Australian Government
National Health and Medical Research Council

NHMRC

SUMMARY OF KEY ISSUES: DRAFT INFORMATION PAPER ON HOMEOPATHY— EXPERT REVIEW COMMENTS

NHMRC advice on the effectiveness of homeopathy for treating health conditions

March 2015

WORKING TO BUILD A HEALTHY AUSTRALIA

Publication Details

Publication title:	Summary of key issues: Draft information paper on homeopathy—expert review comments. NHMRC Advice on the effectiveness of homeopathy for treating health conditions
Published:	March 2015
Publisher:	National Health and Medical Research Council
NHMRC Publication reference:	CAM02E
Online version:	www.nhmrc.gov.au/guidelines-publications/cam02
ISBN Online:	978-1-925129-33-5
Suggested citation:	National Health and Medical Research Council. 2015. *Summary of key issues: Draft information paper on homeopathy—expert review comments. NHMRC Advice on the effectiveness of homeopathy for treating health conditions*. Canberra: National Health and Medical Research Council; 2015

Copyright

Contact us

To obtain information regarding NHMRC publications or submit a copyright request, contact:

E: nhmrc.publications@nhmrc.gov.au

P: 13 000 NHMRC (13 000 64672)
or call (02) 6217 9000

Expert Reviewer Comment	Homeopathy Working Committee (HWC) response
High quality randomised controlled trials have been regarded as Level 1 evidence as per the Oxford CEBM website: www.cebm.net/?0=1025 The NHMRC decision not to adhere to a search of all Level 1 evidence, as per international standards, needs to be carefully explained and justified. It is important the Information Paper explicitly explains that the NHMRC review did not include a systematic assessment of RCT evidence.	Oxford CEBM website cited represents an older version of evidence levels. Current NHMRC levels supersede the classification cited [NHMRC additional levels of evidence and grades for recommendations for developers of guidelines: NHMRC; 2009.] The level of evidence assigned to systematic reviews (SR) is not directly relevant. The NHMRC review of homeopathy did not include SR in total or accept their conclusions. Rather, it used the SR to identify individual studies, then assessed the studies included in each systematic review using information provided by the systematic review authors. Further detail has been provided in the Information Paper to clarify the method for assessing the evidence.
The draft Information Paper indicates that for the Overview of Systematic Reviews, only reviews published in English between January 1997 and 3 January 2013 were included. An explanation on why the NHMRC chose to conduct the review based on systematic reviews instead of conducting its own systematic reviews based on original clinical studies, particularly when "the systematic reviews (included in this assessment) varied in quality" is required.	1997 was selected as an appropriate start date for the search period because the systematic review method was developed during the 1990s and most systematic reviews (in any clinical field) were published since that date, with very few published before 1997. The HWC maintains that the overview method was justified, given the unfeasibility of conducting a full systematic review of the scope required by the NHMRC review. The NHMRC review method involved assessing individual studies that were identified via the included SRs. This may include individual studies from an earlier date. This point has been clarified in the Information Paper.
Supportive of the approach of using the available systematic reviews as a starting point for this assessment. The number and quality of the available systematic reviews is quite adequate. A review of the primary literature, while having some advantages, would require a very sizable commitment of resources, and would be duplicative of the efforts that have already been expended to review this literature.	Agreed.
If tailoring of treatment is critical in homeopathy then it may be that only low quality studies, as defined by the common grading metrics, will exhibit positive outcomes due to un-blinding of the intervention group. This methodological problem in trial designs that maintain allocation concealment and yet allow individualisation is not surmountable in a way fully compatible with the belief system of homeopathic practitioners.	HWC does not accept the argument that only low-quality studies can be designed to assess the efficacy of homeopathy and acknowledges the misunderstanding that homeopathy cannot be assessed in placebo-controlled clinical trials. The HWC believes it is possible to design placebo-controlled trials that are appropriate for assessing tailored treatment. The Information Paper has been amended to reflect this advice.

Expert Reviewer Comment	Homeopathy Working Committee (HWC) response
I am concerned that no homeopathic expert was appointed to the NHMRC Review Panel.	As the HWC were developing a health technology assessment (with a focus on examining the evidence base) rather than a clinical guideline/practice guideline, it was not essential to include a subject specific specialist. This approach is consistent with the approach taken by the Medical Services Advisory Committee, the Pharmaceutical Benefits Advisory Committee and the Therapeutic Goods Administration Statutory Advisory Committee.
With respect to accurate translation of the findings of the evidence review based on the Overview Report and the Review of Submitted Literature, overall, the draft Information Paper has provided clear messages that can be understood by the practitioners, decision makers and the general public.	Noted.
Absence of non-clinical in vivo and in vitro studies that examine the effects of homeopathy, where placebo effects are not relevant.	Information Paper has been amended to clarify that consideration of the body of evidence from in vitro and preclinical human and animal in vivo trials are outside scope.
For the 61 conditions included in this assessment, are there "proven conventional treatments" available for all conditions? If so, have all treatments for these conditions gone through the same level of clinical evidence assessments? If this is not the case, could it be better to state: People who choose homeopathy should ask their practitioners about available evidence of benefit on homeopathy for their specific health conditions as well as availability of other treatment options that they should consider.	Analysis of bodies of evidence for other treatments for each condition is outside the scope of this review. Without such assessment, it is not possible to identify the conditions for which conventional therapies have been shown to be effective. The statement warning against the choice of homeopathy therapies to the exclusion of proven conventional therapies is not intended to conflate 'conventional' with 'supported by evidence of efficacy', but the wording in draft Information Paper might imply that. The Information Paper has been amended to avoid implying that all conventional therapies are necessarily proven.
It is worthwhile to note that there are other aspects of the interaction of a patient with a complementary provider, homeopathic practitioner or other, which might potentially cause either benefit or harm which are of public policy interest. For example, is homeopathic care associated with differential rates of compliance with recommended vaccination schedules? Is homeopathic care associated with impact on desirable health behaviours, such as smoking cessation, increased physical activity and better weight control? Are symptomatic outcomes for patients with functional syndromes such as chronic fatigue syndrome or fibromyalgia impacted—positively or negatively—by homeopathic care? Is inappropriate use of medical procedures reduced? Is homeopathic care for patients with chronic pain associated with reduced inappropriate use of opioids?	The HWC agrees that these are interesting questions for future research but are outside scope of this review. No change to the Information Paper.