

Experience in conducting randomized, placebo-controlled clinical trials in homeopathy

A.V. Golovatyuk¹, N.M. Titieva²

(¹Institute of Homeopathic Medicine. A. Vaye, Detmold, Germany,

²Medical and social homeopathic center, Novosibirsk)

“... a lot, and from year to year more, doctors pass from the old teaching to the new [homeopathy], but something about reversed transitions: whoever has experienced it once and is convinced is difficult to lead astray and stop! ”

From a letter by V. Dahl to Prince V. Odoevsky
(Contemporary, vol. 12, 1838)

The founder of the homeopathic method, Hahnemann himself laid the foundations for clinical trials in homeopathy. It was his test of cinchona peel (preparation China), or rather, the results of this test, that served as a key moment in the formation of homeopathic doctrine. Numerous tests of drugs in order to clarify the symptoms caused by them were carried out by Hahnemann on himself, his relatives and disciples-followers [5]. These trials were, to use modern terminology, phase 1 trials in which a drug is tested in healthy volunteers. Trials of this kind, called proving in homeopathy, are, to this day, along with the clinical verification of symptoms, the main way to expand the homeopathic Materia Medica. The research data are, however,

From the time of Hahnemann to the present day, homeopathy has repeatedly proven its worth at the patient attacks on it from official medicine, which especially intensified during the heyday of the mechanistic approach in medicine, i.e. in 1940–90. Since the spread of the principles of evidence-based medicine since the middle of the last century, attempts have been made to conduct clinical trials of homeopathic medicines. It should be noted right away that there are a sufficient number of well-documented clinical cases of cure with homeopathy. Besides,

However, from the point of view of modern evidence-based medicine, such open-label studies are only weak evidence of the effectiveness of the method, while randomized placebo-controlled trials represent the gold standard of evidence. We will further focus our attention on the experience of conducting such research.

One of the first placebo-controlled clinical trials using homeopathic medicines, in the modern sense of the word, can be considered a test of the preventive and therapeutic effect of potentiated drugs on the effects of mustard gas on the skin [12]. Such an interesting experiment, undoubtedly due to wartime, showed that the use of C30 mustard gas before gas exposure can largely protect against toxic effects. In addition, it was found that the use of the drug *Rhus toxicodendron* C30 can reliably accelerate the healing process after exposure to mustard gas.

In the past century, there have been many other attempts at clinical trials of homeopathic medicines. A systematic review of 107 such trials was carried out in 1991 [8]. The authors note that it is theoretically possible to conduct clinical trials regarding the effectiveness of homeopathy, including classical homeopathy. However, they also quite rightly state a number of methodological problems associated with conducting such tests. So, unlike trials of conventional drugs, in which the tested drug and its dosage are clearly defined, in the case of homeopathy, especially in its classical form, it is impossible to judge with certainty the correctness of the choice of the drug and potency by this or that doctor (if the choice is wrong, this still does not indicate the ineffectiveness of the method). Besides, the prescribing principles themselves vary greatly from doctor to doctor, and therefore from trial to trial. Another problem is the problem of the production of homeopathic medicines, which also differs between different manufacturers (eg German and French), which also affects the quality and heterogeneity of trials. In addition, until now there is no unambiguous opinion about the mechanism of action of homeopathic medicines. Nevertheless, the authors conclude that there is evidence of efficacy based on the 107 trials studied, but it is not enough to make a final assessment, since most of the studies were conducted at a very low methodological level, as well as due to the unclear influence of numerous shortcomings on the analysis results in the presented publications. The authors themselves were "surprised by so many positive results even among the best of the trials" and "would be willing to admit that homeopathy is effective only if the mechanism of action inspires confidence" [8]. Strange, isn't it, a remark from epidemiologists, who, in fact, should initially trust the facts and figures obtained, and not theoretical propositions, which, however, cannot be judged by them.

The most famous result of placebo-controlled studies using homeopathy is a meta-analysis by K. Linde and colleagues [9]. It should be noted that over 6 years, according to the results obtained by J. Kleijnen c

colleagues [8] have published at least 50 further studies using homeopathic remedies. The very title of an article published in the Lancet: "Are the clinical effects of homeopathy placebo effects?" most clearly characterizes the main task of this work [9]. A rigorous selection of trials was carried out by the authors, resulting in 89 selected from 186 studies that met the inclusion / exclusion criteria and thus eligible for meta-analysis.

However, only 13 (15%) studies were conducted using classical homeopathy. The work concluded that "our results are incompatible with the hypothesis that the clinical effects of homeopathy are due only to the placebo effect. However, the evidence we have received is insufficient to assert a clear efficacy for any one clinical condition "[9]. Thus, the authors of this meta-analysis are also unable to unambiguously assess the effectiveness of homeopathy. And again, this is most likely due to the fact that these studies used a variety of methods of using homeopathic medicines, from classical homeopathy, which alone can rightfully bear the name of homeopathy and which was represented in meta-analysis by only 15%, to the use of complex and isopathic drugs, that is, those techniques that are only indirectly related to homeopathy. In addition, the methods for assessing effectiveness varied significantly from study to study, contributing to the ambiguity of the overall assessment.

Another attempt at meta-analysis was undertaken in 2000 by M. Cucherat et al. [1]. A total of 16 placebo-controlled, randomized, double-blind studies met the criteria for inclusion in the meta-analysis. Of these, only 2 (!) Studies carried out individual selection of the drug, while the rest used either complex or predetermined drugs for a specific pathology (for example, the use of the drug Opium for postoperative intestinal paresis), or isopathic drugs, that is, approaches that, in essence, they contradict the principles of homeopathy and therefore cannot be used to evaluate it. The authors of this meta-analysis come to a conclusion similar to previous studies: "There is some evidence that homeopathic treatment is more effective than placebo. however, the degree of this evidence is low due to the low methodological quality of the studies "[1]. At the same time, it is noted that higher quality studies tended to be negative than those performed with less quality.

The main reason for the ambiguity of the results of placebo-controlled studies in homeopathy lies, in our opinion, in the difficulty of combining the individuality of the homeopathic method with the principles of evidence-based medicine, which is based on the analysis of homogeneous groups of patients with a certain clinical diagnosis, without taking into account their individuality.

Homeopathy is not a method of treating certain clinical conditions, but a method of treating a particular patient. That is why efficiency

homeopathy, by definition, should be assessed not in relation to the diagnosis, clinical condition, but in relation to the patient as a whole, as an individual. In homeopathy, we treat the patient, not the disease, and therefore cannot, as is customary in evidence-based medicine, formulate a diagnosis, a specific drug (group of drugs) and a rigid plan for conducting a test. This is simply impossible, since, for example, 100 patients with essential hypertension will receive 100 different homeopathic remedies within the framework of classical homeopathic treatment (and not preparations of 3-4 groups of antihypertensive drugs as in official medicine). Each of these patients will respond individually and at completely different intervals to the prescribed drug, which again will require individual, non-fitting follow-up treatment.

In addition, when analyzing the effectiveness, it is extremely important to standardize the prescriptions within this method, which is also a big problem in modern homeopathy. Despite the strict, well-defined principles of prescribing homeopathic medicines, which were brilliantly formulated by Hahnemann himself [5], the principles of prescribing medicines in modern daily medical practice, unfortunately, differ significantly from each other, as well as the level of knowledge of individual homeopaths. This is due, on the one hand, to the shortcomings in the education of homeopathic doctors, on the other hand, to the recent spread of many “non-classical” methods of using homeopathic medicines, namely: prescription based on the “central idea”, signatures, organotropy, etc. ... [4].

Documenting and evaluating individual cases of the use of classical homeopathy on an individual basis, dozens and hundreds of such cases (see, for example, an excellent review of the cases of the wonderful Belgian homeopathic physician A. Geukens [4]), homeopathic physicians perfectly see the tremendous effectiveness of the homeopathic method in the most serious diseases. Also in a number of open trials, including in pharmacoeconomic studies, the effectiveness of the homeopathic method has been repeatedly confirmed [2, 11, 13, 15]. However, as soon as researchers try to prove the efficacy of classical homeopathy in a randomized placebo-controlled clinical trial, they are confronted with a specific individual methodology of homeopathy, which by definition is incompatible with syndromic impersonal. the causal principles of evidence-based medicine. Therefore, the opinion of D. Spence from the Bristol Homeopathic Hospital [14] seems to be completely correct, who believes that, despite the lack of data scientifically confirming the effectiveness of homeopathy, homeopathic physicians should not forget that in everyday practice they are certainly able to help many patients, that first of all it should

continue to inspire them to prescribe homeopathic remedies. D. Spence's analysis of this effect of homeopathy in everyday medical practice is excellently demonstrated by the example of an open study with several thousand patients at the Bristol Homeopathic Hospital.

He concludes by giving an example that often hundreds of years passed before empirical evidence became officially recognized treatments (for example, the use of fruits to prevent scurvy in sailors). Homeopathy in this sense is still quite "young", it only recently turned 200 years old!

At the same time, there are homeopathic researchers who believe that it is possible to find a compromise between the standards of evidence-based medicine in relation to randomized placebo-controlled trials and the characteristics of classical homeopathy [10]. The authors rightly point out that in relation to "non-classical" homeopathy, namely complex drugs and isopathic remedies, the standards of evidence-based medicine in their usual form can and should be used. With regard to classical homeopathy, i.e. homeopathy proper, its characteristic features must be taken into account. First of all, this concerns the individualization of the appointment, i.e. the physician should be able to prescribe the patient's individual drug, followed by randomization to active treatment or placebo groups. At the same time, the qualification of the doctor is decisive for demonstrating effectiveness, in connection with which the repeatability of the study becomes problematic (for another homeopath with other patients, the effectiveness may be significantly different). In this regard, the authors propose the use of the "key symptoms" technique, in which groups of key symptoms characteristic of a particular homeopathic remedy for a given pathology are determined in advance, and only patients who have one of these groups of symptoms are included in the trial. Once patients are assigned to one of these groups, randomization and assignment of either drug or placebo in double-blind conditions are performed. The authors believe that using this technique, it becomes possible to "standardize" prescriptions, and thus repeatability of studies is guaranteed regardless of the attending physician. In our opinion, however, the conduct of placebo-controlled studies in homeopathy is problematic, if only because an experienced homeopathic physician, during a second examination, can easily recognize that the patient was taking: an active drug or a placebo, which, of course, automatically violates the principle of double blind research. In addition, prescribing for certain key symptoms also only partially corresponds to the principles of classical homeopathy, in which there are no schemes and speculation, and only the strict correspondence of the patient's individual symptoms to those symptoms that are obtained as a result of testing a homeopathic remedy is significant. conducting placebo-controlled studies in homeopathy is problematic, if only because an experienced homeopathic physician, during a second examination, can easily recognize that the patient was taking: an active drug or a placebo, which, of course, automatically violates the principle of double-blind research. In addition, prescribing for certain key symptoms also only partially corresponds to the principles of classical homeopathy, in which there are no schemes and speculation, and only the strict correspondence of the patient's individual symptoms to those symptoms that are obtained as a result of testing a homeopathic remedy is significant. conducting placebo-controlled studies in homeopathy is problematic, if only because an experienced homeopathic physician, during a second examination, can easily recognize that the patient was taking: an active drug or a placebo, which, of course, automatically violates the principle of double-blind research. In addition, prescribing for certain key symptoms also only partially corresponds to the principles of classical homeopathy, in which there are no schemes and speculation, and only the strict correspondence of the patient's individual symptoms to those symptoms that are obtained as a result of testing a homeopathic remedy is significant. automatically violates the principle of double-blind examination. In addition, prescribing for certain key symptoms also only partially corresponds to the principles of classical homeopathy, in which there are no schemes and speculation, and only the strict correspondence of the patient's individual symptoms to those symptoms that are obtained as a result of testing a homeopathic remedy is significant. automatically violates the principle of double-blind examination. In addition, prescribing for certain key symptoms also only partially corresponds to the principles of classical homeopathy, in which there are no schemes and speculation, and only the strict correspondence of the patient's individual symptoms to those symptoms that are obtained as a result of testing a homeopathic remedy is significant.

On the other hand, there is an opinion that the methodology of clinical research in homeopathy should be fundamentally different from that in official medicine. Thus, H. Kiene believes that, in contrast to evidence-based methodology, in which research is carried out by comparison

different groups of patients, in homeopathy and some other alternative and complementary medical systems, the so-called. cognition-based methodology based on the assessment of individual cases [7].

Whatever we call this methodology, it is clear that the standards of randomized placebo-controlled trials can hardly be applied to analyze the effectiveness of classical homeopathy. In our opinion, this is due to the uniqueness of the homeopathic method and its fundamental difference from official medicine. In this regard, the research approaches of evidence-based medicine are mostly inadequate for homeopathy. In this regard, the work of J. Jacobs, one of the most interesting researchers-homeopaths, who herself organized and conducted several clinical trials, seems to us remarkable [6]. In her article "Reflections after 25 Years of Homeopathic Practice," she notes: "Homeopathy is so revolutionary in nature that it simply does not fit into the modern medical paradigm," and further: "Homeopathy is a complete medical system with strict principles and an integral philosophy of health and disease ... by definition, the diametrically opposite concept of allopathy" [6]. Apparently, a similar conclusion can be made in relation to methods of proving effectiveness, which in allopathy are represented by the standards of modern evidence-based medicine, in homeopathy, the measure of effectiveness is, as before, the condition of an individual patient. It should not be forgotten that, unlike conventional medicine, the scientific research beginning, in the sense of the research of Hahnemann himself and his followers, was the most important component of homeopathy from its inception, while the tests were carried out on the doctors themselves, their relatives and like-minded people, and not on poor suffering patients.

Homeopathic laws have already experienced several generations of changing trends in medicine, and they will also survive the extremes of evidence-based medicine. At the same time, in no case should one pretend to the highest degree of statistical evidence, postulated by modern medicine as the gold standard of medical care, but only accurately document clinical cases, without harming our patients and our conscience when using placebo and other non-medical methods that allow us to assess the effect drug. In the end, it is clear that the greatest evidence of efficacy is ultimately tested at the bedside of the patient, who cries out for help not from statistical population abstractions, but from the doctor sitting next to him.

Literature

1. Cucherat M., Haugh MC, Gooch M., Boissel JP Evidence of clinical efficacy of homeopathy. A meta-analysis of clinical trials // Eur. J. Clin. Pharmacol. - 2000. - V.56. - P.27-33.
2. Frei H., Thumeysen A. Homeopathy in acute otitis media in children: treatment or

- spontaneous resolution? // Br. Hom. J. - 2001. - V.90, N.4. - P.180-182.
3. Geukens A. Homoeopatische Praxis. VTW Centum voor Homeopathie. - Hechtel (Belgie). Teil I -XI (1988 2004).
4. Habich K., Koesters S., Rohwer J. Sinnvoller Fortschritt oder Rueckschritt in die Zeit vor Hahnemann? - ZKH. - 2004. - Bd. 48. - S. 84-88.
5. Hahnemann S. Organon der Heilkunst. 6. Auflage. - Karl F. Haug Verlag, Heidelberg, 1999.
6. Jacobs J. Reflections after twenty-five years of homeopathic practice // AJHM. - 2003. - V.96, - No. 1. - P. 6-7.
7. Kiene H. Komplementaere Methodenlehre der klinischen Forschung: cognition based medicine. - Springer, 2001.
8. Kleijnen J., Knipschild P., Riet G. Clinical trials of homeopathy // BMJ. -1991. - V.302. - P.316-323.
9. Linde K., Clausius N., Ramirez G. et al. Are the clinical effects of homeopathy placebo effects? A meta-analysis of placebo-controlled trials // Lancet. - 1997. - V.350. - P. 834-843.
10. Oberbaum M., Vithoulkas G., van Haselen R. Clinical trials of classical homeopathy: reflections on appropriate research designs // J. Altern. Complement. Med. - 2003. - V.9, N.1. - P. 105-111.
11. Riley D., Fischer M., Singh B. et al. Homeopathy and Conventional Medicine: An Outcome Study Comparing Effectiveness in a Primary Care Setting. // Ibid. - 2001. - V.7, N.2. - P. 149-159.
12. Report on mustard gas experiments (Glasgow and London) // Br. Hom. J. - 1943. - V. 33. - P. 1-12.
13. Thompson EA, Reilly D. The homeopathic approach to the treatment of symptoms of estrogen withdrawal in breast cancer patients. A prospective observational study // Homeopathy. - 2003. - V.92. - P. 131-134.
14. van Haselen R. International Conference: Bridging the Credibility Gap: London, 3-4 April 2003 // Ibid. - 2003. - V.92. - P. 171-173
15. Witt C., Ludtke R., Weber K. et al. Die Studie Verlaufsbeobachtung bei Patienten in der homoeopathischen Arztpraxis': Zwischenbericht / Aibrecht H, Fruhwald M, eds. - Jahrbuch der Karl und Veronica Carstens-Stiftung, Band 5 (1998). Essen: KVC; 1999. - S. 187-193.
-

Golovatyuk, A.V. Experience in conducting randomized placebo-controlled clinical trials in homeopathy / A.V. Golovatyuk, N.M. Titieva // Traditional medicine. - 2007. - No. 3 (10). - S.13-17.

[To favorites](#)