

## GUEST EDITORIAL

# Research development in homeopathy: a question of methods and priorities

Methods and priorities for developing research evidence in homeopathy were the topics of discussion at a symposium held at the end of last year in Brussels, and are the subject of a report published in this issue of the journal.<sup>1</sup> The symposium was an eclectic mix of fact, theory and opinion about previous research, together with data from new investigations. Its conclusions and recommendations are reasonable and considered, though they are not surprising: we need more research on ultra-dilutions; more explanatory, testable, theories about the mechanism of action; more clinical research, especially in chronic diseases and in children; more research in veterinary medicine; 'better' clinical study design; and more money to do it all.

The symposium made no attempt to recommend a particular programme of research because, as the report recognises, the priorities for research development in homeopathy 'depend on the audience'. And each 'audience' has equal importance—scientists, theorists, practitioners and patients. For those actually involved in research, the priorities will typically depend on their own agenda, based on their particular research interests and expertise. While an overarching strategy of research priorities would be desirable, it is thus difficult to see it being realised in practice.

In order to build a substantive evidence base, homeopathy needs greatly increased quantity of high-quality research in *each* of the above key areas—ultra-molecular dilutions, explanatory models, and clinical studies. A key priority must therefore be to define what comprises research of 'high quality' in each specialised topic of homeopathic research. In the field of clinical research, for example, there must be careful consideration and decision-making about study design issues and the place for placebo-controlled trials, for example.<sup>2,3</sup>

Excellence in homeopathic research means more than addressing standard methodological issues—it requires that the research ask a question that is *relevant to the therapy*, and that the study design and conclusions from the data are both appropriate and

wise. The importance of clinical observational studies and pilot trials should be highlighted as prerequisites for more definitive clinical investigation. Professor Iris Bell had the right idea in 2003, when she proposed that a consensus group be convened with the aim of agreeing a set of standards in the study design and publication of research in homeopathy.<sup>4</sup> Without such a working set of recognised standards, little substantive progress will be made. Regrettably, efforts to convene a consensus group came to nought. It is timely still to encourage uptake of Bell's proposals.

Recently, the National Institutes of Health intimated their support for the principle that standards of research in complementary medicine must equate to those in conventional medicine.<sup>5</sup> But we need to define the terms of this 'equation' as they apply to homeopathy. The report resulting from the Brussels meeting has helped reinforce this necessity.

## References

- 1 Van Wassenhoven M. Priorities and methods for developing the evidence profile of homeopathy: Recommendations of the ECH General Assembly and XVIII Symposium of GIRI. *Homp* 2005; **94**: 107-124.
- 2 Mathie RT. The research evidence base for homeopathy: a fresh assessment of the literature. *Homeopathy* 2003; **92**: 84-91.
- 3 Weatherley-Jones E, Thompson EA, Thomas KJ. The placebo-controlled trial as a test of complementary and alternative medicine: observations from research experience of individualised homeopathic treatment. *Homeopathy* 2004; **93**: 186-189.
- 4 Bell I. Evidence-based homeopathy: empirical questions and methodological considerations for homeopathic clinical research. *Am J Hom Med* 2003; **96**: 17-31.
- 5 Marwick C. Complementary medicine must prove its worth. *Br Med J* 2005; **330**: 166.

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