypericum  
   **Results:** Homoeopathy significantly superior to placebo


   **Study type:** Randomized, placebo-controlled clinical trial  
   **Language:** English  
   **Condition:** Post-extraction pain and swelling  
   **No. of patients:** 200  
   **Remedies:** Arnica montana, Hypericum  
   **Results:** 93% of active treatment group relieved of pain and swelling within 48 hours


   **Study type:** Randomized, double-blind, placebo-controlled trial  
   **Language:** French  
   **Condition:** Post-extraction pain, bleeding and swelling  
   **No. of patients:** 80  
   **Remedies:** Arnica montana, Hypericum, Nux vomica  
   **Results:** 80% of active treatment group responded positively
OVERVIEW OF REFERENCES continued


   **Study type:** Randomized, double-blind, placebo-controlled trial
   **Language:** English
   **Condition:** Post-extraction pain and bleeding
   **No. of patients:** 59
   **Remedies:** Arnica montana
   **Results:** Arnica montana group experienced significantly less pain than placebo group, and also recorded less bleeding though this was not statistically significant.


   **Study type:** Open trial, not controlled
   **Language:** German
   **Condition:** Teething in babies
   **No. of patients:** 42
   **Remedies:** Complex preparation
   **Results:** Very good and Good results were obtained in 83% of the children

OVERVIEW OF REFERENCES continued


   **Study type:** Randomized, double-blind, placebo-controlled trial
   **Language:** English
   **Condition:** Post-extraction pain and inflammation.
   **No. of patients:** 24
   **Remedies:** Arnica, Hypericum, Staphisagria, Ledum, Phosphorus, Plantago
   **Results:** No positive evidence was found for efficacy of homoeopathic treatment.

Theoretical/Physics Research


Hypotheses of mechanism of action

OVERVIEW OF REFERENCES continued


Key Points

WHAT IS HOMEOPATHY?

- Homeopathy is a therapeutic system, which has been used for over 200 years
- It works on the principle of 'like treats like': an illness is treated with a medicine which could produce similar symptoms in a healthy person
- To avoid toxicity, the active ingredients are given in highly diluted form. Homeopathic remedies are virtually 100% safe
- Modern homeopathic doctors use history-taking, examination and investigation, just as their conventional colleagues do
- Prescribing is based on all aspects of a patient's condition. The patient's personality and lifestyle are important
- Homeopathy is successful in treating a wide range of conditions, often after conventional medicine has failed
- Homeopathy integrates well with conventional medicine
GROWTH AND CURRENT POPULARITY OF HOMEOPATHY

• Homeopathy is the only complementary therapy to have been available on the NHS from its inception

• Since its beginnings in Germany 200 years ago, it has spread throughout the world

• There are five homeopathic hospital services in the UK, all dealing with increasing numbers of referrals

• Homeopathy's safety and gentleness is increasingly attractive in the face of worries about pollution, food safety and the side-effects of many conventional treatments

• Homeopathic treatments have been shown to be effective and outcome studies show a high level of patient satisfaction

• The growth in OTC sales of homeopathic remedies is between 15% and 20% a year
THE GENERAL CASE FOR HOMEOPATHY IN THE NHS

• Government priorities are:
  • safety
  • cost-effectiveness
  • efficacy

• Homeopathy can meet these requirements

• Evidence shows that homeopathy is safe

• Increasing evidence shows that it is cost-effective

• An increasing body of RCTs and statistical research demonstrates its efficacy
RESEARCH ISSUES

• Contrary to claims, homeopathy has been subjected to many randomised controlled trials

• Three major independent meta-analyses of RCTs all found in favour of homeopathy

• Clinical audit consistently shows the benefits of homeopathy in terms of patient outcomes

• Studies also demonstrate the cost-effectiveness of homeopathy in terms of decrease in use of conventional treatments
RANDOMISED CONTROLLED TRIALS

• An RCT of the effectiveness of a homeopathic preparation in treating influenza found the proportion of patients who recovered within 48 hours of treatment was greater among the drug group than among the placebo group: 17.1% compared with 10.3% (P = 0.03).

• In an RCT of homeopathic treatment in acute diarrhoea in children, the treatment group had a statistically significant decrease in duration of diarrhoea and there was also a significant difference in the number of stools per day between the treatment and placebo groups after 72 hours of treatment.

• An RCT of homeopathic allergen versus placebo for allergic asthma found a significant difference in visual analogues in favour of homeopathy. A meta-analysis of this and two previous homeopathic allergen RCTs confirmed that homeopathy was not a placebo response.
OUTCOME STUDIES

- A study of asthma patients at the Royal London Homoeopathic Hospital showed most adults had had an improvement in their condition and a decrease in their use of bronchodilators and corticosteroid inhalers.

- A study of children with asthma at the Royal London Homoeopathic Hospital found that most had had an improvement in their asthma since starting treatment at the hospital, less use of bronchodilators and inhalers, and fewer visits to the GP.

- Patients at the Royal London Homoeopathic Hospital’s Complementary Cancer Therapy clinic showed significant reductions in stress and anxiety levels since starting treatment.

- Over 80% of in-patients at the Glasgow Homoeopathic Hospital had an improvement in their complaint, in overall coping and in overall well-being.

- Over 70% of outpatients at Bristol Homoeopathic Hospital improved following homeopathic treatment.

Of 1372 patients responding to a questionnaire after follow-up appointments at Tunbridge Wells Homoeopathic Hospital in 1997, 31% said they were much better, 24% moderately better and 19% slightly better.
CENTRES OF EXCELLENCE

- There are five hospital services offering homeopathic treatment on the NHS in Great Britain

- All are facing increasing demand from patients and increasing numbers of referrals from doctors

- All combine homeopathic treatment with orthodox treatment by clinicians trained in both

- All have on-going research programmes involving clinical trials and/or patient outcomes

- All have consistently high success rates in treating a wide range of conditions, often after patients have had many unsuccessful attempts to be treated by conventional medicine