

Pressure grows against homoeopathy in the UK

Health service funding is being stopped for some of the UK's homoeopathic hospitals, following an active campaign by doctors and scientists. Does this signal the beginning of the end of homoeopathy on the UK's National Health Service? Udani Samarasekera reports.

Homoeopaths in the UK have been feeling under pressure lately. Unfortunately for them, however, the cause of their anxiety is not a heavy workload but an active campaign against homoeopathy, particularly its availability in the UK's National Health Service (NHS). Over the past 2 years, journalists, doctors, and scientists, who point to the lack of evidence for the effectiveness of homoeopathy, have publicly voiced their criticisms.

The latest subject to irk antihomoeopathy campaigners is a symposium on the role of homoeopathy in HIV/AIDS treatment that is taking place in London on Dec 1, organised by the Society of Homeopaths—the largest organisation representing lay homoeopaths in Europe. “The symposium will be looking at different methods and approaches that appear to be having some success in helping with the symptoms of HIV/AIDS”, say the organisers. Michael Baum, professor emeritus of surgery at University College London and frequent critic of homoeopathy, thinks that homoeopaths are getting overconfident. “People say homoeopathy cannot do any harm but when it is being promoted for HIV then there is a serious problem”, he says.

Baum is not alone in his concern about the potential dangers of homoeopathy. Last year, an undercover investigation by charity Sense About Science, showed that the first ten homoeopathic clinics and pharmacies selected from an internet search and consulted were willing to provide homoeopathic pills to protect against malaria and other tropical diseases such as typhoid, dengue fever, and yellow fever. “Making false claims about treating colds is one thing but it is quite another thing to make false

claims about malaria”, says David Colquhoun, professor of pharmacology at University College London.

Both Colquhoun and Baum are among a group of doctors and scientists who, last May, sent a letter to Primary Care Trusts (the local bodies that pay for NHS care) in the UK to raise their concerns about the use of homoeopathy on the NHS. “It is an implausible treatment for which over a dozen systematic reviews have failed to produce convincing evidence of effectiveness”, they wrote. Baum says that the group have received a lot of criticism for issuing the letter and have even been accused of colluding with the pharmaceutical industry over their antihomoeopathy campaign. “But”, he says, “the reason that we started this campaign was out of a sense of despair over a malaise in society, a flight from rationalism”.

Their actions seem to be having an effect. In September, West Kent Primary Care Trust decided to stop NHS funding for the Tunbridge Wells Homeopathic Hospital—one of five hospitals that provide homoeopathy on the NHS. In a press statement,

James Thallon, the Primary Care Trust's medical director, said: “...it is the clear duty of PCTs [Primary Care Trusts] to make best use of public money by commissioning clinically cost-effective care...There is not enough evidence of clinical effectiveness for us to continue to commission homoeopathy”.

The Royal London Homoeopathic Hospital is also feeling the backlash. Several Primary Care Trusts have stopped, or drastically reduced, their funding of treatment at the hospital. Peter Fisher, clinical director at the hospital, says referrals were down by around 20% in October compared with the same month last year. Although he admits that the “evidence base is not as strong as we would like” for homoeopathy, he says, that “patients are our best advocates. They tell us that we have helped them when nothing else could”.

Indeed, homoeopathy, which has been available on the NHS since it began in 1948, remains ever popular with the UK public. Around 13 000 patients are treated at the five homoeopathic hospitals each year and 14.5% of the population say they trust

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The UK homoeopathic market is predicted to be worth £46 million in 2012



Referrals to the Royal London Homoeopathic Hospital are down

homoeopathic medicines. According to the market research group Mintel, the homoeopathy market is estimated to be worth £38 million and is projected to reach £46 million in 2012.

Baum thinks that public support for homoeopathy might be because people often confused it with herbal medicine. Although many herbal medicines are unproven, they have scientific plausibility, unlike homoeopathy, where often remedies are given in such a highly diluted form that not even a single molecule of active ingredient is left. Homoeopaths believe that dilution increases, not decreases, the strength of a remedy. They also treat like with like, so an illness is treated with a natural substance which could produce similar symptoms in a healthy person. For example, a homoeopathic remedy for insomnia might include caffeine.

A meta-analysis published by *The Lancet* in 2005, and four other large meta-analyses, have shown that the clinical effects of homoeopathy are no greater than placebo. Controversially, some commentators think there might be a future in prescribing homoeopathy because of its placebo effect. But Baum disagrees. He thinks that knowingly prescribing placebos is “unethical and patronising”. He believes that improving the communication skills of conventional doctors can improve patients’

experiences with clinically effective treatments, since they come with the added bonus of a placebo response.

Both the Society of Homeopaths and the Faculty of Homoeopaths—the professional body for doctors and other health professionals who integrate homoeopathy into their practice—disagree with the findings of the *Lancet* study. They believe that the effect of homoeopathy is greater than placebo and that the dilute homoeopathic remedies themselves exert an effect. “There are many scientists around the world who have found evidence that water may retain information about homoeopathically prepared solutes”, said a Faculty spokesperson. Baum cannot understand how anyone with scientific training, can believe in the principles and theories behind homoeopathy. “They seem to be able to divide their brain into two parts—rational and irrational”, he says.

But perhaps scientific training is not what it used to be. Six universities in the UK now offer Bachelor of Science degrees in homoeopathy, according to a news feature published in *Nature* in March. In an accompanying commentary, David Colquhoun wrote that homoeopathy “has barely changed since the beginning of the nineteenth century. It is much more like a religion than science”. Although most of the universities that teach complementary medicine have refused to show their teaching materials to Colquhoun, some have said they teach homoeopathy alongside more traditional subjects such as physiology. “The poor kids must be very confused”, he says. “One day they are learning the bigger the dose the greater the effect, the next day they are learning that the smaller the dose the greater the effect.”

Despite being slammed by many scientists and doctors, homoeopathy has received a recent boost from an unexpected quarter. In September, 2006, the Medicines and Health Regulatory Agency—the government

agency that is responsible for ensuring that medicines work, and are acceptably safe—introduced regulations that supported the use of homoeopathic over-the-counter remedies for some conditions. The new licensing scheme, to the dismay of many scientists and doctors, allows manufacturers of homoeopathic remedies to indicate what conditions their products could be used for. But, unlike conventional medicines, manufacturers only have to provide safety evidence and information about what their remedies are traditionally used for to gain a licence. Baum says, “I don’t know what external pressures have been put upon them to go ahead with these new regulations. When I spoke to them they said it was for self-limiting conditions—insomnia, constipation. But I told them that insomnia can be a sign of acute depression and constipation can be a sign of colorectal carcinoma”.

Baum thinks that the only way forward is for the UK’s National Institute for Health and Clinical Excellence (NICE)—the independent organisation responsible for providing clinical guidance on treatments in England, Wales, and Northern Ireland—to assess the cost-effectiveness of homoeopathy. The topic would have to be referred to NICE by the Department of Health for this to happen.

The Department of Health told *The Lancet* that NICE already “consider complementary therapies alongside conventional treatments when developing clinical guidelines”. So far none of NICE’s existing clinical guidelines recommend homoeopathy for any condition.

Baum thinks specific guidance on homoeopathy as a whole is still needed. “I had to wait 2 years for breast cancer treatments I knew to be effective to be approved by NICE. Why is there a double standard with homoeopathy?”

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