

# The Science of Homeopathy, Part II

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**Abstract:** Part I of this series reviewed the crisis in conventional medicine, conflicts in the evidence base of medical practice, and problems facing research into homeopathy. In this part, the dilemma of researching homeopathy in an allopathic setting is reviewed along with a cross section of studies and meta-analyses of homeopathic trials. The safety profile of allopathic and homeopathic medical treatments are compared and contrasted. The benefits of homeopathy appear to cover a broad range of conditions with an extremely reassuring safety profile. This article concludes that there is ample evidence supporting the use of homeopathy to justify further investigation and eventual integration of homeopathy into the U.S. public health system.

**Keywords:** classical homeopathic medicine, conventional allopathic medicine, randomized controlled trials, meta-analyses of homeopathic medicine; safety profile of homeopathic medicine

## Introduction

Part I of this series reviewed the state of crisis existing in conventional medicine today. The current predicament in allopathic health care is multi-factorial. It is partly the result of an unbalanced focus on the mechanistic components of disease. Allopathic medical science more than adequately applies the techniques of reductionism and compartmentalization to the study of the body in its many component parts. This focus on the mechanical details of health excludes any understanding of the whole person and its complex interaction with the environment.

“The default position [of conventional medicine] is to treat complicated patients as collections of malfunctioning body parts rather than as whole human beings....There is nobody looking at the big picture or recognizing that what is best for the disease may not be best for the patient” (1)

Homeopathy is one form of alternative medical care that promotes a broad, holistic approach to promote a return of health to the entire individual in the context of his or her environment. Homeopathic medicines are FDA regulated substances that seem to act energetically, rather than chemically, in the body.

The evidential basis of both conventional allopathic and homeopathic medicine was explored and contrasted in Part I. Recently, disturbing reports have strongly suggested that market forces and conflicts of interest have continued to erode both the scientific foundation of objectivism and the knowledge base of conventional allopathic medicine. Homeopathy, as an individualized, empiric, evidence-based system of therapeutics,

relies on more than two centuries of pooled, accumulated clinical data. The homeopathic database is more safely rooted in a tradition of scientific objectivism and is therefore less likely to suffer from the biases and influences of individual researchers or the shifting tides of a market economy.

Another result of market forces and their economic trends on medical research is the effect of bypassing homeopathic clinical investigation in favor of more financially rewarding ventures. A perceived lack of profit, not lack of efficacy, has driven research dollars away from homeopathy and into allopathic institutions. Objective scientific studies of homeopathy that rigorously follow scientific protocol do exist, but they are relatively scarce in contrast to the sheer number of investigations taking place in conventional medicine. Homeopathic research has been largely neglected and has lagged far behind conventional medicine. Many of the reasons for this imbalance were cited in Part I.

Opponents of homeopathy routinely assert that there is little or no proof that homeopathy is effective. These claims are based, not in scientific objectivism, but on a failure to objectively scrutinize the data that this specialty has generated. The sampling of data, listed below, belies that opposition and cites studies demonstrating that homeopathy is an important, viable, and cost effective modality. This review provides a cross section of evidence in support of homeopathy and strongly suggests that this alternative medical specialty warrants further study and dedication of resources. The current allopathic system of medicine appears on

the verge of internal collapse, making this information even more time appropriate.

## Evidence from Randomized Controlled Trials

The clinical database in support of homeopathy has been slowly growing as a result of many factors both intrinsic and extrinsic to the field. Nevertheless, homeopathic research has moved forward thanks to the stalwart efforts of a few dedicated investigators. Despite thoroughly unequal academic footing, inadequate industry financing and many other obstacles, data has emerged from clinical trials clearly indicating a consistent benefit of homeopathy in a wide range of conditions above and beyond the placebo effect.

Testing homeopathy using the tools and methods of conventional allopathic medicine is a particularly challenging task. When studying the validity of homeopathy, testing protocols must be applied and studied according to the principles and laws of homeopathic prescribing. Studies that test homeopathy based upon allopathic prescribing methods are inadequate since they often fail to utilize homeopathy in a way that it works. This is like trying to test the efficacy of a hammer to drive a screw. Failure to observe basic homeopathic principles while purportedly studying homeopathy is using the “wrong tool for the wrong job.” It will render meaningless outcomes. Randomly applying the standards of allopathic science to the study of homeopathy clearly violates homeopathic standards and invalidates the results.

“The methods for obtaining knowledge in a healing art must be coherent with that art’s underlying understanding and theory of illness. Thus, the method of EBM (Evidence Based Medicine) and the knowledge gained from population-based studies may not be the best way to assess certain CAM practices, which view illness and healing within the context of a particular individual only.” (2)

Randomized Controlled Trials (RCTs) are the gold standard of conventional allopathic medicine, but they have extremely limited applicability to the study of homeopathy. RCTs tend to be limited in scope, focus on narrow outcomes, and have only short-term endpoints. These studies are usually organized to test specific interventions on specific diagnoses. Classical homeopathy does not utilize the same diagnostic or treatment criteria as conventional allopathic medicine. Homeopathy is a holistic system that treats on the basis of the individual whole person and all of his or her symptoms, not on a predetermined diagnostic category.

“The physician must remember that he [the homeopath] is treating a patient who has some disorder; he is not prescribing for a disease entity.” (3)

One of the outstanding benefits of classical home-

opathy lies in long-term healing results on the whole person, not just the “quick fix” of symptom alleviation. Study designs that evaluate allopathic medical therapeutics are ill-adapted to study long term effects or system wide changes. Homeopathy routinely incorporates this information as the main measure of treatment success. The breadth and depth of classical homeopathic prescribing, which is based upon the whole person, isn’t even incorporated into the limited assessment parameters and typically brief study duration in RCTs.

To evaluate homeopathy objectively, it is necessary to adhere to homeopathic principles of prescribing within the context of a study. This rule is only rarely observed in RCTs. When homeopathy is tested in the context of homeopathic indications and outcomes, and given adequate time, it produces meaningful results. The RCT is an inadequate framework to utilize for this purpose. It is better suited to the task of testing non-individualized prescriptions in large populations. A better measure of homeotherapeutics is derived from individual case study or outcome studies that evaluate the use of homeopathy within the clinical setting. Observational studies of homeopathy consistently demonstrate strong, persistent therapeutic outcomes and sustained satisfaction in both patients and physicians. (4)

Scientific understanding is based upon observation of events and testing of hypotheses in the natural world. The testing of any phenomena, including homeopathy, requires the use of an unbiased framework of objective clinical observation without (allopathic) prejudice. Disregard for these parameters does not constitute objective scientific study, it only demonstrates dogmatism, ignorance, and bias.

A broad range of homeopathic interventions have, nevertheless, been studied using the RCT protocol, but the majority of these studies either demonstrate significant design flaws or methodological weaknesses due to the investigator’s attempts to remain true to homeopathic prescribing principles. These are attempts to worship two gods at the same altar, but the results compromise both sets of standards and leave neither satisfied. As more studies are performed, some of these shortcomings are being addressed, but this process is fundamentally a trade-off between two positions that are often diametrically opposed. (5) The following summaries offer a cross section of recent RCTs:

### *Asthma* (6)

Twenty-eight patients with allergic asthma were randomly assigned to receive oral homeopathic immunotherapy to their principal allergen or placebo. Patients were assessed after four weeks of treatment. Homeopathically treated patients showed significant improvements on a visual analogue score in respiratory function and bronchial reactivity. These benefits persisted at eight weeks follow-up.

### ***Eczema*** (7)

One hundred and eighteen children were randomized to receive either homeopathic (n=54) or conventional (n=64) treatment of eczema for twelve months. Disease-related quality of life improved similarly in both groups.

### ***Childhood Diarrhea*** (8)

Eighty-one children with diarrhea were randomized to receive either an individually chosen homeopathic medicine or placebo. The homeopathically treated group had an earlier, statistically significant reduction in duration of diarrhea compared with matched controls.

### ***Acute Otitis Media*** (9)

Two hundred and thirty children with AOM received an individualized homeopathic medicine in the pediatric office. Pain control was achieved in 39% of the patients after six hours, and in an additional 33% after twelve hours. This resolution rate was 2.4 times faster than in those receiving placebo controls. There were no complications observed in the study group, and compared to conventional treatment the approach was 14% cheaper.

### ***Hay Fever and Allergic Rhinitis*** (10)

Fifty-one patients with perennial allergic rhinitis were treated with either a homeopathic preparation of the principal allergen or placebo. After four weeks the homeopathic group had 21% improvement in symptoms compared with 2% improvement in the placebo group. The homeopathic group reported initial aggravation in symptoms more often than the control group. The authors noted: "Compared with placebo, homeopathy provoked a clear, significant, and relevant improvement in nasal inspiratory peak flow, similar to that found with topical steroids."

### ***Influenza*** (11)

Four hundred seventy-eight patients with the flu were given either Oscillococinum or placebo. The proportion of homeopathically treated patients who recovered within 48 hours was significantly greater than those receiving placebo.

### ***Muscle Soreness*** (12)

Eighty-two runners were given either Arnica or placebo daily beginning the day before running a marathon. Muscle soreness was significantly lower in the Arnica group when compared with the placebo group immediately after the marathon.

### ***Back Pain*** (13)

Forty-three patients suffering from chronic low back pain were randomized to receive either homeopathy or

standardized physiotherapy (PT). The homeopathically treated group demonstrated a significant decrease of the pain after treatment compared with the PT treated group. The authors concluded that: "Nothing can be said against attempting treatment of chronic low back pain by means of homeopathy."

### ***Radiotherapy Side Effects*** (14)

Sixty-six patients received either homeopathic medicine or placebo during radiation therapy following breast cancer surgery. The homeopathic group showed statistically significant improvement in breast skin color, warmth, swelling and pigmentation over ten weeks compared with the control group.

### ***Rheumatoid Arthritis*** (15)

Twenty-three patients with rheumatoid arthritis were treated with either a complex homeopathic preparation or placebo. After twelve weeks the homeopathically treated group showed a significant improvement in pain, movement, inflammatory signs, morning stiffness, and fatigue compared with the placebo group.

### ***Tissue Trauma*** (16)

Sixty patients with mild traumatic brain injury received either an individually assigned homeopathic medicine or placebo. The homeopathically treated patients demonstrated a significant improvement compared with placebo treated patients. The authors found that homeopathic treatment was "the only significant or near-significant predictor of improvement" and "homeopathy may have a role in treating persistent Mild Traumatic Brain Injury (MTBI)."

### ***Respiratory Infections*** (17)

Four hundred and fifty-six patients with upper respiratory tract infections (URI), lower respiratory tract infections and ear complaints were treated by conventionally-trained physicians. Of these, 175 were treated conventionally: 71% received antibiotics and 33% were given cough/cold preparations. The remaining 281 were treated homeopathically, receiving a variety of remedies. Cure or major improvement was achieved in 82.6% of the homeopathically-treated patients after 14 days versus 68% of those conventionally treated. Adverse events were 7.8% in the homeopathy group versus 22.3% in the conventional group. Patient satisfaction was 79% in the homeopathy group versus 65% in the conventional group. The authors concluded that: "Homeopathy appeared to be at least as effective as conventional medical care in the treatment of patients with the three conditions studied."

Evidence from these studies, although flawed in many regards, suggests that homeopathy:

Appears to be superior to placebo in a broad range

of conditions.

Appears to be as effective as conventional therapy in some conditions.

May be more cost effective than many conventional treatments.

Is worthy of significantly more clinical, academic and industry attention and investigation.

## Observational Studies

Information from observational studies is extremely important in regard to research in homeopathy since these studies may reflect an application of homeopathy more in line with homeopathic principles of prescribing. A large number of observational studies are extremely suggestive of the benefits and efficacy of homeopathic treatment.

### **Diabetic Polyneuropathy (18)**

Homeopathy was utilized in a group of 45 patients with Type II Diabetes Mellitus with polyneuropathy over twelve months in parallel with a group of matched patients undergoing conventional therapy. The homeopathically treated group demonstrated statistically significant improvement in quality of living scores while costing less.

### **Health Status Changes (19)**

A prospective, multicenter cohort study of 103 homeopathic primary care practices in Germany and Switzerland over eight years evaluated health status changes in 3,709 patients. Disease severity decreased significantly ( $p < 0.001$ ), while physical and mental quality of life scores showed considerable improvement. Younger age, female gender and more severe disease at baseline were factors predictive of better therapeutic success.

### **Patient Satisfaction (20)**

A nationwide study funded by the Swiss Federal Office of Public Health to evaluate complementary therapies compared homeopathy with conventional care in primary care settings. Forty-six percent of over 6,000 patients responded to the inquiry. Data suggests that the homeopathically-treated patients suffered from more severe and chronic disease at inception, reported fewer side effects from treatment, and were significantly more satisfied with treatment than the conventionally-treated group.

### **Injuries (21)**

Sixty-nine homeopathically-treated patients were compared with 64 conventionally-treated patients for musculoskeletal injuries and trauma in this multicenter, prospective, comparative observational cohort study. Complete resolution of the principal symptom at the

end of therapy occurred in  $n=41$  (59.4%) patients in the homeopathy group versus  $n=37$  (57.8%) patients in the conventional group. No adverse events were reported in the homeopathy group compared to six adverse events (6.3%) in the conventional group. Physician-assessed tolerability was significantly better in the homeopathy group.

### **Menopause (22)**

Ninety-nine physicians in eight countries took part in this study treating 438 menopausal women with hot flushes. This observational study revealed a significant reduction ( $p < 0.001$ ) in the frequency of hot flushes and a significant reduction in measures of daily discomfort. Ninety percent of the women reported disappearance or lessening of their symptom; these changes took place mostly within fifteen days of starting homeopathic treatment.

### **Idiopathic Trigeminal Neuralgia (23)**

Fifteen patients with physician-confirmed trigeminal neuralgia were treated with classical homeopathic prescriptions individualized to their symptoms. All 15 patients completed treatment of four months and noted a reduction of pain intensity and attack frequency that were statistically significant. Pain was reduced in intensity by more than 60% using homeopathic treatment.

### **Acute Febrile Infections in Children (24)**

Thirty-eight Belgian centers practicing homeopathy and conventional medicine performed an observational study of children with symptoms of fever, cramps, distress, disturbed sleep, crying, and difficulties with eating or drinking. There were no statistically significant differences between the homeopathically treated and the acetaminophen groups in either time to symptomatic improvement or change in symptoms.

### **The Common Cold (25)**

A nonrandomized, observational study comparing homeopathy with conventional care at 85 general and homeopathic practices in Germany included 397 patients with the common cold. Both treatment groups experienced significant symptomatic relief, without adverse events. Significantly more patients improved faster in the homeopathically treated group.

### **Chronic Disease (26)**

An observational study of 6,544 consecutive follow-up patients during a six-year period in the National Health Service (NHS) Teaching Trust in the United Kingdom found that 70% reported positive health changes, and 50% reported improvement in symptoms using homeopathic treatment.

### **Homeopathic Care (27,28)**

A prospective uncontrolled observational multicenter outcome study including 80 homeopaths all over Norway from 1996 to 1998 studied 654 patients. In this study, seven out of ten patients visiting a Norwegian homeopath reported a meaningful improvement in their main complaint six months after the initial consultation.

Eighty general medical practices in Belgium, where physicians were members of the Unio Homoeopathica Belgica, evaluated care provided to 782 patients. Patients' satisfaction with their homeopathic treatment was very high (95% fairly or very satisfied). The great majority (89%) said that homeopathy had improved their physical condition; 8.5% said that it had made no difference, 2.4% said that homeopathy had worsened their condition. Physicians' ratings of improvement were similar. Previous conventional treatment had improved 13% of patients, made no difference to 32%, and had worsened the condition of over half (55%).

### **Evidence from Meta-analyses**

The meta-analysis is a tool that enables the combined statistical analysis of a large number of different studies to assess a set of related research hypotheses. This analytical method allows data from large and small studies to be integrated in a format that allows properly weighted interpretation. (29) The following is a summary of the most recent data from meta-analyses of homeopathic treatment.

#### **British Medical Journal 1991 (30)**

These researchers looked at 107 trials of homeopathy. Of these only 105 were suitable for analysis. Eighty-one studies had positive outcomes and the authors were able to determine that homeopathy was superior to placebo 68% of the time. The authors concluded that: "The evidence presented in this review would probably be sufficient for establishing homeopathy as a regular treatment for certain indications...Based on this evidence we would be ready to accept that homeopathy can be efficacious, if only the mechanism of action were more plausible."

#### **European Commission Report 1996 (31)**

These researchers looked at 377 trials of homeopathy. Of these only 21 were deemed suitable for analysis. They concluded that: "There is an activity of homeopathic remedies higher than the placebo... these conclusions confirm entirely the result of prior audits. Homeopathy is therefore worthy of research."

#### **Lancet 1997 (32)**

These researchers looked at a total of 89 RCTs. They

found that 73% of trials demonstrated that homeopathy was more effective than placebo. The results showed an odds ratio in favor of homeopathy of 2.45 with a 95% confidence interval. (The odds of improving from homeopathic treatment were 2.5 times greater than with placebo.) This difference was statistically significant. The authors concluded that the: "results are not compatible with the hypothesis that the clinical effects of homeopathy are completely due to placebo."

#### **Journal of Complementary and Alternative Medicine 1998 (33)**

A total of thirty-two trials involving 1,778 patients were reviewed. In 19 of the placebo-controlled trials individualized homeopathy was significantly more effective than placebo (pooled rate ratio 1.62, 95% confidence interval). The authors concluded that: "The results of the available randomized trials suggest that individualized homeopathy has an effect over placebo. The evidence, however, is not convincing because of methodological shortcomings and inconsistencies."

#### **European Journal of Clinical Pharmacology 2000 (34)**

These authors analyzed sixteen RCTs of homeopathy and concluded that: "It is likely that among the tested homeopathic approaches some had an added effect over nothing or placebo," and that: "At least one [of the tested homeopathic treatments] shows an added effect relative to placebo." The group recommended that homeopathy be studied further using the same methods used to study conventional medicine.

#### **Annals of Internal Medicine 2003 (35)**

The authors reviewed a number of meta-analyses and other systematic reviews and concluded that "there is positive evidence for overall effect, but the limited number and size of trials provided insufficient data to draw conclusive evidence on the effectiveness of homeopathy for most conditions."

#### **Cochrane Review 2004 (36)**

Six randomized placebo-controlled trials covering 556 people with stable chronic asthma were included. None of the trials reported significant differences on validated symptom scales. The authors concluded: "There is not enough evidence to reliably assess the possible role of homeopathy in asthma."

#### **Lancet 2005 (37)**

These researchers looked at one hundred and ten trials of homeopathy. Of these only 8 were found suitable for analysis. Of the original 110 studies, homeopathy was found to be more effective than placebo in 66%, equally effective as placebo in 25%, and less effective than placebo in 10%. These authors chose to

focus on the 8 studies where homeopathy was less effective than placebo, concluding in their meta-analysis, that: "there was weak evidence for a specific effect of homeopathic remedies... This finding is compatible with the notion that the clinical effects of homeopathy are placebo effects." This analysis was found to be exceptionally biased and the conclusions significantly flawed.

### ***Cochrane Review 2006 (38)***

The authors evaluated seven studies of a homeopathic flu medicine used in the treatment (4 studies, n=1,194) and prevention (3 studies, n=2,265) of influenza. Treatment studies revealed a reduction of symptom duration by 0.28 days (95% CI). The authors concluded that: "Though promising, the data were not strong enough to make a general recommendation to use Oscilloccinum for first-line treatment of influenza and influenza-like syndromes. Further research is warranted, but the required sample sizes are large."

### ***Journal of the Faculty of Homeopathy 2006 (39)***

These authors reviewed eight RCTs using homeopathy to treat anxiety and anxiety disorders. Several uncontrolled observational studies reported positive results including high levels of patient satisfaction. Because of the lack of control groups, it was difficult to assess the extent to which any response was due to homeopathy. The authors concluded that: "On the basis of this review it is not possible to draw firm conclusions on the efficacy or effectiveness of homeopathy for anxiety. However, surveys suggest that homeopathy is quite frequently used by people suffering from anxiety. If shown to be effective, it is possible that homeopathy may have benefits in terms of adverse effects and acceptability to patients ... further investigation is indicated."

### ***Mayo Clinic Proceedings 2007 (40)***

The authors looked at 326 studies and determined that only 16 were appropriate for analysis. The results for ADHD and Childhood Diarrhea were mixed, while the remainder of the studies did not yield convincing evidence to support the use of homeopathy. The authors concluded: "The evidence from rigorous clinical trials of any type of therapeutic or preventive intervention testing homeopathy for childhood and adolescence ailments is not convincing enough for recommendations in any condition."

A substantial number of meta-analyses (but not all) incorporating data from a large number of clinical studies indicate that homeopathy does demonstrate a range of effectiveness that is superior to placebo and is indeed worthy of further study and investigation.

## **The Safety of Homeopathy**

Americans fill an estimated 3.7 billion prescriptions annually as well as purchase a multitude of over-the-counter (OTC) preparations and herbal supplements. In 2004, 82% of the U.S. population reported taking at least one prescription drug, OTC preparation or dietary supplement on a regular basis. Thirty percent reported the use of five or more of these on a regular basis.

In the elderly population 75% of those over age 65 took four or more prescription medications per day. The average 75 year-old took eight prescription medications daily.

Individuals over age 65 were more than twice as likely to be treated in the emergency room for adverse drug effects than younger subjects and nearly seven times as likely to require hospitalization for these events.

Studies from the federal Centers for Disease Control and Prevention (CDCP), the Food and Drug Administration (FDA) and the US Consumer Product Safety Commission (USCPSC) indicate that an average of 10% of all hospital admissions in the U.S. are attributable to drug-induced disorders and side effects. (41) Approximately two million hospitalized patients are injured from drugs each year and more than 180,000 die as a result of these injuries. (42,43)

The AMA considers conventional allopathic medicines to be a "major" cause of serious illness, even when used according to accepted guidelines. These injuries are "dose dependent and predictable," and many are the result of drug-drug, drug-disease and drug-food interactions. (44)

The Institute of Medicine (IOM) reports that the cost of allopathic medication errors in the U.S. alone tops \$3.5 billion per year. Adverse drug reactions (ADRs) appear to be between the fourth and sixth leading cause of death in the U.S. today. (45,46) The majority of these deaths take place when patients are taking medications "correctly" as prescribed by their physicians. (47)

The safety profile of allopathic medicines is generally poor. Even a cursory review of routine prescribing information voluntarily provided by the pharmaceutical industry suggests that these agents are frequently the cause serious problems. The FDA is the sole U.S. regulatory agency responsible for ensuring the safety of these agents. This organization is underfunded and overwhelmed. It is unable to perform its duties properly without conflict of interest and graft.

At least 20% of scientists and physicians working for the FDA admit that they have been "pressured" into approving medications prematurely. (48) The office of the Inspector General (OIG) even commented that: "The workload pressures increasingly challenge the effectiveness of the [drug] review process."

A former commissioner of the FDA even pleaded

guilty to charges of lying and conflict-of-interest in connection with stock ownership in pharmaceutical companies that he regulated while heading the FDA. (49)

Homeopathy approaches the prescription problem from an altogether different perspective. Homeopathic medications, even when utilized in combination protocols (as opposed to Classical prescriptions which utilize only one homeopathic medicine at a time) are extremely safe because they are not chemically-based formulations, nor are they drugs or herbs.

Investigations into the safety of homeopathic medicines performed by organizations including the U.S. FDA indicate an extremely low incidence of adverse events associated with their use. Reports filed with poison control centers and regulatory agencies demonstrate that homeopathic remedies are only "infrequently" involved in adverse reactions. (50) Many of these reports actually overestimate the role of homeopathic side effects because herbal and nutritional supplements are frequently misclassified as homeopathic.<sup>1</sup>

A review performed by the Royal London Homeopathic Hospital (51) surveying all published works between 1970 and 1995, including a comprehensive worldwide literature search and inquiries into regulatory agencies and manufacturers of homeopathic products revealed that the adverse effects from homeopathic treatment were consistently "mild and transient." The most common symptoms reported in complaints were headache, fatigue, rash, vertigo, and diarrhea. These adverse effects occurred at about the same frequency as side effects from placebo. A recent prospective observational tracking study of more than one thousand acute prescriptions at the Glasgow Homeopathic Hospital recorded adverse events or associations at less than 2%. (52)

Classical homeopathy, unlike allopathic treatment, does not advocate mixing different medicines for different symptoms or coexisting conditions. Classical homeopaths prescribe one single medicine at a time encompassing the "totality of symptoms" and addressing the myriad of connected complaints of individual patients. When homeopathic medicines are prescribed according to Classical guidelines and the Law of Similars, they simply lack the potential for serious or life-threatening side effects.

Some patients receiving homeopathic treatment do report feeling worse for a brief period of time after starting homeopathic remedies. Homeopaths call this as an "initial aggravation" and interpret it positively

<sup>1</sup> There is widespread public and institutional confusion over the differences between these groups of agents. Most of the public and even professionals working in these institutions are unaware of the differences between homeopathic, herbal, nutritional and dietary agents. As a result they frequently lump these classes together into the same category for reporting purposes.

as a sign that the remedy is beginning to stimulate the self-healing properties of the body. The healing reaction provoked by homeopathy can also lead to a temporary recurrence of old (and forgotten) symptoms from earlier conditions. This provocation usually resolves itself after a brief period of time.

Unscrupulous individuals or groups who produce and market products falsely labeled as "homeopathic" may also add to the confusion and thereby distort the actual number of side effects from veritable homeopathic products. Some practitioners claiming to be "homeopaths" may even recommend improper use and non-homeopathic use of reputable homeopathic products thereby raising the number of ADRs.

All medicines are capable of producing ADRs, even homeopathic ones. The main difference with homeopathic medicines is that these events are extremely rare and almost never life-threatening, even in cases of gross negligence. Strictly adhering to a Classical homeopathic protocol for treatment provided by a licensed health care provider, trained in homeopathy, is one way of assuring the greatest possible benefits and the least possible side effects and complications from homeopathic treatment.

Homeopathic medicines do not appear to interfere with conventional allopathic drugs. Since homeopathic medicines do not appear to act by chemical, herbal, or pharmaceutical mechanisms, they do not interact by these means either. They are not responsible for drug-drug interactions. They do not appear to interact with foods or beverages. There is no doubt that the safety profile of homeopathic medicines is superior to that of allopathic drugs.

## Conclusion

Part I of this series addressed problems inherent in the current health care crisis and some of the barriers that have prevented truly objective scientific investigations into homeopathy. Part II continued this investigation by reviewing examples of research in homeopathy as well as data on its safety profile.

Many existing studies on homeopathy do show that it provides therapeutic advantages not only when compared with placebo, but against conventional allopathic therapies as well. When homeopathy is utilized according to homeopathic guidelines, not just applied randomly in blinded trials, it has the potential to improve symptoms and effectively manage both acute and chronic conditions.

So far, the studies in this field have been limited both by a lack of funding and by a lack of understanding and public awareness of the advantages of homeopathy. There are serious problems with Randomized Controlled Studies when they are applied to homeopathy, but observational studies appear to offer a more realistic appraisal of homeopathic care. The quality of meta-

analyses seems to depend upon some of the selection criteria that are utilized when studies are included and excluded from the analysis.

Overall, studies from a variety of sources suggest that homeopathy not only has a respectable track record of treatment, but also has an excellent safety profile. The evidence presented in this paper suggests that a much greater investment of public funds should be made in homeopathy. This investment is not only warranted by objective proof, but also by repeated analyses throughout the available literature.

The implementation of more complementary and alternative medical (CAM) therapies such as homeopathy will be necessary if the current health care crisis in the U.S. today is to be effectively resolved. Strong efforts should be made to increase both the academic and clinical support of research into this and other related fields as soon as possible. The integration of homeopathic principles and homeopathic medicine should be encouraged at all levels of our society. (53)

“What then should be our attitude toward homeopathy? Rather than stressing its implausibility and the notion that its practice fits the definition of quackery or represents a cult, we might prefer to opt for a more constructive approach...Until such evidence is available, we ought to keep an open mind and remember that a treatment might work even if we fail to understand why.” (54)

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