

# The Lancet paper on homeopathy: implications for homotoxicology

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## Commentary

*The Lancet* recently caused a storm of publicity by publishing a paper on whether the clinical effects of homeopathy are placebo effects<sup>1</sup>. This paper, which had a negative conclusion, was accompanied by an editorial<sup>2</sup> with the provocative title "The end of homeopathy". Fortunately, as I argued in a recent editorial in *Complementary Therapies in Medicine*, the latter statement by the *Lancet* editorial team can be relegated to the realm of "wishful thinking"<sup>3</sup>.

Nonetheless, it is important to reflect on the implications of this paper for both homeopathy and homotoxicology. The *Lancet* article is clearly an attack on homeopathy, and since homotoxicology is derived from homeopathy, by default it is an attack on homotoxicology as well. A lot has been said about the *Lancet* publication as such, and it is not my intention to repeat this discussion. Instead, I would briefly like to comment on it from three perspectives: *Political, Sociological* and *Scientific*.

### Political

This article was published against the backdrop of intense political pressure by the Swiss government to delete Complementary and Alternative Medicine (CAM) from public reimbursement following a several million dollar evaluation program (PEK, visit <http://www.bag.admin.ch/kv/forschung/d/2005/>). The decision to delete CAM (including homeopathy) from public reimbursement was made rather idiosyncratically, before members of the International Review Board had a chance to look at the data, comment on the studies and make recommendations.

### Sociological

From a sociological perspective, the current debate on homeopathy could be interpreted as a sign of the increasing presence of homeopathy in mainstream medicine. This, in conjunction with the available trial evidence on homeopathy forces members of the conventional academic community to make a rather uncomfortable choice: either accept that homeopathy has demonstrable effects over and above placebo, or question the randomized, placebo-controlled trial as the "gold standard" source of evidence. Considering these uncomfortable choices it is of course no surprise that some will continue to try to discredit the trial evidence on homeopathy, and in my opinion<sup>3</sup> the recent *Lancet* paper should be seen in this light.

### Scientific

This brings me to the two main scientific criticisms that can be raised against the *Lancet* paper: 1) the use of highly selective data, and 2) a lack of transparency. Based on rather arbitrary criteria, only 8 of the 105 eligible studies were used, and up to this point in time it is not completely clear which 8 studies were chosen. Both the use of selective data (often referred to as "data dredging") as well as a lack of transparency goes against the spirit of what is considered to be good science. The latter was also apparent in the above-mentioned political decision to delete CAM from public reimbursement in Switzerland.

So what are the implications of all this for homotoxicology? Even though we cannot be completely sure, it is highly unlikely that any of the trials of homotoxicology were used in the *Lancet* paper. So the approximately 16 randomized controlled trials (RCTs) of homotoxicological products were simply ignored. The great majority of these trials have positive results, good examples being the trial of Traumeel® S versus placebo in chemotherapy-induced stomatitis<sup>4</sup> and the trial of Vertigoheel® versus Ginkgo biloba in the treatment of vertigo in an elderly population<sup>5</sup>.

Apart from this, it should be noted that the exclusive emphasis on only placebo-controlled trials is too reductionist. Some at the cutting edge of evidence-based medicine are arguing in favor of a multifaceted approach, which integrates clinical trial data, observational cohort studies, safety data, and studies on mechanism of action as a source of evidence. For an example of such an approach, see a recent publication by Dagenais *et al*<sup>6</sup> on prolotherapy for spinal pain. For homotoxicology, this would mean that the clinical trial data are supplemented significantly by the more than 45 observational studies conducted in the last 10 years, as well as by several basic research studies investigating mechanism of action. Such an "integrated" approach implies moving from focusing on single pieces of evidence toward a multifaceted "evidence mosaic". It was the vision of Reckeweg to build a bridge between homeopathy and conventional medicine, and he emphasized the gathering of scientific data from many sources in a variety of ways. Homotoxicology is therefore well placed to be at the forefront of these innovative developments in medicine. In this wider context, rather than being a threat, the *Lancet* article is a useful stimulus for the further modernization, development and recognition of homotoxicology.

#### References

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