



LMHI CONGRESS
2018
5 - 8 SEPTEMBER CAPE TOWN

Contributing to Sustainable Healthcare

Dr Peter Fisher (United Kingdom)

Dr Peter Fisher is Director of Research and Consultant Physician at the Royal London Hospital for Integrated Medicine (RLHIM) in London, England. He is accredited (Board Certified) in homeopathy and rheumatology. The RLHIM is part of University College London Hospitals, one of the largest academic medical centres in the UK, and is Europe's largest public sector centre for integrated medicine. He is also Physician to Her Majesty The Queen.

He was elected President of the Faculty of Homeopathy in March 2018 and is a member of the World Health Organization's Expert Advisory Panel on Traditional, Complementary and Integrative Medicine, he helped to draft its Traditional Medicine Strategy 2014-2023, and Editor-in-Chief of the international medical journal Homeopathy.

Peter Fisher is an active clinician, specialising in integrating homeopathy and other forms of complementary medicine with other forms of health care. He has led numerous research projects in integrated medicine. His interest in the area was triggered by a visit to China during the Cultural Revolution while still a medical student at Cambridge University. His research work centres on responding to the problems of health care, including 'effectiveness gaps', multimorbidity, antimicrobial resistance and polypharmacy, by integrating the best of conventional and complementary medicine.

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PRESENTING:

“Bias in meta-analyses of homeopathy”

Plausibility bias

Homeopathy is a controversial yet widespread form of integrative medicine based on the idea of “similia similibus curentur” (let like be cured by like). Used by an estimated 500 million people worldwide (1), it nevertheless attracts great scepticism from the scientific community arising from its use of highly dilute medicines, it is said that “homeopathy doesn’t work because it can’t work”, or “homeopathic medicines are just plain water”. This has generated “plausibility bias”, which has influenced the interpretation of results of clinical research.

The first systematic review of clinical trials of homeopathy concluded: “Based on this evidence we would readily accept that homeopathy can be efficacious, if only the mechanism of action were more plausible” (2). Subsequently various sweeping but non-specific claims about the anti-scientific nature of homeopathy have been made, for instance: that it would “wreck the whole edifice of chemistry and physics”, or “stand in clear opposition to conventional science”.

Irregular methods

Regrettably this has generated an antagonistic atmosphere, in which it appears to be acceptable to use irregular methods: two recent, high profile meta-analyses of homeopathy failed to meet elementary standards of quality and transparency, but yet have had considerable traction. Shang et al (Lancet 2005) did not reference RCTs on which its conclusions were based. The authors refused to reveal their identity until after the correspondence had been published. But during the review process the inclusion criteria were changed from “high quality” to “larger high quality”, excluding 93% of trials (3,4). Had the meta-analysis been conducted as originally intended, the result would have been positive (5).

The 2015 report by the Australian National Health and Medical Research Council (NMHRC) concluded that there is no reliable evidence that homeopathy is effective (6). Again, there is evidence of bias, most importantly the unprecedented criteria for “reliability” which resulted in the exclusion of 97% of the evidence. To be considered “reliable”, trials had to have at least 150 participants and very high quality score. The NHMRC found 58 systematic reviews which included 176 individual studies, but excluded the results of all but 5 (3%). This criterion of reliability appears to have been introduced specifically for homeopathy.

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PRESENTING:

“Bias in meta-analyses of homeopathy” (continued)

Moving the goalposts

Other NHMRC reviews do not have a minimum trial size, nor do other highly-respected review bodies use such criteria: the Cochrane Collaboration does not exclude RCTs on the basis of numbers of participants alone. The NHMRC concealed the fact that it reviewed the evidence twice. The published report was second; the original report has never been published and the NHMRC has refused Freedom of Information requests to do so. The conduct of Shang et al and the NHMRC is the scientific equivalent of moving the goalposts while the game is in progress.

43 systematic reviews of clinical trials of homeopathy have been published. 21 were clearly or tentatively positive, 9 inconclusive (7). These proportions are similar to those for conventional treatments. Conditions with positive results include: allergies and upper respiratory tract infections (8,9), childhood diarrhea (10), post-operative ileus (11), Rheumatic diseases (12), knee surgery (13), hay fever (2 reviews) (14,15), and vertigo (16).

Bridging the plausibility gap

The “plausibility gap” is being bridged. Twelve independent research labs have reported that homeopathic medicines contain nanostructures, including source material, silica nanoparticles and gas (17,18,19,20). This suggests that homeopathic medicines act by modulating the allostatic stress response network (allostasis is the process of restoring a stable internal environment) (21,22). A recent review of biochemical, immunological, botanical, cell biological and zoological experiments on homeopathic dilutions found 98 replicated experiments with over 70% of replications positive (23).

References 1 - 23 available on request.

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