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India needs evidence-based, ethics-driven medicine.....	2
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# INDIA NEEDS EVIDENCE-BASED, ETHICS-DRIVEN MEDICINE

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'Evidence on homoeopathy's efficacy is weak' | Photo Credit: Getty Images/iStockphoto

The recent push to integrate 'AYUSH' medicinal systems into mainstream health care to achieve universal health coverage and 'decolonise medicine' is a pluralistic approach that would require every participating system to meet basic safety and efficacy standards. Homoeopathy does not meet these standards. But its supporters have argued in *The Lancet Regional Health – Southeast Asia* recently for expanding its use by citing demand and decolonisation, disregarding its flaws.

Evidence on homoeopathy's efficacy is weak. The first carefully conducted and well-reported double-blind randomised controlled trial (RCT), the Nuremberg Salt Test (1835), noted that "the symptoms or changes which the homeopaths claimed to observe as an effect of their medicines were the fruit of imagination, self-deception and preconceived opinion — if not fraud."

In the evidence-based medicine ladder, the topmost rung is systematic reviews and meta-analyses that exhaustively pool and critically appraise evidence from existing studies. Multiple systematic reviews and meta-analyses have found that, across ailments, population groups (adults versus children), study types (placebo-controlled versus other trial types), and treatment regimes (individualised versus non-individualised), homoeopathic treatments lack clinically significant effects. Reviews that somewhat support homoeopathy's efficacy also caution over the low evidence quality and raise concerns about its clinical use.

Recently, researchers demonstrated that more than half of the 193 homoeopathic trials in the last two decades were not registered. Unregistered trials showed some evidence of efficacy but registered trials did not. There was reporting bias and other problematic practices, throwing the validity and reliability of evidence thus generated into doubt.

Further, the World Health Organization (WHO) has warned against homoeopathic treatments for HIV, tuberculosis, and malaria, as well as flu and diarrhoea in infants, saying it has "no place" in their treatment. Evidence is accumulating that homoeopathy does not work for cancers and may not help to reduce the adverse effects of cancer treatments, contrary to lay belief. Instead, treatments have been linked to both non-fatal and fatal adverse events as well as their aggravation. Seeking homoeopathic care also delays the application of evidence-based clinical care. In several cases, it has caused injuries and sometimes death.

Homoeopathy's supporters argue that the standards commonly used in evidence-based medicine are not suitable for judging the "holistic effects" of homoeopathy. This claim can be debunked.

First, the standards are not conveniently chosen by practitioners of allopathic medicine for themselves. RCTs and other methods for collecting and assessing evidence are collaboratively set and updated by a global community pushing for evidence-based medicine that includes epidemiologists, biostatisticians, quality improvement researchers, implementation managers, and several others, beyond clinicians. These methods have weeded out practices in allopathic medicine that failed to meet the evidence criteria. Further, multiple disciplines such as psychology, economics, community health, implementation science, and public policy, beyond medicine have successfully adapted evidence synthesis methods to establish their claims.

Second, what are the methods that will work? Homoeopathy advocates have failed to invent valid alternative evidence synthesis frameworks suited for testing its efficacy and safety, which are also acceptable to the critics.

Third, the claim about homoeopathy being holistic is typically paired with evidence-based medicine being "reductionist". In 2023, most exponents of evidence-based medicine are aware and accepting of biopsychosocial approaches toward health endorsed by WHO — predominantly composed of evidence-based medicine practitioners and supporters.

Fourth, evidence-based medicine does not and should not stop at establishing empirical evidence. The quest is also to discover and explain the mechanisms underlying the evidence. In the last century, there has been no concrete evidence for proposed mechanisms of action for homoeopathy. No mechanistic (molecular, physiological, biochemical, or otherwise) evidence to explain how concepts such as "like cures like", "extreme dilution", and "dematerialised spiritual force" result in better health. In the same period, several allopathic/modern medicine practices have updated themselves based on growing scientific evidence.

Adopting a pluralistic approach in medicine can decolonise medicine. In India, homoeopathy is at odds with this. Homoeopathy was introduced in 1839 in India by Austrian physician J.M. Honigberger. While defining traditional medicine can be subjective, homoeopathy was introduced quite recently in India's history during the colonial period for colonial benefit. Hence, its traditional tag is untenable. Of course, not all colonial-era practices need to be surrendered. Those with health and developmental benefits such as evidence-based elements of allopathic medicine and gender role and caste reforms should be retained.

The argument to reject homoeopathy is not just based on its coloniality, but chiefly on the lack of evidence for efficacy, some evidence for lack of safety, no substantive progress on mechanisms of action in the last century, and homoeopathic practitioners' escapist arguments.

Homoeopathy's supporters offer testimonials from luminaries such as Gandhi and Tagore. But Gandhi's writings have scant mentions. We could not find any archival evidence of favourable comments by Tagore. Hence, decolonisation cannot be a reason to support homoeopathy.

India's path to universal health care must be grounded in evidence-based and ethics-driven medicine.

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