

GUEST EDITORIAL

The cost-effectiveness of homeopathy: the perspective of a scientist and mother

This issue of Homeopathy publishes a study which aimed to compare homeopathy with antibiotics in recurrent acute rhinopharyngitis in children in terms of medical effectiveness, quality of life and cost.¹ My first thought when I saw it was how enterprising and how interesting! Cost analyses are rare in this field, and the comparison between homeopathy and antibiotics is a highly relevant one, both from a public health point of view and from the standpoint of pragmatic evaluation of general practice. The relevance for public health stems from the use of antibiotics. These substances remain in the environment, such as drinking water. They cause resistance, not only in individual patients but also in the genes of bacteria and thus in whole geographic regions.^{2,3} The evaluation of homeopathy is relevant because of public demand, although the scientific evidence is still disputed.^{4,5} One highly favourable contribution to the scientific discussion therefore consists of the comparison of standard with homeopathic treatment.⁶

The scientific and the maternal perspective

I look at this contribution to the discussion from the viewpoint of a scientist, who is also a mother, and one who treats her child's colds with homeopathy on a regular basis. I do so because experience tells me that antibiotics do not stop the cycle of infection and re-infection of the whole family during the winter months. However, homeopathy works quite well, allowing me to return to work within a few days. The scientist in me read the paper in order to assess the capability of the study to convince other scientists, whereas the mother in me tried to look for solid grounds of the experience I had with homeopathy so far.

So, let's start with the results: The authors conclude from their study that homeopathy was globally more effective than antibiotics (in terms of numbers of episodes of rhinopharyngitis), that the quality of family life was better when children were treated with homeopathy, that the overall costs of homeopathy are lower (though the patient's own expenses were higher), and that parents of children treated with homeopathy had lower rates of work absenteeism. Doesn't this correspond with my own experience? Indeed it does, three out of four criteria (effects in terms numbers of

episodes, quality of life and my own work absenteeism) had contributed to me thinking that homeopathy works quite well for my child, and to me continuing to use it. The higher costs to the parents (86€ per patient) seemed astonishingly high to me. Unfortunately, I could not work out of what these costs constituted in this study.

What about the sound scientific grounds for convincing other scientists (and mums) to use homeopathy for their children, or at least to accept it as a valid and effective type of treatment? In other words: what may have contributed to the effects shown here, other than the treatment itself? And, more precisely: what are the chances that one might experience the same benefits from homeopathy?

Biases

In terms of other parameters, which may have contributed to the effects, there is a lot. There is heterogeneity between the antibiotic and homeopathic treated groups in terms of cultural and life style factors. More children in the antibiotics group were cared for at home, where passive smoking was higher. As the children in the homeopathic group were more often cared for with other children, they may have suffered re-infection more quickly. So these biases may have tended to cancel each other out. More disturbingly, there are some hints of non-comparability in clinical factors, too. Homeopathy seems to have been used in this study generally as a preventive measure, antibiotics generally in a curative way. Does this mean that the lower rates of bouts in the homeopathic treatment group relates to the preventive nature of the treatment? Or could the results be explained by the use of other drugs? Obviously, the use of other drugs to treat rhinopharyngitis and cough were allowed, which is certainly appropriate in a pragmatic study. The use was documented, but unfortunately not further analysed.

As admitted by the authors, the study is a post hoc analysis with its peculiarities and limitations. All the same, the scientist in me would have favoured a regression analysis applied to the data, which would have yielded an estimate of chance, and thus, hopefully would have been able to contribute to the amount of convincing data. This is all the more unfortunate, as the

study was sponsored and carried out by a pharmaceutical company, sighs the academic scientist in me.

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