The effect of taking homeopathic placebo on performance electropuncture diagnostics according to R. Voll

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Determining the magnitude and direction of the placebo effect is an important problem in assessing the effect of any drug. It is known that when using a number of pharmacotherapeutic drugs for some diseases, the magnitude of the effect of a positive placebo can reach 100%. Critics of homeopathy attribute its effectiveness solely to the positive placebo effect, ignoring the numerous clinical

research using the dual method presented work was blind control. The purpose the study of the placebo effect on electropuncture indicators according to R. Voll (EPDF).

The study involved 21 patients (6 men yin and 15 women) aged 51 ± 9, treated with the method of classical homeopathy. For all subjects, the admission was repeated. Placebo studies were performed prior to homeopathic intake. At first, the patients were determined indicators at 40 control points of meridian measurement (CTI), then it was suggested to take 1 placebo granule under the tongue, and during its resorption, the indicators were re-measured at 40 CTI. EPDF was carried out using the hardware-software complex "EXPERT-FALL"

("IMEDIS", Russia). Statistical analysis of the data was carried out with using Student's test for dependent samples.

The mean value of the CTI in all patients increased from 36 to 41 units, the mean value of the stimulation coefficient was 1.14 ($p < 0.001$) with extrema from 0.92 to 1.47. When analyzing individual cases in 11 patients, the mean CTI values increased from 34 to 42 units, the stimulation coefficient was 1.24 ($p < 0.001$) with extrema from 1.13 to 1.47. These patients were further assigned to the placebo reactor subgroup. In 10 patients, the change in electropuncture parameters was insignificant, the mean values of CTI before and during placebo were 38 and 39 units, respectively, the stimulation coefficient was 1.01 ($p > 0.05$), with extrema from 0.92 to
1.11. Patients in this subgroup are further defined as placebo-non-reactors. When analyzing the meridians of individual CTEs in the general group of patients, a significant increase in indicators was revealed by 10 CTIs, and an increase was revealed on the CTI of the large intestine, both on the right and on the left. On the right branches of the meridians, an increase of 5 CTI was revealed: blood circulation, allergies, organ degeneration, stomach and skin. On the left branches of the meridians, an increase of 3 CPI was revealed: spleen, joints, bladder. The highest stimulation coefficient was registered on the CTE of the large intestine on the right (1.36).

In the group of placebo-reactors, a significant increase in CTI indices was found at 18 meridians. On both branches of the meridians, the values of the CTI of the colon, blood circulation, skin and kidneys increased. Asymmetrically, on the right, the values of CTI of allergy and organ degeneration increased, on the left - lymphatic, lung, nervous, endocrine, articular, fatty degeneration, and bladder degeneration.

When conducting a linear correlation analysis in this subgroup of patients, a high positive correlation was revealed between the mean values of CTE in the initial state and while taking placebo ($r = +0.97$, $p < 0.001$), i.e. a stronger placebo effect was observed with initially low electropuncture indices.

The results of linear correlation analysis between the time of administration of the drug and the value of the coefficient of stimulation of the mean values of the CTI of placebo reactors revealed a high positive correlation ($r = +0.78$, $p = 0.008$), i.e. with an increase in the time interval after the appointment of an active drug, the stimulatory effect of placebo increases. For example, in four patients who were followed up one month after drug change, there was a switch from placebo-reactivity to placebo-non-reactivity.

In the group of placebo-non-reactors, the only significant change was found on the CTE of the spleen-pancreatic meridian on the right (pancreatic CT), the indicator of which decreased from 58 to 46 units (21%).

Thus, for the first time it was shown that when taking 1 placebo granule, 52% of patients experienced stimulation of electropuncture parameters. The remaining 48% of patients did not have a significant change electropuncture indicators. A high positive linear correlation between the mean CTI at baseline and during placebo indicates a stronger placebo effect in patients with low scores. The magnitude of the placebo effect increases with time after the administration of the active drug, which may be associated with a decrease in the "memory" of the drug. It is assumed that in the early stages after the prescription of the drug, the body "remembers" about the effect of the drug, therefore it distinguishes between placebo and does not have an effect on it. As time progresses, the drug is "forgotten", so the electropuncture system responds to the placebo as to the active drug.

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