



ROYAL PHARMACEUTICAL SOCIETY

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INFORMATION SHEET: 17

HOMOEOPATHY

SIMILIA SIMILIBUS CURENTUR

"Similar symptoms in the remedy remove similar symptoms in the disease"
Hahnemann, S (1810) *Organon of the Rational Art of Healing*

HISTORY

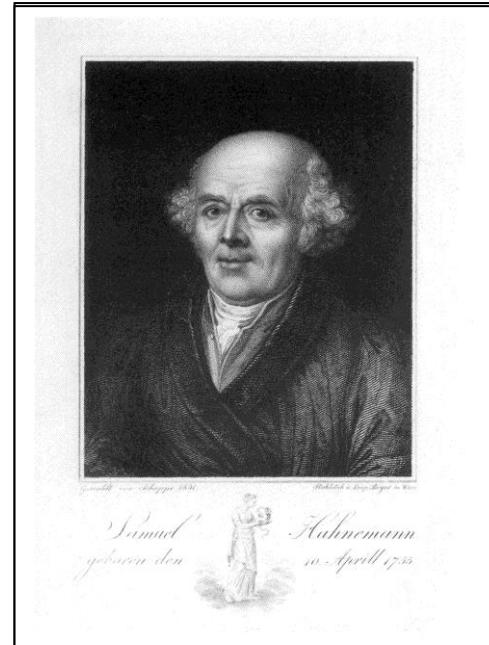
The word homoeopathy (now often spelled homeopathy) is derived from the Greek *homoios*, similar, and *pathos*, suffering. The motto *Similia similibus curentur* is Latin and means "Let like be treated with like". The founder of homoeopathy, Samuel Hahnemann, was born in Meissen in 1755 and then lived in Leipzig 1789 -1821 where he became a physician. The systems of medical treatment in use at the time included bloodletting, leeches, laxatives and purgatives. Hahnemann wanted to use compassionate rather than cruel methods. He stressed improved sanitation, adequate rest for the patient, proper diet and regular exercise. According to his interpretation, diseases and sickness were caused by disturbances in a hypothetical life-force.

He experimented with cinchona bark (quinine), which was used to fight fever, and discovered that cinchona bark taken by a healthy person produced similar symptoms to those of the fever. He noted that Hippocrates and Paracelsus had mentioned substances that both produced and cured the same symptoms. He gave friends remedies and asked for reactions – these were called 'provings' – then tried the same in greater and greater dilutions. Dilutions were then used as cures.

In his lifetime, Hahnemann experienced one great triumph as a doctor. During the great cholera epidemics ravaging large part of Europe in 1831/1832, traditional medicine, with its bloodletting and purgatives, was helpless. Against this stood Hahnemann's recommendation of preventive work and camphor spiritus. Statistics and testimonials from fellow medics and public officials published at the time¹ indicate that his measures and treatment helped in many cases. He published several papers on the "Cure of the Asian cholera" in 1831.

Later in his life, Hahnemann was forced to leave Leipzig because of hostility from apothecaries. He moved to Cöthen in Saxony-Anhalt, as Court Physician to the Duke of Anhalt-Cöthen, and then to Paris where he continued to practice until his death in 1843.

Homoeopathy spread to Britain although many attempts were made by the medical profession to have it banned by law. Frederick Hervey Foster Quin founded the British Homoeopathic Society and the London Homoeopathic Hospital in Golden Square, Soho in 1849. It has been claimed that during

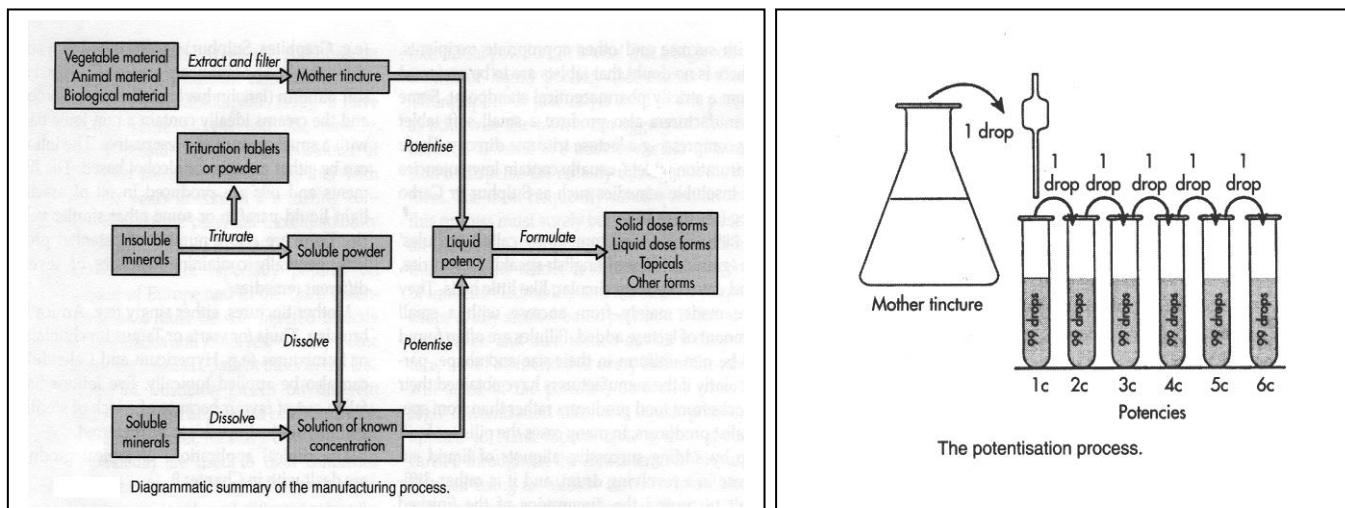


an outbreak of cholera in 1854, only 16.4% of patients treated at the London Homoeopathic Hospital died compared with a mortality rate in other hospitals of 51.8%². The hospital later moved to Great Ormond Street and became the Royal London Homoeopathic Hospital. It was re-named the Royal London Hospital for Integrated Medicine in September 2010. Homoeopathy is now only one of several complementary therapies offered there on an out-patient basis.

TREATMENT

Treatment by homoeopathy involves more than prescribing medicine. Long consultation by the practitioner builds up a history of the person with the aim of treating the whole person, not just the disease. Items taken into account include family history of illness, inherited problems, effects of external stimuli on the condition e.g: heat, cold, time of day, and other factors such as the side of the body affected. The practitioner will then usually prescribe a single remedy, adding others if felt necessary.

MEDICINE



Homoeopathic medicines are made by potentisation. First, a mother tincture is made by extracting or dissolving substances using alcohol. One drop of mother tincture is taken and ninety-nine drops of diluent (mixture of water and alcohol) and the resulting solution is succussed, an action of vigorous shaking and impact which adds kinetic energy. This will produce a *centesimal* potency referred to as 1c. One drop of 1c potency diluted with 99 drops of alcohol will produce 2c. The process is repeated until the required potency is produced. Alternatively, *decimal* potencies may be used when one drop is diluted with nine drops and succussed, producing 1x.

Homoeopathic dose forms vary. The most common are:

Powders – made from lactose impregnated with liquid potency. The powders come individually ready wrapped and the liquid is added to the outside of the wrapping, which passes through the paper to medicate the powder inside.

Liquids – usually these are prepared from mother tinctures by serial dilution and taken orally as drops, in water or on a sugar cube.

Tablets – small bi-convex white tablets made mainly from lactose.

Pills – small and spherical, made mainly from sucrose (sugar).

Granules – very small lactose pills. Used mostly for children and animals.

Crystals – very similar to granulated sugar.

Older dose forms include **pilules** (pills) and **globules** (granules). These names may also be found in current foreign descriptions. Solid forms are potentised by coating the outer surface of the product.

Taking and storing the medicine

Homoeopathic practitioners recommend that remedies should be kept in the original container, away from strong-smelling substances such as peppermint, paint and perfume. The mouth should be free of other tastes such as coffee or tobacco. The dose should be taken about half an hour before or after food. Remedies must not be handled; tablets and granules are tipped into the container cap and then placed on the tongue and allowed to dissolve in the mouth. If stored as suggested and not handled, homoeopathic remedies are claimed to remain 'active' almost indefinitely although it is now legally necessary to state an expiry date.

Licensing

The Medicines and Healthcare Products Regulatory Agency (MHRA) licenses homoeopathic products that may be sold from pharmacies. For a conventional medicinal product to be licensed by the MHRA, extensive and expensive testing to demonstrate the quality, safety and efficacy of the medicine is required. However, for a homoeopathic product, the MHRA only assesses quality and safety; robust evidence for efficacy is not currently required, even for those products that contain indications on the label.

HOMOEOPATHY TODAY

Homoeopathy today has millions of adherents all over the world. There are doctors, dentists, pharmacists, nurses, midwives, podiatrists and vets trained in homoeopathy all over the UK providing care to their patients. However it remains a highly controversial treatment. The extreme dilutions used in homoeopathic preparations usually leave none of the original material in the final product and the collective weight of modern scientific research does not support homoeopathy's efficacy.

On its website, the Faculty of Homeopathy states that up to the end of 2010, 156 randomised controlled trials (RCTs) in homoeopathy have been reported in 135 full papers in peer-reviewed journals. This represents research in 75 different medical conditions. Of these 156 RCTs, they claim that 41% were positive, 7% negative and 52% non-conclusive.

Although a few isolated studies have seen positive results from homoeopathic treatments, systematic reviews of published trials have failed to demonstrate efficacy³. Higher quality trials tend to report results that are less positive and most positive studies have not been replicated. Homoeopathic medicine is often described as no more effective than a placebo.⁴ Some researchers in the field go further describing homoeopathy as pseudoscience, quackery and a cruel deception because of the lack of convincing scientific evidence to support its efficacy.

In March 2012 Britain's foremost professor of complementary medicine launched a withering attack on the provision of homoeopathy on the NHS.⁵ Professor Edzard Ernst of Exeter University says the use of state funding to provide a treatment which works no better than a placebo cannot be justified. Homoeopathy may also be dangerous where it is substituted for orthodox treatments of proven efficacy and involves doctors in deceiving their patients about the true value of the medicines they provide, he says.

Professor Ernst says that the principles of homoeopathy disregard most of what we know about physiology. The principle that the more a substance is diluted, the greater its effect is unscientific. "It is in contrast with the laws of physics, chemistry and pharmacology. Homeopathy is thus biologically implausible."

Dr Mark Downs, Chief Executive of the Society of Biology, has added to the debate: "The UK spends literally billions of pounds every year ensuring that the new and existing conventional medicines we take are effective, safe and fit for purpose. It makes no sense to allow other

treatments to be made available through public expenditure without application of the same rigorous standards. That is what is happening with homeopathic treatments..."

THE ROYAL PHARMACEUTICAL SOCIETY'S POLICY ON HOMOEOPATHY

The Royal Pharmaceutical Society (RPS) recently reviewed the evidence surrounding the efficacy of homoeopathy and concluded that there was no evidence from randomised controlled trials for the efficacy of homoeopathy over placebo, and no scientific basis for homoeopathy. These views were presented in the Society's written and oral submissions to the House of Commons Science and Technology Select Committee for its evidence check on homoeopathy in November 2009. Given the lack of clinical and scientific evidence to support homoeopathy, the RPS does not endorse homoeopathy as a form of treatment.

The RPS recognises that homoeopathic products are on sale in pharmacies and that patients may ask pharmacists for advice on the suitability of homoeopathic products. The current Code of Ethics for Pharmacists and Pharmacy Technicians and Professional Standards and Guidance for the Sale and Supply of Medicines requires that pharmacists are competent in any area in which they offer advice on treatment or medicines. For pharmacists selling or supplying homoeopathic products, this means they must ensure any stock is obtained from a reputable source, only recommending a product where they are satisfied of its safety and quality, and when asked, assist patients in making informed decisions about homoeopathic products by providing the necessary and relevant information, particularly the lack of clinical evidence to support the efficacy of homoeopathic products. They must also ensure that patients do not stop taking their prescribed medication if they take a homoeopathic product. Importantly, pharmacists will be in a position to discuss healthcare options and be able to identify any more serious underlying medical conditions and, if required, refer the patient to another healthcare professional.

Notes:

1. See Peter Morrell and Sylvain Cazalet's (1999) history of the London Homoeopathic Hospital at <http://homeoint.org/morrell/londonhh/outbreak.htm>
and Thomas Linsley Bradford MD (1895) *The Life and Letters of Dr Samuel Hahnemann* republished 1999 by Jain Publishers. Presented by Robert Séror (2001) at <http://www.homeoint.org/books4;bradford/chapter50.htm>
2. Cook, Trevor M (1981) *Samuel Hahnemann : the Founder of Homoeopathic Medicine* Thorsens Publishers Ltd
3. For example Linde, K; Clausius, N; Ramirez, G; Melchart, D; Eitel, F; Hedges, L; Jonas, W (1997), "Are the Clinical effects of homoeopathy placebo effects? A meta-analysis of placebo-controlled trials", *The Lancet* **350** (9081): 834–43.
4. See for example UK Parliamentary Committee Science and Technology Committee –
["Evidence Check 2: Homeopathy"](#)
5. Article in *The Independent* by Jeremy Laurance 19 March 2012

<http://www.facultyofhomeopathy>
<http://www.britishhomeopathic.org>
<http://en.wikipedia.org/wiki/Homeopathy>
<http://www.rpharms.com>

The illustration is of Samuel Hahnemann from an engraving by Leopold Beyer.
Diagrams are from Kayne, Steven B (1997) *Homoeopathic Handbook: an Introduction and Handbook*.

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This information sheet is also available in a large font size. Please contact us on 020 7572 2210 or e-mail museum@rpharms.com