

# Homeopathy and acupuncture backed for NHS funding

17 Feb 09

By **Gareth Iacobucci**

Homeopathy, acupuncture and reflexology are among a range of complementary and alternative therapies a new trial concludes should be provided on the NHS.

The major new Government-funded study found there would be a range of benefits to patients in providing access to complementary and alternative medicine, and that the treatments could even save the health service money.

As many as 81% of patients receiving the treatments on referral from their GP reported improvements in their physical health, and 79% in their mental health.

The study, carried out in Northern Ireland and commissioned by the province's [Department of Health, Social Services and Public Safety](#), found 84% of patients directly linked improvements in health to the therapies they received.

Treatments administered after referral from local GPs included acupuncture, homeopathy, chiropractic, osteopathy, reflexology and aromatherapy.

In 65% of cases, GPs reported a health improvement in patients, while half said they prescribing less medication during the course of the trial, and that their patients needed less frequent referral to hospital.

More than 700 patients from different demographic groups were referred to therapies for musculoskeletal or mental health conditions through nine GP practices in Belfast and Londonderry.

The researchers concluded: 'Not only has this project documented significant health gains, but also the potential economic savings likely to accrue from a reduction in patient use of primary and other health care services, a reduction in prescribing levels and reduced absenteeism from work.'

'It is recommended that DHSSPS and the project partners examine ways of integrating complementary and alternative medicine within primary care.'

Dr Anne McCloskey, a GP in Londonderry whose practice took part in the pilot, said the scheme had been 'brilliant' for patients, but should have gone on for longer.

She said: 'Overall it was very positive. Our patients loved them, but the scheme wasn't big enough to prove definite benefits. It should have gone on for longer.'

Dr Michael Dixon, medical director of the Prince's Foundation for Integrated Health and a GP in Cullompton, Devon, said the study was a big breakthrough for complimentary medicine.

'Patients have clearly benefited – and so has the health service,' he said. 'This trial shows an integrated approach is practical and works in well in NHS primary care.'

The boost for supporters of complementary therapy comes despite several recent studies casting doubt on the effectiveness of treatments.

A report published last week by the Arthritis Research Campaign found most complementary medicines

were ineffective, while researchers in the [BMJ](#) recently claimed there was little difference between real and 'sham' acupuncture.

### Key findings

- 81% of patients reported improvement in their physical health, 79% in their mental health.
- 84% of patients directly linked improvements in their health and wellbeing to the complementary treatment.
- 62% of patients were suffering less pain, with 55% said they had been able to reduce their use of painkillers.
- 64% of patients in employment said they took less time off work after treatment.
- Half of GPs reported prescribing less medication for chronic or acute patients during the trial.
- In 65% of cases, GPs reported a health improvement.

Source: Evaluation of Government-funded pilot project in Northern Ireland, carried out by Social & Market Research (SMR)

## Readers' comments

- **Steve Scrutton** | 18 Feb 09

What is notable about this project is not just the satisfaction patients expressed, but the satisfaction of GP's too.

It is time, now, for PCTs throughout the country to begin to incorporate these therapies into the day-to-day work of the NHS. I speak as someone who had to fight, and complain to obtain homeopathic treatment for 11 MONTHS a couple of years ago!

If patients and GPs are happy, only the so-called 'scientists' of the Colquhoun and Ernst variety will find objection - and it is time that their views, and vested interests are more closely examined.

- **Roger Neville-Smith** | 18 Feb 09

As a General Practitioner I am grateful that I have homeopathy in my tool bag. Not only is it useful for patients who are unhappy about conventional treatment but also for those in whom it is more effective and appropriate.

- **Irene Roberts** | 19 Feb 09

I do hope that Roger Neville Smith has like minded colleagues. For too long there has been a them and us attitude to health care and treatment. Alternative and complementary treatments like homeopathy not only provide a cost effective solution to particularly long term and chronic physical, emotional and mental disease but also reduce the frequency and intensity of patient demand on GP services.

- **Jerry Quill** | 21 Feb 09

I'm dismayed. Don't get me wrong. I think it's great that people feel good after these therapies, but then people feel good after pedicures, manicures and facials, don't they? Why not include these on the NHS also?

The fact is that with a limited budget, one cannot really justify these "treatments", when essentially you're taking money from other evidence-based therapies e.g. chemotherapy, that have at least attempted to justify themselves with sound scientific principles.

The above "study" is an exercise in trying to give these alternative treatments some kind of scientific credibility. If you really want to know what's going on follow [this link](#). If people want these things fine, but they should pay for them. I fear that we're sleeping-walking into another NHS swindle. Competing interests? None.

- **PhD Scientist** | 23 Feb 09

Steve Scrutton is a lay homeopath - even though he hasn't bothered telling us this - who is, completely predictably, agitating for his particular quackery of choice to be funded by the NHS.

Note that whenever anyone calls a real scientist or doctor a "so-called" "scientist" then it is a safe bet they are a sectarian Alt.Medicine type. Of the two people Steve refers to, David Colquhoun is an eminent professor of pharmacology and an FRS. Edzard Ernst (MD PhD FRCP) is a professor who has published literally hundreds of papers evaluating the actual evidence base for complementary therapies. What is "so-called" about either?

As Jerry Quill points out, being pampered makes people feel better. So next time I am feeling a bit old and tired, I look forward to getting my haircut and rejuvenating cucumber facial on the NHS. And could I have a weekend at a nice country house hotel health farm too? Please?

- **Ken Mayne** | 23 Feb 09

I am one of the homeopaths who worked in the pilot, which was not a clinical trial but an evaluation of a real-world referral service for GPs and their patients. It was very apparent that the doctors were delighted to have extra treatment options for their patients, especially their chronically-ill 'heart sink' patients. Three-quarters of patients referred had had their conditions for over a year, and nearly half for more than five years.

We in turn were delighted to be able to give so many of them back to the GPs in better health. We were able to show that we have something to offer in a primary care setting, especially in the GP-reported 'effectiveness gaps' in what conventional medicine has to offer. It also became very clear that patients want us to work together in this way to provide the most appropriate forms of treatment.

There are problems about evidence but they are not, as our critics would like to think, just about evidence for Complementary and Alternative Medicine (CAM) treatments. In the conventional medical world, evidence for conventional treatments remains remarkably sparse, considering the vast expenditure on clinical trials using RCT methodology. The international resource for such information, the BMJ Clinical Evidence website, tells us that:

Of around 2,500 treatments covered 13% are rated as beneficial, 23% likely to be beneficial, 8% as trade off between benefits and harms, 6% unlikely to be beneficial, 4% likely to be ineffective or harmful, and 46%, the largest proportion, as unknown effectiveness.

Nor is this situation improving with time. In 1978, the US Office of Technology Assessment reported that, "Only 10 percent to 20 percent of all procedures currently used in medical practice

have been shown to be efficacious by controlled trial." Sir Michael Rawlins, chair of NICE recently said that the RCT has been on an undeserved pedestal, and that other forms of evidence such as observational studies should be considered.

In the CAM world, we have always argued that the individualisation of treatment means that evidence for CAM treatments must come from clinical outcomes research, but the Lords' report on CAM in 2000 concluded that CAM had been 'starved' of research funds.

However, in recent observational studies such as that at the Bristol Homeopathic Hospital, and those carried out by the multi-disciplinary IMPACT team in Nottingham, a very consistent and positive picture is emerging.

In order to forestall the usual sterile slanging match about evidence for CAMs, and to provide context for the publication of the results of the Pilot, Boo Armstrong and I jointly proposed that the Department of Health should host a process of dialogue - 'a Peace Process, to maintain the Northern Irish theme - 'in which stakeholders of all shades of opinion could be facilitated in developing a consensus on the results of the pilot.

If CAM therapies are to be offered to NHS patients, GPs will be the gatekeepers of such services. They must therefore be fully informed, and I think that a fully considered and authoritative opinion resulting from such a dialogue would be of great value to doctors in offering the most appropriate treatments to patients.

Unfortunately the Department did not take up the idea, but I propose it again here, as I believe it would be very much to the advantage of doctors and their patients.

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