

# **Clinical research in homeopathy: asking the right questions**

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## **ABSTRACT**

Identifying the 'right' clinical research questions in homeopathic medicine requires that the targets for that research are clearly and optimally defined. The definition of such targets depends, in turn, on a full and clear understanding of the current research evidence base. Moreover, it is crucial to retain a scientifically objective and consistent approach that is not distracted by extremes of opinion on either side of the debate about the research evidence in homeopathy.

The main focus logically must be on randomised controlled trials (RCTs) because, despite reservations about their application to homeopathy research in the past, they are the only available way to prove cause and effect of an intervention. Many commentators, however, have failed to distinguish between the findings of placebo- and other-than-placebo (OTP)- controlled trials, while the individualised style of the normal homeopathic intervention and the main effects anticipated from that intervention have not always been properly reflected. Thus, the interpretation of findings, in terms of 'efficacy' or 'effectiveness' of the intervention, is often unclear.

Our method of 'vote counting' the results of RCTs in homeopathy has enabled a clear categorisation of the research evidence, together with an opportunity to reflect condition-specific findings. That approach is not without flaws, however, and a more appropriate and sophisticated systematic review (SR) of the RCT evidence would be additionally helpful. Previous SRs of RCTs in homeopathy have typically failed to provide clear conclusions about the effectiveness of homeopathy as a system of medicine or about the efficacy of particular medicines. This is largely the result of a failure to distinguish: individualised from non-individualised homeopathy; treatment from prophylaxis; and internal validity (risk of bias) from model validity ('state of the art' practice and relevant outcome measures). And SRs have paid little attention to the potency of the homeopathic medicines used, to reviewing OTP-controlled RCTs, or to distinguishing between research published in the peer-reviewed and the non-peer-reviewed literature.

A clearer and more complete awareness of the current RCT evidence will emerge from the above SR programme, which is now in progress. Importantly, the attributes of homeopathy and study design that it addresses can be fully reflected in answering the key questions that are then applied to new RCTs in homeopathy.

**Keywords:** homeopathy; randomised controlled trials; systematic review.



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