



Schweizerischer Verein Homöopathischer Ärztinnen und Ärzte SVHA
Société Suisse des Médecins Homéopathes SSMH
Società Svizzera dei Medici Omeopati SSMO
Swiss Association of Homoeopathic Physicians SAHOP

Open Letter to the Editor of The Lancet from the Swiss Association of Homoeopathic Physicians (SVHA), 26/9/2005

Preliminary remark

The study on homoeopathy by Aijing Shang et al from the ISPM (University of Berne, Prof Egger), published in the Lancet on the 27/8/2005, has been part of the Swiss „Programme Evaluation Complementary Medicine“ (PEK). For the last two years the authors have been stating in the media that homoeopathic effects are placebo effects, but have withheld the basis of their statement until this year. We do not consider this procedure as very fair. Directly affected by this study we have had a serious interest in sending our comments on it to the Lancet. Professor Egger from Berne has also invited us in a letter to make our criticism of his study public in a formal "Letter to the Editor". We have sent our comments to the Lancet in a „Letter to the Editor“ on 1/9/2005. However, the Lancet has decided not to accept it for publication on 21/9/2005. For that reason we have decided to make our comment public in the form of this open letter.

Comment from the Swiss Association of Homoeopathic Physicians (Schweizerischer Verein Homoeopathischer Aertzinnen und Aerzte SVHA) on: Are the clinical effects of homoeopathy placebo effects? Comparative study of placebo-controlled trials of homoeopathy and allopathy (Aijing Shang et al, Lancet Vol 366, 726-732, 27/8/2005)

The study on homoeopathy by Aijing Shang et al has been part of the Swiss „Programme Evaluation Complementary Medicine“ (PEK). The study compares 110 homoeopathic and 110 matched orthodox trials. For the last 2 years the authors have been stating in the media that homoeopathic effects are placebo effects, but have withheld the basis of their statement until this year. We are directly affected by this study.

The ISPM study from Berne may be statistically correct. But its validity and practical significance could easily be seen at a glance: Not one single qualified homoeopath would ever treat one single patient in clinical practice as presented in any of the 110 analysed trials! The study cannot give the slightest evidence against homoeopathy because it does not measure real individual (classical) homoeopathy as practised for example by Swiss homoeopathic doctors. It confounds real homoeopathic practice with distorted study forms violating even basic homeopathic rules. The correct selection of the homoeopathic remedy almost entirely depends upon the totality of individual symptoms and signs whereas most homoeopathic RCT's are standardised justification trials with hardly any practical value and a great inherent chance of producing false negative effects. Even the very few classical studies analysed are distorted by lack of proper follow-ups and durations in the narrow frame of RCT's.

In spite of the difficult procedures almost three quarter of the examined 110 homoeopathic studies (RCT) show positive results as well as the previous large reviews and meta-analyses (Kleijnen et al 1991, Boissel 1996, Linde 1997, Cucherat 2000, Wein 2002, Mathie 2003, Dean 2004). How does the result from Berne turn out so negative? The negative outcome is based strongly upon a statistical extrapolation from a very small number (8!) of large trials with negative or slightly positive results. From a homoeopathic point of view all the large trials (Attena et al 1995, Ferley et al 1987, Ferley et al 1989, Mokkaipatti 1992, Rottey et al 1995, Vickers et al 1998, Diefenbach et al 1997, Papp et al. 1998) are of very low quality and lack any external validity. Furthermore in our opinion it is not legitimate to apply the funnel plot method to all the different studies of a complex procedure and mix them in one pot as in strict drug evaluation trials.

There are more serious concerns about the Bernese ISPM study. The study is not transparent. No details of the 110 trials are referred to nor make the statistical graphics clear which trial belongs to which result. Thus the study appears like a black box and the reader has to believe it or analyse the trials himself. The study selection is questionable as well: The authors „are confident that we identified a near-complete set.... of published trials“. But considering only the few above mentioned reviews and meta-analyses we find 300 to 400 homoeopathic RCT's. Therefore the study from Berne is incomplete and violates the standards and rules of the Cochrane collaboration. A more detailed analysis of the study from homoeopathic side is given in German in the statement of the Swiss homoeopathic doctors (“Statement of the Swiss Association of Homoeopathic Physicians on the homoeopathic study of the Institute of Social and Preventive Medicine (ISPM) in Bern (“Egger study”).”

The conclusion of the authors that homoeopathic effects are due to placebo is scientifically untenable. We wonder how and why Lancet could ignore these facts and announce the „end of homoeopathy“. Several more appropriate epidemiological studies (outcome studies, e.g. G thlin et al 2004, Becker-Witt et al 2004) in the last years as well as the recent study from Berne University on ADHD (Frei et al 2005) give evidence of a good practical utility and effectiveness of homoeopathy in clinical practice.

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