WHY IS HOMEOPATHY SO CONTROVERSIAL?

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Homeopathy has attracted a lot of attention lately: the Commons Science and Technology Committee report published in February 2010 called for it to be banned from the NHS and for no further research to be conducted. But this report was heavily criticised, not least for its failure to take evidence from a single patient who had experienced homeopathic treatment and from only one practitioner (me), while calling a number of well-known sceptics including representatives of Sense about Science, a lobby group which has campaigned stridently against homeopathy. An Early Day Motion (EDM 908 session 2009/10) highly critical of the report was signed by 70 MPs. The Government's response rejected the suggestion that the Department of Health take the 'unusual step of removing PCTs' flexibility to make their own decisions', and declined to rule out further research funding.

These are far from being the first attacks on homeopathy in its 200-year history, yet it refuses to go away. Sales are steadily rising and its popularity is international: over 50% of the French use it, and the Germans are not far behind. There are some 250,000 homeopathic doctors in India while in countries as diverse as the USA and the former communist bloc, homeopathy appeared to be in terminal decline for much of the 20th century, only to stage a dramatic recovery at the end of the century. Our hospital, the Royal London Hospital for Integrated Medicine (until September 2010 the Royal London Homoeopathic Hospital), is the most recommended hospital in the entire NHS, according to the NHS Choices website.

What is behind this sharp lack of consensus? Homeopathy is a form of complementary medicine based on the idea of 'Like cures like', founded by the German physician Samuel Hahnemann in the early 19th century, although similar ideas can be found earlier in the history of medicine. This idea is reflected in toxicology and pharmacology: hormesis, rebound effects and paradoxical pharmacology are all paradoxical effects of drugs and toxins as a function of dose or time. They depend on the body's reaction rather than the primary effect of the drug. Homeopathy is based on the systematic exploitation of such effects. But the controversial aspect of homeopathy is its use of very dilute medicines, including so-called 'ultramolecular' dilutions, diluted beyond the point at which (according to Avogadro's Law) the starting substance persists.

This is a fundamental scientific problem, and some scientists argue that homeopathy 'doesn't work because it can't work' so any apparent effects must be due to placebo. Yet there is provocative evidence from clinical trials that homeopathy is effective in conditions including diarrhoea, fibromyalgia, 'flu, hayfever, osteoarthritis, sinusitis and vertigo, and that these are not due to placebo. But clinical trials are a clumsy way to deal with the basic scientific questions, and there has been a rapid growth in test tube research. The best established is the effect of histamine in the Human Basophil Degranulation Test, a test tube model of allergic response. Histamine is part of the allergic response, but in homeopathic dilutions damps it down, a finding which has been repeatedly verified by different scientific teams. Beyond this is the question of how these effects are mediated. Although the work is preliminary many believe that 'nanostructures' in water may be involved. Supporters of this view include the Nobel Laureate Luc Montagnier, who has published remarkable results supporting this hypothesis, although these await independent replication.

There are three main public policy issues relating to homeopathy: regulation of practitioners, regulation of medicines and NHS provision. Much criticism of homeopathy arises from irresponsible advice given by unregulated practitioners, for instance on malaria prophylaxis. The Faculty of Homeopathy, which admits only statutorily registered health professionals, takes a firm line on this. But many practitioners are not regulated health professionals and standards vary widely. As long ago as 2000, the Lords Science and Technology Committee, chaired by Lord Walton, recommended that acupuncturists and medical herbalists be regulated and that homeopaths might follow. Andrew Lansley announced in February that medical herbalists are to be regulated by the Health Professions Council; there may be a precedent here for homeopaths.

The MHRA has launched an informal consultation on regulation of homeopathic medicines as part of its

response to the Commons Select Committee report. This focuses on its obligations in European legislation and the future of homeopathic Product Licences of Right (PLRs) as part of the consolidation of the Medicines Act.

Finally, NHS provision: the NHS has always provided homeopathy and demand remains strong. Significant numbers of GPs use it, although the numbers are far below western European countries where the system is more sensitive to patient demand. The specialist centres: the Bristol and Glasgow Homeopathic Hospitals, a department in Liverpool and the Royal London Hospital for Integrated Medicine, have diversified beyond homeopathy, adopting integrated medicine: bringing together conventional medicine with high quality complementary medicine to achieve the best results for patients. Integrated Medicine emphasises the patient-doctor relationship, patient choice and control and support for natural healing before resort to high impact, high cost interventions. At a time when the NHS badly needs non-drug treatments and to encourage self-care these centres have a vital role to play. Integrated Medicine is an international movement, the US Consortium of Academic Health Centers for Integrative Medicine comprises 46 academic medical centres, including Stanford, Yale, Johns Hopkins, Harvard and the Mayo Clinic.

It is no accident that homeopathy is popular and resilient, and the scientific debate lively. Parliament should not interfere with the preferences of consumers or patients except where there are public protection issues. It should encourage investigation of scientific anomalies such as homeopathy.

Letter to the Editor

Sir,

The debate over the United Kingdom Centre for Medical Research & Innovation (UKCMRI) demonstrates a need for the Science & Technology Select Committee to widen its brief.

The new centre, with considerable support from the Wellcome Foundation, brings together the Medical Research Council's National Institute for Medical Research (NIMR), University College London (UCL) and Cancer Research UK. Its task is to reduce the time taken to bring newly developed drugs into use. This is during a period when the large pharmaceutical companies, faced with stiffer competition and the rising cost of developing new drugs, are cutting back on in-house research.

How far does the new set-up change the status of the NIMR? Is the MRC's largest single scientific facility now a private or public body? What are the implications of merging the three bodies for the role of the MRC as a public body? Few would disagree with the consortium's objective of speeding up the process of getting research 'from bench to bedside', but the use of this phrase implies shortcuts at the expense of the longer-term goals of medical science and research practice.

The claim that it will act as a catalyst speeding up the application and take-up of scientific research is not in itself sufficient justification for a major change of direction. How are we to identify and measure this change? None of the partners to the deal were able to give the Select Committee a convincing account of how research will be transformed into results. Yet without this there can be no justification for spending £200 million of public money on the new centre. Increasingly, it seems, corporate research is outsourced and academics are encouraged to set up companies whose intellectual property rights are then sold on to the large brands. To the extent that we can talk of a 'model' for UKCMRI, it seems suspiciously similar to the unattractive face of the industry at large.

What is the precise relationship between the four partners? What ethical constraints arise from potential conflicts of interest? What models of international competition are relevant in developing a centre of this kind? What is so novel about the enterprise to justify the move from its existing premises in Mill Hill? Not least, will the Science & Technology Committee be able to subject all activity within UKCRMI Ltd to future scrutiny? And, following from this, is the Select Committee in a stronger or weaker position to protect the public interest?

Yours faithfully,

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