In India, Latin America, and Europe, homeopathy thrives: in the UK, all one ever hears is negativity. Here, homeopathy is described as ‘(…) just a placebo’, ‘(…) contrary to the laws of science’, ‘(…) quackery practiced on the weak-minded’, and ‘(…) those who believe in it are deluded’ [1]. In addition, ‘there is no evidence homeopathy works’, ‘(…) homeopathy is unethical’ [2–5], and from the British Government’s Chief Scientific Advisor, Sir John Beddington, the ‘(…) National Health Service (NHS) must be crazy to continue funding it’ [6].

Part of the NHS since its beginnings in 1948, homeopathy is free at the point of access and costs the UK very little compared to its spending on the NHS. Yet there is a determined effort to get rid of it. With just 3 homeopathic hospitals, and general practitioners (GP) seemingly loath to refer patients to them [7], homeopathy is not easy to obtain on the NHS. This is due partly to the increased hegemony of Evidence-Based Medicine (EBM).

Originally ‘an approach to health care that promotes the collection, interpretation, and integration of valid, important and applicable patient-reported, clinician-observed, and research-derived evidence (…)’ [8], EBM in 1992 was seen as a pluralistic evidence package for the benefit of patients. EBM’s founders never meant it to be based exclusively on evidence derived from scientific trials (e.g., Randomised Controlled Trials or RCTs) [9]. But this is what EBM has become: an inquisitional ‘monoculture’ based solely on RCTs; evidence from patients and clinicians is downgraded, if not completely ignored [10]. Yet, to progress, every therapeutic modality (homeopathy included), depends crucially on a constant stream of observations from individual patients and clinicians.

In the UK, EBM’s advent coincided with increased scepticism against homeopathy, and among some scientists, a wish for more and better science communication [11]. Indeed, in his 2012 BBC Richard Dimbleby Lecture, the President of the Royal Society, Sir Paul Nurse, called for a ‘New Enlightenment’, and for Britain’s scientists to help spread its message [12].

In a media age, however, sound bites rule. Science competes for time and space in a crowded and increasingly commercialised media marketplace, necessitating readily accessible, media-friendly modes of scientific commentary. This has the effect of oversimplifying complex scientific issues. The trouble is that this oversimplification has philosophical roots in naïve inducivism and scientism, and they had their shortcomings exposed by Karl Popper [13] and other later philosophers of science [14–17]. The subtleties of such philosophical arguments, however, rarely concern the British chattering classes, so repeated negativity against homeopathy goes unchallenged.

Could such repeated negativity convince even those who have used it, that homeopathy doesn’t work? UK sceptics hope so. By organising mass ‘overdoses’ [18], they hope to ‘prove’ how ineffective homeopathic remedies really are. Truly, as far as homeopathy is concerned, the UK is ‘The Sick Man of Europe’, perhaps even the world.

Mounting effective and robust challenges to this negativity is not easy. Arguments favouring homeopathy are rarely heard, as the media appear unwilling to countenance them. Still, one tries. For example, the fashionable broadsheet columnist Rod Liddle wrote a typically inflammatory anti-homeopathy piece recently (complete with ‘overdose’) in the Murdoch-owned newspaper, the Sunday Times [19]. Below is my response. Mr Liddle has yet to reply: I am not holding my breath.

‘Dear Rod,

Your recent article on homeopathy in the Sunday Times was inaccurate and I have to say, a tad hysterical. Frankly, I’m disappointed: I expected better from you.

For example, according to the BMJ [20], over 50% of conventional medical procedures funded by the National Health Service (NHS) have little or no basis in science. So, following your logic, funding these procedures must be even more stupid than funding homeopathy, especially as they are much more expensive!

It gets worse. Your statistics on NHS spending on homeopathy were misleading. In 2010, the NHS’s drug bill was
£10.2 billion, £2 billion of which was spent dealing with these drugs’ side-effects. NHS spending on homeopathy (including infrastructure) was just £12 million – a mere 0.011% of the total £110 billion NHS budget – of which only a tiny amount, £152,000, was spent on side-effect-free homeopathic medicines [21–23]. Given this vast disparity, why should the NHS stop funding an incredibly cheap therapeutic modality used and trusted by millions of people throughout the United Kingdom, and half a billion people around the world? Oh yes, I remember: the science …!

It is disappointing you accept so uncritically the claims of sceptics that there is no scientific basis for homeopathy. Have you ever bothered to investigate this for yourself? Thus, by end of 2010, 156 Randomised Controlled Trials (RCTs) of homeopathy (on 75 different medical conditions) had been published in peer-reviewed journals of which 41% had a balance of positive evidence, 7% had a balance of negative evidence, and 52% were not conclusively positive or negative [24].

A cursory glance at these statistics might cause one to think the ratio of positive to negative trials was clearly in homeopathy’s favour … except when one takes into account the number of trials for which no conclusions either way can be drawn, i.e., >50%. But when one then looks at similar statistics for RCTs of conventional medicine, something odd appears.

So data, obtained from an analysis of 1016 systematic reviews of RCTs of conventional medicine, indicate that 44% of the reviews concluded that the interventions studied were likely to be beneficial (positive), 7% concluded that the interventions were likely to be harmful (negative), and 49% reported that the evidence did not support either benefit or harm (non-conclusive) [25].

Note this, Rod, because obtaining such a similar spread of statistics regardless of the therapeutic modality would suggest:

a) Homeopathy fairs no better or worse in RCTs than conventional medicine. Therefore, rejecting homeopathy on RCT data is false and biased as many conventional drugs/procedures should on that basis be similarly rejected but aren’t.

b) There is something fundamentally wrong with the RCT (and those who claim it to be a ‘gold standard’), when around 50% of all RCTs fail to deliver a clear result.

So the evidence suggests that at the very least, there is disagreement over the effects of homeopathic medicines and how high dilutions work. Thus, a more rational Rod Liddle would have concluded that as with many conventional medical procedures, homeopathy is of uncertain efficacy. And even if it were just a placebo, homeopathy would still be far cheaper than Prozac, currently favoured by the NHS and recently shown to be no better than placebo [26]! Together with the by-now, well-known systemic and systematic, long-term abuse of science in medical and pharmacological research [27–29], you could have eviscerated so-called sceptics who ‘protesteth too much’ over homeopathy. Instead, how disappointing you’ve now joined their ranks.

Scientists worry that the government ignores them. In his recent Dimbleby Lecture, Sir Paul Nurse enjoined scientists to speak truth to power, and engage more with the public [12]. As a scientist, I agree with him, but with the proviso that it is truth we speak, not the tired shibboleths of well-funded campaigning organisations, or the ersatz invective of ‘fashionable’ commentators. History shows time and again that the truths of science are relative not absolute, but when believed absolutely (aka scientism, especially when over-enthusiastically applied in medicine) [9, 10, 30–34], science descends into quasi-religious dogma, ably assisted by lucrative commercial considerations. In a liberal democracy, that should worry all of us [35], Rod, particularly you.’

References

20 http://clinicalvidence.bmj.com/ceweb/about/knowledgescope.jsp


