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EDITORIAL

FUTURE OF HOMOEOPATHY

All over the world, while people are frantically in search of an alternative system of medicine, of which Homoeopathy is a strong contender, it is about to face the serious problem of existence at least in Great Britain as the matter stands today. It is Great Britain today but slowly other countries may follow suit.

The Medicine Act 1968-1971 controls the manufacture, sale and supply of all medicines including homoeopathic ones in Great Britain. There was a rider to this Act which stipulated that Department of Health would review the status of medicines at a later date. May be this was for marking time required by the Government to consider several thousands of medicines in the market.

Since 1968 many allopathic drugs were scrutinised and certified to be used by public. Those which passed the test were kept and those which did not were withdrawn from the market. The review of homoeopathic drugs would begin from 1990 onwards, i.e. five years hence.

According to the Department of Health, a medicine shall be available to the patient if it satisfies the following criteria: (a) quality, (b) safety and (c) effectiveness. The first two criteria should pose no problem, and in fact all manufacturers should see to it that they conform to the stipulations. But a serious problem arises when it comes to the proof of the effectiveness. When the law was enacted probably only allopathic medicines were in mind and though homoeopathic medicines came under the purview of this act, it was not mentioned so clearly anywhere in it.

Homoeopaths all over the world for the last one hundred and seventy-five years will vouch for effectiveness of their medicines which are bringing relief to the millions of suffering people. If the fundamental homoeopathic principle of similimum is accepted then the efficacy of homoeopathic medicine must also be accepted. Unfortunately these arguments are not acceptable to the Department of Health. They will only consider the real proof of efficacy through the so-called double blind trial.

Homoeopathy is a patient oriented treatment, i.e. the whole patient is

treated and not simply the disease condition. This factor is going to complicate the double blind trial concept. It introduces a whole new dimension as we do not simply match the drug with the symptoms. Any attempt made to do so will meet the same fate as in the case of Rhus tox. which was put on clinical trial in 1983 along with an allopathic drug Fenoprofen in the treatment of Osteoarthritis. The results were inconclusive. The trial was run for a short time and only Rhus toxicodendron was used on a very limited symptom picture.

Failure to find a solution to this problem during the next five years will therefore have a very serious effect on the whole future of Homoeopathy in Great Britain. The threat may not be so much for pharmacopoeial drugs but to the so-called homoeopathic specialities sold for specific ailments. Since they make actual medical claim on the label they are going to be the most vulnerable and could disappear altogether.

We in India may not face a similar problem, but we must learn a lesson and try to find out ways and means to develop scientific methods to demonstrate effectiveness of homoeopathic medicines. The yardstick adopted by modern medicine of double blind trial may not be of use but scientifically, statistically or logically acceptable models will have to be developed to prove our worth. Wisdom in keeping the same criteria for different medicines which have different philosophies is dangerous and non-conducive to the development and upliftment of any science.
