

## HOMEOPATHY - A WASTE OF TIME?

Dr David Spence

### TRANSCRIPT OF TAPE OF BLACKIE MEMORIAL LECTURE 2003

**Jeremy Nickson:** Good evening, ladies and gentlemen. My name is Jeremy Nickson and, as Chairman of the Trustees of the Blackie Foundation Trust, may I welcome you to the 10<sup>th</sup> Blackie Memorial Lecture. We are very privileged yet again to be part of this Conference, organised by Peter Fisher and the Royal London Homeopathic Hospital.

I would just like to read out a message from our Patron, Her Royal Highness The Princess Alice. "I am sorry I will not be able to attend myself. I am sure the Lecture will be stimulating and hope that everyone will be able to join the reception at the Garden Museum afterwards." I am sure that she will be interested in the results of the Lecture and any comments that we may have afterwards.

As you may be aware, this Trust was set up by the late Margery Blackie, the very eminent homeopath. I am extremely pleased to be able to say that, in recognition of Dr. Blackie's work, our application for the erection of a Blue Plaque has all but been agreed. The Plaque will be erected at 18 Thurloe Street, where Dr. Blackie practised for many years. The Trust has been developing its website and we are now looking at completion, hopefully, by the end of this month. The objectives of the site will be not only to promote the Trust and its activities in their pursuit for funds but also to advertise its capability and interest to fund a variety of projects. In addition, we think it is very important that every opportunity should be taken to promote homeopathy generally, through education in the principles of homeopathy and an appreciation of what is currently happening in the world of homeopathy. Much of this work on the website has been co-ordinated by our two relatively new Trustees, Deborah and Hamish Blackie, to whom we are much indebted. Whilst dealing with the Trust's own affairs, I must pay tribute to our very hard working and extremely efficient Administrator, Shirley Cave.

Unfortunately our tradition of the current speaker being introduced by the previous speaker has been broken this year. Sadly Jay Borneman, in view of the current difficulties in the Middle East, has not made the Conference. However, I am very pleased to say that Galen Ives has agreed, at short notice, to step into the breach. Galen is a very constant friend of the Blackie and, amongst other things, represents us at various European Conferences, and is a previous Blackie Lecturer. I therefore welcome Galen to introduce tonight's speaker, Dr. David Spence.

Applause.

**Galen Ives.** Good evening ladies and gentlemen. You will see that the title tonight is Homeopathy - a Waste of Time? I wouldn't wish to prejudge the outcome of the Lecture, but I hope that David is going to conclude in the negative, otherwise this will be a confession of a wasted life. He will need little introduction for many of you, because he is a distinguished and well known figure within the world of homeopathy. He qualified in medicine in 1968 and for some years practised conventional medicine and, as many orthodox medics are, was of the view that homeopathy is a load of rubbish. However, seeing it work and becoming aware of the limitations of orthodox medicine, he became interested in homeopathy and, for many years now, he has devoted considerable energy and effort to promoting homeopathy, both by way of clinical practice and by fostering various teaching and other activities. He works in Bristol, which is a city with a long medical tradition and a fine medical school. It has for many years had one of the centres of homeopathy in Britain and David is the Clinical Director of the Directorate of Homeopathic Medicine there, which is part of the United Bristol Healthcare NHS Trust. He also is the Director of the Academic Department of Homeopathy which teaches modules for postgraduate courses for medics, for nurses for veterinarians and others, and also provides an undergraduate input to the Medical School. He has represented many bodies. You will know him as a past President of the Faculty of Homeopathy. He is currently the Chairman of the British Homeopathic Association and he is also Vice President of the European Committee for Homeopathy, so one wonders how he has time to write lectures to present to us. With no further ado, I am looking forward to hearing what he has to say, which I am sure will be enjoyable and informative, will you please welcome the 10<sup>th</sup> Blackie Memorial Lecturer, Dr. David Spence.

**David Spence:** Well, WOW is all I can say to that. Thank you for your fulsome introduction, Galen. Ladies and gentlemen, good evening. It is very nice to see you all here this evening. You know, when you have had an introduction like that, it is often wiser to remain silent and only appear a fool, than to speak and remove all doubt. But speak I must, because I have to fulfil my invitation. It is indeed an honour and a privilege to be asked to deliver this 10<sup>th</sup> Blackie Memorial Lecture. I have to confess that I was somewhat taken aback by being invited to do it, because I have always regarded those who give such Lectures, as having the ability to impart something learned and, as they say across the water, I don't do learned! But Anita, of course, was not to be denied and she phoned me up - she's laughing you see (it's all very well to sit down there and laugh, isn't it?). But she phoned me up and I said "well you know, I don't really think this is my sort of thing, and I don't really think I have got anything worth saying", so I sort of deferred for a while. And then of course came the next phone call to get a decision out of me, and of course it arrived in the middle of a busy outpatient clinic, and so unfortunately I chose the 3-letter word. I suppose this is partly because, despite endless lessons, I am still struggling with the 2-letter option! However, in the interval, I had also thought a bit and discussed it with my wife

and I began to think - well I am one of the dwindling number of homeopathic physicians who was actually taught by Dr. Margery Blackie and perhaps, therefore, I ought to do it "for her".

We are meeting this evening to honour a most remarkable and unique physician and teacher. For those of you who didn't know her, she's the one on the right - your right that is, not mine. [Slide of Margery Blackie and H.M. Queen Elizabeth.] To learn homeopathy under her tutelage was indeed a great privilege. She brought an enormous energy and enthusiasm to everything that she did and her lectures were very much an inspiration, always tinged with a sparkle in the eye and a touch of humour, etc. So you will forgive me tonight if this lecture is perhaps somewhat more light-hearted than you might usually expect from those who give such prestigious lectures because, as I have already explained, I don't do that sort of thing.

Dr. Thompson Walker when introducing Dr. Blackie when she gave the Richard Hughes Memorial Lecture in 1959 said that she had somewhat of a reputation for giving 'racy' lectures. Now it's not perhaps racy as we mean it today, but her lectures were always full of enthusiasm and interest.

But what am I doing on this platform this evening? I'm beginning to ask myself that question! I suppose I might say, it's really all her fault! I thought about calling this lecture "Two letters and a notebook" and I thought that's perhaps a little obscure. I will explain.

The first letter arrived more than 25 years ago, when a small blue envelope dropped on my doormat one morning, containing this letter, which reads "I enclose a preliminary programme for our October course and shall so hope to welcome you to it. Do come and please attend my fork supper on the Monday evening. It's a great gathering of all the doctors who are attending the course and I always invite some of the outside consultants as well. Please come to as much of the course as you can. It will interest you I'm sure. Yours sincerely, Margery G. Blackie". I went. And then I attended a number of what were then called intensive courses. We used to have a week, Monday to Friday, at the Royal London Homeopathic Hospital, and these took place three times a year. And after a couple of years or so, I took my MFHom exam, and it was shortly after that that the second letter arrived. This time it was a long brown envelope. I opened it and it contained the programme for the next intensive course. So I am sitting there reading this thinking "it's nice to have a copy of this programme although I wasn't planning to go", and I turned it over and shock horror! Thursday morning, 11.30, The Catarrhal Child, Dr. David Spence. Hey, I don't do public speaking. Never have done, never will do. What was I going to do? I didn't feel I could make some lame excuse. I didn't really fancy ringing up and getting Miss Majendi - a lovely but truly formidable lady. And so I decided to bite the bullet and give this lecture, which I duly did, in May of that

year. Not many words went on afterwards. Dr. Blackie just said "Good, I shall ask you again." And so began the long, relentless and slippery slope that has landed me on this platform here this evening.

But then the notebook. In 1981 Dr. Blackie died but also Dr. Frank Bodman died, who had been on the house with her at the Royal London Homeopathic Hospital and had been a life-long friend. After his death, the Bristol Homeopathic Hospital acquired his extensive library and, amongst all the books and papers, I found this notebook. I knew Frank's handwriting from patients' notes and thought, "no, it's not his handwriting", and so I got out the old blue letter, and of course it's Dr. Blackie's handwriting. This notebook starts "Lectures by DMB, 1924-1925". So this is Dr. Douglas Borland, whom she described as "a giant among doctors", or as a "born doctor because he was so interested in the whole individual patient". So there are notes of lectures from him and the last page is headed "CEW", Dr. Charles Wheeler. There's a patient's name and address and it says "for admission on Tuesday". Now these were her two chiefs at the Royal London Homeopathic Hospital and these were two physicians who had an enormous influence on her life and on her practice. But we will come back to Dr. Wheeler at a later date.

It is very difficult to decide in advance the title of a lecture. I decided that I would use a title in the news at that particular time. This had just appeared on the front cover of our BMJs a week or two before. "Homeopathy for dust mite allergies? No it's a waste of time." Was this responsible medical journalism? I wonder what Dr. Blackie would have thought about that. I thought opponents of homeopathy would just look at the front cover of their BMJ, and would read 'homeopathy, no it's a waste of time'. So I thought well, I'll take that - homeopathy a waste of time - put a question mark on the end and use that as a title.

So - homeopathy a waste of time?

"To begin with, what is homeopathy? If you were to ask 100 people indiscriminately, you would scarcely get a satisfactory answer. The result would generally be either complete ignorance, or prejudice based on ignorance, except for some vague idea of small doses, or the 'hair of the dog that bit you'." That was the opening statement of Dr. Blackie's Presidential address in 1950, when she started her second year as President of the Faculty. The hair of the dog that bit you took me back to the dust mite study. So what did this study actually tell us? Well, apart from the fact that what is called the model validity of the study was possibly not terribly great, few experienced homeopathic physicians would expect a huge amount of change from three doses of 30c of house dust mite at a 16-week interval - it gave a lot of other mixed messages. One might have expected that at week 3 the homeopathy group were actually worse. Participants in the homeopathy group were using less bronchial dilator in the last 4 weeks of the study. It ended

by saying this randomised placebo-controlled trial shows that homeopathic immunotherapy is no better than placebo. This was a fairly high-handed statement, I thought. Perhaps it could have said that the results of this particular study failed to demonstrate an effect. Because, of course, it all depends, doesn't it, on the design of the study?

Last autumn the dark nights were illumined by the Amazing Randi. Who would run a scientific study and have a magician present all the time?

I had a very interesting experience ten days ago in Belgium when I saw the bulk of this same BBC Horizon programme, presented on Belgian television with very positive results. Michel van Wassenhoven was standing in for James Randi but the Belgian TV producer took out of this same programme the positivity of the results in humans and animals, and the positive aspects of Jacques Benveniste's work and Madeleine Ennis's work. It was an extremely positive programme, based on pretty much the same material. And you thought only politicians had spin doctors!

In the new year we came to the onslaught on Arnica. The study that was published from Exeter was really not a very great study. It was very underpowered and a very inappropriate clinical target for the use of Arnica. The dosage regime would not be the dosage regime that most experienced homeopathic physicians would use. There was poor adherence to the treatment regime in more than 33% of the participants, acknowledged by the research group but not thought to be of any significance. I searched the title, and the acknowledgements but found no homeopathic physician who would have the necessary experience to make such a comment. Despite all that, they came to the stunningly scientific conclusion that the reputation of Arnica as a healing remedy was purely myth! The most amazing thing was really the fact that it generated a vast amount of media coverage generated in the daily press, the local press, all over this country and even in Europe. And a half-page in the BMJ since it showed they hadn't read this paper from Mason Tovey & Long they published in October saying the good design of RCTs will avoid invalid results. Professor Ernst said "he hoped that the study would help people to save money by not buying homeopathic Arnica".

About four weeks ago we had this excellent paper in the Annals of Internal Medicine from Wayne Jonas and his colleagues. It was a critical overview of homeopathy which gave a very measured and balanced view of the state of play as it is today.

They said that "when only high quality studies had been selected for analysis (such as those with adequate randomisation, blinding, sample size and other methodological criteria that limit bias), a surprising number show positive results." "Multiple subset and sensitivity analyses on many quality variables reduced, but did not eliminate, an effect in favour of homeopathy. One could

eventually eliminate the effect in favour of homeopathy by applying combinations of unusually selective criteria." Now we don't normally apply these unusually selective criteria to studies in the medical field, so one wonders why it is done to homeopathic studies. In fact, they then had a very interesting table of meta-analyses. Here one with 107 trials looked at, the "available evidence is positive" (89 trials), "not compatible with the hypothesis that homeopathy is placebo" (32 trials), "evidence suggests effect over placebo", etc. until you get to this meta-analysis at the bottom "no evidence of effects greater than placebo", a meta-analysis of only six studies. No prizes for guessing whose work this is at the bottom of the slide. It's our old friend from Exeter once again. Recently two scientists wrote in Bandolier about how to make clinical sense of trials results and pointed out that "statistical significance does not always mean clinical importance". And that's very significant. But they went on to say: "is the study big enough? Small studies are unreliable because they do not have the power to overcome chance." "Meta-analysis" they said "increases the power of the analysis but small-scale meta-analysis is also unreliable". It seems to me that our colleague in Exeter is a past-master at small scale meta-analysis, and I think we have to look at the reliability or not of such studies.

And so Jonas and his colleagues concluded that "more and better research is needed, unobstructed by belief or disbelief in the system." "Homeopathy deserves an open-minded opportunity to demonstrate its value. In addition, better data are needed to examine the use and effects of homeopathy in actual practice" - a very important point.

It was an extremely good paper - but how did the press report this? "Homeopathic remedies that won't make you better. Homeopathic remedies simply do not work", it started. I began to wonder whether the Science Correspondent, or whoever, had actually read the same paper as I had.

So we come right up to date. 48 hours ago a study was published in Thorax, again from Edzard Ernst about individualised homeopathy as an adjunct in the treatment of childhood asthma. Again, this is a study that has raised media coverage, but when you look at this study it really is extremely poor, even poorer than the Arnica study. They used quality of life in these children as their primary outcome measure, as assessed by the childhood asthma questionnaire. But of course that particular tool is not sensitive enough to differentiate between those who have no asthma and those who have only mild asthma. And these children all only had mild asthma. So they went into the study basically with normal scores, so they couldn't get any better. (I understand from Peter Fisher that this is called the 'ceiling effect'.) Similarly they measured peak flow values. And you will notice that the expected peak flow value in the treatment group was already over 100% at the beginning of the study. It was approaching 97% in the non-treatment group, who needed a change of 7%, so it was impossible for the study to show a positive

outcome. It makes you wonder why people design these studies. Is it basic incompetence, or is there actually a hidden agenda? There was an e-mail communication from one of the authors. "Actually", he said, "the kids weren't really bad enough to show much change and the outcome measure was very poor at detecting change", so this is a comment from one of the authors.

One of the little gems that falls on my desk every month as a Clinical Director is this journal, *Bandolier*, which Peter is very familiar with, having had much correspondence with the Editor on one or two occasions. In this particular issue they were talking about "Why are we all so obsessed with p values?" Why are we so obsessed with the results of statistical significance and randomised control trials?" Now, I don't want you to get the impression that I am up here bashing randomised control trials. I am not. I think they are excellent, very useful. But when people have gone out so far on one end of the seesaw, you have to get pretty far out on the other end of the seesaw, if you are ever going to achieve any balance in this life. One wonders if we are just creating automaton doctors whose heads are full of p values.

It seems that we have forgotten about the art of medicine. The intuitive mind that was so much a part of Dr. Blackie's clinical practice and her teaching, and so much a part of everything that we do as homeopathic physicians. One might perhaps sum it up by using this statement "the intuitive mind is a sacred gift, the rational mind a faithful servant. We have created a society that honours the servant and has forgotten the gift." Perhaps you think "you might say, you might well say that - but no scientist would make a statement like that". Well he was a bit of a scientist, I think one has to say... [Slide of Albert Einstein]

But maybe there was a little light at the end of the tunnel. *Bandolier* went on to say: "We should forget probabilities and p values and acquaint ourselves with more relevant information, notably how much data do we need to be sure that an observation is not likely to occur just by chance", echoing what Moore and others had written in *Pain* a few years before, that "large amounts of information are needed to overcome random effects in estimating the direction and magnitude of treatment effects", and again, in the *BMJ* last December, where Landray & Whitlock had actually said that "non-randomised observational studies can provide useful information - The play of chance must be minimised by ensuring that sufficiently large numbers of patients are studied".

But it was actually the previous edition of *Bandolier* which had an article that caught my eye, because it said "rheumatoid arthritis treatments in the real world". And this seemed to strike a chord with me because we all work in the real world. "The real world", said *Bandolier*, "is sceptical about clinical trials. They are not sure whether the results transfer into clinical practice. RCTs do not recruit patients like ours, because they exclude too many of them, making

patients in trials unlike the patients in the real world". "Trial patients", they went on to say, "are coerced into remaining on treatments when, in the real world, adverse events or lack of efficacy make them discontinue treatment", and also that "trials aren't long enough when patients are going to go on having to take medication over extremely long periods of time".

And so there was this lovely study which came from southern Sweden of rheumatoid arthritis treatments, based on the University Hospital of Lund in Southern Sweden, with six other non-teaching hospitals taking part in the study, so that it covered most of the patients with rheumatoid arthritis in Southern Sweden. And there were 369 patients and they were in three groups and they were given three different known treatments, and the groups weren't randomised or sieved out, and they weren't of equal numbers, etc. It was just real-world stuff. And they were assessed at three months and six months and twelve months, and then every three to six months thereafter, because this was chronic disease and long-term treatment. And the patients tended to vote with their feet, because they found that two of the treatments were more effective than the third one and that those two treatments were round about equal, and interestingly 75-79% of them, therefore, remained on the first two treatments at 20 months, whereas only 22% on the third treatment were still on it, because they actually hadn't found it effective. But as the writers pointed out, one had to remember that, for those 22% of patients, that treatment was actually proving effective. So, said Bandolier, "this real-world study provided significant information about treating patients with rheumatoid arthritis using these therapies". This was much more, I thought, up Dr. Blackie's street. Real-world treatment looking at real effects, because when she spoke to us she always tended to throw in some case histories, with every lecture, of people who had been treated in the real world successfully with homeopathic treatment. And her inaugural address when she became the first-ever lady President of the Faculty in October 1949 was no exception. She finished up with 2 or 3 very impressive cases that she had treated, and she finished up with these words - "These are only isolated spectacular cases you will say and prove nothing. I don't think that is true. How are we ever going to get the hundred consecutive cases that Dr. Wheeler was always begging for, to prove our arguments?" Dr. Wheeler, who we mentioned earlier, had realised that you needed to have consecutive cases. Dr. Blackie presented cases, but you might call them uncontrolled, carefully selected series of 1, 2 or 3 patients, and Dr. Wheeler had realised that one needed to have consecutive cases in order to try and minimise selection bias. He thought a hundred would suffice. Now you have to remember that, at this time, randomised controlled trials were only just starting. This is 53 years ago. The first ever controlled trial was actually done by James Lind, an Edinburgh naval physician in 1753, and the Royal College of Physicians in Edinburgh this autumn is actually holding the James Lind Symposium, which is the

250<sup>th</sup> anniversary of that particular event, but we will come back to James Lind later.

So I want this evening to answer this call from Dr. Blackie for a hundred consecutive cases treated homeopathically in the real world. And this is going to be data taken from the Bristol Outcome Assessment Study, which has been running for about five and a half years, and we are going to look at the first five years - some of it, don't panic - of data that has come out of this study. Now, although I am presenting this study, it represents the work of 14 physicians who have worked extremely hard over these years, and I want to thank them all very much for their diligence at keeping this study going and not letting any patients slip through the net as one might call it. I also need to thank our Audit Facilitator, Sue Barron, and those other members of staff who enter all the data into the database, particularly Gill Pinnegar, and I also need to thank other members of UBHT staff from other Directorates who have contributed data to this study.

It is what one might reasonably call "homeopathic treatment in the real world".

Let me define the real world, because that's very important. We are, as the Chairman said in his introduction, an NHS University teaching hospital outpatient department, so where do we actually fit into the whole picture of an NHS University teaching hospital. Well here's some of the data of annual attendances for 2002. And I've chosen some of the specialties with whom we either do a lot of collaborative work or we see a lot of these sorts of patients, so you will see that amongst a lot of other chronic disease specialties, we actually have a reasonably large and healthy position. So we are not some funny little thing that is happening in a corner, although some people would like to think that we are. If I might return a moment to the Professor from Exeter - on a couple of occasions when I have heard him speak, in the process of implying that homeopathy doesn't work and maybe is a waste of time, he has tended always to say that it is all an issue of the time you give patients. Of course, everyone will get better if they go to see somebody and they are given an hour or two every time they are seen. And of course the other thing is that they are paying for it, and of course people will always get better when they are paying for something. So I thought some data from the hospital would be useful on this subject as well. So here are comparative durations of appointments at UBHT as they have been throughout this study that I am about to show you. So you will see that, in actual fact, we are very similar to a number of other specialties. So there's no great difference in time. This is the NHS and of course it's FREE, they don't pay anything. So time and money really are not particularly strong factors when we look at this data.

What are the morbidities that we see? I am indebted for this work to one of our fifth year undergraduates, who was doing a special study module for us in January

of this year, and she very kindly analysed 1350 new patients who had been seen in 2002.

So you will see the spread is enormous. It truly is a generalist field in which we work. The single commonest condition we see is eczema, 11% of the patients we see. More than 85% of these patients have attended other secondary care specialists in the NHS and have either failed to respond to the treatment they have been given or have been unable to tolerate the treatment given to them. They are the sort of patients who have been told by another consultant "There's nothing more that can be done for you." And so, it is often at that point in time that they get referred to the Homeopathic Hospital. Doctors often say to me: "What sort of patients do you see?" "Well" I say "everybody else's failures". Because that's about the long and the short of it. So you might say "Well it's not a very promising starting caseload." You might also say, "Well it's really only chronic disease, isn't it?". But, as the BMJ cover so graphically reminded us in the autumn, chronic disease is the biggest issue that we face in healthcare today. Nearly 50% of our national healthcare activity in 1990, rising to 70% by 2020, and I hardly need to remind you that we are now almost half-way through that particular time span. And they are not all elderly people. In fact, the majority of the patients that we see are actually under 48 years old. So that's the setting of the real world.

What about selection criteria? Something that people are always talking about. Well, every patient who is seen, is seen consecutively. There are NO exclusions. So what are the inclusion criteria? Well, there's only one - attended alive!

I thought, as many years had elapsed since Dr. Blackie's call for a hundred consecutive cases, that there ought to be some sort of adjustment for inflation. I thought perhaps if we multiplied the number of years that had elapsed by the figure, it might be somewhere near reasonable. We have studied 23,643 consecutive outpatient attendances in these five years, and looked at 5,729 consecutive patients treated, so it's a fairly reasonable body of consecutive patients that we have seen.

I am not going to bore you too long with lots of data, but we get some very simple data from patients: date, type of consultation, demographic details, the clinical diagnosis with its ICD10 code (the International Classification of Disease version 10 code), the treatment given with varying amounts of details (we have gathered different amounts of details in the various years that the study has gone on). They then get an outcome score, and then "Disposal", i.e. are they coming back for another appointment, are they discharged from outpatients etc. And there's one of these forms to fill up at every single consultation that takes place. And that's why I thank the physicians for their diligence, because this is hard work to make yourself do this at the end of busy clinics all the time, but it is something that has to be done for this thing to go forward.

So we have the setting, we have the selection criteria and now the effect of homeopathic intervention on patients' health - the assessment process. This is the difficult part, because inevitably one wants to work as much objectivity as possible into the assessment process. So that, where possible, one can do peak flow values for asthmatics, one can (and this is something we monitor very carefully) monitor the reduction in main-stream medication that patients need to take - so that one can actually have some definitive parameters of the effect of homeopathic intervention on patients' health. This is the outcome score that we use. Zero in the middle, with 3 below the line and 3 above the line, with cured on the top. Now, because of the type of patients that we see, it is extremely rare to give somebody a cured score. Because for me cured means, you are completely better and you will never get it again. And I think with chronic disease that is something that is very difficult to say honestly, so that +3 is really the point at which they are better and can be discharged from outpatients.

We saw this slide earlier where Mason, Tovey & Long were reminding us that "both specific and non-specific outcome measures, with long follow-up, are needed to adequately encompass the essence of complementary medicine". And so we followed these patients over long periods of time in order to be able properly to assess how they were progressing.

Here are a few of the results from the outcome study. This is the overall outcome figure for these 5,729 patients. So you can see these are the percentages of patients here, and you can see that 70% of patients, just over 70% of patients, actually, improve. And starting from the standpoint of everybody else's failures, this at least represents something which is interesting. If you break that down into men, women and children, it is interesting to note that this truly is a generalist field in which we work. The only one, I suspect, that exists within hospital practice today. Because these are the sort of figures that general practitioners' workload involve: roughly 60% women, 20% children, 20% men. It is no surprise really to see that the children, who are the red bars, actually do very much better. I think that's something that we all, as clinicians, recognise. But of course it is very nice to see it being brought out in a study of this sort. And if we look at one of the commonest conditions - or THE commonest condition - that we see, although this is just looking at the under-16 patients with eczema, you will see how very well they do, with nearly 71% of them falling in the +2, +3, or even cured category, so there is a very good response amongst young children. And there is a very good response amongst children over all.

Now there are literally dozens of these slides and you will be delighted to know that I am not going to show them to you. But I have actually put some data together on a grid, some of the commonest conditions, so that you can see some of the effects. Now you have got the score across the top, these are all percentage figures and down the left-hand side you can see the number of patients with each

particular condition. Some conditions have proved extremely interesting, particularly inflammatory bowel disease, which tends to either respond very well or not at all, or they are getting worse and the homeopathic treatment isn't having any effect on the course of their condition. And inflammatory bowel disease is something which we are seeing in increasing numbers. Again you can see over all a very positive trend of effect on these patients' health patterns. And of course you can actually look at such a vast amount of data and call up almost any diagnosis, or certainly any diagnosis that gets referred to the Hospital and actually see what sort of impact homeopathic treatment has on that particular condition.

Now, some might say we could have made all these figures up. So during this study, there have actually been three occasions - in fact more than that - but I have picked out three - when there have been other things which have validated the size of the effect. In the first year of the study, the Independent Consumer Involvement Unit at UBHT Trust Headquarters, did a survey of 200 patients and actually asked them what effect the homeopathic treatment was having. They repeated that in the third year of the study and then, in the fifth year of the study, we did an independent study of adverse events caused by homeopathic prescriptions. All three of these studies confirm the "size" of the effect that homeopathic intervention was having on these patients' lives and health.

So, will such a study change a mindset, as David Reilly likes to call it? These two Dutchmen, writing in the Annals of Internal Medicine in 2001 about homeopathic trials and positive results from them said "how seriously clinicians take these findings depends on their prior beliefs" and Professor Gene Feder, writing in the BMJ last year, said that "opponents of homeopathy have made it clear that no number of well-designed trials will overcome their prior belief that homeopathy cannot work". A speaker saying that something cannot work is assuming a position of possessing all knowledge.

There's a lot of other interesting data in this study, not least about cost, and I'll touch on this for a moment. These are some figures which the Director of Pharmacy Services gave me on Tuesday, and they are taken from around the middle of the study, the total drug costs in the UK was £6.3 billion in 1999. 80% of this is spent by GPs. That was news to me and I was really very interested by that fact, and the GP spent on average in 1999 £105 per patient per annum on drugs. You have to remember that less than 30% of patients in the UK pay prescription charges. As we have a lot of colleagues from overseas here, I would point out that certain patients pay a contribution towards their drugs, each item on their prescription, but actually less than 30% of people do that. because children don't pay, the elderly don't pay, and there are various other people who are exempt. So, at best, prescription charges contribute very minimally, maybe 10-15% to the UK drug costs. Is homeopathy cost-effective? Well the total drug costs for the five years of this

study were £63,265, that's 102,830 Euros. So that's a drug cost per consultation of £2.70 or 4.38 Euro. Each patient has maybe three or four consultations a year, so the cost of drugs per patient per annum is only about £8.10 - £10.80, that's about 13-18 Euro. Now here's the very interesting thing. The income from NHS prescription charges for the five years of the study was £44,670, 72,600 Euro. And this is 72% of the drug costs and, because of the relatively inexpensive nature of homeopathic medicines, it actually means that patients in the NHS contribute hugely to the cost of the drugs that are used. It becomes even more interesting when you break it down to items prescribed because some patients have more than one prescribed item. During the five years of the study, 47,312 items were prescribed at a cost of £63,265. This gives an average cost per item of £1.34, which compares with the current average cost of an item on an NHS prescription (figure issued by the DoH) of £11.09 - almost ten times as much!

So it's another piece of evidence that is very useful as we look at cost-effectiveness, and I know that is something that is going to be done at this conference tomorrow. Hopefully this data assists in the various presentations that are being made and assists also with bridging the credibility gap.

So, will an observational study change the mindset? Is our ship set fair and under full sail? Well, in closing, let me tell you a salutary tale. In 1553, Admiral Richard Hawkins reported to the Admiralty that, during his years at sea, 10,000 seamen had died of scurvy under his command. He also reported that oranges and lemons cured the condition completely and he presented a number of anecdotal cases to prove the point. He was completely ignored.

200 years passed with no action, and then we come back to James Lind, the Edinburgh Naval physician, who wrote a paper in 1753 reporting a controlled trial, where he had given oranges and lemons (or lemon juice I think it was) to half the seamen and there had been no cases of scurvy. Now I'm not sure it would have passed the Ethical Committee, because the seamen in the non-treated part of the study died!! But it was a controlled study, the first ever. Instead of being honoured by the Admiralty, the Lords of the Admiralty and the leading physicians of the day, he was ridiculed and ignored.

40 years passed. James Lind died and then, ironically in the year after he died, the Admiralty actually equipped a squadron with orange and lemon juice before they went off on a long voyage. Not one seaman died.

This however was ignored for a further ten years until finally, in 1804, regulations came into force that all seamen would have orange and lemon juice on voyages. 251 years. Perhaps we have some way to go yet!

But we should not be discouraged. Not a bit of it. The call to us as physicians is still the same one that Dr. Blackie always championed. To practise high-quality

integrated medical care, providing the best form of treatment that is most appropriate for each individual patient. Sadly there will always be those who take the arrogant stance, who know it all, who think there is nothing more for them to know, and who will always dismiss the existence of anything that doesn't actually fall within the boundaries of their particular knowledge base. But, as two writers put it in the BMJ in 1995, "absence of evidence is not evidence of absence".

After all, before Sir Isaac Newton's discovery, were we all floating around on the ceiling? No, of course not. Gravity always existed. It was just outside our particular knowledge base at that time.

So back to where we came in. Homeopathy - is it a waste of time?

Well this particular piece of real-world evidence would suggest that it is not. And what about the patients? I don't think you have to imagine too hard what the 5,000 patients in this study would respond to that particular question and, in the final analysis, what matters, as Dr. Blackie would have said, is "The Patient Not the Cure".

Thank you.

**Jeremy Nickson:** David, thank you very much for a most interesting and thought-provoking lecture. I think we were all fascinated and are well-armed again. Homeopathy and all non-allopathic medicine continues to be in the limelight, as David has described tonight. As Trustees we find this very stimulating because we recognise that activity in this area means that opportunities will arise, and we are extremely keen as a Trust to make every opportunity successful and to take it, and I think everybody needs to do that in the world of homeopathy. Thank you for coming to tonight's lecture. Shirley Cave has arranged a display in the reception area and we hope you find some time to look at this. Also we will see you at the buffet no doubt, and I would like to thank Peter Fisher and the Hospital for arranging the lecture, and we hope to see you in two years' time at the next Memorial Lecture.

Thank you.