

# HOMOEOPATHY: UPDATE

These are the facts - is there a problem?

by John Ainsworth FRPharm.S

So what is the problem? For several years now medical and public surveys concerning homoeopathy have shown that significant numbers of GPs (NHS) would use it in practice, that high percentages of questioned members of the public would wish to have it on the NHS and in fact both types of survey show an ever increasing interest and need for homoeopathy to be more widely available through the NHS at the various points of supply available, Out Patients' Departments, fund holding practices, General Practices, selected clinics, Health Centres etc.

The medicine has been available in the NHS from 1948 when the Minister of Health designated Homoeopathic Hospitals - all 6 - as Special Health Authorities. GPs prescriptions FP10 (EC10) are reimburseable through Prescription Pricing Bureaux, initially as a designated section of the NHS Drug Tariff and more recently at the wholesale price of the supplier or extemporaneous fee at the dispensary. The production and supply of the medicines are controlled by Licences from the Medicines Control Agency and specific relaxations of such control or imposition of restrictions are detailed in Statutory Instruments. The quality and safety of medicines for homoeopathic use are controlled in the European Union by a Directive.

Doctors are free to practise homoeopathy as of right but post-graduate courses are available through the Faculty of Homoeopathy (soon to become the responsibility of the RLHH NHS Trust) and are supported by Post Graduate Education Authority funding. The courses are run for doctors at the Royal London Homoeopathic Hospital and form part of the Faculty of Homoeopathy Act 1952. Courses in parallel are run at selected centres in the UK. The demand for courses is ever growing and the pressure on the teaching staff is very considerable.

In the light of the reports from surveys of doctors and patients there would seem to be around 70% of the public keen to receive

homoeopathic treatment and a similar number of GPs wishing to provide it.

Why, therefore, should there be reports of resistance to the introduction of homoeopathic treatment into local clinics, for example?

Some surveys of administrative NHS staff have revealed that there is scant knowledge of the existence of homoeopathy in the NHS, and a belief that the medicines are very restricted for use or that they are not permitted and a general lack of realisation that the public need is significant. Some Health Authorities are taking or have undertaken detailed study of need etc. Others have responded to public and General Practitioner demand and set up limited services. The Charities mainly concerned with the support of homoeopathy are constantly requested for details of availability etc and within their limited resources provide details.

Some surveys of managers in the NHS have suggested the medicine is not generally available because of lack of proof of effectiveness. The facts are that homoeopathy has been in use actively in Europe for over 100 years. Certainly post war in this country it has been in increasing demand.

The use of homoeopathic medicine depends on observable symptoms of a patient being matched to a data bank of observable symptoms induced by the chosen medicine of the *Materia Medica* in healthy subjects. If the symptoms match is close and the medicament is given in appropriate doses (not necessarily infinitesimal) a favourable response by the patient can be expected. Both doctor (prescriber) and patient alike will report/observe an improvement.

This is not by any means a unique method of recording medicinal effect. In adverse drug reaction reports, "observable" symptoms are all important in alerting prescribers and monitors to the possible existence of hazard.

Certainly the accumulation of observed

symptom response and restoration of patient to health form a substantial and significant part of the homoeopathic Materia Medica which has been compiled over years of experience.

Taking these points into consideration the factor of cost remains. In so far as a supply of medicament for any given course of treatment is concerned the item cost is around £3.00 on the NHS. The follow up assessment and treatment costs depend on the patient's response.

Second visits to the surgery are not uncommon but of short duration - much can be done by telephone.

First visits are often suggested by exponents as lengthy (1 hour-1<sup>1/2</sup> hours!) This is by no means the case. Out Patient Department times are more like 20 minutes for the first visit. Much can be done by using a pre-consultation questionnaire and technician transfer of data to computer.

Practised GPs can produce thoroughly respectable results with 30 minutes first assessment and much shorter follow up times. Ancillary tests can all be allotted the same time schedules as would normally be the case. Subsequently, cost saving to the NHS could be marked.

Patient compliance to dose and attendance shows good discipline. Doctor and patient morale often reaches surprising peaks with homoeopathy.

Furthermore, with doctor/patient demands at a high level, and medicinal success data readily available, thereby demonstrating wide patient satisfaction, and NHS drug cost and practice cost low, it is difficult to see how homoeopathy can be excluded from NHS practice programmes.

The current trained doctor short fall is being met but the available resources can be shared through clinics such as Sidmouth, Dalkeith and Homoeopathic hospital Out Patient Departments and other dedicated resources.

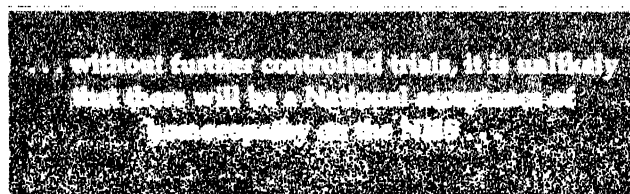
The facts are on record. Corroborative data can be obtained from the computer services of the Library/Information services at the Glasgow Homoeopathic Hospital, 1000 Great Western Road, Glasgow G12 ONR, 041-339-0382, Fax 041-337-2276.

Observable symptoms may be related by the patient, observed by the doctor audibly, orally, palpably or by any other suitable means. **BHA**

## THE INFORMATION GAP

by Erid Segall

"I will pass your helpful letter on to Mr ....., the Medical Director. In the meantime, I think you should be clear that without further controlled trials, along the lines of the Glasgow trials, it is unlikely that there will be a National acceptance of Homoeopathy on the National Health Service. It is unlikely that the Health Authority will feel free to finance the extension of National Health Service Funds, which are already under pressure, to a new approach to therapy however encouraging the experience of individual patients, without a change in National policy. Yours sincerely,



Dr .....  
Consultant Physician

This letter is not an invention for April 1st. It was sent to Mrs R. Lewis of Mold, in Clwyd who is running a campaign for an NHS clinic in her area. What, dear reader, is your reaction to this missive? After the initial (expletive deleted) disbelief, I settled down to writing to the gentleman concerned, gently pointing out that homoeopathy has been part of the NHS since its inception in 1948. I was pleased to be able to tell him that the BHA was co-sponsoring Dr David Reilly's next trial and pointed out that there had been many other trials and I was enclosing a copy of the meta-analysis of 107 clinical trials of homoeopathy. (British Medical Journal Feb. 9th. 1991). I went on to tell him about Dr Holson's pilot study of homoeopathic consultations for Powys Health Authority to be published in this issue of HOMOEOPATHY (See pages 27-29) in order to have some Welsh input. Also in his bumper bundle was Dr Reilly's position paper prepared for Grampian Health Board which clearly sets out the benefits of having homoeopathic care as part of the service on offer to patients. For good measure there was Dr Jeremy Swayne's paper on the Cost and Effectiveness of Homoeopathy (BHJ 1992). We await his reply with interest. **BHA**