**Homeopathy – the evidence base**

Homeopathy can provide over 200 years of successful clinical experience. Its effectiveness is demonstrated time and again both in humans, including the very young, and with animals. It was developed in 1796 by Samuel Hahnemann, a leading scientist who studied medicine and chemistry. It is grounded in scientific thinking and based on accurate documentation. A review of the scientific basis of homeopathy concludes that there is sufficient pre-clinical and clinical evidence of its effectiveness to justify and confirm its place in the medical establishment.

In addition, there exist a considerable number of homeopathic studies which fulfil the strictest criteria of evidence based medicine and demonstrate evidence of effectiveness. By the end of 2014, there were 189 peer-reviewed papers reporting randomised controlled trials (RCTs) on homeopathy on 100 different medical conditions. Of those 104 were placebo-controlled and eligible for detailed review: 41% were positive, 5% negative and 54% inconclusive; these percentages are similar to those in conventional medicine.

There have been six comprehensive systematic reviews on homeopathy. Five were positive – suggesting that there was some evidence of an effect of homeopathy beyond placebo, and one was negative.

The most recent one, Mathie et al., published in 2014, found that homeopathic medicines, when prescribed during individualised treatment, are 1.5- to 2.0-times more likely to have a beneficial effect than placebo. [This](http://www.systematicreviewsjournal.com/content/3/1/142) rigorous study includes 151 placebo-controlled randomised trials. It concludes, ‘Medicines prescribed in individualised homeopathy may have small, specific treatment effects,’ although it confirms that new high-quality RCT research is necessary to enable more decisive interpretation.

A five-year Health Technology Assessment (large scale multi-level research design), initiated by the Swiss authorities and completed in 2006, concluded that: ‘the effectiveness of homeopathy can be supported by clinical evidence and with professional and adequate application can be seen as safe’.

The best examples of positive research results for homeopathy can be found within the following specific areas – childhood diarrhoea, otitis media, influenza, seasonal allergic rhinitis (hay fever) and vertigo.

Nevertheless, today’s ‘gold standard’ of evidence based medicine, the RCT, is not well suited to the specific nature of certain types of highly individualized homeopathic treatment. The ‘soft evidence’ - historical evidence, case reports and 200 years practice on millions of patients cannot and should not be ignored. New, more appropriate approaches to research design are being successfully pursued in order to overcome methodological problems.

Research budgets for homeopathy are extremely limited, particularly in relation to mainstream pharmaceutical medicines, since the sector is composed of many small and medium-sized independent companies. Most products have been known for decades, so cannot be patented, reducing the incentive for companies to invest in research. National funding is only provided in exceptional cases and EU funding has so far been limited to single projects.

ECHAMP believes that homeopathy’s exceptional safety profile, particularly in comparison to chemical drugs, its low cost and the high degree of popularity with patients and health care providers warrant a stronger commitment on the part of national and EU governments to invest in research in this area.

**Anthroposophic medicine – the evidence base**

Anthroposophic medicine shares its holistic approach with homeopathy, with medical care and medicines attuned to the individual. Empirical science plays a key role, so scientific research according to common comparative standards is often inappropriate.

Anthroposophic medicine is working towards verifiable proof of effectiveness, building on its 85 year track record by fostering a multitude of research activities. Today, many research institutes and hospital research departments specialise in anthroposophic medicine, conducting laboratory research as well as clinical therapy studies. A large number of studies have been carried out on mistletoe therapy, a cancer treatment.

Efforts are being made to develop suitable methods of research recognised as valid by the scientific community and allowing for typical anthroposophic methods for diagnosis, choice of intervention and the evaluation of effects, such as the empirical component as well as patient individuality. Randomised controlled trials (RCT) and connected models are not best suited to this type of research.

The most recent comprehensive s[ystematic review of clinical studies of anthroposophic medicine](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3865373/) treatment included a total of 256 studies (Kienle et al, November 2013). The authors concluded that anthroposophic medicine therapy for a broad spectrum of disorders showed predominantly good results with few side effects, a high measure of client satisfaction and a favourable cost-effectiveness profile, compared to conventional treatment.

**Further reading**

The Scientific Status of Homeopathy, Gudrun Bornhöft (ECHAMP, May 2009)
www.hri-research.org/resources/

www.facultyofhomeopathy.org/research/
www.ivaa.info/research