

Letter to the Editors

Comments on the survey: Beliefs, endorsement and application of homeopathy
Anmerkungen zur Umfrage: Vorstellungen, Befürwortung und Anwendung der
Homöopathie

Arising from: Markun S, Maeder M, Rosemann T, Djalali S: Beliefs, endorsement and application of homeopathy disclosed: a survey among ambulatory care physicians. *Swiss Med Wkly* 2017; 147:w14505

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Homeopathy is a controversial subject, and the positions of Markun et al. are clearly determined. They claim that “placebo effects seem the most obvious explanation” for homeopathic effects, because “explanation models for the effectiveness of homeopathy are not supported by natural sciences and the aggregated evidence from clinical trials is unconvincing” to them. They blame that “still, many physicians continue to prescribe homeopathic treatments” and the authors see ethical problems therefore. Here, we argue that strong *a priori* standpoints may bear the risk of compromising the scientific discourse and may lead to imbalanced conclusions.

The survey by Markun et al. among ambulatory care doctors in the canton of Zurich shows two remarkable findings: not only certified homeopathic doctors (only 2,4% of the participants) expect specific results from homeopathic remedies, but as many as 50,4% of all homeopathy prescribing physicians do so, and only a small number (21,4%) intends to achieve only placebo effects. This means that the majority of homeopathy prescribers are expecting specific effects of homeopathic remedies. Second, 53% of all participants even endorse the use of homeopathy in the case of certain indications, particularly where the possibilities of conventional medicine were exhausted or did not exist.

Homeopathy as many other medical therapies cannot be explained in all aspects – however, “absence of evidence is not evidence of absence” [1]. In conventional primary care it is beyond doubt that the majority of interventions has no proper evidence base. According to BMJ Clinical Evidence, a database collecting the best available evidence on common clinical interventions, only 11% of the treatments show beneficial evidence, but for 50% out of 3000 treatments the effectiveness is unknown [2]. We assume that most general practitioners (GPs) are aware of this gap, cope with these uncertainties and try to find the optimal and least harmful treatment for their patients by integrating clinical expertise, patients’ expectations and preferences and best external evidence. Thus, it is not astonishing that “[...] three out of four prescribing physicians (who) use homeopathy as an opportunity to meet patients’ expectations without exposing them to unnecessary side-effects [...]” and it is remarkable, that 42,4% of non-prescribers report the need for further research.

In the questionnaires by Markun et al. the participants were asked about their agreement with explanatory models regarding the effectiveness of homeopathy (question 10). The authors mix up several of these in our opinion inappropriate “models”: the law of similars relates to the prescribing of homeopathic remedies and is not an explanatory model. Water memory, quantum physics, chaos theory etc. are explanatory models but mostly they are unproven hypotheses and not relevant for daily practice. Homeopathy from its very beginning has an empirical base and is not deduced from such theories as the authors assume. Also, items such as satisfaction of patients’ expectations or strengthening of the relationship between patient and physician are not explanatory models, but can be positive and intended side-effects of a homeopathic consultation [3].

The authors conclude that prescribing homeopathic remedies on a placebo basis is an ethical dilemma. However, the results from clinical studies do not support the conclusion that the effect of homeopathic remedies is only a placebo effect. Results from both, basic research and clinical studies on different evidence levels including meta-analyses [4, 5, 6] are in favour of at least a possible specific homeopathic effect (survey in [7]). In particular, outcome and observational studies under real practice conditions broadly show good or at least non-inferior results. On the contrary, we see an ethical problem if a safe and possibly helpful treatment is withheld from a patient because a particular treatment is disliked or unknown by the treating physician. In their paper the authors miss to discuss the impact on patients’ safety of withholding therapies, requested by patients, that might be helpful. Denying of complementary medicine can provoke self-treatment or treatment by not

adequately qualified therapists without information of GPs and specialists, especially in patients with severe diseases.

Markun et al. declared no conflict of interest regarding their study. However, one of the authors (Rosemann T) has signed an appeal of Sceptics Switzerland, an organization which campaigns against complementary medicine and especially homeopathy [8].

We agree with the authors that medical education should provide every physician with a sound basic knowledge of homeopathy. Since January 1st 2018 it is mandatory by federal law that medical students have basic knowledge of complementary medicine [9]. As usual in medical education, teaching should be provided by specialists with clinical and scientific expertise in the particular field. We also agree with the majority of the participants that more research in homeopathy is needed. Looking back on many years of experience in homeopathic research and keeping in mind the controversial discussion about homeopathy we would appreciate that further research will be conducted in close cooperation of conventional and homeopathic physicians.

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All authors have made substantial contributions to the conception and revision of the work, on top of that KvA to the research part, HM to the analysis of the study and MR to all parts and steps.

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