Integration of Homeopathy into Primary Care

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The potential role of complementary and alternative (CAM) therapies in the future of the National Health Service is an issue which cannot be ignored. Patients vote with their feet, and the popularity of CAM therapies is clear. An estimated 5.75million people a year in the UK seek treatment from a CAM practitioner and approximately one in four members of the public would like to access complementary medicine on the NHS.[1]

In 2000, a House of Lords Select Committee report on Complementary and Alternative Medicine listed homeopathy as a "group one" therapy, along with osteopathy, chiropractic, acupuncture and herbal medicine. Group one therapies are recognised as having their own diagnostic approach and treatment methods.[2]

Homeopathy is well-established in the UK, having been available through the NHS since its inception in 1948. In addition to the five NHS-funded homeopathic hospitals (in Bristol, Glasgow, Liverpool, London and Tunbridge Wells), over 400 GPs use homeopathy in their everyday practice[3] and the Society of Homeopaths (the largest body representing professional homeopaths in the UK) has 1,500 registered members. However by comparison with European countries, the UK's homeopaths are a relatively untapped resource.[4] One reason for this could be the misconception that homeopathy lacks a scientific evidence base.

Can homeopathy be considered an evidence based medicine?

Homeopathy is an individualised system of medicine such that the choice of treatment is dependent upon the patient's symptoms in each case. Homeopathic remedies are prepared from highly diluted substances and hence controversy has arisen in the UK about its efficacy. However critics often ignore the fact that the production of remedies involves vigorous agitation or succussion between dilutions. It is this succussion that makes the difference between an inert solution and an active homeopathic remedy.

Preclinical evidence from multiple independent laboratories around the globe is that ultra-high dilutions (UHDs) prepared using this method of succussion, have measurable biological effects both in *in vitro* and *in vivo* animal studies.[5,6,7,8] For example, a European multisite study demonstrated how UHDs of histamine modulates basophil activation *in vitro.*[9]

Whilst there is research to demonstrate that UHDs can have a biological effect, the mechanism of action of homeopathic medicines is currently unknown; we don't yet understand *how* homeopathy works, but there is a growing body of scientific evidence to show that it *does* work.

Many people regard the randomised control trial (RCT) as the 'gold standard' of scientific research methods.[10] By the end of 2007, 134 RCTs of homeopathy had been published in peer-reviewed journals. Of these trials, 59 are positive i.e. demonstrating that homeopathy has a statistically significant effect beyond placebo; eight are negative and the remaining 67 are inconclusive.[11]

Systematic reviews of the results from multiple RCTs are considered one of the strongest forms of research evidence.[12] Such reviews suggest that homeopathic treatment is effective

for the following specific medical conditions: allergies and upper respiratory tract infections,[13] childhood diarrhoea,[14] influenza treatment,[15] post-operative ileus,[16] rheumatic diseases,[17] seasonal allergic rhinitis[18,19,20] and vertigo.[21]

There is a need for more research into all aspects of homeopathy – particularly to assess the efficacy of homeopathic treatment in treating specific conditions, and with larger sample sizes to avoid inconclusive results – but this work will be building on the solid scientific evidence base which already exists. Meanwhile there is the pressing issue of whether homeopathy has already been proven to be of value in patient care.

210 primary care doctors were surveyed to find out what forms of evidence they would want before using or recommending an unorthodox therapy.[19] The highest rated form of evidence was systematic examination of outcome, whilst theoretical or laboratory evidence was considered to be least important. These results suggest that different forms of evidence are useful when assessing the evidence for particular medical interventions. What happens under laboratory conditions is useful, but finding out what happens in a real clinical setting is essential. Does homeopathy work in clinical practice? Is it cost-effective? Does it have a useful role to play alongside conventional treatment options? These are key questions to which health care providers need answers.

How does homeopathy perform in clinical practice?

A service evaluation at Bristol Homeopathic Hospital recorded the outcome of homeopathic treatment in over 6,500 consecutive patients over a 6 year period. At follow-up, *70% of patients reported an improvement in their health.* Conditions which responded well to homeopathy included: childhood eczema and asthma, migraine, menopausal problems, inflammatory bowel disease, irritable bowel syndrome, arthritis, depression and chronic fatigue syndrome.[22]

A recent study in Germany was commissioned by a health insurance company to see whether they should continue to cover homeopathic treatment. The outcomes and costs of homeopathic and conventional treatment were compared in 493 patients being treated for chronic conditions commonly seen in general practice.[23] This controlled but non-randomised study concluded that patients receiving homeopathic treatment had *better outcomes for similar cost*.

There are numerous examples of small trials which are positive for homeopathy when used for conditions commonly seen in primary care. A study comparing the homeopathic and conventional treatment of ear infections (acute otitis media) in children concluded that homeopathy *should be the first line treatment* for this condition. In the homeopathic group the response to treatment was quicker and the likelihood of recurrence during the following year was reduced.[24]

Small trials can be valuable for identifying areas where homeopathy may be either as effective or better than conventional treatments, justifying further investment in research. In a double-blind randomised trial involving 65 patients with osteoarthritis, homeopathic medicines were found to provide a level of pain relief that was superior to the commonly prescribed analgesic Acetaminophen, and produced no adverse reactions.[25] With studies such as this, where the research design is of high quality (with double-blinding, randomisation and lack of publication bias), the results may be surprising to those who have previously considered homeopathy to be ‘impossible’.

Is homeopathy cost effective?

In 2005 the results of an investigation by leading economist Christopher Smallwood were published.[26] He took a fresh and independent look at the contribution which complementary therapies can potentially make to the delivery of healthcare in the UK. Having considered evidence from the literature, in practice and case studies he concluded that *if only 4% of GPs were to offer homeopathy as a major frontline approach to treatment, a saving of £190 million would result*.

Savings achieved by the use of homeopathy largely relate to reduced drug bills in certain clinical areas. A series of small studies demonstrate the potential in this area. For example in a 500-patient survey at the Royal London Homoeopathic Hospital, 72% of patients with skin complaints reported being able to stop or reduce their conventional medication.[27] Swayne (1992) conducted a study of the prescription costs of 22 doctors and found that, on average, practices with GPs using homeopathy prescribed 12% fewer items of medication (including conventional and homeopathic) per patient than other practices in the area.[28] If this figure was extrapolated to a national level the number of items would be reduced by 41.5 million.[26]

The role of homeopathy when conventional treatments are contraindicated or fail

Sheffield's NHS community menopause clinic has run a homeopathy service since 1998, providing an alternative treatment option for those women who cannot take hormone replacement therapy, do not want it, have found it ineffective, or have been advised to stop it. An audit of all patients referred to this service between 2001 and 2003 reported significant benefit from the service, with 81% of 102 women reporting improvement in their menopausal symptoms following treatment.[29] The greatest response was seen in those reporting headaches, vasomotor symptoms, emotional/psychological symptoms and tiredness/fatigue as their primary symptoms.

The truth is that most people only seek help from a homeopath once they have already tried conventional approaches to treatment. A fact that makes results from observational studies such as those from the Bristol Homeopathic Hospital described above, even more impressive. Homeopathic literature describes thousands of individual case studies which highlight the important role homeopathy has to play in situations where all conventional approaches to treatment have failed. However relegating homeopathy to the position of a treatment of last resort prevents full exploitation of this valuable therapy.

Integrated healthcare ensures patient safety and the best clinical results

Full integration of homeopathy into primary care would respect and preserve patient choice, improve patient safety and lead to the best possible clinical results. With full communication between conventional and CAM practitioners the most appropriate treatment can be selected depending on the case – whether that be a conventional drug, homeopathic medicine or some other intervention – and patient safety can be maintained. Referrals for homeopathic treatment should be made only to qualified and registered homeopaths. Registered members of the Society of Homeopaths (identified by the designation RSHom) have met required standards of education, are fully insured and have agreed to abide by a strict Code of Ethics and Practice.

The way forward

When it comes to decisions about health care provision, homeopathy should be considered dispassionately and without prejudice – judged on its performance in terms of clinical outcomes and economics. The evidence is available to show that homeopathy works, that it is cost-effective and that patients want it. As drug bills spiral and the public's interest in CAM therapies continues to grow, maybe it's time for a truly integrated approach to primary care, allowing patients and healthcare providers alike to reap the benefits of exploiting the relatively untapped resource of the UK's qualified and registered professional homeopaths.

Editors

For further information please contact the Society of Homeopaths on 0845 450 6611 or visit our website, www.homeopathy-soh.org.

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