

12.02.16

Michael McMahon, MSP  
Public Petitions Committee  
The Scottish Parliament  
EDINBURGH  
EH99 1SP

Dear Mr McMahon

Petition PE01568

Having watched the recording of the Petitions Committee on Tuesday 10 February, when representatives from 4 NHS Boards were called as witnesses, I would now like to take up your offer and respond to some of the statements made. I appreciate that the subject of the petition is the CIC, but it is closely associated by the NHS Boards with the provision of homeopathy and, indeed, it is that controversial topic which originally led to the consultations in Lothian and Lanarkshire. Therefore some of the information below relates to that.

I must first congratulate the members of your committee and the attending MSP, Elaine Smith, on their close questioning and astute observations during the course of the meeting. I am disappointed that many of the managers' answers were often misleading and did not always represent the facts accurately. I would like to address these here.

#### CIC – Cross Board Referrals

Ms Renfrew stated that only two or three Boards did not send patients to the CIC. In fact four of the fourteen Boards do not – Borders, Tayside (who have their own facility), Shetland, Lanarkshire; and a further four - Western Isles, Grampian, Fife, Lothian - decide on a case-by-case basis, which in effect means that very few patients are successful in their request for a referral. This undoubtedly has implications for the future of the CIC and is devastating for patients in these areas who are being denied a service that has been described by Maureen Watt, Minister for Public Health, as being *a national resource* which should be available *Scotland-wide*. This confirms Mr Carlaw's point that such a national decision should not be left to the whim of local NHS managers persuading their Boards to withdraw a service, thereby disadvantaging hundreds of patients. The subject merits open and honest debate and ought to be decided at a Parliamentary level.

#### Evidence

Dr Kohli stressed he had reviewed the totality of worldwide literature, relying on *high-quality unbiased studies*. The author of three of the eight studies cited by Dr Kohli in NHS Lanarkshire's consultation document is Edzard Ernst, a well-known detractor of homeopathy who is certainly not unbiased. The studies referenced are all disease-specific and are not therefore an appropriate measure for the effectiveness of homeopathy; this is an individualized treatment and studies which focus on that have shown positive results. Contrary to Dr Kohli's assertion, the evidence base is clear and references were provided to NHS Lanarkshire and NHS Lothian. A meta-analysis, undertaken in conjunction with the University of Glasgow, clearly shows that individualised homeopathy is more effective than placebo. (Mathie R et al; Randomised placebo-controlled trials of individualised homeopathic treatment: systematic review and meta-analysis, 2014)

Dr Kohli stated that he could find no evidence base for the effectiveness of any of the therapies offered at CIC. I am sure members will be interested to note that some of these same therapies, such as acupuncture and mindfulness, are also offered within NHS Lanarkshire, despite Dr Kohli's deciding that they have no evidence base. Furthermore, with regard to conventional medicine, a recent study of 3,000 clinical trials conducted for the BMJ database, Clinical Evidence, found that 50% of the treatments were of unknown effectiveness and only 11% could be said with certainty to be beneficial. (<http://clinicalevidence.bmj.com>)



It is certainly the case that we do not yet fully understand how homeopathy works; this is also true for many areas of medicine, eg psychiatry, physiotherapy, acupuncture. And there are no studies of the effects of polypharmacy, an increasingly important subject given the many, often elderly, patients who are prescribed a cocktail of medicines. "Sound science" is not about dismissing something because it does not fit with established models, but about investigating fully to develop our understanding.

Dr Kohli said NHS Lanarkshire had a duty to provide *best value* and further explained this as *investing public funds on interventions based on sound science and evidence*. He quoted NICE as endorsing this narrow view of evidence. In fact, Professor Sir Michael Rawlins, former Chair of NICE and now Chair of the Medicines and Healthcare Products Regulatory Agency, argues that a diversity of approaches should be used to analyse the whole of the evidence base: *observational studies are also useful and can provide an important source of evidence*. Sir Michael believes that arguments about the relative importance of different kinds of evidence are an unnecessary distraction. What is needed instead is for *investigators to continue to develop and improve their methodologies; for decision makers to avoid adopting entrenched positions about the nature of evidence*. (M Rawlins, Harveian Oration, 2008)

#### Patient Outcome Studies

This is exactly what Dr Kohli has done in ignoring both the overwhelming evidence from patients and the extremely high level of positive patient outcome studies from the CIC. Similar outcomes have been demonstrated in a large study recently undertaken in France where over 800 randomly-selected GPs and 8,500 patients were divided into three groups – namely, conventional treatment, homeopathic treatment, integrated treatment. The conclusion was that *patients who were given homeopathic treatment consumed significantly less conventional medicine and experienced no adverse side effects. . . . management of patients by homeopathic GPs is less expensive from a global perspective and represents an important interest to public health*. (Colas A et al, *Economic impact of homeopathic practice in general medicine in France*, Health Econ Rev. 2015 Dec; 5(1):55)

These results have been replicated in Tuscany where homeopathy and acupuncture are now integrated into conventional hospital care, *which has seen patients rely less on conventional medicine*. (Ferreri R et al: Tuscany - A Model for Integrated Health Care, ECH 4 July 2015)

#### EU and WHO position

With the rapidly increasing problem of antimicrobial resistance, both the EU and WHO are encouraging greater integration of conventional and complementary therapies. A recent Belgian study concluded: *For all conditions patients successfully treated by homeopathy required less medicines, resulting in fewer side-effects and therefore homeopathy represented a more cost-effective solution with regards to public health*. (EP13 study: *Evaluation programme on the impact homeopathy has on public health*)

Another recent document from the World Health Organisation states: *patients whose general practitioner has additional complementary and alternative medicine training have lower healthcare costs and mortality rates than those who do not. Reduced costs were the outcome of fewer hospital stays and fewer prescription drugs*. (WHO Traditional & Complementary Medicine Strategy 2014-2023)

This is the sort of measurable evidence which policy-makers should be considering and which, if they were open to similar integration, would have a huge impact on our over-stretched health service.

#### Government Reports (Westminster and Australia)

Instead, both NHS Lanarkshire and NHS Lothian justified their decisions by quoting the House of Commons Science and Technology Committee's conclusions that *homeopathy should not be supported by the NHS* and they did so as if this were accepted government policy. It was pointed out to both Boards that 11 of the 14 members of that Committee refused to endorse its findings and it was rejected by the Westminster Government. It is dishonest to ignore that and to then use the discredited report to support their decision.

Dr Kohli also quoted the recent report from Australia National Health and Medical Research Council, again as if it were a gold standard. The Committee will no doubt be interested to learn that the NHMRC Report is currently being challenged on the basis of significant procedural and methodological irregularities underpinned by bias, conflicts of interest and inaccurate reporting.



### Patient Focus

Dr Kohli clearly assumed that the fact that NHS Lanarkshire had received only three complaints about the cessation of the service justified the Board's decision. I would suggest this is not evidence of acceptance of the Board's decision but is much more likely to be patients' awareness that their views will be ignored, as experienced in the consultation. Why should people who are ill and already feeling stressed waste time and energy on writing to the Board? My own experience in Lothian is that this is not worth doing; one is simply fobbed off with meaningless assurances.

### Cost and Health Comparisons

Mr Malik expressed surprise that NHS Lanarkshire had not undertaken any comparative analyses, either of costs or of patient health, to demonstrate that the correct decision had been taken. Dr Kohli replied that this would be extremely difficult. In fact, Tayside undertook a cost comparison when considering the future of their service and the results showed such overwhelming savings in keeping the service open that they did not go ahead with the closure. I supplied this data to both NHS Lothian and NHS Lanarkshire but they chose to ignore it. (See attachments)

With regard to the absence of proof that patients are now receiving better treatment, I can again provide evidence from Lothian that this is definitely not the case. Two days after the closure of the service in June 2013, the Director of Public Health promised in a radio interview (Radio Scotland, 28 June 2013) that the patients would not be abandoned. She assured listeners that NHS Lothian would work with these patients and their GPs to put in place *evidence-based packages of care .... which would be better for them than their existing treatment*. That has not happened. Today, some two and a half years later, many patients are in considerably worse health than previously and with no hope of effective treatment.

I made a formal complaint to NHS Lothian and received a reply from their Director of Communications and Public Affairs. He simply answered that existing services could already provide for these patients. The fact is that many of the clinic patients had already attended several of these services without gaining relief for their condition and, in some, cases, had been told that nothing more could be done to help them. The Director further stated that homeopathy requests (e.g. for referral to the CIC) could be made by GPs through NHS Lothian's Safe Haven office and cases would be discussed by the Medical Director of Primary Care and the Clinical Director of Midlothian CHP. A few such requests have been successful but many more have not. One patient whose GP tried this route was told by the Safe Haven office to get her boiler checked for carbon monoxide leaks - despite the fact that she has no gas in either her house or her village. Professor McMahon stated that NHS Lothian still allow referrals to the CIC, mainly for Mistletoe therapy for cancer patients, but the remaining patients, whose applications for a referral have been unsuccessful, are now in a much worse state of health.

### Major Service Change

Finally, I would like to endorse a point raised by Elaine Smith. According to Scottish Health Council guidelines, the decisions to withdraw these services fully meet the criteria for a Major Change. However, both Lothian and Lanarkshire were able to persuade the SHC that this was not the case and so avoided any scrutiny by the Scottish Government. The Government's stated policy is that patient wishes should be central to any decisions to change services. If this statement has any real meaning, then MSPs must ask why it has been deliberately ignored by these Boards.

I apologise for the length of this submission but it is important that Committee members are in full possession of the facts. I thank you for taking the time to read this and hope your members will find it useful. I am happy to provide any further information which you think might be helpful.

Yours sincerely

Margaret Wyllie (Mrs)

Convenor, Lothian Homeopathic Group  
Chair, British Homeopathic Association



## Savings to NHS with Homeopathy

### **Retrospective examination of one month's notes of patients attending the**

**was contacted to find out the costs to the NHS**

**of remedies on prescription.** These are as follows:

7g tabs (approx 70) low potency - £3.10      high potency - £4.55

14g tabs (approx 130) low potency - £4.15

30g tubes cream/ gel/ ointment - £3.50

A low potency remedy is usually given daily until improvement and 14g lasts 6 weeks if taken t.d.s.

A high potency remedy may be taken on 1 day a week or 1 day a month

7g taken one day a week (t.d.s.) lasts 23 weeks

7g taken one day a month (t.d.s.) lasts 23 months

Reason for referral	Outcome	Saving	Cost per month (28 days) of homeopathy
Recurrent tonsillitis, tonsillectomy recommended	Attacks reduced with homeo. And no episodes for last 6 months	Surgery avoided	Maintenance dose of 1 tab tds on 1 day a month = £0.02
Back pain due to bulging discs	Reduced Gabapentin from 900mg tds to 600mg tds with homeo	300mg Gabapentin tds	2 remedies tds = £5.36
Infertility	Pregnant -delivery in April 2010	Was on Waiting list for IVF	1 remedy bd = £1.78
Epigastric pain	Stopped Omeprazole	1 tab of Nux v prn instead on Omeprazole daily	Less than £1.82
Severe burning pain with flushes caused by breast cancer therapy	Homeo relieved burning pain	Stopped Gabapentin	1 remedy tds = £2.68
Fibromyalgia	Pain reduced with homeo	Reduced dihydrocodeine from 90mg bd to 30mg daily	2 remedies tds + 1 remedy 1 tab daily = £7.18
Sinusitis and Hayfever	Reduced attacks of sinusitis	Avoided antibiotics	2 remedies tds on 1 day a week +1 remedy tds = £3.46
Multiple myeloma for 20 years	Patient well and had no chemotherapy since referral to homeo 20 years ago	Cost of conventional medication	Mother tincture bd = £7.50 2 remedies tds on 1 day a month = £0.39
Inability to tolerate conventional medication	Gastric reflux, recurrent sore throats, headaches, fatigue all treated with homeo	Conventional medication	3 remedies tds = £8.00
Cholecystitis	Symptoms well controlled with homeo	Avoided possible surgery and conventional medication	1 remedy tds = £2.68
Hayfever	Symptoms relieved	No antihistamines for last year	1 remedy tds on 1 day a month + 1 remedy tds = £2.85
Fibroids	Heavy menses and pain relieved with remedies	Avoided conventional medication	1 remedy tds on 1 day a month + 1 remedy tds = £2.85

Menopausal flushing and restless legs	Remedies relieved restless legs	Stopped Pregabalin and takes 2 remedies tds	2 remedies tds = £5.36
Rheumatoid arthritis	Improvement in pain	Avoids NSAIDs and other analgesia, maintained on 2 6C remedies tds	2 remedies tds = £5.36
Migraine	Migraines reduced from 3-4/ week to 1 per month and none in last 10 weeks	Was using Imigran injections 3 – 4 per week, now on 5 remedies daily	5 remedies tds = £13.40
Eczema	Considerable improvement	Able to stop steroid creams and not needed to use Open Appt in Dermatology for over 7 mths.	1 remedy tds on 1 day a month + 1 remedy tds = £2.85
Allergies	Improvement	Able to stop antihistamines and nasal spray	2 remedies tds on 1 day a week +1 remedy tds = £3.46
Menopausal symptoms	Flushes much better	Stopped Dixarit and taking 1 tab daily of remedy	1 remedy tds on 1 day a month + 1 remedy tds = £2.85
Osteoarthritis	Remedies control pain	Avoids NSAIDs and other analgesia	3 remedies tds = £8.04
Large verruca	Disappeared in 4 mths	Avoided other treatments Also stopped hypnotic, cinnarizine and stemetil for other problems	1 remedy tds on 1 day a month + 1 remedy tds = £2.85
Recurrent UTIs	None for 4 years with homeo	Saved on antibiotics	1 remedy tds on 1 day a month + 1 remedy tds on 1 day a fortnight = £0.60
Recurrent viral illnesses	None for 3 mths	Avoided GP appointments	1 remedy tds on 1 day a month = £0.20
Recurrent UTIs	2 infections in 4 years since starting on homeo (1 after catheterisation)	Stopped maintenance antibiotics	1 remedy 1 tab daily = £1.82
Depression	Improvement in depression, joint pain and nerve pain	Stopped Phenelzine and discharged from Psychiatric OP clinic. Also stopped Athrotec and Gabapentin	2 remedies tds on 1 day a month + 1 remedy tds = £3.07
Multiple Sclerosis	Coping on remedies and able to continue working	Interferon beta had been recommended But patient declined	1 remedy tds on 1 day a month = £0.20
Menorrhagia due to fibroids	Reduced bleeding	Hysterectomy postponed	1 remedy 1 tab daily = £1.82
Recurrent sinusitis	No episodes for 2 years	Avoided antibiotics	2 remedies tds on 1 day a month = £0.40
Asthma	improvement	Stopped inhalers	2 remedies tds on 1 day a month = £0.40
Severe hayfever	Symptoms considerably reduced	Able to reduce dose of inhalers and avoids severe attacks of asthma	2 remedies tds on 1 day a week = £1.56



Eczema	improved	Stopped steroid creams	1 remedy tds on 1 day a month + 1 remedy tds = £2.85
Joint pain Hypertension	Improvement	Stopped NSAIDs and reduced antihypertensives	3 remedies tds = £8.04
Recurrent cellulitis in groin for 6 years Lichen sclerosis	No infection for 3 months after starting remedies and improvement in lichen sclerosis	Avoided antibiotics	1 remedy tds on 1 day a month + 1 remedy 1 tab daily = £2.02
Facial pain following face lift	Improvement in pain	Able to stop Gabapentin	1 remedy tds = £2.68
Cramp	Improved	Stopped Quinine sulphate	1 remedy 1 tab prn maximum cost = £2.68
SLE	Symptoms controlled with homeo as unable to tolerate conventional medication	Stopped piroxicam, tagamet, Hydroxychloroquine, Prednisolone, Mycophenolate, Azathioprine	1 remedy tds on 1 day a month + 2 remedies tds + 1 remedy 1 tab daily = £7.38
Headache and depression	Maintained on remedies	Discharged from Psychiatric OP and Psychology Stopped co-codamol and diazepam	2 remedy tds on 1 day a month and 1 remedy tds = £3.07
Depression	Maintained on homeo	Stopped Quetiapine, Lorazepam and Zopiclone	1 remedy tds on 1 day a week = £0.78
Puerperal psychosis	Improvement	Discharged from Psychiatric OP and stopped Stelazine	3 Bach Flower remedies + 1 remedy tds on 1 day a month + 1 remedy nocte = £17.05
Hayfever	Symptoms controlled with homeo	Stopped neoclarityn	2 remedies tds on 1 day a week + 1 remedy tds on 1 day a month and 1 remedy prn maximum cost = £2.96
Urticaria	Symptoms controlled with homeo	Stopped neoclarityn	1 remedy tds on 1 day a month + 1 remedy tds = £2.85
Folliculitis	Improvement	Stopped Oxytetracycline	1 remedy tds on 1 day a month = £0.20

Many other patients had shown improvements in their presenting complaints of the notes that we reviewed, but the improvements were not quantifiable in monetary terms and included:

- better sleep pattern,
- improved appetite
- improved quality of life
- less anxiety
- less pain
- decreased menopausal symptoms particularly hot flushes

Patient Change on Starting Homeopathy	Estimate, Cost Saving (month)
Gabapentin reduced by 300mg tid	£ 30.50
Stopped Omeprazole	£ 2.15
Stopped Gabapentin (600mg tid)	£ 61.00
Dihydrocodeine reduced from 90mg bd x 30mg daily	£ 11.25
Stopped Pregabalin (300 mg daily)	£ 32.00
Imigran Injection cessation	£352.00
Cessation of Dixarit	£ 15.29
Discontinue Lercanidipine	£ 11.00
Stopped Phenelzine Arthrotec Gabapentin	£ 90.31
B Interferon not started	
Cessation of Gabapentin	£ 61.00
Cessation of Piroxicam Ranitidine Hydroxychloroquine Prednisolone Mycophenolate Azathioprine	£121.96
Cessation of Quetiapine Lorazepam Zopiclone	£ 90.50

Total saving for 13 patients for 1 month (medication only)  
= £ 878.96