Homoeopathy should not be used or promoted for the treatment of HIV positive patients

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29 March 2012
Disclaimer
How many think that homoeopaths think they have a cure for HIV?
No – “they” don’t

So what are they doing...?

If they are treating HIV positive patients what are they trying to do?
Registered Homoeopathic Practitioners

- Allied Health Professions Act, 1982 (Act 63 of 1982)
  - Allied Health Professions Council of South Africa (AHPCSA)
  - Professional Board of Homoeopathy, Naturopathy, Phytotherapy (PBHNP)
  - Legal requirement to register to practice
  - Required education levels
  - Diagnostician
  - Therapeutic— not restricted to homoeopathy
Purpose in treating “HIV”?

1. • Purveyors of false hope?
   • Charlatans?
   • Registered?
   • Denegrade profession?
   • Endanger lives?

2. • Providing a service sought by patients?
   • Providing a means to assist the objectives of medical colleagues?
   • Responsible management and advocating for following prescribed policy of the country?
Purpose in treating patients with HIV?

Body heals itself

- Established
- Homoeopathy aims to stimulate the body to cure itself – in overcoming a similar stimulation to that of the disease it simultaneously rids itself of disease / restores physiology
- Multiple approaches, theories and opinions
Purpose in treating patients with HIV?

Homoeopathy in HIV+ Patients:
• To keep patients as healthy as possible
• Re-establish physiology
• Assist body to function as best as possible
• Recognition of “obstacles to cure”

Homoeopathic SoP:
• Brings with it additional challenges
Purpose in treating patients with HIV?

AIDS
Opportunistic Disease
Symptomatic treatment
Advocate for knowing status
  – Access to testing & treatment
Healthy living
Purpose in treating patients with HIV?

When needed:
• Nothing takes the place of anti-retrovirals

Any homoeopath says otherwise:
• Registered?
  – No – criminal offence to practice
  – Yes – unprofessional conduct?

Analogous example:
• Cancer – patient health enough to meet therapeutic targets, always attempting the best but adjusting goals and maintaining realism.
Myths / Misconceptions

Homoeopaths say:
• The more dilute it is made, the stronger it becomes:
  – Who said this?
  – The more dilute – the more subtle – perceived as useful for homoeopaths

Homoeopaths are anti “antibiotics”, “antiretrovirals”, “conventional medicine”
  – Individuals – hold them accountable
Myths / Misconceptions

Homoeopathy completely safe:

• Low potencies still have biochemical effects
  – Toxicology
  – Chemical interactions

• High potencies require homoeopathic training
  – Methodology for application
  – What to look for
  – “Homoeopathic aggravation”

• Accountability?
Myths / Misconceptions

Easy
• “Picked up from a book”

International Perspectives
• Mean SA is the same
• Education standards
• Acceptance
• Homoeopaths are all the same (generalisations)
Targets

- Subjective improvements
- Objective measures
- Hunger, Energy, Mood, Sleep, Optimism, Depression, Pain, Fear, Thirst, Stool, Urine, Perspiration

= health (?)

Homoeopathic medicines are safer option in this respect – no medicine interactions.

Placebo (?)
Evidence

• Research References
  – CAMLIS - Complementary and Alternative Medicine Library and Information Services
  – GIRI - Groupe International de Recherche sur l'Infinitésimal
  – HRI - Homeopathy Research Institute
  – HOMJ - Homeopathy is an international journal aimed at improving the understanding and clinical practice of homeopaths
  – IJHDR - International Journal of High Dilution Research
Evidence

- *American Journal of Pain Management*

**Osteoarthritic Pain: A Comparison of Homeopathy and Acetaminophen**

The investigators conclude that homeopathic treatments for pain in OA patients appear to be safe and at least as effective as acetaminophen, and are without its potential adverse effects including compromise to both liver and kidney function.

Evidence

- *British Medical Journal*
  Effect of Homoeopathic Treatment on *Fibrositis*

It showed a significant reduction in tender spots, by 25%, when patients were given the homeopathic medicine, as compared to when they were given the placebo.

Evidence

• *CHEST*
  Influence of (homoeopathic) potassium dichromate on tracheal secretions in critically ill patients

CONCLUSION: These data suggest that potentised (diluted and vigorously shaken) potassium dichromate may help to decrease the amount of stringy tracheal secretions in COPD patients.

M. Frass *et al.* *CHEST*, March, 2005; Influence of (homoeopathic) potassium dichromate on tracheal secretions in critically ill patients
Evidence

• **BMC Complementary & Alternative Med**

Homeopathic and conventional treatment for **acute respiratory and ear complaints**: a comparative study on outcome in the primary care setting.

**CONCLUSION**: In primary care, homeopathic treatment for acute respiratory and ear complaints was not inferior to conventional treatment.

*[Ed.: faster improvement in first 7 days; no adverse drug reactions for adult group]*

M. Haidvogl *et al.* **BMC Complement Altern Med.** 2007 Mar 2;7:7

Homeopathic and conventional treatment for acute respiratory and ear complaints: a comparative study on outcome in the primary care setting.
 Evidence

- *Explore (NY)*
  Efficacy of a complex homeopathic medication (Sinfrontal) in patients with acute maxillary sinusitis: a prospective, randomized, double-blind, placebo-controlled, multicenter clinical trial

CONCLUSION: This complex homeopathic medication is safe and appears to be an effective treatment for acute maxillary sinusitis.

Evidence

• *Complementary Therapies in Medicine*

Homoeopathy in **primary care**: self-reported change in health status.

1 year after first examination 73.5% of patients reported a marked or moderate improvement in their health status.

Evidence

• **Biomedical Therapy**

  **Acute Otitis Media in Children: A Comparison of Conventional and Homeopathic Treatment**

  They found that the total recurrences of the homeopathic treated group was .41 per patient, while the antibiotic treatment group was .70 per patient. Of the "homeopathic" children who did have another earache, 29.3% had a maximum of three recurrences, while 43.5% of the "antibiotic" children had a maximum of six recurrences.

KH Friese *et al.*; *Biomedical Therapy*, 60,4,1997:113-116; Acute Otitis Media in Children: A Comparison of Conventional and Homeopathic Treatment
Evidence

- **Homeopathy**
  Pharmacoeconomic comparison between homeopathic and antibiotic treatment strategies in recurrent acute rhinopharyngitis in children

  Homeopathy may be a cost-effective alternative to antibiotics in the treatment of recurrent infantile rhinopharyngitis

M. Trichard et al.; *Homeopathy*. 2005 Jan;94(1):3-9; Pharmacoeconomic comparison between homeopathic and antibiotic treatment strategies in recurrent acute rhinopharyngitis in children
Evidence

- **Homeopathy**

Adjunctive homeopathic treatment in patients with severe sepsis: a randomized, double-blind, placebo-controlled trial in an intensive care unit.

On day 180, survival was statistically significantly higher with verum homeopathy (75.8% vs 50.0%, P = 0.043).

CONCLUSION: Our data suggest that homeopathic treatment may be a useful additional therapeutic measure with a long-term benefit for severely septic patients admitted to the intensive care unit.

M. Frass *et al.*; *Homeopathy*. 2005 Apr;94(2):75-80; Adjunctive homeopathic treatment in patients with severe sepsis: a randomized, double-blind, placebo-controlled trial in an intensive care unit
Evidence

- *European Journal of Pediatric Surgery*
  Homeopathic treatment of children with **attention deficit hyperactivity disorder**: a randomised, double blind, placebo controlled crossover trial

CONCLUSION: The trial suggests scientific evidence of the effectiveness of homeopathy in the treatment of attention deficit hyperactivity disorder, particularly in the areas of behavioural and cognitive functions.

Evidence

• UK Faculty of Homeopathy:
  – Up to the end of 2010, 156 randomised controlled trials (RCTs) in homeopathy have been reported in 135 full papers in peer-reviewed journals. This represents research in 75 different medical conditions. Of these 156 RCTs, 41% were positive, 7% negative and 52% non-conclusive. (LINK)
  – A number of systematic reviews have evaluated the homeopathic research literature.
  – Non-randomised, non-controlled clinical outcomes studies make a useful contribution to the evidence base.
Evidence

• WHO Draft Report 2004:
  – Homeopathy: review and analysis of reports on controlled clinical trials
  – “During the last forty years, research has been published in peer-reviewed scientific journals, ranging from basic science studies related to potential mechanisms of action, to randomized controlled clinical trials in humans and animals, to cost-effectiveness studies and health services research. The majority of these publications in the scientific literature have demonstrated that homeopathy is superior to placebo in placebo-controlled trials and is equivalent to conventional medicines in the treatment of illnesses, in both humans and animals.”
Evidence

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WHO Report

• Studies Reviewed: [Link]
Evidence

• Does it matter?
  – No

  – As long as fundamental research (?) lacks then homoeopathy continues to fill the definition of placebo despite:
    • Effective in animals, plants, children

  – Because it remains “implausible” – no amount of effective research will change this:
    • Potency: forget high potencies
    • Similarity: works in low / high potencies (but real sticking point)
Evidence

- Implausibility

- 13 things that don’t make sense*:
  1. The placebo effect
  2. The horizon problem
  3. Ultra-energetic cosmic rays
  4. Belfast homeopathy results
  5. Dark matter
  6. Viking's methane
  7. Tetraneutrons
  8. The Pioneer anomaly
  9. Dark energy
  10. The Kuiper cliff
  11. The Wow signal
  12. Not-so-constant constants
  13. Cold fusion

*13 things that do not make sense, 19 March 2005, NewScientist.com news service
So...?

• Patient Experience
• Ethical Practice

– Registered homoeopaths are held ultimately responsible for the care of their patients and unethical / unprofessional practice should be reported
– Education and training
– Collegiate = don’t sit on the outside and tell me what I do, discuss with me first
  • Come to HSA functions, discuss regionally, nationally
  • Vaccines – education and buy-in
– Not promoting false claims / perceptions – false unreasonable belief needs to be investigated and exploited.
Or...?

• Ban it / them

...AND THEN WHAT?!

Education?
Sought anyway?
Control?
Mechanisms?
Did we try this already in other areas?

Then use standard, open, honest, transparent assessment: ATM, CAM, Conventional, Faith
Perspective

• Fight over legitimacy of homoeopathy (UK):

“The most insubstantial hot potato that has ever been fought over.”

• Perhaps:
  – Lets regulate what little they do
  – Lets engage further with SA homoeopaths on what they think
  – Lets consider using their diagnostic skills to expand their therapeutic range – empower western trained CAM practitioners to prescribe
    • Pilot projects for ATM practitioners to evaluate, assess and prescribe?

“The individual, not the disease, is the entity.”