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COMMENTARY

The importance of case histories for accepting and improving homeopathy

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Summary Case histories are necessary besides other types of evidence to convince doctors of a specific type action of homeopathic medicines. Prognosis of treatment does not merely depend on efficacy.

Some considerations based on consensus meetings about best cases and prospective research into the relationship between symptoms and result.

Many data in homeopathic literature are unreliable because of wrong interpretation, insufficient numbers and confirmation bias. Causal relationship between medicine and 'cure' could be documented better. Extraordinary cases are not helpful to increase reproducibility.

Conclusion: For acceptance and improvement of homeopathy cases should be reproducible. 'Normal' cases reflecting daily practice contribute more to this goal than extraordinary cases. Accuracy can be increased by larger samples of comparable cases. Causal relationship between medicine and improvement should be further explored.

Introduction

Several renowned epidemiologists stated that the proof for homeopathy is not inferior to the proof for conventional medicine.[1,2] Others state that homeopathy is a placebo effect.[3—5] Clearly, there is subjectivity involved in the interpretation of scientific evidence.[6] A major problem is the plausibility of homeopathy's mechanism of action.[7] Homeopathic doctors, however, experience that the effect of homeopathic medicines is different from conventional medicines and sometimes very unexpected. Homeopathic physicians acknowledge that potentised medicines cannot (and do not) work like conventional medicines. Case histories show the benefits of homeopathy to doctors without homeopathic experience, but they also show the ingredients of successful prescriptions to experienced homeopathic practitioners.

Case reports are still important in conventional medicine too, especially for discovering the unexpected.[8] Both case histories and RCTs have their limitations, but also their advantages, insufficient understanding about this leads to subjective interpretations of results. An important limitation of RCT is the fact that an RCT is confined to a specific condition and co-morbidity is a reason for exclusion, while co-morbidity (multi-morbidity) is an important reason to choose homeopathy. Recently, prognosis research has become a priority in clinical research and practice.[9] Prognosis research aims ''...to help improve the evidence base

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for the information given to patients about their disease and guide clinical decisions about treatment''. This is an interesting development for case histories illustrating successful cases.

To be meaningful case histories must pay attention to some points:

- Indications of the causal relationship between medicine and improvement
- the importance for daily practice
- concordance with similar cases
- how homeopathy works in daily practice.

But the impact of case histories increases if colleagues can reproduce these results. To be really valuable in this respect, case histories need some extra requirements:

- a clear algorithm; what information led to the choice of the medicine and why?
- reproducibility: if the reader has a similar case he will probably have a similar result
- valid information.

Increasing reproducibility could be the most compelling mission for homeopathy's future. The basic information about homeopathic medicines should be valid, easy to learn and readily accessible. The validity of information from case histories is not self-evident. For instance: does a cure of headache in one case mean that the prescribed medicine cures headache? A systematic error in the homeopathic database is the fact that entries of repertory-rubrics are hitherto based on absolute occurrence in successful cases. This way a frequently occurring symptom will be added to the materia medica of every medicine in the long run and a considerable part of the information in homeopathic repertories becomes misleading.[10] This way it makes no difference if a symptom is seen in one out of hundred or in one out of three cases. Bayes theorem states that entries should be based on relative occurrence. Another systematic error in homeopathic data is confirmation bias: observations are influenced by existing ideas and experience. Besides systematic error (bias) there is statistical variance. This is an important source of invalid information in homeopathic data, because much information is based on a limited number of cases.

Many practitioners like to see extraordinary cases, but everyday cases might be more valuable to the improvement of homeopathy. Case histories become more valuable when similar cases are brought together to enlarge a specific population. Similarity can be found in the same medicine, the same condition, but also in the symptoms characterising the case. This paper aims to show how we can increase the reproducibility of homeopathy by case histories. This reproducibility depends, among others, on a Bayesian algorithm to handle decisions based on multiple variables, as the choice of a homeopathic medicine is based on a combination of symptoms and characteristics that indicate a specific medicine. If we can extract the prognostic factor of symptoms we use in homeopathy we can make predictions about the chance a medicine will help.

Materials

The position of case histories is illustrated by two projects of the Committee for Methods and Validation of the Dutch association of homeopathic physicians to validate homeopathic data:

1. Retrospective case analysis: consensus meetings to evaluate best cases of specific medicines (MMV project). In the MMV project Dutch doctors were invited to present their best cases concerning homeopathic medicines. Best cases concerning some 25 medicines were evaluated by peers.
2. Prospective assessment of the relationship between six homeopathic symptoms and treatment outcome (LR-project): an observational study conducted from June 2004 until December 2007 including all consecutive new patients older than two years. The goal was assessing the relationship between symptoms and successful outcome. Observers were 10 Dutch medically qualified doctors with more than 10 years experience in homeopathy and already participating in the MMV project. Six symptoms were recorded: 'Diarrhoea from anticipation', 'Fear of death', 'Recurrent herpes of the lips', 'Grinding teeth during sleep', 'Sensitivity to injustice' and 'Loquacity'. At the end of the LR-project 4072 prescriptions concerning 4094 patients were evaluated.

Discussions in the first project about how we apply our experience in daily practice resulted in discovering an algorithm expressed by Bayes' theorem. The discussions went on during the prospective research and we discovered pitfalls in the way we observe cases and the way experience is entered in our instruments, Materia Medica and Repertory.

Improving homeopathy

The projects described above were not meant to prove homeopathy, but to improve the method. We tried to analyse the meaning of experience and to become more aware of bias in our observations and conclusions drawn from these observations. Discussing cases in the first project the question 'was the improvement in the case really due to the prescribed medicine?' always came first. These discussions, also guided by literature studied by the group, made clear that we fool ourselves if we 'polish' cases to 'prove' a certain point or to make the case more impressive. Only 'real' information can be reproduced.

Consensus meetings were also held during the prospective research, based on reports on interim results, discussing differences between participants. It is, e.g. amazing how much the interpretation of one symptom can vary. There was also no intention to treat analysis of data; only cases we considered good enough were used to calculate results. Our aim was to collect as many data as possible without interfering with daily practice, realising that there is a conflict between validity and feasibility.[11] The main purpose of our research was to discover how symptoms are related to successful cases.