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## **Clinical Studies Concerning Homeopathic Treatments of Epidemics Studien zur homöopathischen Behandlung von Epidemien**

Abstract: Experiences of the 19th and 20th century show impressive successes of homeopathy in treating epidemics which led to an approval of the method. Critics of homeopathy especially ignore results of homeopathic treatment of epidemics in the 20th century, outside of Europe and the USA. Homeopaths occasionally underestimate qualitative problems in epidemiological studies. On the basis of generic studies, varying aspects of study qualities will be demonstrated together with propositions for further improvement.

Zusammenfassung: Die Erfahrungen des 19. und 20. Jahrhunderts zeigten eindrucksvolle Erfolge der Homöopathie in der Epidemiebehandlung, die der Methode offizielle Anerkennung einbrachten. Homöopathiekritiker ignorieren insbesondere die Ergebnisse aus dem 20. Jahrhundert, die außerhalb von Europa und USA erzielt werden konnten. Homöopathen unterschätzen gelegentlich die qualitativen Probleme bei entsprechenden Studien. Anhand exemplarischer Studien sollen verschiedene Aspekte der Studienqualität dargestellt und Vorschläge zur weiteren Optimierung gegeben werden.

### **Successes of homoeopathy in treating epidemics during 19th and 20th century**

Homoepathic experiences have been gained and successes have been achieved during 19th and 20th century in the context of epidemics and the flu pandemic 1918/19.

Hahnemann himself performed treatment of typhus fever (caused by *Rickettsia prowazekii*) in a larger scale for the first time during autumn 1813. In contrast to well documented high mortality at that time (50 to 70% of cases) he did not have any case of death among the 183 patients he treated in Leipzig<sup>1</sup>.

During Cholera asiatica 1831 he wrote four essays on cure of Cholera and left them for free to publishers who spread them among population.

Successes got around in whole Europe and led to further recognition of homoeopathy among the people<sup>2</sup>. In Austria the ban of homoeopathy of 1819 finally got revoked in 1837<sup>3</sup>.

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<sup>1</sup> Hahnemann, Samuel: Vorwort zu *Rhus toxicodendron*, Reine Arzneimittellehre, Nachdruck, Haug Verlag, Heidelberg 1979.

<sup>2</sup> Stahl, M. Der Briefwechsel zwischen Samuel Hahnemann und Clemens von Bönninghausen, Haug Verlag, Heidelberg 1997.

<sup>3</sup> Seiler, H. Die Entwicklung von Samuel Hahnemanns ärztlicher Praxis. Haug Verlag, Heidelberg 1988.

In 20th century treatment success during cholera epidemic of Kalkutta (India) in 1972 resulted in recognition of homoeopathy by the Indian state with Homoeopathic Central Council Act released by Indian parliament.

### **Critics of homeopathy and the situation outside of Europe and the USA**

In India and in large parts of South America homoeopathy is part of the health system. In India about 13% of all doctors are homoeopathic doctors<sup>4 5</sup>. Homoeopathy is well accepted including official recognition and broadly used in these countries where “normal Western Medicine” cannot be provided for the complete population. This is even more the case when treatment has to be organised in short time for large sections of the population and vaccination is not available. Economics, accessibility, availability, adverse reactions and timing are important points for the choice of therapeutics [Bracho et al., footnote 19].

Internet search with the terms „Homöopathie Epidemie Behandlung“ (German) and „homoeopathy epidemics treatment“ on pages of so called homoeopathy critics does not show perception of this situation. Examples can be found by several links: <sup>6 7 8 9</sup>.

### **Underestimation of qualitative problems in epidemiological studies using homoeopathy and propositions for further improvement**

Epidemiological studies - as well as clinical studies - need to be of good quality. They are undertaken in order to show causal mechanisms for health phenomena. Quality depends on methodology and representiveness of study sample. Without good quality of studies their results do not find recognition by scientific community.

„Bias, confounding, and chance can threaten the quality of an epidemiological study at all its phases. Nevertheless, their presence does not necessarily imply that a study should be disregarded. The reader must first balance any of these threats or missing information with their potential impact on the conclusions of the report.“<sup>10</sup>

Scientific work aims at evidence of studies, and Evidence Based Medicine (EBM) has been developed to deal with implications of studies and medical experience.

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<sup>4</sup> Dinges, M. Entwicklungen der Homöopathie seit 30 Jahren. Zeitschrift für Klassische Homöopathie 2012; 56(3): 137-148.

<sup>5</sup> Bhardwaj, S. M. Medical pluralism and homoeopathy: A geographic perspective. Social Science and Medicine 1980; 14B: 209-216.

<sup>6</sup> <http://www.beweisaufnahme-homoeopathie.de/?p=2262> [download: June 11th, 2017]

<sup>7</sup> <http://blog.gwup.net/2014/12/05/homopathen-und-ihre-erfahrungen-mit-todlichen-epidemien/> [download: June 11th, 2017]

<sup>8</sup> <http://www.laborjournal.de/editorials/1205.lasso> [download: June 11th, 2017]

<sup>9</sup> <http://edzardernst.com/2017/02/homeopaths-love-it-the-epidemiological-evidence-suggesting-that-homeopathy-works/> [download: June 11th, 2017]

<sup>10</sup> Zaccai, J.H. How to assess epidemiological studies [review].

<http://dx.doi.org/10.1136/pgmj.2003.012633> and

<http://pmj.bmj.com/content/80/941/140> [download: June 11th, 2017]

Different hierarchies of evidence are used. SIGN suggests the following key to evidence statements <sup>11</sup>:

LEVELS OF EVIDENCE	
1 ++	High-quality meta-analyses, systematic reviews of RCTs, or RCTs with a very low risk of bias
1 +	Well-conducted meta-analyses, systematic reviews, or RCTs with a low risk of bias
1	Meta-analyses, systematic reviews, or RCTs with a high risk of bias
2 ++	High-quality systematic reviews of case-control or cohort studies High-quality case-control or cohort studies with a very low risk of confounding or bias and a high probability that the relationship is causal
2 +	Well-conducted case-control or cohort studies with a low risk of confounding or bias and a moderate probability that the relationship is causal
2	Case-control or cohort studies with a high risk of confounding or bias and a significant risk that the relationship is not causal
3	Non-analytic studies, eg case reports, case series
4	Expert opinion

This key is as well useful in rating of homoeopathic epidemiological studies.

Analysis of some homoeopathic epidemiological studies shows that levels of evidence are low with a tendency of improvement during the last decades<sup>12 13 14 15 16 17 18 19</sup>. More details are presented in the annex.

The three so called RCTs (Kumta, Gaucher 1993, Gaucher 1994) considered for this treatise show lack of methodological quality and of reporting. Scientifically it is difficult to accept their results.

In none of the five large scale cohort studies (Rastogi, Marino, Nunes, Bracho, RAECH) considered for this paper confounding factors were controlled for. In consequence even the study of Bracho et al. which was carried out with high scrutiny and included the complete population of three Cuban provinces only reaches SIGN level 2+ due to missing

<sup>11</sup> <http://www.sign.ac.uk/assets/sign153.pdf> [download: June 11th, 2017]

<sup>12</sup> Kumta, Prakash S. Effectiveness of Homoeopathic Medicines in Epidemic Acute Viral Conjunctivitis, 1975 (Acute Haemorrhagic Conjunctivitis). Hahnemannian Gleanings 1977; 44 (6): 272-276.

<sup>13</sup> Rastogi, D.P., Sharma, V.D. Study of homoeopathic drugs in encephalitis epidemica (1991) in Uttar Pradesh (India). CCRH Quarterly Bulletin 1992; 14 (3&4).

<sup>14</sup> Gaucher, C., Jeulin, D., Peycru, P., Pla, A., Amengual, C. Cholera and homoeopathic medicine. British Homoeopathic Journal 1993; 82: 155-163.

<sup>15</sup> Gaucher, C., Jeulin, D., Peycru, P., Amengual, C. A double blind randomized placebo controlled study of cholera treatment with highly diluted and succussed solutions. British Homoeopathic Journal 1994; 83: 132-134.

<sup>16</sup> Marino, R. Homeopathy and Collective Health: The Case of Dengue Epidemics. Int J High Dilution Res 2008; 7 (25): 179-185.

<sup>17</sup> Nunes, L.A.S. Contribution of homeopathy to the control of an outbreak of dengue in Macaé, Rio de Janeiro. Int J High Dilution Res 2008; 7 (25): 186-192.

<sup>18</sup> Rapid Action Epidemic Control Cell – Homoeopathy (RAECH) Department of Homoeopathy, Govt. of Kerala. Protective Efficacy of „Genus Epidemicus“ (Homoeopathic Preventive Medicine). Jan. 2011

<sup>19</sup> Bracho, G., Varela, E., Fernández, R. et al. Large-scale application of highly-diluted bacteria for Leptospirosis epidemic control. Homoeopathy 2010; 99: 156-166.

control group. The authors themselves write “... there are multiple possible causes of the differences between IR [intervention region] and RC [rest of country] ...”

For further scientific recognition of homoeopathic treatment in epidemics at least three points are inevitable:

1. discussion of scientific approach to epidemiological emergency situations
2. preparation of research in such situations and
3. engagement with principles of Evidence Based Medicine.

Annex: Overview of Some Studies Concerning Homoeopathic Treatment of Epidemics