

## EDITORIAL

# Integrating Homoeopathy in Health Care

“Integrated health services” means different things to different people. There are various usages for integrated health services, such as a package of preventive and curative health interventions for a particular population group, achieving continuity of care over time, integrated policy-making, and management. It can also mean working across sectors. Professional integration happens when different health professions or specialties work together to provide joined-up services. Hence, WHO describes integration as an approach rather than an end in itself.<sup>[1]</sup> Appropriate integration of Homoeopathy into health care system in different countries could promote universal health coverage (UHC). UHC can be defined as ensuring that all people can use the promotive, preventive, curative, rehabilitative, and palliative health services, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.<sup>[2]</sup> When included in UHC plans, Homoeopathy may reduce pressure on the healthcare system and diminish costs.

### **HOMOEOPATHY: A POPULAR TRADITIONAL, COMPLEMENTARY, AND ALTERNATIVE MEDICINE PRACTICE**

Health systems around the world are experiencing increased levels of chronic illness and escalating health care costs. Patients and health care providers are demanding that health care services be revitalized, with a stronger emphasis on individualized, person-centered care.<sup>[3]</sup> Homoeopathy has a long history of use in health maintenance and disease prevention and treatment, particularly for chronic diseases. Homoeopathy is most popular among other traditional, complementary, and alternative medicine (TCAM) in the European region and the second most popular in Southeast Asia region.<sup>[4]</sup> The patterns of use of TCAM vary among and within countries depending on a number of factors such as culture, historical significance, and

regulations. Most countries have policies according to which specific traditional medicine is incorporated within the framework of national healthcare. However, the domain of such incorporation is usually limited and specific only to the traditional medicine used in that country. There is a need to include Homoeopathy in the TCAM umbrella of these countries. WHO advocates widening the use of all TCAM practices within the national health system, especially in primary health care (PHC) delivery.<sup>[5]</sup>

Several studies exist to support the positive effects of Homoeopathy in day-to-day problems that patients report with at primary health clinics. A review<sup>[6]</sup> of five clinical outcome studies in Homoeopathy focusing on diverse medical conditions such as headache,<sup>[7]</sup> acute otitis media,<sup>[8]</sup> attention deficit hyperactivity disorder in children,<sup>[9]</sup> respiratory tract and ear complaints, including allergies,<sup>[10]</sup> and male infertility<sup>[11]</sup> concluded in favor of the clinical effectiveness of Homoeopathy. Another recent study indicates that patients whose general practitioner has additional complementary and alternative medicine training have lower health care costs and mortality rates than those who do not. Reduced costs were the outcome of fewer hospital stays and fewer prescription drugs.<sup>[12]</sup> Another survey noted that homoeopathic studies “suggest potential public health benefits such as reductions in unnecessary antibiotic usage, reductions in costs to treat certain respiratory diseases, improvements in peri-menopausal depression, and improved health outcomes in chronically ill individuals.” The researchers concluded that because of potential public health benefits associated with the use of Homoeopathy, further research on this modality and targeted studies of users are warranted.<sup>[13]</sup> The global profile of popularity for TCAM therapies reflects Homoeopathy as the most popular medical system in high-income (gross domestic product [GDP] = Int\$15,000) countries and the second most popular in low-income (GDP < Int\$15,000) countries.<sup>[14]</sup>

In India, the rich clinical experience of homoeopathic doctors is coupled with growing popularity of Homoeopathy. An analysis of data stretched over a decade in New Delhi, India, revealed that the popularity of Homoeopathy was increasing among the users, with 58% rise in the patient inflow at the homoeopathic primary healthcare units over a decade while the cost of homoeopathic treatment was still one-fourth of the expenditure incurred for allopathic treatment.<sup>[15]</sup> India also has the advantage of effective institutionalization of Homoeopathy, with around 195 colleges imparting graduate degree in Homoeopathy and higher educational qualifications include postgraduation and Ph.D. Healthcare services in Homoeopathy are provided by as many as 6812 dispensaries and 215 hospitals run by state governments and municipal bodies, 35 dispensaries of central government health scheme, 39 of the labor ministry, and 129 of the railway ministry.<sup>[16]</sup> There is no doubt that vast experience of Homoeopathy practitioners of India with equally huge number of patient following and the government patronage for use of Homoeopathy at PHC level makes for an ideal model for replication by the health policymakers of other countries.

It is relevant to mention here that although India seems to be leading the scenario of integration of Homoeopathy into national healthcare delivery, governments in many other countries either recommend or at least support the use of Homoeopathy by its people. In many countries all over the world, Homoeopathy has gained official status. It has been officially recognized by the government as a system of medicine or medical specialty in Central and South America (Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, Mexico); Asia (India, Pakistan, Sri Lanka); and Europe (Belgium, Bulgaria, Hungary, Lithuania, Portugal, Romania, Russia, United Kingdom). In some of these countries, namely Brazil, India, Mexico, Pakistan, Sri Lanka, and the United Kingdom, Homoeopathy has been integrated into the national health care systems. In India, Pakistan, and Sri Lanka, the legal standing of Homoeopathy is equivalent to that of conventional western (allopathic) medicine; many practitioners are certified in both Homoeopathy and allopathic medicine, and the primary care provider for many patients is a homoeopathic doctor.<sup>[17]</sup>

## GENERATING EVIDENCE BASIS FOR HOMOEOPATHY

Despite the worldwide acceptability of Homoeopathy and growing body of clinical evidence in its favor, Homoeopathy still faces the challenge of generating sufficient Level I evidence through meta-analysis of randomized control trials (RCTs) in particular disease conditions. In the world of scientific research, the gold standard to evaluate the efficacy of medical drug(s) in various disease conditions is meta-analysis or a systematic audit of RCTs. It is considered an apt method of review owing to its unique feature of providing hierarchical evidence to a study. The preliminary conclusion from the most comprehensive systematic reviews has been that Homoeopathy has a positive and specific effect greater than placebo alone.<sup>[18-23]</sup> At the same time, there are a few meta-analyses or reviews that end up with a negative conclusion for use of Homoeopathy in various clinical conditions.<sup>[24-26]</sup>

It can, however, be debated whether RCTs alone could be criteria for evidence basis. Unlike in conventional medicine, there are debates on why RCTs and their meta-analyses do not make for a reliable assessment tool, especially for evaluating the efficacy of an individualized treatment method such as Homoeopathy.<sup>[27]</sup> RCTs only focus on cause-and-effect relationship. In the real-world situation, the validity of various research designs, especially RCTs, has been challenged. Further, a successful RCT, with maximum internal validity and highly accurate specific effects, found in a homogenous group of patients, has a limited viability in a real-world situation where the patients are usually comorbid and with varied levels of severity. Therefore, if we want to evaluate Homoeopathy, or any other medical science, in a pragmatic manner, the real-world analysis is necessary. Outcomes studies and nonrandomized, quasi-experimental comparisons are the most desirable research designs if Homoeopathy is to be studied for its benefits. The outcomes of such studies will also impact the general public more than the RCTs.

To overcome the shortcomings of RCTs and lack of its suitability to the homoeopathic way of treatment, HOM-CASE guidelines have been developed. Every clinician is encouraged to record, and report, their cases as per these guidelines so that eventually, a

pool of uniform case records can be generated for large-scale evaluation. It is also known that most homoeopathic clinicians establish remarkable cures on daily basis but fail to report them for everyone to know. This is partly due to lack of interest or sensitization at the end of clinician, as to, if reported systematically, how these cases could help improve the scientific impression of Homoeopathy as a whole, and partly due to poor method adopted for reporting cases. It is expected that once these clinicians are sensitized to the use and practicability of HOM-CASE guidelines, it will eventually improve homoeopathic research data basis, as well as result in improved patient care.<sup>[28]</sup>

Another vital tool for validating the effects of homoeopathic medicines in clinical trials for scientific validation through different statistical means, is prognostic factor research which evaluates likelihood ratio of recovery of a symptom due to a particular medicine. It can be argued that the causal relationship between cure and medicine can also be assessed in a single case if the effect is obvious, the same as in adverse effects. Observational research, the demand for which seems to be rising from all sides, detects things that RCT cannot detect.<sup>[29]</sup> Further, validation of homoeopathic medicines is about validating effectiveness in individual cases. Homoeopathic practitioners base their expectation that medicine will work or not on their prior experience that specific symptoms of the patient indicate specific medicines. These identified homoeopathic symptoms are prognostic factors and offer an interesting perspective of individualized research. This kind of research depends on recording symptoms and results of treatment. An important challenge in this type of research is establishing causality between medicine and improved health. Nevertheless, prognostic factor research could become one of the main pillars of Homoeopathy's scientific identity.<sup>[30]</sup>

## WHY INTEGRATE?

The above points throw light on why the real call on whether or not to integrate Homoeopathy in primary healthcare delivery model, cannot solely be based on the conventionally perceived evidence-based research alone. The huge number of patients who have on record benefitted from this gentle science of healing, be it epidemic or chronic illnesses, and the rich experiences of qualified

homoeopathic doctors (numbering approximately 600,000 across the globe) speak strongly for the beneficial usability of Homoeopathy at PHC level. The users' benefits and professional experiences of homoeopathic treatment, coupled with its economical and safe aspects, make for significant points of consideration for health policy-making for any country. Meanwhile, the clinical evidence for Homoeopathy is being explored in various ways through innovative models, the growing evidence through basic or fundamental research<sup>[31]</sup> in Homoeopathy is already sufficient to pose a challenge to the long drawn "mere placebo" argument that has been used frequently to trivialize the outcomes of Homoeopathy researches.

Given that Homoeopathy has the potential to improve individual health at lesser cost and by safer means; its proper integration into national health systems will enable consumers to have a wider choice. Although integration of Homoeopathy and conventional medicine may be of the greatest relevance to the population living with chronic disease or in health promotion, in certain circumstances, it may contribute to the treatment of acute disease.

## HOW TO INTEGRATE?

For incorporation of Homoeopathy into mainstream health system, we need to develop strategic objectives and actions directed to include the key parameters of an ideal health care: Universal access, fair distribution of financial costs for access, training providers for competence empathy and accountability, pursuit of quality care and cost effective use of the results of relevant research, and special attention to vulnerable groups such children, women, physically changed, and the aged.<sup>[32]</sup> Homoeopathy, if integrated into the PHC system, can be not only an answer to most day-to-day illnesses reported in the outpatient department but also an economically viable option. However, we need to adopt a channelized approach toward building a strategy for this integration model to work. The vital elements of this strategy could be:

- Promotion - By integration in UHC, Homoeopathy can play a major role in health service delivery and self-health care. Users are able to make informed choices about therapeutic intervention and self-health care. It should be easily accessible to users, especially those with chronic diseases. Promotion through medical camps and health

checkups, distributing information, education, and communication materials, handouts, etc.

- Education - To expand the knowledge base of practitioners. Develop critical evaluation and training in Homoeopathy in university education, during continuing medical education<sup>[33]</sup>
- Research - Develop basic research to build a broad evidence base. One of the main challenges faced by Homoeopathy is less number of scientific evidence supporting its efficacy and mode of action. The existence of plausible mechanism of action is a partial key to the acceptability of clinical research results<sup>[34]</sup>
- Policies and regulations - Develop and integrate necessary policies and programs. The Government of India has incorporated in framework for Implementation of National Health Mission strategies to mainstream Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homoeopathy, so as to enhance choice of services for users. Integration of Homoeopathy in various national healthcare programs such as National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke, healthy child, and Swasthya Rakshan programme
- Cooperation and information sharing - This needs to be encouraged between conventional health care professionals and Homoeopathy practitioners. Various collaborative studies must be carried out and reported to showcase credibility of Homoeopathy and its action
- Maintaining “humanism” of homoeopathic practice - By making the best use of everything that consultation employs to benefit the patient–doctor relationship, promoting a change in the perception of illness, and helping the patient to control the state of his or her health.<sup>[33]</sup>

From the above points, it is clear that integrating Homoeopathy in primary healthcare would mean not only more recoveries in a gentle, safer, and cheaper way but also a more satisfied patient population and lesser per-patient burden on the conventional health system. Appropriate integration has also been advocated by Dr. Margaret Chan, Director-General of WHO, who stated that “the two systems of traditional and western medicine need not clash. Within the context of PHC, they can blend together in a beneficial harmony, using the best features of each system, and compensating for certain weaknesses in each. This is not something

that will happen all by itself. Deliberate policy decisions have to be made. However, it can be done successfully.”<sup>[35]</sup>

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DOI:  
10.4103/0974-7168.179149

**How to cite this article:** Manchanda RK. Integrating Homoeopathy in Health Care. *Indian J Res Homoeopathy* 2016;10:1-5.