Open Letter to the Editor of The Lancet

Preliminary Remark

The study on homeopathy by Aijing Shang et al. from the ISPM (University of Berne, Prof. Egger), published in the Lancet on the 27/8/2005, has been part of the Swiss ‘Programme Evaluation Complementary Medicine’ (PEK). For the last 2 years the authors have been stating in the media that homeopathic effects are placebo effects, but have withheld the basis of their statement until this year. We do not consider this procedure as very fair. Being directly affected by this study we have had a serious interest in sending our comments on it to the Lancet. Professor Egger from Berne has also invited us in a letter to make our criticism of his study public in a formal ‘Letter to the Editor’. We have sent our comments to the Lancet in a ‘Letter to the Editor’ on 1/9/2005. However, the Lancet has decided not to accept it for publication on 21/9/2005. For that reason we have decided to make our comment public in the form of this open letter.


The study on homeopathy by Aijing Shang et al. has been part of the Swiss ‘Programme Evaluation Complementary Medicine’ (PEK). The study compares 110 homeopathic and 110 matched orthodox trials. For the last 2 years the authors have been stating in the media that homeopathic effects are placebo effects, but have withheld the basis of their statement until this year. We are directly affected by this study. The study from Berne may be statistically correct. But its validity and practical significance could easily be seen at a glance: Not one single qualified homeopath would ever treat one single patient in clinical practice as presented in any of the 110 analysed trials! The study cannot give the slightest evidence against homeopathy because it does not measure real individual (classical) homeopathy as practised for example by Swiss homeopathic doctors. It confounds real homeopathic practice with distorted study forms that violate even basic homeopathic rules. The correct selection of the homeopathic remedy almost entirely depends upon the totality of individual symptoms and signs whereas most homoeopathic RCT’s are standardised justification trials with hardly any practical value and a great inherent chance of producing false negative effects. Even the very few classical studies analysed are distorted by lack of proper follow-ups and durations in the narrow frame of RCT’s.

In spite of the difficult procedures, almost three quarter of the examined 110 homeopathic studies (RCT) show positive results just as well as previous large reviews and meta-analyses [1–7]. How could the result from Berne turn out so negative? The negative outcome is strongly based upon a statistical extrapolation from a very small number (8!) of large trials with negative or slightly positive results. From a homeopathic point of view all the large trials (Attena et al. 1995, Ferley et al. 1987, 1989, Mokkapatti 1992, Rottey et al. 1995, Vickers et al. 1998, Diefenbach et al. 1997, Papp et al. 1998) are of very low quality and lack any external validity. Furthermore, in our opinion it is not legitimate to apply the funnel plot method to all the different studies of a complex procedure and mix them in one pot as in strict drug evaluation trials.

There are more serious concerns about the Bernese study. The study is not transparent. No details of the 110 trials are referred to nor make the statistical graphics clear which trial belongs to which result. Thus the study appears like a black box and the reader has to believe it or analyse the trials himself. The study selection is questionable as well: The authors ‘are confident that we identified a near-complete set … of published trials’. But considering only the few above mentioned reviews and meta-analyses we find 300 to 400 homeopathic RCT’s. Therefore, the study from Berne is incomplete and violates the standards and rules of the Cochrane collaboration. A more detailed analysis of the study from a homeopathic side is given in the statement of the Swiss homeopathic doctors [8] available in German and English. The authors’ conclusion that homeopathic effects are due to placebo is scientifically untenable. We wonder how and why Lancet could ignore these facts and announce the ‘end of homeopathy’. Several more appropriate epidemiological studies [outcome studies, e.g. 9, 10] in the last years as well as the recent study from Berne University on ADHD [11] give evidence of a good practical utility and effectiveness of homeopathy in clinical practice.

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References