

RESPECTING HISTORY

Byplay series

Homœopathy and humbug

Update on Homœopathy in the U.K.

Carol Boyce

Abstract

Recent claims of homœopathy's ineffectiveness and dangers with no basis in reputable studies and repeatedly rebutted, have nevertheless been politically effective. New and old reputable studies rebutting the claims have come to light. The purpose of repeating disproven claims of this kind seems to be political.

To keep pace with the anti-homœopathy activity that continues to rock the U.K. homœopathic community would require an update daily.

It seems that it is no accident that the current carefully orchestrated campaign against homœopathy has focused on removing homœopathy from the English National Health Service (N.H.S.) and on closing down the homœopathic hospitals, and in particular the Royal London Homœopathic Hospital (RLHH).

The ramifications of the pronouncement by the U.K. medical profession that homœopathy is not being withdrawn from the N.H.S. because of lack of funding but because it has been "proven ineffective" are far reaching. The U.K. is the flagship for the validity of global homœopathy. What happens there will reverberate around the world and shake the foundation of all other homœopathic communities.¹

Primary Care Trusts (P.C.T.s), the funding bodies responsible for area health services, have folded under intense pressure from the small but vocal anti-homœopathy medical contingency and withdrawn funding for GP referrals to homœopathic doctors and funding for the homœopathic

hospitals. As a result, The Tunbridge Wells homœopathic hospital is scheduled to close in March 2008; the Bristol homœopathic clinic no longer provides homœopathy; Liverpool is in serious trouble; and the RLHH lives with the threat of the plug's being pulled completely in the spring of 2008. The Glasgow Homœopathic Hospital alone seems to be safe, strongly supported by GP referrals within the Scottish N.H.S.

The RLHH has suffered serious cutbacks in the face of this latest campaign to "stop funding ineffective therapies." Outpatient clinic space has been further eroded, and clinics have been restricted and patient referrals denied. There is talk of keeping some of the RLHH's clinics (the arthritis clinic which uses specific symptomatic acupuncture, for example) — but removing the homœopathic clinics completely. Final decisions about closure, dependent on funding, will be made in the next few months. One possible outcome would be a much reduced non-homœopathic CAM service provided as an adjunct to the allopathic University College Hospital.

Individual homœopaths, both professional and medical, report significant falls in the number

of new patients. Homœopathic training institutions are experiencing their lowest enrolment in memory.

The fallout has spread to other European countries where homœopathy was previously popular; falls in patient numbers and college enrolments have been reported in places as diverse as The Netherlands, Poland, and Germany. In the homœopathic developing world of African countries, small clinics run by devoted clinicians are still alive and busy but suffering their own crises of funding and logistics.

In early January 2008, the U.K. Government's Foundation for Integrated Health (F.I.H.), after consultation with the professional associations of a number of individual CAM therapies, announced the creation of the Natural HealthCare Council. From April 2008, the Council will function as a voluntary federal register and regulator for the therapies involved. Though not part of the development process, homœopathy has been included. This is widely thought to be one step toward statutory regulation, a move welcomed by the profession;



but already the question has arisen of who sets the standards, and in consultation with whom. The U.K. homœopathic profession is self-regulated, and, as an autonomous clinical modality, does not fall easily into the complementary remit.

Bad press

The Lancet's publication of Shang et al was a major coup in the current campaign to remove homeopathy from the table of patient choice. Despite the fact that other authors have demonstrated that Shang's work is deeply flawed (and actually shows that homeopathy is effective), its erroneous conclusion is incessantly repeated as the basis of every negative article and report.

In a recent article in the *Daily Mail*, Sir David King, the "U.K.'s top scientist and advisor to the prime minister", weighed in with the headline "Homeopathy Puts Lives At Risk"! In just 347 words, Sir David declared (amongst other things) that "[homeopathy] was of no medical use whatsoever" and that it was "putting people's lives at risk", since they might not get a medical diagnosis in time.²

In late September 2007, the Early Day Parliamentary Motion (EDM) to debate the issue of N.H.S. homœopathy (submitted a year earlier by the RLHH in conjunction with supportive MPs) finally gained the 200 signatures required to ensure a place on the Parliamentary agenda. On 17 Nov 2007, *The Lancet* ran another series of anti-homœopathy articles, and three days later there followed a piece in the *Guardian* suggesting that MPs supporting the EDM were confused and imploring readers to write to their MPs to demand that they not waste N.H.S. money on a therapy proven ineffective.⁴

Ben Goldacre's opinion

Given the prestigious standing of *The Lancet*, most remarkable about these latest articles was their lack of quality. The article by Dr Ben Goldacre⁵ was a précis of

articles published in the *Guardian* or on his web site.^{6a,6b,6c} Placement of the piece in *The Lancet's* "Comments" section⁴ gave him free reign. His insistence on homœopathy has been proven to be placebo led him to suggest that it might still have a role to play in health care (he acknowledges that the placebo effect is well documented as helpful), but only if homœopaths debate the ethical question of "knowingly prescribing placebo". He went on to state that homœopaths pose a dangerous public health risk unless they stop advising patients against vaccination and discussing the potential role of homœopathy in the treatment of serious diseases like AIDS and malaria.

Dr Goldacre failed to refer to any of the detailed analyses^{7a,7b} of the flaws in the Shang study. Nor did he rebut the clinical trials of the use of homœopathy in treating malaria^{7c,7d} and AIDS.^{7e}

Report on homœopathy in India

The report on homœopathy in India by Raekha Prasad seemed singularly confused. It focused first on one disreputable homœopathic doctor who claimed to cure H.I.V. and was found to be fleecing the desperate poor. One man, we are told, sold his tractor to pay for a year of treatment that didn't work. The doctor in question is now under investigation.⁹

The report ended with the news that another homœopathic doctor claims to be treating 450,000 patients via the Internet and is busy looking for new markets in countries where homœopathy is illegal. Between the stories of these two practitioners, we learned that 100 million Indians rely entirely on homœopathy for their Primary Care medicine and that India has 250,000 registered homœopathic doctors. The Minister of Health and Welfare's advisor on homœopathy was quoted as saying that homœopathy "... has a biological effect" and that "... all homœopathic medicines are therapeutically proven", to

which the author added "... despite evidence to the contrary" (declining to support this assertion).

Like Dr. Goldacre, this author seems not to have read the analyses of the Shang report.

The report described an Indian medical system on the point of collapse, and identified the rural poor as the main users of homœopathy because it is inexpensive and 'modern medicine' is not financially accessible. Yet...

Like their contemporaries in the west, say health researchers, wealthy Indians see homœopathy as a route to wellbeing... the homœopathy market is growing at 25% a year and within a decade spending on private homœopathy will be almost... \$1555 million.

An "independent health consultant" in Mumbai is quoted as saying: "Ethics are not on the agenda in medicine. Making money is". The reader is left to infer that this refers to Indian homœopathic medicine.

With the poor on one side and the wealthy on the other driving the market for homœopathy, the reader is left to speculate too that the group keeping allopathic medicine alive in India is the well-off urban middle class. (When I worked in homœopathic hospitals and clinics in Calcutta in the late 1980s, the patients came from the widest possible spectrum of income and education.)

This aside, what did we learn from this report to merit its inclusion in the prestigious *Lancet*?

- (1) that homœopathy is booming in India, among both the rural poor and the wealthy elite, and that there are more than 100 million people, including members of the Indian Ministry of Health, who "despite evidence to the contrary" believe it works;
- (2) that there are two disreputable homœopaths. There is no suggestion that they are

members of India's 250,000 registered homœopathic doctors. The suggestion in the report however, was that there are many more — indeed, even that this might be the norm — a state of affairs we can be confident would not be tolerated by the homœopathic community of any country.

The latter item remains unsubstantiated.

Pressure on U.K. homœopathy

The third article, "Pressure on U.K. homœopathy", was reasonably well written but gave no references. It offered statements from previously published articles in the press made by the same (small) group of doctors who wrote to Primary Care Trusts (P.C.T.s) in 2005, quoting the same (flawed) Shang study to demand that P.C.T.s stop funding "ineffective homœopathy". Professor Baum, oncologist, complained (again) that he can't get funding or approval for cancer drugs while the N.H.S. is funding homœopathy — as if there were a direct relationship between the two factors. (Since the total budget for all five homœopathic hospitals is 10 million GBP out of a total N.H.S. budget of 76 billion GBP, perhaps his energy might be better spent lobbying manufacturers to lower the cost of cancer drugs. According to recent studies in the U.S., the markup for medicines like Zoladex, a hormone blocker used in the treatment of prostate cancer, can be as high as 11,000%. For 2006, AstraZeneca, the manufacturers of Zoladex, reported profits of \$8.54 billion, on sales of \$26.48 billion.¹⁰)

Dr Ben Goldacre continues to delight those lacking the time to keep up with reliable research, with provocative articles disguised as measured responses to the "outrageously foolish claims" made by the homœopathic community. Retired pharmacist Professor Colquhoun continues to suggest that all homœopathic medicines are ultradilutions and — despite

a number of public corrections by materials scientists, physicists, and others as to the nature and effects of homœopathic potencies — that chemistry is the be-all and end-all of medical activity. The work of Professor Rustum Roy's team and others¹² seems to have entirely passed him by. Professor Colquhoun shows no stronger motivation for maintaining his Improbable Science web site than relish of a good argument — and a deep affection for Avogadro.

Analysis of these articles is useful because they provide excellent examples of the writing technique used in the campaign as a whole. But it raises the question: are they really *Lancet* material?

Richard Horton, *The Lancet* editor, is openly antagonistic to homœopathy, and Sir Crispin Davis, CEO of *The Lancet's* publisher Elsevier (annual budget 5 billion GBP), is a (non-executive) director of GlaxoSmithKline. Perhaps this explains why it seems to be sufficient for publication in *The Lancet* that the claims disparage homœopathy.

The Lancet's disinterest in hosting a second side to the debate about homœopathy, in fact-checking, or even in requiring references for the articles published reflects a decline in the standards for which it originally gained global respect.

Reason takes second place

It is interesting to consider the interrelationships of the most vocal anti-homœopathy campaigners:

- Dr Ben Goldacre, *Guardian* science journalist and owner of badscience.net, and recipient of a HealthWatch award;
- Professor Baum, high-ranking oncologist and founder member of the Campaign Against Health Fraud (initially funded by the health insurers PPP and Astra Pharmaceuticals) and now HealthWatch, and recipient of a HealthWatch award;

- Professor Colquhoun, retired pharmacist and owner of the Improbable Science site;
- scientist Richard Dawkins, vehemently pro-materialism and presenter of the 2007 U.K. Channel Four T.V. series "Enemies of Reason";
- John Maddox, the editor of *Nature* and on the Board of Trustees of Sense about Science (a group committed to warning the public about "unscientific therapies", funded by a wide range of corporate interests, including the Association of the British Pharmaceutical Industry and individual pharmaceutical companies) and a member of CSICOP (the Committee of Claims of the Paranormal, now partially repackaged as the international Skeptics movement);
- the infamous magician James Randi, who runs the James Randi Educational Forum; and
- Professor Edzard Ernst, holding the U.K.'s only university Chair of CAM; possibly the U.K.'s most outspoken critic of homœopathy; and consulted as an expert by the media. Professor Ernst gave the keynote address to the 11th European Skeptics Congress, held in London in September 2003, the title of which presentation was "Complementary and alternative medicine for skeptics". He received the HealthWatch award in 2005 for "his honest appraisal of CAM".^{12a,12b,12c,12d,12e}

From this melange of overlapping interests there emerges an unpalatable issue for a healing profession: the possibility that the agenda, the motivation, the campaign, and the players are politically motivated. They profess to carry the banner of healthy skepticism, asking only for evidence. But when evidence is presented that does not fit

with their beliefs, they declare it implausible.

Members of these organizations and their associates endorse each other, quote each other's (often unsubstantiated) claims, award prizes to each other (which they then use to add authority to their pronouncements), and are indirectly supported in various convoluted ways via vested interest groups. They represent that the only reason for so much negative media attention on homeopathy of late is that finally the "truth" — which they have tried to tell the gullible public all along — has been proven once and for all by the one analysis — Shang's — and that its publication in *The Lancet* is de facto proof that it must be true. They claim that homeopathy is no better than placebo and that therefore as a profession we make fraudulent claims, peddle in false hope, and dupe the poor unsuspecting public, who are incapable of critical thought.

The narrow focus of all these individuals is debunking, not rational discussion. Directly or indirectly, they serve the interests of corporate medicine and the deregulation of industry. The anti-homeopathy campaign skillfully focuses on emotionally charged (if factually misleading) articles appealing to the (largely) poorly informed public. Their authors have ready access to the mainstream media, which, like *The Lancet*, are all but closed to the pro-homeopathy side of the case. A small sampling of their work quickly reveals circular arguments and wild accusations, spin and misquotes, ridicule and character assassination, and a retreat to the safety of righteous indignation or of endless parental patience and super-rationality.^{13a,13b} The cause for concern, however, is that these people represent themselves as expert on important subjects in which they have no credentials, relying on constant repetition of select marketable opinion, for example the Shang study, to transform inaccurate statements into "scientific facts".

In a panel discussion for the Institute of Ideas, an organization funded by drug multinational Pfizer, Professor Ernst on the one hand asserted that Big Pharma does not consider CAMs as competition, because the market for CAMs is "not big enough" to concern them — and on the other hand disputed that CAMs can be considered cost-effective, because the U.K. public spends, he estimates, in excess of 1.6 billion GBP annually on CAM treatments.^{14a,14b}

Despite Professor Ernst's assertions, the driving forces of the anti-homeopathy campaign do seem to be simple economics, powerful influence, and hungry shareholders. According to the 2005 pro-homeopathy WHO report (leaked by Renckens, chair of the Dutch Union Against Quackery, and quickly blocked from publication by Ernst), homeopathy had half a billion users and represented the fastest-growing modality on planet Earth.¹ (The report has since been revised but is yet to be published.)

Worthy of note: the U.K. professional homeopathic community has in recent months started to generate pro-homeopathy activity, including bridge-building with the Faculty of Homeopathy and other groups within the N.H.S. The Homeopathy: Medicine for the 21st Century campaign in particular is receiving attention.¹⁵

Martin Walker, author of *Dirty medicine: Science, big business and the assault on natural health care*, has recently published long, highly detailed, fully referenced e-books about the complex web of the anti-CAM world. They make fascinating reading and provide valuable clarification of an otherwise impenetrable subject.^{16a,16b,16c}

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Self-directed learning in homœopathic education

(cont. from page 34)

- role play; and
- discuss issues related to a case in clinic.

Conclusion

There are many examples within homœopathic curricula of activities that show facilitation skills' being used to cultivate an atmosphere of adult learning. Unfortunately, we have often gone no further than paying lip service to the ideas discussed in training certificates in adult education: students who don't act like an adult don't get treated like one. A richer and broader style of teaching becomes possible by taking notice of the characteristics of the adult learner and assuming the role of facilitator rather than teacher. It allows students to learn from their struggles for self-conquest. This struggle is the best substitute for the sense of false security arising from a steady stream of information delivery, since we cannot load students with all they will ever need to know. We can, however, equip them with the skills to continue self-directed learning, so essential in practice.

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Back

Pain lumbar.

Extremities

Petæchiæ extensor surfaces.

Coldness feet.**Skin**Cool clammy. **Eruptions****scarlatiniform. Desquamation.**

Flushed. Mottling. Red spots.

Fever**Chill****Perspiration.****Sleep**

Sleeplessness.

General

Anorexia. Bleeding. Cyanosis.

Disgeusia. **Hyperæsthesia.***Myalgia. Myositis. Bone pains.*Prostration. Rapid and weak pulse.
Rhabdomyolysis.**To be concluded in the next edition****Suriyakhatus Osman**, MBBS, DHom.,
FKHom, practises in the Klinik Taqwa
Masjid Tanah Melaka, Malaysia.**Edzard Ernst's ultimate delusion**

(cont. from page 45)

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currently based in the U.S.**CORRIGENDA**

Due to changes in web sites and an editorial misunderstanding, the following changes are applicable to Carol Boyce’s article “Homœopathy and humbug” in *Similia* 19(2):

In text, on page 29:

- (1) move reference **7d** to follow the acronym “AIDS”;
- (2) replace reference **9** by reference **8**.

In reference list, on page 31:

- (1) let reference **7d** read as follows:

Two rejoinders by Prof. Chaturbhujaya Nayak, Director, Central Council for Research in Homeopathy, India, to the Lancet article “Homeopathy Booming In India”, <<http://ccrhindia.org/lancet.asp>>;

- (2) Insert reference **7e** as follows:

Rastogi D.P. et al. Homeopathy in HIV infection: A trial report of double-blind placebo controlled study. *BHJ* 1999;88(2)49–57.

With apologies from the editor.