Society of Homeopaths Research Ebulletin

February 2015

Welcome to the latest e-newsletter from the Society of Homeopaths Research Committee. We aim to provide you with interesting and up-to-date information about homeopathic research.

This month we devote our entire ebulletin to one recently published and important systematic review with some complicated, but important ideas to communicate. (Please see our 'Trials of homeopathy' article in the Society Journal (Winter 2013, 32:2) if you need to remind yourself about systematic reviews).

Meta-analysis of randomised controlled trials (RCTs) of individualised homeopathy.

Mathie et al. 2014; Systematic Reviews; 3:142

This latest tour de force from Robert Mathie tested the hypothesis that the outcome of giving individualised homeopathic remedies is distinguishable from giving placebo remedies. It used strict criteria for the trials to be included, and ultimately only three trials were considered to have sufficiently 'reliable' evidence (ie to be sufficiently free from potential for bias). This was out of 32 eligible RCTs covering 24 different medical conditions.

For these three trials (Bell, 2004, Jacobs, 1994; Jacobs, 2001) the pooled odds ratio (OR) for homeopathy compared with placebo was 1.98 (CI, 1.16 to 3.38), i.e. participants randomised to homeopathy were nearly twice as likely to have a favourable outcome as those randomised to placebo.

You may remember that Shang et al. also only selected a few studies (8 to be exact), and came up with the opposite conclusion. It took a lot of work by some dedicated researchers to uncover that the lack of effects depended very much on which subset of trials was analysed (Luedtke & Rutten, 2008). Specifically Shang's results depended on the fact that only 'higher-quality' trials (i.e trials with minimum potential for bias) with a sample size of over 98 were included. Understandably, most of these larger trials (7 out of 8) were of non-individualised homeopathy, such as arnica for muscle soreness or hysterectomy; oscillococcinum for flu; thyroidinum for fasting etc. And equally understandably, such non-individualised prescriptions tended not to show effects.

Mathie's study only meta-analyses randomised placebo-controlled trials of individualised remedies, i.e what we would call 'constitutionally prescribed remedies.' And it is heartening that it shows that studies of individually prescribed homeopathic remedies seem to be more effective than placebo remedies

Mathie published a table of how the results might have looked had other studies considered to have less reliable evidence been included. No matter which studies you include or exclude, the results still favour homeopathy. (see fig 3 below)

Studies to the right of the vertical line favour homeopathy, whilst studies to the left of the line favour placebo. Look for the diamond at the bottom of each list, which shows the pooled result of each analysis.
Mathie’s review selected which outcome to analyse per trial according to a World Health Organization (WHO) hierarchy. This meant, though rarely, that these weren't the primary outcomes selected by the researchers themselves. For example, 'clinically important' outcomes trumped 'wellbeing' outcomes.

One such study where this selection method caused a study to be excluded was by Edzard Ernst’s team investigating the effectiveness of adjunctive homeopathy for asthma sufferers. That team had selected ‘wellbeing’ as their primary outcome measurement rather than asthma severity, meaning the study couldn’t be included in Mathie’s final analysis due to insufficient data being extractable for the asthma severity outcome. Needless to say Ernst took umbrage at his trial’s exclusion.

However Mathie has now performed a sensitivity analysis where the primary outcomes selected by the researchers are measured rather than the WHO ones. With Ernst's trial included in the meta-analysis, the result still favours homeopathy: OR = 1.66 (CI, 1.06 to 2.60).

The published evidence is beginning to accumulate showing how important it is to test homeopathy as practiced by homeopaths. Shang’s review shows how unlikely non-individualised remedies are to be effective. Mathie’s review shows how likely individualised remedies are to be effective. Homeopaths have long argued that research doesn’t represent what they do. Slowly, but surely the published material is beginning to explain this. This review is an important step in the right direction.

Research Committee Contacts

If you have any comments, questions or interesting research-related material and experiences we are always happy to hear from members, so please do drop us an e-mail.

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References


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The e-bulletin circulated last week discussed this document.

However a key finding worthy of highlighting was suggested by the author.

"The trial design reviewed might be expected to be challenging for detecting a treatment because the test and the control participants all experienced the same in-depth consultation. So the pooled odds ratio that was observed points to a specific effect of the individualised medicines - a key conclusion!" particularly since homeopathic effects are frequently considered to be 'placebo' effects.

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starts on Monday

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