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Homeopatia não é efeito Placebo

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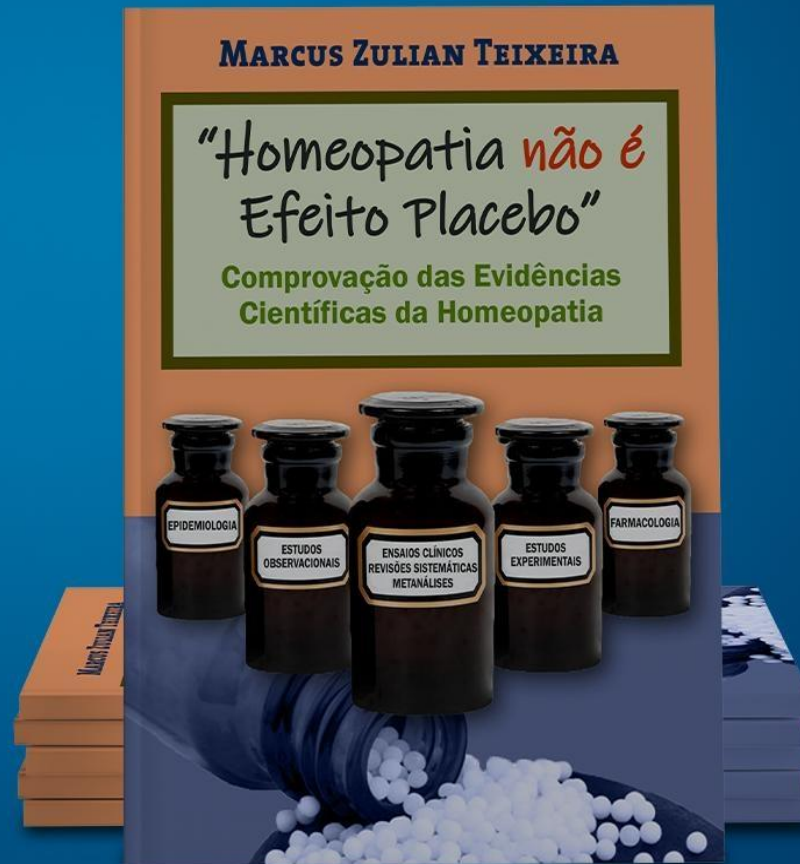
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São Paulo (FMUSP)

Discussão sobre o livro:
"Homeopatia não é efeito placebo"



"Homeopatia não é Efeito Placebo"

Comprovação das Evidências Científicas da Homeopatia

Marcus Zulian Teixeira

Faculdade de Medicina da USP



MARCUS ZULIAN TEIXEIRA

**"Homeopatia não é
Efeito Placebo"**

**Comprovação das Evidências
Científicas da Homeopatia**



AMB informa: lançado o livro digital “HOMEOPATIA NÃO É EFEITO PLACEBO”, de Marcus Zulian Teixeira

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Em treze capítulos interativos, a obra atualiza e amplia as linhas de pesquisas descritas no Dossiê Especial: “Evidências Científicas em Homeopatia”

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"Homeopatia não é efeito placebo": comprovação das evidências científicas da homeopatia
/ "Homeopathy is not a placebo effect": proof of the scientific evidence for homeopathy

Teixeira, Marcus Zulian.

São Paulo; s. n.; 2023. 223 p.

Monografia em Português | HomeoIndex - Homeopatia | ID: biblio-1451677

Biblioteca responsável: [BR926.1](#)

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RESUMO

ABSTRACT

A [homeopatia](#) é uma prática médica reconhecida mundialmente há mais de dois séculos,



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por Marcus Zulian Teixeira (Autor, Editor) | Formato: eBook Kindle

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A **homeopatia** é uma prática médica reconhecida mundialmente há mais de dois séculos, desenvolvendo atividades de assistência, ensino e pesquisa em diversas instituições de saúde e faculdades de medicina. Emprega uma abordagem clínica holística baseada em princípios científicos heterodoxos e complementares (princípio da similitude terapêutica, experimentação patogenética homeopática, uso de doses dinamizadas e medicamentos individualizados), com o objetivo de despertar uma resposta curativa do organismo contra

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Homeopatia e Preconceito

- Pressupostos distintos dos empregados pela prática médica convencional ⇒ Desconhecimento (negação) da classe médica e da sociedade em geral ⇒ **Preconceitos (pós-verdades) contra a homeopatia:**
 - "Não existem evidências científicas em homeopatia".
 - "Homeopatia é efeito placebo".
- Proclamados de forma indistinta e reiterada, esses preconceitos são incorporados ao "inconsciente da coletividade", servindo de estratégia para radicalizar posicionamentos contrários à homeopatia.



Dossiê "Evidências Científicas em Homeopatia" (Cremesp, 2017)

- Para elucidar médicos, pesquisadores, profissionais de saúde e o público em geral, desmistificando posturas dogmáticas culturalmente arraigadas e as falácias pseudocéticas de que "não existem evidências científicas em homeopatia" e de que "homeopatia é efeito placebo", em 2017, a Câmara Técnica do Conselho Regional de Medicina do Estado de São Paulo (CT-Homeopatia, Cremesp) elaborou o *Dossiê Especial: "Evidências Científicas em Homeopatia"*.

Dossiê "Evidências Científicas em Homeopatia" (Cremesp, 2017)

- Englobando nove revisões sobre as diversas linhas da pesquisa homeopática (histórica, social, educação médica, farmacológica, básica, clínica, segurança do paciente e experimentação patogenética) e contendo centenas de artigos científicos que descrevem estudos experimentais e clínicos, o Dossiê descreve o "estado da arte" da ciência homeopática.
- O Dossiê está disponibilizado em 5 edições trilingues: Português (online e impressa), Inglês (online) e Espanhol (online e impressa).



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HOMEOPATIA



Destaque(s) desta Câmara

- Câmara Técnica de Homeopatia do Cremesp lança dossiê "Evidências Científicas em Homeopatia". Acesse [aqui](#).
- Revista de Homeopatia (São Paulo. Online) 2017; 80 (1/2). Confira a edição online em português [aqui](#).
- Revista de Homeopatia (São Paulo. Online) 2017; 80 (3/4). Confira a edição Online em inglês [aqui](#).
- Revista de Homeopatia (São Paulo. Impressa) 2017; 80 (Supl 1/2) · Confira a edição em PDF em português [aqui](#).
- Cremesp recebe membros das Associações Brasileira e Paulista de Homeopatia. Acesse [aqui](#).

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Elaborar um "dossiê brasileiro" com a participação de pesquisadores integrantes da "CT-Homeopatia do CREMESP" e convidados 'experts' em áreas específicas





Fevereiro a Dezembro de 2017



EISSN: 2175-3105

Revista de Homeopatia

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Publicação da Associação Paulista de Homeopatia, Vol. 80, Nº 1/2, 2017

Dossiê Especial

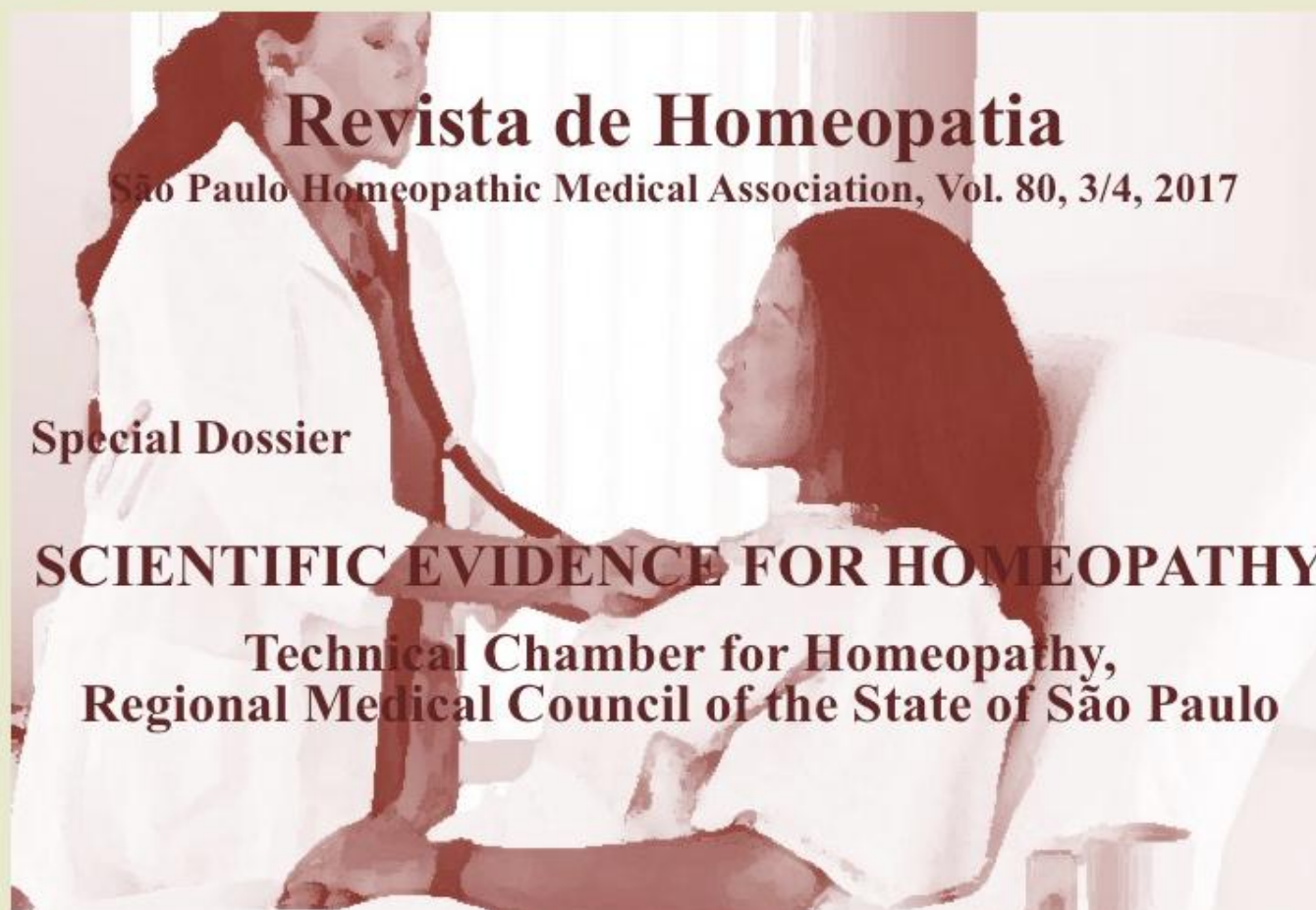
EVIDÊNCIAS CIENTÍFICAS EM HOMEOPATIA

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Conselho Regional de Medicina do Estado de São Paulo**

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v. 80, n. 3/4 (2017)

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REVISTA DE
Homeopatia

Publicação da Associação Paulista de Homeopatia

VOLUME **80**
número 1/2
SUPLEMENTO
2 0 1 7

DOSSIÊ ESPECIAL

Evidências Científicas em Homeopatia

Câmara Técnica de Homeopatia,
Conselho Regional de Medicina
do Estado de São Paulo



<http://www.bvshomeopatia.org.br/revista/RevistaHomeopatiaAPHano2017VOL80Supl1-2.pdf>

ISSN: 0102-227x

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Diagramação e produção gráfica

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Tel. 5841-4311



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REVISTA DE

HOMEOPATIA

Publicação da Associação Paulista de Homeopatia • vol. 80 nº 1/2 suplemento • 2017

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20-12-2017

Parceria

Crempesp recebe membros das Associações Brasileira e Paulista de Homeopatia



Nesta terça-feira (19/12), o presidente e vice-presidente do Conselho Regional de Medicina do Estado de São Paulo (Crempesp), Lavinio Nilton Camarim e Renato Françoso, respectivamente, receberam membros das Associações Brasileira e Paulista de Homeopatia.

O encontro teve como objetivo a apresentação da Revista de Homeopatia "Dossiê Especial: Evidências Científicas

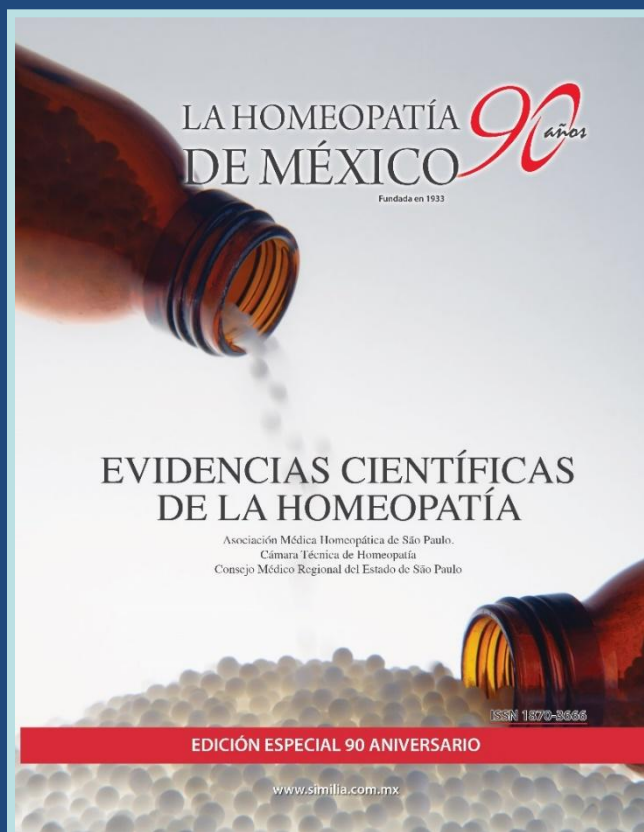
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LA HOMEOPATÍA DE MÉXICO

Fundada en 1933

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<http://homeopatiamex.similia.com.mx/index.php/Revista/sue/view/90-aniversario-2023>

EDITORIAL**Aos que clamam pelas evidências científicas em homeopatia****Marcus Zulian Teixeira****Editor Convidado, Dossiê Especial: “Evidências Científicas em Homeopatia”**

Ao discorrermos sobre a homeopatia em diversas situações, frequentemente notamos que as pessoas reagem com manifestações de desconfiança, questionando sua comprovação científica e a validade terapêutica do método. Proclamada em todos os meios, de forma indistinta e reiterada, a falácia ou pós-verdade de que “não existem evidências científicas em homeopatia” acaba se incorporando ao inconsciente da coletividade, servindo como estratégia para aumentar preconceitos e radicalizar posicionamentos contrários a essa prática médica bissecular.

Fruto da desinformação ou da negação dos estudos que fundamentam o modelo homeopático em vários campos da ciência, esse preconceito se retroalimenta de tempos em tempos com matérias e artigos depreciativos publicados nas mídias e redes sociais, as quais, raramente, divulgam os trabalhos com resultados favoráveis à homeopatia. Com o intuito de esclarecer a classe médica e a sociedade em geral, buscando desmistificar posturas dogmáticas culturalmente arraigadas, a Câmara Técnica de Homeopatia do Conselho Regional de Medicina do Estado de São Paulo (CREMESP) elaborou o presente Dossiê Especial, “Evidências Científicas em Homeopatia”, contando com o apoio da Associação Médica Homeopática Brasileira (AMHB) e da Associação Paulista de Homeopatia (APH) em sua divulgação na *Revista de Homeopatia* da APH.

Homeopatia: um breve panorama desta especialidade médica

Marcelo Pustiglione¹; Eduardo Goldenstein²; Y. Moisés Chencinski³.

Resumo

A homeopatia é uma prática médica bicentenária que ao longo de sua história tem demonstrado resolutividade, baixo custo, amplo alcance e incontestável aceitação social. Estima-se que, na atualidade, cerca de 500 milhões de pessoas utilizam a homeopatia como forma terapêutica em todo o mundo. Isso representa cerca de 7% da população mundial. Entretanto, ainda existem problemas de harmonização entre a homeopatia e as formas terapêuticas hegemônicas que precisam ser devidamente equacionados e resolvidos. Este artigo objetivou contextualizar a homeopatia como ciência e arte no Brasil e no mundo. Foram analisados alguns aspectos relevantes, tais como: o perfil das pessoas que utilizam a homeopatia como opção de tratamento e os motivos que as levaram a isso; e a contextualização histórica e social da inclusão da homeopatia nos sistemas de atenção à saúde e de ensino. Concluiu-se que a homeopatia se caracteriza como um sistema ético de medicina que oferece um tipo de tratamento sistêmico, seguro e com ótima relação custo-benefício para os indivíduos doentes. O mesmo deveria estar inserido nas universidades, nas faculdades de medicina e no sistema de atenção à saúde das pessoas, em qualquer nível de complexidade, garantindo assim sua histórica caracterização como especialidade médica.

Panorama mundial da educação médica em terapêuticas não convencionais (homeopatia e acupuntura)

Marcus Zulian Teixeira

Resumo

Introdução: Empregadas de forma alternada, complementar ou integrada ao modelo biomédico vigente, a demanda da população por terapêuticas não convencionais vem aumentando substancialmente nas últimas décadas, exigindo dos médicos noções básicas dessas diversas terapias, a fim de que possam orientar seus pacientes em tratamentos diferentes dos que estão acostumados a prescrever. Dentre essas, a homeopatia e a acupuntura são consideradas especialidades médicas há décadas no Brasil. Objetivo: Descrever o panorama mundial da educação médica em terapêuticas não convencionais (homeopatia e acupuntura). Métodos: Empregando como fonte de referência os estudos e revisões sobre o tema que publicamos até 2013, atualizamos os dados acrescentando pesquisas recentes citadas na base de dados PubMed. Resultados: Em todos os países, destaca-se a importância do ensino dessas abordagens terapêuticas na educação médica, em vista do interesse crescente da população em sua utilização e, conseqüentemente, da classe médica em seu aprendizado, com propostas diversas direcionadas aos estudantes, residentes, pós-graduandos e médicos de outras especialidades. Conclusões: Por esses motivos, as escolas de medicina brasileiras têm a responsabilidade de propiciar aos estudantes, residentes e pós-graduandos o conhecimento das evidências científicas, dos pressupostos teóricos e das abordagens clínico-terapêuticas empregadas pela homeopatia e pela acupuntura, dentre outras.

Fundamentação científica do princípio de cura homeopático na farmacologia moderna

Marcus Zulian Teixeira

Resumo

Introdução: O modelo homeopático de tratamento utiliza o ‘princípio dos semelhantes’ como método terapêutico, administrando medicamentos que causam determinados sintomas em indivíduos sadios para tratar sintomas semelhantes em indivíduos doentes (*similia similibus curantur*), com o intuito de despertar uma reação secundária e curativa do organismo contra os seus próprios distúrbios. Essa reação secundária (vital, homeostática ou paradoxal) do organismo está embasada no ‘efeito rebote’ dos fármacos modernos, evento adverso observado após a descontinuação de diversas classes de drogas que utilizam o ‘princípio dos contrários’ (*contraria contrariis curantur*) como método terapêutico. Objetivo: Esta revisão visa fundamentar cientificamente o princípio de cura homeopático perante a farmacologia clínica e experimental, através do estudo sistemático do efeito rebote dos fármacos modernos ou reação paradoxal do organismo. Métodos: Empregando como fonte de referência os estudos e revisões sobre o tema que vimos publicando desde 1998, atualizamos os dados acrescentando pesquisas recentes citadas na base de dados PubMed. Resultados: O efeito rebote ocorre após a descontinuação de inúmeras classes de fármacos com ação terapêutica contrária aos sintomas das doenças, exacerbando-os a níveis superiores aos anteriores do tratamento. Independente da doença, da droga, da dose e da duração do tratamento, o fenômeno rebote se manifesta numa pequena proporção de indivíduos suscetíveis. Seguindo as premissas homeopáticas, os fármacos modernos também podem ser utilizados segundo o princípio da similitude terapêutica, empregando o efeito rebote (reação paradoxal) de forma curativa. Conclusões:

A solidez da pesquisa básica em homeopatia

Leoni Villano Bonamin

Resumo

A pesquisa básica em homeopatia evoluiu muito nos últimos 20 anos. Desde estudos exploratórios realizados em animais e plantas para a caracterização dos efeitos sistêmicos dos medicamentos homeopáticos até estudos realizados *in vitro*, com sistemas celulares isolados, para avaliar mudanças nos mecanismos de adaptação celulares e nos processos de sinalização intracelular frente a tratamentos homeopáticos diversos. O volume de artigos acumulados ao longo dos anos permitiu a elaboração de várias revisões sistemáticas sobre o tema. Recentemente, a demonstração de que medicamentos homeopáticos podem modificar as funções celulares por mecanismos epigenéticos (metilação e desmetilação do DNA) abriu espaço para uma nova frente de pesquisas. Em paralelo, a partir de 2010, a descoberta da existência de nanopartículas e de propriedades físicas da água específicas nas preparações homeopáticas também jogou luz num campo até então pouco conhecido, em que se acreditava não existir nada além de água. Os desafios para o futuro se concentram, então, na demonstração, ou não, de que ambos os processos se inter-relacionam.

Palavras-chave

Pesquisa básica; Homeopatia; Modelos experimentais; Nanopartículas; Epigenética

Efeito de ultradiluições homeopáticas em modelos *in vitro*: revisão da literatura

Silvia Waisse

Resumo

Introdução: Existem questionamentos quanto aos efeitos das ultradiluições (UDs) homeopáticas por ultrapassarem o número de Avogadro. **Objetivo:** Realizar uma revisão da literatura sobre os efeitos das UDs em modelos *in vitro*. **Métodos:** Foi realizada uma busca sistemática na base de dados PubMed de estudos sobre UDs simples em modelos *in vitro* a partir de 2007. **Resultados:** 28 publicações cumpriram os critérios de inclusão/exclusão; 26 estudos demonstraram efeitos evidentes de UDs simples em modelos *in vitro*, a maioria originada em países onde a homeopatia tem alto grau de institucionalização. **Conclusões:** Estudos *in vitro* demonstram inquestionavelmente a atividade biológica de UDs acima do número de Avogadro, dando conta do efeito das mesmas na prática clínica. A maioria das pesquisas se origina em países onde a homeopatia é uma racionalidade médica oficialmente aceita, o que facilita o acesso a recursos de pesquisa.

Palavras-chave

Homeopatia; Ultradiluições; Modelos *in vitro*; Revisão

Efeito de ultradiluições homeopáticas em plantas: revisão da literatura

Marcus Zulian Teixeira¹; Solange M.T.P.G. Carneiro².

Resumo

Introdução: Dentre as premissas não convencionais do modelo homeopático, o emprego de doses ultradiluídas de medicamentos desperta questionamentos e ceticismo na classe científica, acostumada ao paradigma dose-dependente da farmacologia clássica. Para evidenciar o efeito das ultradiluições homeopáticas em seres vivos, pesquisas são realizadas em diversos modelos experimentais (*in vitro*, em plantas e em animais). **Objetivo:** Descrever os estudos de melhor qualidade metodológica que confirmaram o efeito positivo das ultradiluições homeopáticas em plantas. **Métodos:** Utilizando como fontes de referência as revisões sobre o tema publicadas até 2015, atualizamos os dados adicionando estudos recentes citados na base de dados PubMed. **Resultados:** Dentre 167 estudos experimentais analisados nas principais revisões, 48 atingiram os critérios mínimos de qualidade metodológica e 29 identificaram os efeitos específicos das ultradiluições homeopáticas em plantas, empregando controles adequados. **Conclusões:** Apesar da qualidade metodológica insatisfatória da maioria dos experimentos, estudos com controle negativo sistemático e reprodutibilidade reportaram efeitos significativos e incontestáveis das ultradiluições homeopáticas em plantas.

Palavras-chave

Homeopatia; Ultradiluições; Agricultura; Plantas; Modelos fitopatológicos; Revisão

Pesquisa clínica em homeopatia: revisões sistemáticas e ensaios clínicos randomizados controlados

Silvia Waisse

Resumo

Introdução: Revisões sistemáticas e ensaios clínicos randomizados controlados (ERCs) são considerados os métodos com maior nível de evidência. **Objetivo:** Realizar uma revisão descritiva das revisões sistemáticas e ERCs sobre a efetividade e eficácia da homeopatia. **Métodos:** Utilização do relatório produzido pela Liga Médica Homeopática Internacional (LMHI) em 2014, com atualização dos estudos através de uma busca na base de dados PubMed. **Resultados:** Foram localizadas 7 revisões sistemáticas com metanálise, 6 delas indicando que os efeitos da homeopatia não são compatíveis com efeito placebo; apenas 1 revisão concluiu o resultado oposto, sendo extremamente criticada por apresentar sérias falhas metodológicas. Além disso, 19 ERCs foram publicados no período recente, 84,20% dos quais com pelo menos 1 desfecho positivo. **Conclusões:** Com base nas evidências disponíveis de maior nível não se pode afirmar que os efeitos da homeopatia são exclusivamente efeito placebo. Ao contrário, efeitos específicos foram identificados em diversos estudos.

Palavras-chave

Homeopatia; Eficácia; Efetividade; Revisão sistemática; Metanálise; Ensaio clínico controlado aleatório

Estrogênio potencializado no tratamento homeopático da dor pélvica associada à endometriose: Um estudo de 24 semanas, randomizado, duplo-cego e placebo-controlado

Marcus Zulian Teixeira¹, Sérgio Podgaec², Edmund Chada Baracat³

Resumo

Objetivo: Avaliar a eficácia e a segurança do estrogênio potencializado em comparação com o placebo no tratamento homeopático da dor pélvica associada à endometriose (DPAE). **Desenho do estudo:** Ensaio randomizado, duplo-cego e placebo-controlado de 24 semanas de duração, que incluiu 50 mulheres com idade entre 18-45 anos de idade, diagnóstico de endometriose infiltrativa profunda com base em ressonância magnética nuclear ou ultrassonografia transvaginal após preparo intestinal e escore ≥ 5 na escala analógica visual (EAV: intervalo de 0 a 10 pontos) para DPAE. Estrogênio potencializado (12cH, 18cH e 24cH) ou placebo foi administrado 2 vezes ao dia por via oral. A medida de desfecho primário foi a mudança na severidade da DPAE com base no escore global e parcial (EAV) entre as semanas 0-24, determinado pela diferença entre a pontuação média de 5 modalidades de dor pélvica crônica (dismenorreia, dispareunia de profundidade, dor pélvica acíclica, dor intestinal cíclica e/ou dor urinária cíclica). Os desfechos secundários foram: diferença nos escores médios para qualidade de vida (SF-36), sintomas de depressão (Inventário de Depressão de Beck, IDB) e sintomas de ansiedade (Inventário de Ansiedade de Beck, IAB). **Resultados:** O escore global da DPAE (EAV: intervalo de 0 a 50 pontos) diminuiu 12,82 pontos ($p < 0,001$) no grupo tratado com o estrogênio potencializado (dinamizado) entre as semanas 0-24. O grupo que usou o estrogênio potencializado

Estudo clínico, duplo-cego, randomizado, em crianças com amigdalites recorrentes submetidas a tratamento homeopático

Sergio E. Furuta¹, Luc L.M. Weckx², Claudia R. Figueiredo³

Resumo

Objetivo: Avaliar a eficácia e a segurança do tratamento homeopático em crianças com amigdalite recorrente, com indicação cirúrgica. **Métodos:** Estudo prospectivo, duplo-cego, randomizado, em que foram incluídas 40 crianças com idade variando de 3 a 7 anos; 20 crianças foram tratadas com medicação homeopática individualizada e 20 crianças receberam placebo. A duração do estudo de cada paciente foi de 4 meses. A avaliação dos resultados foi clínica, por meio de questionário padrão, de exame otorrinolaringológico, no primeiro e no último dia do tratamento. Utilizou-se como critério de amigdalites de repetição a ocorrência de 5 a 7 episódios de amigdalites agudas ao ano. **Resultados:** Das 18 crianças que completaram o tratamento homeopático, 14 não apresentaram nenhum episódio de amigdalite aguda bacteriana; das 15 crianças que receberam placebo por 4 meses, 5 pacientes não apresentaram amigdalite, com diferenças estatisticamente significantes ($p= 0,015$). Nenhum dos pacientes apresentou efeitos colaterais aos medicamentos prescritos. **Conclusões:** O tratamento homeopático foi eficaz nas crianças com amigdalites recorrentes, quando comparado ao placebo, excluindo 14 crianças (78%) da indicação cirúrgica. O medicamento homeopático não provocou eventos adversos nas crianças.

Palavras-chave

Homeopatia; Amigdalite recorrente; Crianças; Ensaio clínico controlado aleatório

O medicamento homeopático provoca efeitos adversos ou agravações medicamentos-dependentes?

Flávio Dantas

Resumo

A apreciação crítica sobre a segurança do medicamento homeopático tem sido desenvolvida recentemente, sendo muito importante para a tomada de decisões por parte de médicos, pacientes e agências reguladoras de medicamentos. Apesar da aparente implausibilidade arguida sobre a possibilidade dos medicamentos homeopáticos serem ativos, em função dos procedimentos farmacotécnicos de diluição e agitação a que são submetidos, observa-se na literatura médica relatos de casos atribuindo efeitos tóxicos aos mesmos, até com sérios riscos à vida. Revisões sistemáticas sobre os efeitos adversos de medicamentos homeopáticos indicam que os medicamentos homeopáticos produzem mais efeitos adversos do que o placebo em estudos randomizados controlados, embora os mesmos sejam leves e transitórios. A implantação de um sistema eficiente online de monitoramento de efeitos adversos dos medicamentos – homeopáticos, convencionais ou fitoterápicos – pode ser de grande importância, facilitando a coleta de dados e a avaliação imparcial das informações geradas por consumidores ou profissionais da saúde.

Palavras-chave

Homeopatia; Segurança do paciente; Efeitos adversos; Agravações homeopáticas

O medicamento homeopático provoca sintomas em voluntários aparentemente saudáveis? A contribuição brasileira ao debate sobre os ensaios patogenéticos homeopáticos

Flávio Dantas

Resumo

Os ensaios patogenéticos homeopáticos buscam descobrir sintomas específicos e característicos que se manifestam em indivíduos aparentemente saudáveis, expostos a medicamentos homeopáticos, para que possam ser utilizados na comparação com os sintomas dos pacientes. Ao definir as diretrizes metodológicas para sua realização, Hahnemann deixou claro que deveriam ser o produto de estudos rigorosos para evitar qualquer conjectura em seus resultados. Com o avanço nos métodos científicos, também têm sido propostas novas diretrizes para sua realização, que são incorporadas aos estudos atuais. Autores brasileiros têm oferecido valiosas contribuições científicas para o desenvolvimento dos ensaios patogenéticos homeopáticos, com realização de estudos originais ou inovações na área metodológica. A validade e a confiabilidade das informações produzidas a partir de ensaios patogenéticos homeopáticos são fundamentais para o êxito da prática clínica em homeopatia.

Palavras-chave

Homeopatia; Ensaios patogenéticos homeopáticos; Matéria médica; Lógica clínica homeopática

Ciências da Saúde - 07/07/2017

Revista lança dossiê sobre “Evidências Científicas em Homeopatia”

Dossiê busca levar à classe médica e científica, assim como ao público em geral, o estado da arte da pesquisa homeopática

Por Redação - Editorias: Ciências da Saúde - URL Curta: jornal.usp.br/?p=99686



A Câmara Técnica de Homeopatia do Conselho Regional de Medicina do Estado de São Paulo (Cremesp) elaborou o dossiê especial *Evidências Científicas em Homeopatia*, que acaba de ser disponibilizado no [site da Revista de Homeopatia](#) da Associação Paulista de Homeopatia (APH).

Englobando 11 revisões sobre diversas linhas de pesquisa existentes nos mais variados campos da ciência, as quais comportam centenas de artigos científicos publicados em periódicos distintos, esse dossiê busca levar à classe médica e científica, assim como ao público em geral, o estado da arte da pesquisa homeopática:

De acordo com Marcus Zulian Teixeira, coordenador de disciplina sobre o tema na Faculdade de

<http://jornal.usp.br/ciencias/ciencias-da-saude/revista-lanca-dossie-sobre-evidencias-cientificas-em-homeopatia/>



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Revista lança dossiê sobre “Evidências Científicas em Homeopatia”, elaborado por Câmara Técnica do Cremesp  

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Dossiê busca levar à classe médica e científica, assim como ao público em geral, o estado da arte da pesquisa homeopática

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De acordo com Marcus Zulian Teixeira, coordenador de disciplina sobre o tema na Faculdade de Medicina da USP (FMUSP), apesar das dificuldades e

limitações existentes para o desenvolvimento de pesquisas na área, tanto pelos aspectos metodológicos quanto pela ausência de apoio institucional e financeiro, "o conjunto de estudos experimentais e clínicos citados, que fundamentam os pressupostos homeopáticos e confirmam a eficácia e a segurança da terapêutica, é prova incontestável de que existem evidências científicas em homeopatia".

Nas palavras do médico e um dos editores da publicação, busca-se esclarecer os colegas de profissão sobre a validade do emprego da homeopatia segundo princípios éticos e seguros. "Dessa forma, poderemos trabalhar unidos em torno da 'mais elevada e única missão do médico que é tornar saudáveis as pessoas doentes, o que se chama curar' (Samuel Hahnemann, Organon da arte de curar)."

Mais informações: e-mail mzulian@usp.br, com o professor Marcus Zulian Teixeira

<https://portal.cfm.org.br/noticias/revista-lanca-dossie-sobre-evidencias-cientificas-em-homeopatia-elaborado-por-camara-tecnica-do-cremesp/>

Proofs that Homeopathic Medicine Works: Dossier “Scientific Evidence for Homeopathy” (*Revista de Homeopatia*, São Paulo Homeopathic Medical Association)

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Homeopathy 2018;107:45.

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As is known, every now and then homeopathy is subjected to various attacks embodied in biased scientific publications or disdainful articles widely publicized in the media and social networks. Dismissing the studies that provide grounds for homeopathy's assumptions and therapeutics, they repeat *ad nauseam* variations in motifs: “There isn't any proof that homeopathic medicine works” or “There isn't scientific evidence for homeopathy.”

In Brazil, homeopathy has been acknowledged as a medical specialty for several decades; it is available within the public health service, it is reimbursed by private insurance, and it is taught as elective in some medical schools including the most prestigious ones. However, the fact it has not yet been included as mandatory in the curriculum—and thus undergraduate students are not exposed to the peculiar principles of homeopathy and corresponding evidence—results in ignorance, doubts, and prejudice among doctors and the scientific community, which are conveyed to society at large. As English writer William Hazlitt wrote, “Prejudice is the child of ignorance.”

To clarify for doctors, researchers, health professionals, and the general population, and demystify culturally rooted dogmatic postures, the Technical Chamber for Homeopathy (TC-Homeopathy), Regional Medical Council of the State of São Paulo (CREMESP, Brazil) prepared the Special Dossier, “Scientific Evidence for Homeopathy,”¹ which is available online in Portuguese² and English³ at *Revista de Homeopatia*, scientific journal of the São Paulo Homeopathic Medical Association (APH).

Composed of nine reviews of research on several fields of medical science (historical, social, medical education, pharmacological, basic, clinical, patient safety, and pathogenetic) and two randomized clinical trials developed by TC-Homeop-

athy members (<http://aph.org.br/revista/index.php/aph-issue/view/42/showToc>), the dossier seeks to highlight the *state of the art* in homeopathic research.

Against widespread bias and common opinion, the set of experimental and clinical results described in our dossier—which clearly provide sound grounds for the efficacy and safety of homeopathic therapeutics—provides indisputable evidence demonstrating that “there is proof that homeopathic medicine works.” In the words of the famous French physiologist Claude Bernard, “It is what we think we know already that often prevents us from learning.”

Conflict of Interest
None.

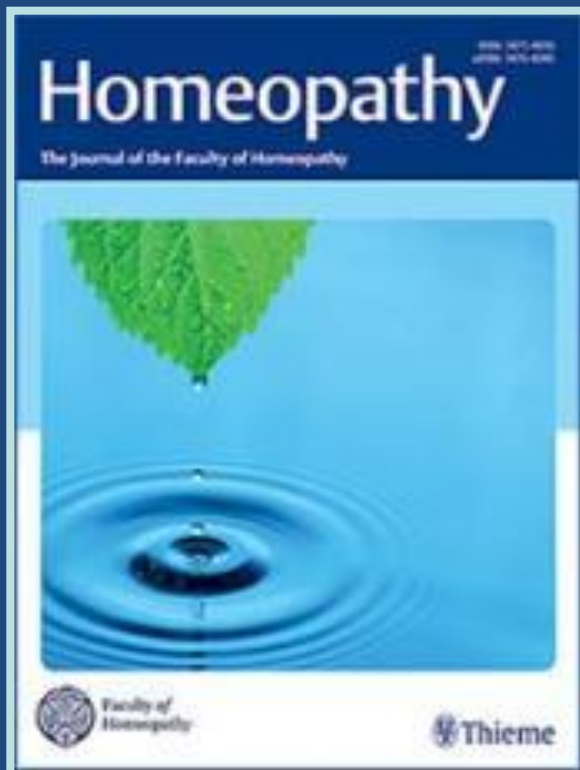
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received
October 31, 2017
accepted
November 13, 2017
published online
December 22, 2017

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Homeopathy

DOI <https://doi.org/10.1055/s-0037-1613677>
ISSN 1475-4916.



<https://pubmed.ncbi.nlm.nih.gov/29528478/>

RAMB

Journal of the Brazilian Medical Association



Volume 64
Number 2
February 2018
ISSN 0104-4230
ISSN 1806-9282 (On-line)

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EDITORIAL

Special Dossier: "Scientific Evidence for Homeopathy"

DOSSIÊ ESPECIAL: "EVIDÊNCIAS CIENTÍFICAS EM HOMEOPATIA"

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Article received: 10/23/2017

Accepted for publication: 10/24/2017

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<http://dx.doi.org/10.1590/1806-9282.64.02.93>

In July 2017, to demystify the fallacy – or post-truth – asserting "there are no scientific evidence for homeopathy", the Technical Chamber for Homeopathy, Regional Medical Council of the State of São Paulo (Cremesp, Brazil) published the Dossiê Especial: "Evidências Científicas em Homeopatia",¹ available online and in printed editions of the scientific journal of the São Paulo Homeopathic Medical Association (APH), *Revista de Homeopatia*.^{2,3}

After this publication, in view of the request of homeopathic physicians and institutions from other countries, the Technical Chamber for Homeopathy (TC-Homeopathy, Cremesp) produced an English edition of the dossier (Special Dossier: "Scientific Evidence for Homeopathy"), which is also available online at the *Revista de Homeopatia* webpage.⁴

Encompassing nine reviews on several lines of homeopathic research (and two randomized clinical trials developed by members of the TC-Homeopathy), containing hundreds of scientific articles published in various journals, this dossier highlights, to the scientific and medical class, as well as to the general public, the state of the art of homeopathic research.

CONTENT OF THE PORTUGUESE EDITION

<http://aph.org.br/revista/index.php/aph/issue/view/41/showToc>

- "Editorial: Aos que clamam pelas evidências científicas em homeopatia" (<http://aph.org.br/revista/index.php/aph/article/view/402>).
- "Homeopatia: um breve panorama desta especialidade médica" (<http://aph.org.br/revista/index.php/aph/article/view/393>).

- "Panorama mundial da educação médica em terapêuticas não convencionais" (<http://aph.org.br/revista/index.php/aph/article/view/392>).
- "Fundamentação científica do princípio de cura homeopático na farmacologia moderna" (<http://aph.org.br/revista/index.php/aph/article/view/391>).
- "A solidez da pesquisa básica em homeopatia" (<http://aph.org.br/revista/index.php/aph/article/view/394>).
- "Efeito de ultradiluições homeopáticas em modelos *in vitro*: revisão da literatura" (<http://aph.org.br/revista/index.php/aph/article/view/396>).
- "Efeito de ultradiluições homeopáticas em plantas: revisão da literatura" (<http://aph.org.br/revista/index.php/aph/article/view/386>).
- "Pesquisa clínica em homeopatia: revisões sistemáticas e ensaios clínicos randomizados controlados" (<http://aph.org.br/revista/index.php/aph/article/view/397>).
- "Estrogênio potencializado no tratamento homeopático da dor pélvica associada à endometriose: Um estudo de 24 semanas, randomizado, duplo-cego e placebo-controlado" (<http://aph.org.br/revista/index.php/aph/article/view/390>).
- "Estudo clínico, duplo-cego, randomizado, em crianças com amigdalites recorrentes submetidas a tratamento homeopático" (<http://aph.org.br/revista/index.php/aph/article/view/398>).
- "O medicamento homeopático provoca efeitos adversos ou agravações medicamento-dependentes?" (<http://aph.org.br/revista/index.php/aph/article/view/401>).
- "O medicamento homeopático provoca sintomas em voluntários aparentemente saudáveis? A contribuição

<https://pubmed.ncbi.nlm.nih.gov/29641670/>



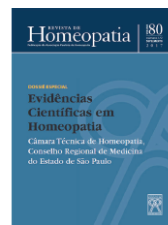
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Plausibilidade do modelo científico homeopático na medicina contemporânea do Brasil

Plausibility of the homeopathic scientific model in contemporary Brazilian medicine

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EVIDÊNCIAS científicas em homeopatia. *Revista de Homeopatia (São Paulo)*, v.80, n.1-2, supl., p.1-122. [Dossiê especial]. 2017.

O modelo homeopático de tratamento das enfermidades, fundamentado em 1796 pelo médico alemão Samuel Hahnemann, emprega premissas epistemológicas distintas das preconizadas pela medicina convencional, tais como: princípio da similitude terapêutica, experimentação patogênica dos medicamentos em indivíduos sadios, emprego de medicamentos dinamizados (diluídos e sucussionados) e individualizados segundo a totalidade sintomática característica do binômio doente-doença. Ao contrário do que se propaga, a episteme homeopática apresenta inúmeras evidências científicas (Teixeira, 2011).

Embora a homeopatia seja utilizada em diversos países, trazendo importantes contribuições à saúde individual e coletiva há mais de duzentos anos, tenha sido reconhecida como prática médica no Brasil desde o final do século XIX e como especialidade médica pelo Conselho Federal de Medicina (CFM) desde 1980, esteja disponibilizada em serviços públicos de saúde desde 1985, possua milhares de médicos homeopatas atuantes no país e continue formando novos especialistas (cursos de pós-graduação e residência médica, recentemente), o desconhecimento, a ignorância ou a negação dos pressupostos homeopáticos e suas evidências científicas pela classe médica e científica geram preconceitos que se perpetuam há décadas, agravados pela ausência do ensino regular da homeopatia na grade curricular das faculdades de medicina (Teixeira, Lin, Martins, 2004; Teixeira, 2007; Teixeira, Lin, 2013; Barros, Fiúza, 2014).

Apesar de o Ministério da Saúde ter instituído, em 2006, a Política Nacional de Práticas Integrativas e Complementares no SUS (Brasil, 2006), com a qual visa apoiar e estimular o ensino, a pesquisa e a assistência em diversas práticas integrativas e complementares no SUS, a medicina homeopática continua sendo marginalizada por gestores, profissionais da saúde, mídias e redes sociais, que justificam e reforçam suas críticas no falso jargão, repetidamente evocado, que diz não existirem evidências científicas que embasem o

<http://dx.doi.org/10.1590/S0104-59702019000400021>



v.26, n.4, out.-dez. 2019, p.1393-1395



Comments

"Scientific Evidence for Homeopathy"



Upon discussing homeopathy in various settings, the authors often find that people react with mistrust, and raise doubts about its scientific grounds and therapeutic validity. Widely disseminated in the mass media, in indistinct and reiterated manner, the fallacy – or post-truth – asserting "there isn't scientific evidence for homeopathy" is incorporated into the collective subconscious, thus serving as a strategy to increase prejudice and radicalize postures against this bicentennial medical approach.

A fruit of disinformation or of negation of the studies that ground the homeopathic paradigm on many scientific fields, prejudice is once and again fed by unfavorable pieces published in the mass media and social networks, which, in turn, very seldom divulge studies with results favorable to homeopathy.

Homeopathy has been a medical practice recognized worldwide for over two hundred years, developing care, teaching, and research activities in various health institutions and medical schools. It employs a clinical approach based on heterodox and complementary scientific assumptions (principle of cure by similarity, homeopathic pathogenetic trials, use of dynamized doses and individualized medicines), with the aim of triggering a curative response from the organism against its own disorders or illnesses.¹

In view of being based on principles different from those employed by conventional medical practice, homeopathy is often the target of unfounded and widespread criticism by individuals who, systematically, deny homeopathic assumptions and any scientific evidence that proves them, as they are involved in dogmatic posture that prevents a correct and free analysis of prejudices. In reality, they are pseudo sceptics masquerading as pseudoscientists.

To elucidate physicians, researchers, health professionals, and the general public, demystifying culturally ingrained dogmatic postures and the pseudosceptical fallacy that "there isn't scientific evidence for homeopathy", in 2017, the Technical Chamber for Homeopathy of the Regional Medical Council of the State of São Paulo (CREMESP, Brazil) prepared the Special Dossier "Scientific Evidence for Homeopathy".^{2,3}

This project had the support of the Brazilian Homeopathic Medical Association (AMHB) and the São Paulo Homeopathic Medical Association (APH) via divulgation in its scientific journal, *Revista de Homeopatia* (São Paulo), in three independent editions: online in Portuguese,⁴ online in English⁵ and printed in Portuguese.⁶ Expanding its dissemination to the Spanish-speaking public, this dossier has just been published in the scientific journal *La Homeopatía de México* in a special edition of the journal's 90th anniversary.⁷

In addition to describing the global situation of homeopathy as a medical specialty and its inclusion in the curricula of medical schools, the dossier further includes reviews on research lines that provide grounds to the homeopathic assumptions, to wit: therapeutic similitude principle, homeopathic pathogenetic trials, dynamized doses (High Dilutions – HDs), and medicine individualization based on the set of

characteristic symptoms exhibited by patient/disease. Similarly, the efficacy and safety of homeopathic treatment are demonstrated in randomized, placebo-controlled clinical trials, systematic reviews, and meta-analyses.

The dossier begins with a review entitled "Homeopathy: a brief description of this medical specialty",⁸⁻¹⁰ which discusses historical, social, and political aspects of the institutionalization of homeopathy in Brazil and its inclusion in health care systems. It further describes the reasons for patients to seek this therapeutic approach.

The review on "Medical education in non-conventional therapeutics in the world (homeopathy and acupuncture)"¹¹⁻¹³ highlights the relevance of the inclusion of homeopathy and acupuncture in the curriculum of medical schools in many countries around the world. Such inclusion – actualized in various modalities specifically targeting undergraduate and graduate students, medical residents, and practicing doctors – is a result of the increasing interest of patients, leading to a similar interest among doctors to learn about such medical approaches.

Looking to provide scientific grounds for the therapeutic similitude principle through a systematic study of the rebound effect of modern drugs, the review entitled "Scientific basis of the homeopathic healing principle in modern pharmacology"¹⁴⁻¹⁶ discusses hundreds of studies published in high-impact scientific journals, which demonstrate a conceptual and phenomenological similarity between rebound effect and the vital reaction (or secondary action) homeopathic treatment elicits. Aiming at broadening the implications of such similarity, the author describes the use of modern drugs according to the therapeutic similitude principle, which leads to the application of the rebound effect (paradoxical reaction of the organism) with curative intention.

To account for the plausibility of the homeopathic use of HDs, the present dossier includes three reviews that describe the advances made in fundamental research over the past decades: "The soundness of homeopathic fundamental research",¹⁷⁻¹⁹ "Effects of homeopathic high dilutions on *in vitro* models: a literature review",²⁰⁻²² and "Effects of homeopathic high dilutions on plants: a literature review".²³⁻²⁵ These reviews discuss hundreds of experiments and dozens of lines of research that together demonstrate the effects of HDs in physical-chemical and biological models (*in vitro*, plants and animals).

Demonstrating that the positive effects of homeopathic treatment "are not a mere placebo effect", as it is widely advertised, the review "Clinical research in homeopathy: systematic reviews and randomized clinical trials"²⁶⁻²⁸ describes the positive results found in dozens of homeopathic placebo-controlled clinical trials targeting variable clinical conditions, as well as systematic reviews and meta-analyses. These results are particularly illustrated by two clinical trials conducted at prestigious Brazilian research institutions: "Potentized estrogen in the homeopathic treatment of endometriosis-associated pelvic pain: A 24-week, randomized, double-blind, placebo-controlled study"²⁹⁻³¹ and "Randomized, double-blind trial on the efficacy of homeopathic treatment in children with recurrent tonsillitis".³²⁻³⁴

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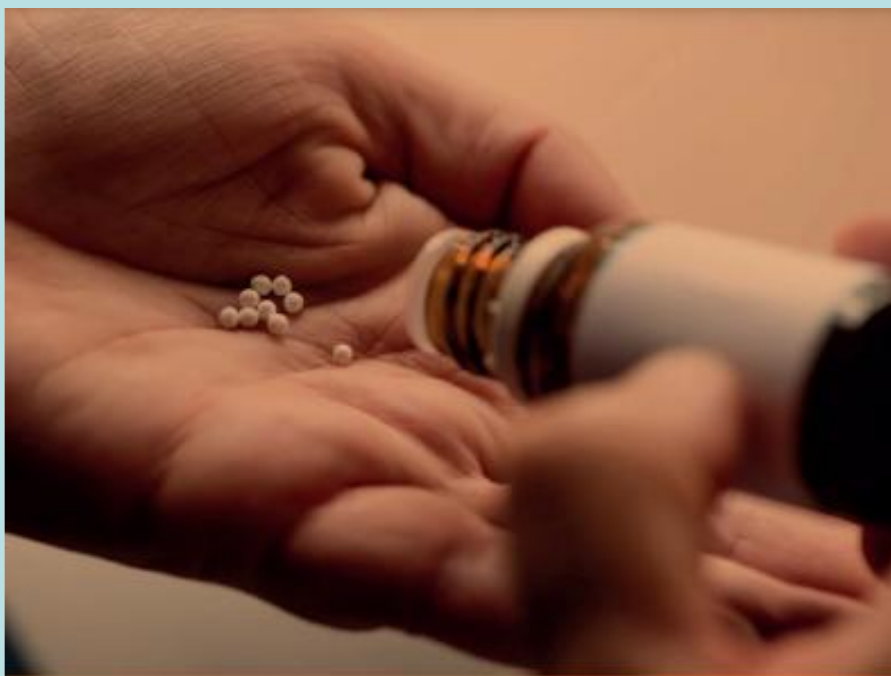
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<https://doi.org/10.1016/j.clin.sp.2023.100255>

"Contradossiê das Evidências sobre a Homeopatia" (IQC, 2020)

- Incomodados com a **excelência desse vasto corpo de evidências**, em novembro de 2020, um grupo de **pseudocéticos e pseudocientistas** que compõe o Instituto Questão de Ciência (IQC) publicou um manuscrito irrisório, medíocre e falacioso intitulado *"Contradossiê das Evidências sobre a Homeopatia"*, com o intuito de avaliar os artigos publicados no *Dossiê Cremesp* segundo "o melhor rigor científico" e "informar a população sobre o que a ciência diz a respeito da suposta eficácia da homeopatia".



Contradossiê das Evidências Sobre a Homeopatia



Organização:

Luiz Gustavo de Almeida e Cesar Balma

Colaboraram:

Beny Spira

Carlos Orsi

Eder Carlos Rocha Quintão

Edzard Ernst

George Emanuel Avraam Matsas

Leandro Russovski Tessler

Luiz Gustavo de Almeida

Marcelo Takeshi Yamashita

Natalia Pasternak Taschner

"Contradossiê das Evidências sobre a Homeopatia" (IQC, 2020)

- Infelizmente, nada do que foi proposto observou-se no dito manuscrito. Ao contrário do "melhor rigor científico" na análise dos artigos, evidenciou-se, ao longo de todo o texto, um conjunto de críticas apócrifas e falaciosas pautadas em conhecidas "estratégias pseudocéticas" para desqualificar determinado trabalho científico:
 - tendência de negar, ao invés de duvidar; uso de ataques pessoais; tentativa de desqualificar proponentes de novas ideias; julgamentos sem uma investigação completa e conclusiva; apresentação de evidências insuficientes; tendência de desqualificar toda e qualquer evidência; tom vitriólico, calunioso ou depreciativo nos comentários; divulgação, apenas, na mídia de massa (não científica); etc...

**Falácias pseudocéticas e
pseudocientíficas do “Contradossiê
das Evidências sobre a Homeopatia”**

Marcus Zulian Teixeira

Associação Paulista de Homeopatia (APH)

Dezembro/2020



**Estratégias pseudocéticas
e pseudocientíficas usadas
em ataques à homeopatia**



Marcus Zulian Teixeira

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Pseudoskeptical and pseudoscientific strategies used in attacks on homeopathy

Marcus Zulian Teixeira^{1*} 

Dear Editors,

In October 2020, a manifesto against European legislation was posted on social networks, which supports the practices of Complementary/Alternative Medicine (CAM; "First worldwide manifesto against pseudosciences in health"), written by "pseudoskeptical" associations or groups without scientific expressiveness, and which present in their associative body individuals who are assumed to have the rights to criticize the health practices that they do not accept by personal, dogmatic, and autocratic opinions, systematically disparaging and denying any scientific evidence that substantiates them. In view of its wide acceptance, use, and worldwide recognition, homeopathy was the preferred target of this manifesto.

I say "pseudoskeptical" associations because the doctrinal current of true "skepticism" (*sképsis* in Greek means "examination" or "evaluation"), founded in ancient Greece by the Philosopher Pyrrhus (4th-century BC), argues, "it is not possible to affirm the absolute truth of anything, with it being necessary to be in constant questioning."¹ The term "pseudoskepticism" emerged in the second half of the 19th century, indicating the explicit tendency toward negationism, instead of evaluation and ethical and objective questioning proposed by Greek skepticism.

In 1987, Marcelo Truzzi (1935–2003), a Danish sociologist and professor of sociology based in the USA (Eastern Michigan University), elaborated a very illuminating analysis of the term "pseudoskepticism" or "pathological skepticism," saying that it is used to denote the forms of skepticism which deviate from objectivity, dogmatically denying everything which is not known, instead of doubting, investigating, and accepting the evidence that appears with an agnostic and neutral position, with an open mind, and free from prejudice.^{2,3}

"Since 'skepticism' properly refers to doubt rather than denial–nonbelief rather than belief–critics who take the negative

rather than an agnostic position but still call themselves 'skeptics' are actually 'pseudoskeptics' and have, I believed, gained a false advantage by usurping that label"².

"Critics who assert negative claims, but who mistakenly call themselves 'skeptics,' often act as though they have no burden of proof placed on them at all, though such a stance would be appropriate only for the agnostic or true sceptic. A result of this is that many critics seem to feel it is only necessary to present a case for their counter-claims based upon plausibility rather than empirical evidence. [...] Showing evidence is unconvincing is not grounds for completely dismissing it. If a critic asserts that the result was due to artifact X, that critic then has the burden of proof to demonstrate that artifact X can and probably did produce such results under such circumstances."²

In his isolated analysis, Marcello Truzzi described the strategies used by pseudoskeptics to deny and disqualify new ideas and their respective scientific evidence: the tendency to deny, rather than doubt; double standards in the application of criticism; the making of judgments without full inquiry; tendency to discredit rather than to investigate; use of ridicule or *ad hominem* attacks; presenting insufficient evidence or proof; pejorative labeling of proponents as "promoters," "pseudoscientists," or practitioners of "pathological science"; assuming criticism requires no burden of proof, making unsubstantiated counter-claims; counter-claims based on plausibility rather than empirical evidence; suggesting that unconvincing studies are grounds for dismissing it; and tendency to dismiss *all* evidence.^{2,3}

Marcoen Cabbolet, researcher at the Department of Philosophy, Centre for Logic and Philosophy of Science, Vrije Universiteit Brussel, scholar of elementary particle physics⁴, in his essay "Tell-Tale Signs of Pseudoskepticism (Bogus Skepticism)"⁵ warned that "pseudoskepticism, which typically is portraying someone's work as despicable with scientifically

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Conflicts of interest: the authors declare there are no conflicts of interest. Funding: none.

Received on April 01, 2021. Accepted on April 26, 2021.



Search for *Contradossiê das Evidências sobre a Homeopatia* (18/11/2023)

Digite alguma palavra-chave

Contradossiê das Evidências sobre a Homeopatia



Resultados da busca

AUSENTE??!!

Ausência do "*Contradossiê das Evidências sobre a Homeopatia*" na Base de Dados do IQC (??!!)

2 anos e 6 meses sem
notícias do "IQC" e seus
"pseudocientistas"



QUESTÃO DE FATO

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NOTA AOS BRASILEIROS

**CFM esclarece situação da homeopatia
como especialidade médica**

MARCUS ZULIAN TEIXEIRA

**"Homeopatia não é
Efeito Placebo"**

**Comprovação das Evidências
Científicas da Homeopatia**



"Homeopatia não é Efeito Placebo"

- Para comprovar e ampliar as evidências científicas descritas no *Dossiê Cremesp* (2017), em 25/09/23, publicamos o livro eletrônico "*Homeopatia não é efeito placebo*": *comprovação das evidências científicas da homeopatia*, indexado e disponibilizado na Biblioteca Virtual em Saúde (BVS-LILACS-BIREME), atualizando o conhecimento na área em treze capítulos interativos.
- Além de elucidar, em detalhes, as premissas epistemológicas do modelo homeopático, a obra descreve, num *continuum* de informações, dados e referências bibliográficas, as diversas áreas das pesquisas básicas e clínicas em homeopatia, os quais endossam a prática e o tratamento homeopático.

"Homeopatia não é Efeito Placebo"

- Discorrendo sobre os diversos temas relacionados à pesquisa em homeopatia, a obra aborda desde a "epidemiologia clínica homeopática" até as "estratégias pseudocéticas e pseudocientíficas usadas em ataques à homeopatia", passando pelo "panorama da pesquisa em homeopatia (bancos de dados)", "fundamentação farmacológica do princípio da similitude", "estudos experimentais em modelos biológicos (*in vitro*, plantas e animais)", "ensaios clínicos randomizados", "revisões sistemáticas e metanálises" e "estudos observacionais", dentre outros.

"Homeopatia"

- No capítulo "Homeopatia", estão descritas as evidências científicas dos pressupostos homeopáticos nos bancos de dados gerais, discorrendo, em detalhes, sobre as premissas epistemológicas do modelo homeopático (princípio da similitude terapêutica, experimentação patogenética homeopática, uso de medicamentos individualizados em doses ultradiluídas/dinamizadas), trazendo ao leitor uma visão geral de como se processa o tratamento e a prática clínica em homeopatia.

Scientific evidence of the homeopathic epistemological model

Marcus Zulian Teixeira

Medical School of University of São Paulo (FMUSP), São Paulo, Brazil

ABSTRACT

Homeopathy is based on principles and a system of knowledge different from the ones supporting the conventional biomedical model: this epistemological conflict is the underlying reason explaining why homeopathy is so difficult to accept by present-day scientific reason. To legitimize homeopathy according to the standards of the latter, research must confirm the validity of its basic assumptions: principle of therapeutic similitude, trials of medicines on healthy individuals, individualized prescriptions and use of high dilutions. Correspondingly, basic research must supply experimental data and models to substantiate the basic assumptions, whilst clinical trials aim at confirming the efficacy and effectiveness of homeopathy in the treatment of disease. This article discusses the epistemological model of homeopathy relating its basic assumptions with data resulting from different fields of modern experimental research and supporting its therapeutic use on the outcomes of available clinical trials. In this regard, the principle of individualization of treatment is the *sine qua non* condition to make therapeutic similitude operative and consequently for homeopathic treatment to exhibit clinical efficacy and effectiveness.

Keywords: Foundations of homeopathy; Medical education; Law of similar; Pharmacodynamic action of homeopathic remedies; Biomedical research.

Introduction

Founded in 1796 by German physician Samuel Hahnemann, homeopathy is a medical approach employed worldwide and that continually awakens the interest of users, medical students and doctors ever since [1]. The reason is that it allows for a safe and efficient therapeutic practice, while it seeks to comprehend and treat patients and their diseases within a globalizing and humanistic framework [2,3], which gives especial value to different facets of ill individuals in their uniqueness.



<https://highdilution.org/index.php/ijhdr/article/view/421>

"Epidemiologia Clínica Homeopática"

- No capítulo "Epidemiologia clínica homeopática", após uma revisão dos princípios da epidemiologia clínica e dos tipos de estudos empregados para avaliar a eficácia clínica dos tratamentos convencionais, descrevemos as premissas e os princípios da epidemiologia clínica homeopática, assim como os tipos de estudos epidemiológicos em homeopatia:
 - Dentre outras premissas, a individualização do medicamento homeopático perante a totalidade sintomática característica é uma condição *sine qua non* para que o medicamento ultradiluído consiga despertar uma resposta curativa significativa (reação vital) e mostre eficácia clínica.

EPIDEMIOLOGIA CLÍNICA HOMEOPÁTICA: PREMISSAS E PRINCÍPIOS PARA A ELABORAÇÃO DA PESQUISA CLÍNICA EM HOMEOPATIA

HOMEOPATHIC CLINICAL EPIDEMIOLOGY: PREMISES AND PRINCIPLES FOR ELABORATION OF CLINICAL RESEARCH IN HOMEOPATHY

MARCUS ZULIAN TEIXEIRA*

Descritores:

Homeopatia; Epidemiologia; Epidemiologia clínica;
Pesquisa clínica; Estudos clínicos; Estudos observacionais;
Estudos experimentais

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Publicado na BVS em julho de 2020

INTRODUÇÃO

“Se um homem começar com certezas,
ele deverá terminar em dúvidas.
Mas se ele se satisfizer em começar com dúvidas,
ele deverá terminar em certezas.”
(Francis Bacon, *The Advancement of Learning*, 1605)

Quando falamos em *ciência* ou *verdade científica*, algumas determinantes devem ser destacadas:

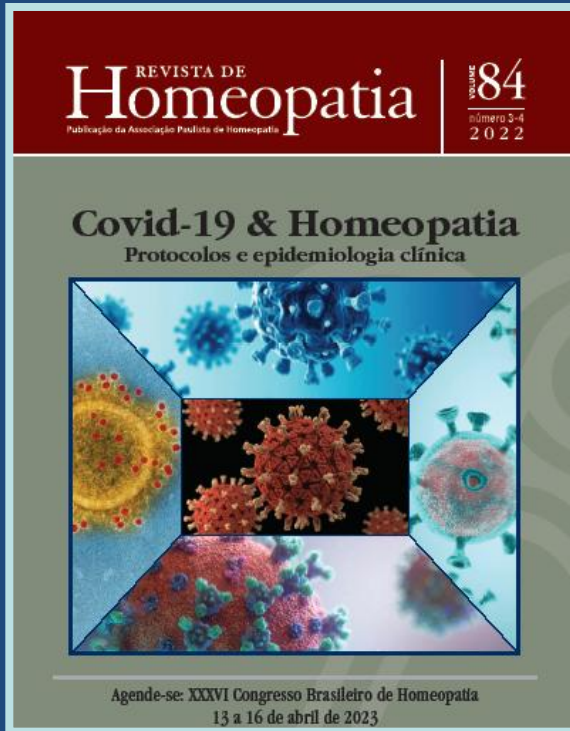
- A ciência busca a verdade (certeza), ou seja, aquilo que está de acordo com a realidade dos fatos ou fenômenos;
- A verdade científica é dinâmica e não absoluta (caráter transitório), pois novas informações e formas de abordar um mesmo problema são propostas a cada dia;
- A busca pela verdade envolve a aplicação rigorosa do método científico que, partindo de uma hipótese (pergunta), testa-a num experimento e, finalmente, aceita-a ou refuta-a;
- Assim sendo, o método científico existe para responder perguntas sobre as diversas dúvidas (incertezas) e buscar uma aproximação da realidade dos fatos ou fenômenos;
- Ao se testar uma hipótese através do método científico, procura-se controlar todas as potenciais fontes de erros sistemáticos e aleatórios do estudo, para que, ao final, seus resultados e conclusões possam ser considerados válidos, reprodutíveis e seguros;
- Dessa forma, podemos falar de aproximação da verdade, uma vez que a verdade absoluta é uma abstração.

Assim sendo, a *verdade científica* pode ser definida como o resultado de uma observação empírica, controlados os erros sistemáticos e aleatórios do estudo:

**verdade científica = observado –
erros sistemáticos e aleatórios**

Como dizia William Osler (1849-1919), médico e professor de medicina, devoto da medicina humanística à beira do leito e fundador da Faculdade de Medicina e Hospital Johns Hopkins: “Quem pode falar das incertezas da medicina como arte? A prática da medicina é arte baseada em ciência. Medicina é uma ciência de incerteza e uma arte de probabilidade.” (*Aphorisms from his bedside teachings and writings*, Epitomes, 1950).

Assim como em outras especialidades médicas, a homeopatia precisa buscar a *verdade científica* sobre



<https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1402361>

"Panorama da Pesquisa em Homeopatia"

- No capítulo "Panorama da pesquisa em homeopatia - Bancos de dados", além dos bancos de dados gerais (PubMed e LILACS), estão descritas as diversas bases de dados que agrupam os estudos experimentais físico-químicos, em modelos biológicos e patogenéticos ('Homeopathy Basic Research Experiments database', 'HomVetCR database' e 'PROVINGS.INFO database'), assim como os estudos clínicos epidemiológicos de todos os tipos ('Clinical Outcome Research in Homeopathy', 'Homeopathic Intervention Studies' e 'CAM-QUEST databases').

Complementary and alternative medicine: state of clinical research

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- Purgative therapies (148) ▶
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Disease pattern

- Respiratory diseases (172) ⓘ ▶
- Eye diseases (42) ⓘ ▶
- Musculoskeletal-/Connective tissue system (219) ⓘ ▶
- Gynaecology (167) ⓘ ▶
- Ear-nose-throat disorders (131) ⓘ ▶
- Urinary tract diseases (38) ⓘ ▶
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- Cardiovascular diseases (74) ⓘ ▶
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- Cancer (104) ⓘ ▶
- Gastrointestinal tract (102) ⓘ ▶
- Nervous system (116) ⓘ ▶
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- Metabolic disorders (62) ⓘ ▶
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1893 results

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A double blind randomized placebo controlled study of cholera treatment with highly diluted and succussed solutions

GIRI (ed.): 6th GIRI Meeting, 26-27 October, 1992, Siemens-Stiftung, Südliches Schloßbrändell 23, München

1

Study design

- Observational trial ●
- Non-randomized trial ●
- Randomized trial ●
- Systematic review ●
- Meta-analysis ●

"Fundamentação Farmacológica do Princípio da Similitude"

- No capítulo "Fundamentação farmacológica do princípio da similitude", a similitude terapêutica é abordada segundo o modelo homeopático e a farmacologia moderna, descrevendo centenas de estudos clínicos que fundamentam a resposta curativa (reação vital) do tratamento homeopático em conformidade com o efeito rebote dos fármacos modernos. Além disso, descreve a proposta de utilizar as drogas modernas segundo a similitude terapêutica, empregando o efeito rebote de forma terapêutica.



CLINICS

OFFICIAL SCIENTIFIC JOURNAL
OF FACULDADE DE MEDICINA
AND HOSPITAL DAS CLÍNICAS
UNIVERSIDADE DE SÃO PAULO – SÃO PAULO, BRAZIL



<https://doi.org/10.1016/j.clin.2022.100091>

Comments

“*Similia Similibus Curentur*”: The scientific grounding of the homeopathic therapeutic principle through the systematic study of the rebound effect of modern drugs



Highlights

•Homeopathy employs the principle of therapeutic similitude as a method of treatment. •Primary action of drugs is followed by secondary and opposite reaction of the organism. •This secondary and opposite reaction of the organism is namely the rebound effect of drugs. •Homeopathy employs the rebound effect of drugs in a therapeutic way.

Introduction

Homeopathy has been a Brazilian medical specialty since 1980 and is based on four epistemological premises with several research lines attesting its scientific validity^{1,2}: principle of therapeutic similitude (principle of cure by similars), experimentation of medicines in healthy individuals (homeopathic pathogenetic trials), use of individualized medicines (in accordance with the characteristic symptomatic totality) and dynamized doses (doses diluted and agitated serially). Among these premises, the principle of therapeutic similitude (*similia similibus curentur*) is the main scientific foundation and was described by several exponents of medicine since Hippocrates in ancient Greece.

Principle of therapeutic similitude

In developing the homeopathic treatment method, Samuel Hahnemann (1755–1843) grounded the principle of similitude in attentive observations of the effects of contemporary drugs on human health. In employing the phenomenological method of qualitative research, he described the occurrence of a “biphasic action” on dozens of palliative drugs of his time: after the “direct primary action of the drug” was observed, the consequent and opposite “indirect secondary action of the body” then followed (*Organon of medicine*, paragraphs 59 and 65).³ The authors quote a detailed description of the biphasic actions of “opium” by Hahnemann as an example.

“Important symptoms of persistent diseases have never yet been treated with such palliative, antagonistic remedies, without the opposite state, a relapse – indeed, a palpable aggravation of the malady – occurring a few hours afterward. [...] for frequent waking at night the physician prescribed in the evening, without heeding the other symptoms of the disease, opium, which by virtue of its primary action produced the same night (stupefied, dull) sleep, but the subsequent nights were still more sleepless than before; – to chronic diarrheas, he opposed, without regarding the other morbid signs, the same opium, whose primary action is to constipate the bowels, and after a transient stoppage of diarrhoea it subsequently became all the worse; – violent and frequently recurring pains of all kinds he could suppress with opium for but a short time; they then always returned in greater, often intolerable severity, or some much worse affection came in their stead. For the longstanding nocturnal cough, the regular physician knew no better than to

administer opium, whose primary action is to suppress every irritation; the cough would then perhaps cease the first night, but during the subsequent nights it would be still more severe, and if it were again and again suppressed by this palliative in increased doses, fever and nocturnal perspiration were added to the disease; [...]”. (*Organon of medicine*, paragraph 59).³

Justifying its biphasic action of antagonistic (antipathic or palliative) drugs on the automatic manifestation of “our life-preserving power” (“homeostasis”, according to modern physiology), Hahnemann suggests a physiological explanation to the principle of similitude (primary action of the drug followed by secondary and opposite action of the body): “Every agent that acts upon the vitality, every medicine, deranges more or less the vital force, and causes a certain alteration in the health of the individual for a longer or a shorter period. This is termed *primary action*. [...] To its action our vital force endeavors to oppose its own energy. This resistant action is a property, is indeed an automatic action of our life-preserving power, which goes by the name of *secondary action* or *counteraction*” (*Organon of medicine*, paragraph 63).³

Adding hundreds of examples of accidental homeopathic cures described in the literature (*Organon of medicine*, Introduction)⁵ to his empirical observations, and employing the inductive Aristotelian reasoning (*modus ponens*), Hahnemann enunciates the principle of therapeutic similitude (principle of cure by similars): any medicine which causes certain signs and symptoms in their primary action in healthy individuals can be used, in their secondary action, to cure similar signs and symptoms in sick individuals (*similia similibus curentur*) (*Organon of medicine*, paragraphs 24–27).³

Contrariwise, demonstrating the occurrence of evident aggravation of diseases after ceasing the palliative effect of antipathic or palliative treatments (principle of cure by contraries) (*Organon of medicine*, paragraphs 57–61),³ Hahnemann reinforces the validity of homeopathic treatment according to the deductive Aristotelian reasoning (*modus tollens*) or “indirect proof”.

“Important symptoms of persistent diseases have never yet been treated with such palliative, antagonistic remedies, without the opposite state, a relapse – indeed, a palpable aggravation of the malady – occurring a few hours afterward. For a persistent tendency to sleepiness during the day the physician prescribed coffee, whose primary action is to

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“Similitude in Modern Pharmacology”: two decades of studies contributing to the scientific basis of the homeopathic healing principle

Marcus Zulian Teixeira^{1*} 

Dear Editors,

Homeopathy is based on the following four scientific pillars¹: principle of cure by similars, proving of medicinal substances on healthy individuals, use of dynamized doses, and prescription of individualized medicines. Although great importance was attributed to dynamized doses (ultra-high dilutions), the first two pillars are the fundamental premises of the homeopathic epistemological model, remaining to individualized medicine the essential condition to awakening the therapeutic response.

In the systematization of the homeopathic method of treatment, Samuel Hahnemann based the “principle of cure by similars” (principle of therapeutic similitude) on the careful observation of the effects of medicines on human health. In the essay² that inaugurated homeopathy in 1796 and in paragraphs 59 and 65 of the *Organon of Medicine*³, he describes the pharmacological effects of dozens of palliative drugs of his time, discriminating the “direct primary action of drug” and the consequent and opposite “indirect secondary action of the body,” evidencing the new principle of cure proposed:

[...] Excessive vivacity follows the use of strong coffee (primary action), but sluggishness and drowsiness remain for a long time afterwards (reaction, secondary action), if this be not always again removed for a short time by imbibing fresh supplies of coffee (palliative). After the profound stupefied sleep caused by opium (primary action), the following night will be all the more sleepless (reaction, secondary action). After the constipation produced by opium (primary action), diarrhea ensues (secondary action); and after purgation with medicines that irritate the bowels, constipation of several days' duration ensues (secondary action). And in like manner it always happens, after the primary action of a medicine that produces in large doses a great change

in the health of a healthy person, that its exact opposite, when, as has been observed, there is actually such a thing, is produced in the secondary action by our vital force. (*Organon of Medicine*, paragraph 65)³

In paragraph 63 of the *Organon of Medicine*³, Hahnemann suggests a physiological explanation for the principle of therapeutic similitude (primary action of the drug followed by secondary and opposite action of the body), justifying its universal mechanism of action of drugs (biphasic action of drugs) on the automatic manifestation of “our life-preserving power” or “homeostasis” according to modern physiology:

Every agent that acts upon the vitality, every medicine, deranges more or less the vital force, and causes a certain alteration in the health of the individual for a longer or a shorter period. This is termed *primary action*. [...]. To its action our vital force endeavors to oppose its own energy. This resistant action is a property, is indeed an automatic action of our life-preserving power, which goes by the name of *secondary action* or *counteraction*. (*Organon of Medicine*, paragraph 63)³

Associating his empirical observations with hundreds of reports of involuntary homeopathic cures described in the literature and employing the inductive Aristotelian reasoning (*modus ponens*), Hahnemann enunciates the “principle of cure by similars” (*Organon of Medicine*, paragraphs 24-7)³: any medicine that cause, in their primary action, certain signs and symptoms in healthy individuals can be used, in their secondary action, to cure similar signs and symptoms in sick individuals (*similia similibus curentur*).

Therefore, the homeopathic method of treatment employs the secondary action or vital reaction of the body for therapeutic

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Conflicts of interest: the authors declare there is no conflicts of interest. Funding: none.

Received on December 27, 2021. Accepted on January 09, 2022.

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"New Homeopathic Medicines" proposal: a database made available in three free-access bilingual digital books

Marcus Zulian Teixeira^{1*} 

INTRODUCTION

Homeopathy, a Brazilian medical specialty since 1980, is based on four assumptions, with several lines of research attesting its scientific validity¹:

- (1) principle of therapeutic similitude,
- (2) testing of medicines on healthy individuals (homeopathic pathogenetic trials),
- (3) prescription of individualized medicines, and
- (4) the use of serially diluted and agitated medicines (ultra-diluted and potentized doses). Although much relevance is attributed to ultra-diluted doses, the first two assumptions represent the proper foundation of the homeopathic epistemological model.

In the development of the homeopathic approach to treatment, Samuel Hahnemann (1755–1843) had recourse to the phenomenological method of qualitative research to describe the effects of contemporary drugs on the human physiology and ground the therapeutic similitude principle. Hahnemann noted that medicines cause signs and symptoms in healthy individuals similar to the ones exhibited by patients cured with the same medicines. He surveyed the literature and found hundreds of clinical reports by doctors from all times and places, involving many different categories of drugs, which confirmed his finding.

With these evidences and through the application of Aristotelian inductive reasoning (*modus ponens*), Hahnemann outlined the homeopathic healing principle: "for any medicine to cure symptoms in the sick, it must induce similar symptoms in the healthy." By developing a physiological explanation for such "natural healing law," he grounded the therapeutic similitude principle on the "primary action of drugs" and the consequent and opposite "secondary action or vital reaction of the body":

"Every agent that acts upon the vitality, every medicine, deranges more or less the vital force, and causes a certain alteration in the health of the individual for a longer or a shorter period. This is termed *primary action*. [...] To its action our vital force endeavors to oppose its own energy. This resistant action is a property, is indeed an automatic action of our life-preserving power, which goes by the name of *secondary action* or *counteraction*" (*Organon of medicine*, §63)².

Exemplifying this phenomenon, Hahnemann described the primary actions of drugs and the consequent secondary reaction of the body in several physiological systems (Table 1), characterized by the effects opposite to the primary physiological changes (*Organon of medicine*, §59, 65)². The latter leads the body back to the state previous to intervention ("life-preserving power," i.e., modern homeostasis).

Pointing to the unpleasant results of indiscriminate use of medicines with contrary action to the symptoms of disease (*Organon of medicine*, §59-61)², Hahnemann called the attention to the fact that the secondary action (vital reaction) of the body might cause undesirable effects ("a relapse – indeed, a palpable aggravation of the malady"), validating homeopathic treatment (principle of similitude) through resource to Aristotelian deductive reasoning (*modus tollens* or affirmation through negation, i.e., the null hypothesis of modern biostatistics).

Since the secondary reaction of the body (opposed to the primary action of the drug) could occur with any category of drugs independently from the dose (ponderable or ultra-diluted), Hahnemann raised the similitude principle to the status of "natural phenomenon" (*Organon of medicine*, §58, 61, 110-112)².

Through administration to the sick of the very medicines that induce similar symptoms in the healthy on "homeopathic pathogenetic trials" (similar to our phase I clinical trials)³, the

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Conflicts of interest: the authors declare there are no conflicts of interest. Funding: none.

Received on May 08, 2021. Accepted on August 16, 2021.



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1.

Fundamentação científica do princípio da similitude na farmacologia moderna / Novos medicamentos homeopáticos: uso dos fármacos modernos segundo o princípio da similitude / Scientific basis of the principle of similitude in modern pharmacology / New homeopathic medicines: use of modern drugs according to the principle of similitude

Teixeira, Marcus Zulian.

São Paulo; s.n; 2; 2021. 387 p.

Monografia em Português | HomeoIndex - Homeopatia, LILACS | ID: biblio-1148202



Novos Medicamentos Homeopáticos: uso dos fármacos modernos segundo o princípio da similitude (3 book series)

Kindle Edition

by Marcus Zulian Teixeira (Author)

O tratamento homeopático está fundamentado no princípio da similitude terapêutica, empregando medicamentos que causam determinados distúrbios para tratar manifestações semelhantes, estimulando uma reação do organismo contra seus próprios transtornos. A ocorrência dessa reação secundária do organismo, de natureza oposta à ação primária dos medicamentos, está evidenciada no estudo do efeito rebote (paradoxal) de inúmeras classes de fármacos modernos. Nesta série, além de fundamentar o princípio da similitude perante a farmacologia clínica e experimental, sugerimos uma proposta para empregar centenas de drogas convencionais segundo o método homeopático, aplicando a similitude terapêutica entre os eventos adversos dos medicamentos e as manifestações clínicas dos pacientes. Descrevendo linhas de pesquisa existentes e um

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New homeopathic medicines: use of modern drugs according to the principle of similitude (3 book series)

Kindle Edition

by Marcus Zulian Teixeira (Author)

Homeopathic treatment is based on the principle of therapeutic similarity (similitude), using drugs that cause certain disorders to treat similar manifestations, stimulating a reaction of the organism against its own disorders. The occurrence of this secondary reaction of the organism, with a nature opposite to the primary action of the drugs, is evidenced in the study of the rebound effect (paradoxical reaction of organism) of several classes of modern drugs. In this series, in addition to supporting the principle of similarity in the face of clinical and experimental pharmacology, we suggest a proposal to employ hundreds of conventional drugs according to the homeopathic method, applying therapeutic similitude between adverse drug events and the clinical manifestations of patients. Describing existing lines of research and a specific method for the therapeutic

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<https://www.amazon.com/New-homeopathic-medicines-according-similitude/dp/B093RGW9X9>

"Estudos Experimentais em Modelos Biológicos (*in vitro*, em vegetais e em animais)"

- No campo da pesquisa básica em homeopatia, o capítulo "Estudos experimentais em modelos biológicos (*in vitro*, em vegetais e em animais)" descreve centenas de estudos experimentais controlados em células, em plantas e em animais, demonstrando a superioridade do efeito do medicamento homeopático perante os grupos-controles ('grupos-placebos') e evidenciando, em revisões sistemáticas e metanálises, que "homeopatia não é efeito placebo".



The *in vitro* evidence for an effect of high homeopathic potencies—A systematic review of the literature

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Available online 28 March 2007

KEYWORDS

Homeopathy;
Potency;
Dynamization;
Basic research;
Quality assessment;
Quality score;
Modified SAPEH;
BEPEV;
Cell-free systems;
Non-cellular;
Cultured cells;
Basophiles;
Neutrophils;
Lymphocytes;
In vitro

Summary

Objective: Systematic assessment of the *in vitro* research on high potency effects.
Method: Publications of experiments were collected through databases, experts, previous reviews, citation tracking. Inclusion criteria: stepwise agitated dilutions 10^{-23}; cells or molecules from human or animal. Experiments were assessed with the modified SAPEH score.

Results: From 75 publications, 67 experiments (1/3 of them replications) were evaluated. Nearly 3/4 of them found a high potency effect, and 2/3 of those 18 that scored 6 points or more and controlled contamination. Nearly 3/4 of all replications were positive. Design and experimental models of the reviewed experiments were inhomogenous, most were performed on basophiles.

Conclusions: Even experiments with a high methodological standard could demonstrate an effect of high potencies. No positive result was stable enough to be reproduced by all investigators. A general adoption of successful controls, randomization and blinding would strengthen the evidence of future experiments.

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Introduction

Homeopathic remedies are prepared ('potentized' or 'dynamized') in steps of alternately diluting and succussing a homeopathic stock¹ (historically known as 'mother tincture'). After several steps,

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ORIGINAL PAPER

Use of homeopathic preparations in phytopathological models and in field trials: a critical review

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Background: The literature on the applications of homeopathy for controlling plant diseases in both plant pathological models and field trials was first reviewed by Scofield in 1984. No other review on homeopathy in plant pathology has been published since, though much new research has subsequently been carried out using more advanced methods.

Objectives: To conduct an up-to-date review of the existing literature on basic research in homeopathy using phytopathological models and experiments in the field.

Methods: A literature search was carried out on publications from 1969 to 2009, for papers that reported experiments on homeopathy using phytopathological models (*in vitro* and *in planta*) and field trials. The selected papers were summarized and analysed on the basis of a Manuscript Information Score (MIS) to identify those that provided sufficient information for proper interpretation (MIS \geq 5). These were then evaluated using a Study Methods Evaluation Procedure (SMEP).

Results: A total of 44 publications on phytopathological models were identified: 19 papers with statistics, 6 studies with MIS \geq 5. Publications on field were 9, 6 with MIS \geq 5. In general, significant and reproducible effects with decimal and centesimal potencies were found, including dilution levels beyond the Avogadro's number.

Conclusions: The prospects for homeopathic treatments in agriculture are promising, but much more experimentation is needed, especially at a field level, and on potentiation techniques, effective potency levels and conditions for reproducibility. Phytopathological models may also develop into useful tools to answer pharmaceutical questions.

Homeopathy (2009) 98, 244–266.

Keywords: Homeopathy; Agriculture; Phytopathological models; Plant disease control; Field trials

Introduction

In developed countries modern, intensive agriculture has improved crop yields but also, due to its reliance on large

amounts of non-renewable energy and raw materials, frequently resulted in soil degradation, environmental pollution and damage to wildlife. For this reason, in recent years there has been growing interest in agricultural methods that are

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Received 1 July 2009; revised 17 September 2009; accepted 23 September 2009

ORIGINAL PAPER

Animal models for studying homeopathy and high dilutions: Conceptual critical review

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²Laboratory of Pathology, University of Santo Amaro, Brazil

³Interuniversity College for Health and Development Graz, Austria

Introduction: This is a systematic review of the animal models used in studies of high dilutions. The objectives are to analyze methodological quality of papers and reported results, and to highlight key conceptual aspects of high dilution to suggest clues concerning putative mechanisms of action.

Methods: Papers for inclusion were identified systematically, from the Pubmed-Medline database, using 'Homeopathy' and 'Animal' as keywords. Only original full papers in English published between January 1999 and June 2009 were included, reviews, scientific reports, thesis, older papers, papers extracted from Medline using similar keywords, papers about mixed commercial formulas and books were also considered for discussion only. 31 papers describing 33 experiments were identified for the main analysis and a total of 89 items cited.

Results: Systematic analysis of the selected papers yielded evidence of some important intrinsic features of high dilution studies performed in animal models: a) methodological quality was generally adequate, some aspects could be improved; b) convergence between results and *materia medica* is seen in some studies, pointing toward to the possibility of systematic study of the *Similia* principle c) both isopathic and *Similia* models seem useful to understand some complex biological phenomena, such as parasite–host interactions; d) the effects of high dilutions seem to stimulate restoration of a 'stable state', as seen in several experimental models from both descriptive and mathematical points of view. *Homeopathy* (2010) 99, 37–50.

Keywords: Systematic review; animal; concepts; methodology; *Similia* principle; isopathy; steady state

Introduction

Several systematic reviews of high dilution research have been published classifying the methodological quality and positive or negative results.^{1–4} Other authors have pointed out methodological or conceptual problems in high dilution research, such as the standardization of experimental models to demonstrate, understand and characterize the main features of *Similia* principle. Less problematic are the variations *isopathy* and *iso-endopathy*, meaning the

use of highly diluted substances used to treat intoxication by the same substance (isopathy) or highly diluted endogenous substance used to treat physiological disturbances related to it (eg highly diluted thymulin to treat immunosuppression). Since these approaches are closer to the traditional scientific approach, many studies in fundamental research have focused on such models, using *in vivo* or *in vitro* protocols.^{5,6}

In fact, studies based strictly on the *Similia* principle are not numerous in the literature. Most experiments concentrate on the simple demonstration (or not) of some effect of high dilutions, without clarifying their physiopathological aspects or biological meaning. In this sense, the development of animal models to investigate the *Similia* principle is still preliminary and deserves more attention by the scientific community.

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Received 24 June 2009; revised 26 October 2009; accepted 3 November 2009

Physicochemical Investigations of Homeopathic Preparations: A Systematic Review and Bibliometric Analysis—Part 3

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Sabine D. Klein, PhD,¹ and Stephan Baumgartner, PhD^{1,4,5}

Abstract

Objectives: In parts I and II of our review of physicochemical research performed on homeopathic preparations, we identified relevant publications and analyzed the data in terms of individual experiments, looking for the most promising techniques that were used in the past. In this third part, we analyze the results of the experiments seeking to extract information about the possible modes of action underpinning homeopathic preparations.

Methods: We summarized the results from the 11 experimental areas previously introduced, extracting the general findings and trends. We also summarized the results in terms of specific research topics: aging, medium used for potentization, sample volume, temperature, material of potentization vessel, and, finally, the use of molecules to probe homeopathic samples.

Results: We identified a number of effects that appear consistently throughout the data: Differences to controls seem to increase with: time, moderate temperature, small samples volume, and in ionic medium, whereas high temperatures seem to abolish differences to controls. Based on the present analysis, there is no consistent evidence to date for the nanoparticle hypothesis to explain specific homeopathic treatment effects. However, the quantum coherence domain hypothesis, the dynamic water cluster hypothesis, and the weak quantum theory are still contenders and need to be further assessed experimentally.

Conclusions: The field requires further targeted experimentation to validate past findings reporting differences between homeopathic dilutions and controls, and to expand these findings by specifically testing the three main working hypotheses that are currently at hand.

Keywords: physics, very high dilutions, serially diluted and agitated solutions, ultrahigh aqueous dilutions

Introduction

IN THE PREVIOUS two parts of this review, we found promising experimental evidence supporting the idea that homeopathic dilutions have physicochemical properties different than appropriate controls.^{1,2} However, not knowing the

mode of action through which homeopathy might work leads to a big stumbling block for research into this medical treatment method.

Several hypotheses have been suggested to explain the preclinical and clinical effects of homeopathic preparations; however, consistent experimental evidence to back those

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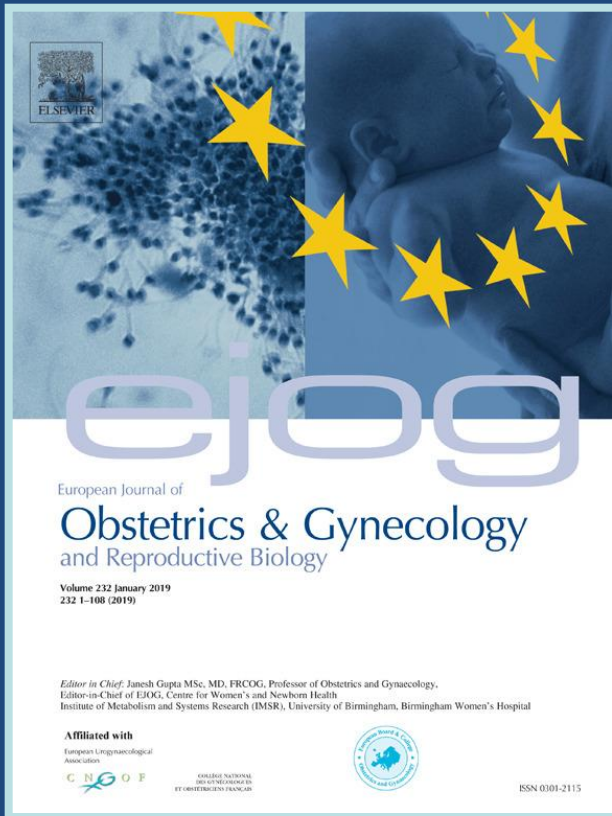
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"Ensaio Clínicos Controlados Randomizados"

- No campo da pesquisa clínica em homeopatia, o capítulo "Ensaio clínicos controlados randomizados (RCTs)" descreve dezenas de ensaios clínicos randomizados e placebos-controlados (evidência 1B) de boa qualidade metodológica, os quais demonstram a eficácia do tratamento homeopático perante o placebo. Aumentando o nível de evidência (1A) da eficácia clínica da homeopatia, quatro capítulos abordam as revisões sistemáticas de RCTs, globais (qualquer indicação clínica) e específicas (indicações clínicas específicas), com e sem metanálises.

Tabela 1. Ensaios clínicos homeopáticos randomizados, duplo-cegos e placebo-controlados com resultados (efeitos) positivos e significativos

Autor/ Ano	Modelo / Medicamento Homeopático	Condição Clínica e Desfechos	Resultados (Efeitos)
Ghosh et al., 2023 ⁽²⁴⁾	Medicamento homeopático individualizado vs. placebo	Hiperuricemia; desfecho primário: nível de ácido úrico sérico (SUA); desfechos secundários: questionário de qualidade de vida (HUQLQ) e o Measure Yourself Medical Outcome Profile versão 2 (MYMOP-2).	A amostra por intenção de tratar (n = 58) foi analisada. Diferenças entre os grupos nos níveis de SUA (F 1, 56 = 13,833, p < 0,001), pontuações do HUQLQ (F 1, 56 = 32,982, p < 0,001) e pontuações do perfil MYMOP-2 (F 1, 56 = 23,873, p < 0,001) foram estatisticamente significativas, favorecendo o grupo homeopatia perante o grupo placebo, com tamanhos de efeitos médios a grandes.
Das et al., 2022 ⁽²⁵⁾	Medicamento homeopático individualizado vs. placebo	Síndrome do intestino irritável (IBS); desfecho primário: questionário de qualidade de vida IBS (IBS-QOL); secundário: Sistema de pontuação de gravidade da SII (IBS-SSS) e pontuações EQ-5D-5L; todos medidos na linha de base e todos os meses, até 3 meses.	Diferenças de grupo e tamanhos de efeito (d de Cohen) foram calculados na amostra com intenção de tratar (ITT). Os grupos eram comparáveis no início do estudo. As taxas de recrutamento, retenção e atrito foram de 64,5%, 91,7% e 8,3%, respectivamente. As diferenças de grupo nas pontuações totais IBS-QOL, IBS-SSS, pontuações EQ-5D-5L favoreceram o grupo ativo contra o placebo em geral e em todos os pontos de tempo (todos p < 0,001).
Shahid et al., 2022 ⁽²⁶⁾	Medicamento homeopático individualizado vs. placebo	Fascite plantar; questionário Foot Function Index (FFI), como medida de desfecho, foi administrado no início do estudo e mensalmente, até 3 meses.	As diferenças entre os grupos na pontuação total de % FFI favoreceram o medicamento ativo contra o placebo em todos os momentos, com grandes tamanhos de efeito: mês 1 (diferença média, -10,0; IC 95%: -15,7 a -4,2; p = 0,001; d = 0,8); mês 2 (diferença média, -14,3; IC 95%: -20,4 a -8,2; p < 0,001; d = 1,1); e mês 3 (diferença média, -23,3; IC 95%: -30,5 a -16,2; p < 0,001; d = 1,5). Resultados significativos semelhantes também foram observados em três subescalas do FFI (% dor, % incapacidade e % limitação de atividade).



Full length article

Potentized estrogen in homeopathic treatment of
endometriosis-associated pelvic pain: A 24-week, randomized,
double-blind, placebo-controlled studyMarcus Zulian Teixeira^{a,*}, Sérgio Podgaec^{a,b}, Edmund Chada Baracat^a^a Department of Obstetrics and Gynecology, School of Medicine, University of Sao Paulo, Sao Paulo, Brazil
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ARTICLE INFO

Article history:
Received 3 November 2016
Received in revised form 20 January 2017
Accepted 21 January 2017
Available online xxx

Keywords:
Homeopathy
Endometriosis
Pelvic pain
Homeopathic remedy
Rebound effect
Placebo
Randomized controlled trial (RCT)

ABSTRACT

Objective: To evaluate the efficacy and safety of potentized estrogen compared to placebo in homeopathic treatment of endometriosis-associated pelvic pain (EAPP).

Study design: The present was a 24-week, randomized, double-blind, placebo-controlled trial that included 50 women aged 18–45 years old with diagnosis of deeply infiltrating endometriosis based on magnetic resonance imaging or transvaginal ultrasound after bowel preparation, and score ≥ 5 on a visual analogue scale (VAS: range 0 to 10) for endometriosis-associated pelvic pain. Potentized estrogen (12cH, 18cH and 24cH) or placebo was administered twice daily per oral route. The primary outcome measure was change in the severity of EAPP global and partial scores (VAS) from baseline to week 24, determined as the difference in the mean score of five modalities of chronic pelvic pain (dysmenorrhea, deep dyspareunia, non-cyclic pelvic pain, cyclic bowel pain and/or cyclic urinary pain). The secondary outcome measures were mean score difference for quality of life assessed with SF-36 Health Survey Questionnaire, depression symptoms on Beck Depression Inventory (BDI), and anxiety symptoms on Beck Anxiety Inventory (BAI).

Results: The EAPP global score (VAS: range 0 to 50) decreased by 12.82 ($P < 0.001$) in the group treated with potentized estrogen from baseline to week 24. Group that used potentized estrogen also exhibited partial score (VAS: range 0 to 10) reduction in three EAPP modalities: dysmenorrhea (3.28; $P < 0.001$), non-cyclic pelvic pain (2.71; $P = 0.009$), and cyclic bowel pain (3.40; $P < 0.001$). Placebo group did not show any significant changes in EAPP global or partial scores. In addition, the potentized estrogen group showed significant improvement in three of eight SF-36 domains (bodily pain, vitality and mental health) and depression symptoms (BDI). Placebo group showed no significant improvement in this regard. These results demonstrate superiority of potentized estrogen over placebo. Few adverse events were associated with potentized estrogen.

Conclusions: Potentized estrogen (12cH, 18cH and 24cH) at a dose of 3 drops twice daily for 24 weeks was significantly more effective than placebo for reducing endometriosis-associated pelvic pain.

Trial registration: ClinicalTrials.gov Identifier: NCT02427386.

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Introduction

Endometriosis is an estrogen-dependent condition characterized by presence of extrauterine endometrial tissue and it affects 10 to 15% of women of reproductive age [1,2]. While diagnostic certainty requires surgery, the accuracy of non-invasive methods

for diagnosis of deep endometriosis, such as magnetic resonance imaging (MRI) and transvaginal ultrasound (TVU), is quite high when performed by experienced professionals [3–10].

Endometriosis-associated pelvic pain (EAPP) encompasses dysmenorrhea, deep dyspareunia, non-cyclic pelvic pain, cyclic bowel pain and/or cyclic urinary pain. The most common treatment includes nonsteroidal anti-inflammatory drugs, combined oral contraceptives, and progestins. Although partially effective, most of these options are associated with systemic side effects, while the need for repeated or regular administration impairs long-term acceptability, resulting in decreased efficacy [11,12].

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<https://doi.org/10.1016/j.ejogrb.2017.01.052>

"Revisões Sistemáticas e Relatórios Globais com resultados positivos da homeopatia perante placebo"

- No capítulo "Revisões sistemáticas e relatórios globais com resultados positivos da homeopatia perante placebo", estão descritas as cinco revisões sistemáticas globais com metanálises (e um relatório global) que demonstraram a superioridade do tratamento homeopático perante o placebo:
 - *British Medical Journal* (1991), *The Lancet* (1997), *Journal of Clinical Epidemiology* (1999), *European Journal of Clinical Pharmacology* (2000), *Systematic Reviews* (2014) e *The Swiss HTA report* (2011).

Revisões Sistemáticas Globais com Metanálises com resultados positivos da homeopatia perante o placebo

Kleijnen et al., 1991 ⁽³⁾	“No momento, a evidência dos ensaios clínicos é positiva, mas não suficiente para tirar conclusões definitivas porque a maioria dos ensaios é de baixa qualidade metodológica e devido ao papel desconhecido do viés de publicação. Isso indica que há um caso legítimo para uma avaliação mais aprofundada da homeopatia, mas apenas por meio de ensaios bem realizados.”
Linde et al., 1997 ⁽⁴⁾	“Os resultados de nossa meta-análise não são compatíveis com a hipótese de que os efeitos clínicos da homeopatia são completamente devidos ao placebo. No entanto, encontramos evidências insuficientes nesses estudos de que a homeopatia é claramente eficaz para qualquer condição clínica única. Mais pesquisas sobre homeopatia são garantidas desde que sejam rigorosas e sistemáticas.”
Linde et al., 1999 ⁽⁵⁾	“Concluimos que, no conjunto dos estudos investigados, havia evidências claras de que estudos com melhor qualidade metodológica tendiam a produzir resultados menos positivos.”
Cucherat et al., 2000 ⁽⁶⁾	“Há alguma evidência de que os tratamentos homeopáticos são mais eficazes do que o placebo; no entanto, a força dessa evidência é baixa devido à baixa qualidade metodológica dos estudos. Estudos de alta qualidade metodológica eram mais propensos a serem negativos do que os estudos de qualidade inferior. Mais estudos de alta qualidade são necessários para confirmar esses resultados.”

RESEARCH

Open Access

Randomised placebo-controlled trials of individualised homeopathic treatment: systematic review and meta-analysis

Robert T Mathie^{1*}, Suzanne M Lloyd², Lynn A Legg³, Jürgen Clausen⁴, Sian Moss⁵, Jonathan RT Davidson⁶ and Ian Ford²

Abstract

Background: A rigorous and focused systematic review and meta-analysis of randomised controlled trials (RCTs) of individualised homeopathic treatment has not previously been undertaken. We tested the hypothesis that the outcome of an individualised homeopathic treatment approach using homeopathic medicines is distinguishable from that of placebos.

Methods: The review's methods, including literature search strategy, data extraction, assessment of risk of bias and statistical analysis, were strictly protocol-based. Judgment in seven assessment domains enabled a trial's risk of bias to be designated as low, unclear or high. A trial was judged to comprise 'reliable evidence' if its risk of bias was low or was unclear in one specified domain. 'Effect size' was reported as odds ratio (OR), with arithmetic transformation for continuous data carried out as required; OR > 1 signified an effect favouring homeopathy.

Results: Thirty-two eligible RCTs studied 24 different medical conditions in total. Twelve trials were classed 'uncertain risk of bias', three of which displayed relatively minor uncertainty and were designated reliable evidence; 20 trials were classed 'high risk of bias'. Twenty-two trials had extractable data and were subjected to meta-analysis; OR = 1.53 (95% confidence interval (CI) 1.22 to 1.91). For the three trials with reliable evidence, sensitivity analysis revealed OR = 1.98 (95% CI 1.16 to 3.38).

Conclusions: Medicines prescribed in individualised homeopathy may have small, specific treatment effects. Findings are consistent with sub-group data available in a previous 'global' systematic review. The low or unclear overall quality of the evidence prompts caution in interpreting the findings. New high-quality RCT research is necessary to enable more decisive interpretation.

Keywords: Individualised homeopathy, Meta-analysis, Randomised controlled trials, Systematic review

Background

The nature of the research evidence in homeopathy is a matter of ongoing scientific debate. Homeopathy's advocates tend to deny the worth of randomised controlled trials (RCTs) [1] or over-interpret their findings, whilst its critics dispute the therapy's scientific rationale and the existence of any positive findings in the research literature [2]. There is a need to temper these divergent opinions by considering the existing RCT evidence from an objective, rigorous and transparent assessment of the

research, reflecting its particular nature and intrinsic methodological quality.

Five systematic reviews have examined the RCT research literature on homeopathy as a whole, including the broad spectrum of medical conditions that have been researched and by all forms of homeopathy: four of these 'global' systematic reviews reached the conclusion that, with important caveats [3], the homeopathic intervention probably differs from placebo [4-7]. By contrast, the most recent global systematic review, by Shang et al., concluded there was "weak evidence for a specific effect of homeopathic remedies...compatible with the notion

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RESEARCH

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Randomised, double-blind, placebo-controlled trials of non-individualised homeopathic treatment: systematic review and meta-analysis

Robert T. Mathie^{1*}, Nitish Ramparsad², Lynn A. Legg³, Jürgen Clausen⁴, Sian Moss¹, Jonathan R. T. Davidson⁵, Claudia-Martina Messow² and Alex McConnachie²

Abstract

Background: A rigorous systematic review and meta-analysis focused on randomised controlled trials (RCTs) of non-individualised homeopathic treatment has not previously been reported. We tested the null hypothesis that the main outcome of treatment using a non-individualised (standardised) homeopathic medicine is indistinguishable from that of placebo. An additional aim was to quantify any condition-specific effects of non-individualised homeopathic treatment.

Methods: Literature search strategy, data extraction and statistical analysis all followed the methods described in a pre-published protocol. A trial comprised 'reliable evidence' if its risk of bias was low or it was unclear in one specified domain of assessment. 'Effect size' was reported as standardised mean difference (SMD), with arithmetic transformation for dichotomous data carried out as required; a negative SMD indicated an effect favouring homeopathy.

Results: Forty-eight different clinical conditions were represented in 75 eligible RCTs. Forty-nine trials were classed as 'high risk of bias' and 23 as 'uncertain risk of bias'; the remaining three, clinically heterogeneous, trials displayed sufficiently low risk of bias to be designated reliable evidence. Fifty-four trials had extractable data: pooled SMD was -0.33 (95% confidence interval (CI) -0.44, -0.21), which was attenuated to -0.16 (95% CI -0.31, -0.02) after adjustment for publication bias. The three trials with reliable evidence yielded a non-significant pooled SMD: -0.18 (95% CI -0.46, 0.09). There was no single clinical condition for which meta-analysis included reliable evidence.

Conclusions: The quality of the body of evidence is low. A meta-analysis of all extractable data leads to rejection of our null hypothesis, but analysis of a small sub-group of reliable evidence does not support that rejection. Reliable evidence is lacking in condition-specific meta-analyses, precluding relevant conclusions. Better designed and more rigorous RCTs are needed in order to develop an evidence base that can decisively provide reliable effect estimates of non-individualised homeopathic treatment.

Keywords: Non-individualised homeopathy, Meta-analysis, Randomised controlled trials, Sensitivity analysis, Systematic review

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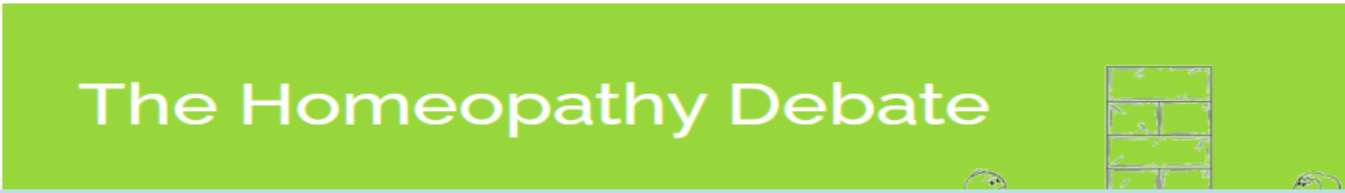
"Revisões Sistemáticas e Relatórios Globais com resultados negativos da homeopatia perante placebo (Falhas metodológicas)"

- No capítulo "Revisões sistemáticas e relatórios globais com resultados negativos da homeopatia perante placebo (Falhas metodológicas)" estão apresentados os estudos que trouxeram resultados negativos da homeopatia perante o placebo, **evidenciando os inúmeros vieses e falhas metodológicas dos mesmos**, apresentados em várias reanálises (análises *post hoc*):
 - *The Lancet* (2005), The UK 'Science & Technology' report (2010) e The Australian report (2014-2015).



Resources

- Resources
- Homeopathy FAQs
- The homeopathy debate**



The Lancet (2005)



The UK 'Science & Technology' report (2010)



The Australian report (2014-2015)

<https://www.hri-research.org/resources/homeopathy-the-debate/>

"Revisão Sistemática de Metanálises Globais"

- Confirmando as 'análises *post hoc*' que evidenciaram os inúmeros vieses e falhas metodológicas das metanálises que apresentaram resultados negativos da homeopatia perante placebo, em 07/10/23, foi publicada uma importante revisão sistemática de metanálises globais de RCTs demonstrando que:
 - "Não houve suporte para a hipótese alternativa de não haver diferença de desfecho entre homeopatia e placebo";
 - "A evidência dos efeitos positivos da homeopatia perante o placebo foi elevada para a 'homeopatia individualizada' e moderada para a homeopatia não individualizada".

RESEARCH

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Efficacy of homoeopathic treatment: Systematic review of meta-analyses of randomised placebo-controlled homoeopathy trials for any indication

H. J. Hamre^{1,2*}, A. Glockmann¹, K. von Ammon², D. S. Riley^{3,4} and H. Klene^{1,2}



Abstract

Background and objective Since 1997, several meta-analyses (MAs) of placebo-controlled randomised efficacy trials of homoeopathy for any indication (PRETHAs) have been published with different methods, results and conclusions. To date, a formal assessment of these MAs has not been performed. The main objective of this systematic review of MAs of PRETHAs was to evaluate the efficacy of homoeopathic treatment.

Methods The inclusion criteria were as follows: MAs of PRETHAs in humans; all ages, countries, settings, publication languages; and MAs published from 1 Jan. 1990 to 30 Apr. 2023. The exclusion criteria were as follows: systematic reviews without MAs; MAs restricted to age or gender groups, specific indications, or specific homoeopathic treatments; and MAs that did not assess efficacy. We searched 8 electronic databases up to 14 Dec. 2020, with an update search in 6 databases up to 30 April 2023.

The primary outcome was the effect estimate for all included trials in each MA and after restricting the sample to trials with high methodological quality, according to predefined criteria. The risk of bias for each MA was assessed by the ROBIS (Risk Of Bias In Systematic reviews) tool. The quality of evidence was assessed by the GRADE framework. Statistical analyses were performed to determine the proportion of MAs showing a significant positive effect of homoeopathy vs. no significant difference.

Results Six MAs were included, covering individualised homoeopathy (I-HOM, $n=2$), nonindividualised homoeopathy (NI-HOM, $n=1$) and all homoeopathy types (ALL-HOM = I-HOM + NI-HOM, $n=3$). The MAs comprised between 16 and 110 trials, and the included trials were published from 1943–2014. The median trial sample size ranged from 45 to 97 patients. The risk of bias (low/unclear/high) was rated as low for three MAs and high for three MAs.

Effect estimates for all trials in each MA showed a significant positive effect of homoeopathy compared to placebo (5 of 5 MAs, no data in 1 MA). Sensitivity analyses with sample restriction to high-quality trials were available from 4 MAs; the effect remained significant in 3 of the MAs (2 MAs assessed ALL-HOM, 1 MA assessed I-HOM) and was no longer significant in 1 MA (which assessed NI-HOM).

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"Six MAs were included [...] The MAs comprised between 16 and 110 trials [...] The median trial sample size ranged from 45 to 97 patients."

"Effect estimates for all trials in each MA showed a significant positive effect of homoeopathy compared to placebo (5 of 5 MAs, no data in 1 MA)."

"The available MAs of PRETHAs reveal significant positive effects of homoeopathy beyond placebo."

"Revisões Sistemáticas para Condições Clínicas Específicas"

- No capítulo "Revisões sistemáticas para condições clínicas específicas", estão descritas as revisões sistemáticas específicas, que demonstraram a superioridade da homeopatia perante o placebo, em diversas condições clínicas:
 - Com metanálises (rinite alérgica, diarreia aguda infantil, íleo pós-operatório e transtorno do déficit de atenção com hiperatividade);
 - Sem metanálises (otite média aguda, inflamação pós-operatória, distúrbios psiquiátricos e doenças reumáticas).

Randomised controlled trial of homoeopathy versus placebo in perennial allergic rhinitis with overview of four trial series

Morag A Taylor, David Reilly, Robert H Llewellyn-Jones, Charles McSharry, Tom C Aitchison

Abstract

Objective To test the hypothesis that homoeopathy is a placebo by examining its effect in patients with allergic rhinitis and so contest the evidence from three previous trials in this series.

Design Randomised, double blind, placebo controlled, parallel group, multicentre study.

Setting Four general practices and a hospital ear, nose, and throat outpatient department.

Participants 51 patients with perennial allergic rhinitis.

Intervention Random assignment to an oral 30c homoeopathic preparation of principal inhalant allergen or to placebo.

Main outcome measures Changes from baseline in nasal inspiratory peak flow and symptom visual analogue scale score over third and fourth weeks after randomisation.

Results Fifty patients completed the study. The homoeopathy group had a significant objective improvement in nasal airflow compared with the placebo group (mean difference 19.8 l/min, 95% confidence interval 10.4 to 29.1, $P = 0.0001$). Both groups reported improvement in symptoms, with patients taking homoeopathy reporting more improvement in all but one of the centres, which had more patients with aggravations. On average no significant difference between the groups was seen on visual analogue scale scores. Initial aggravations of rhinitis symptoms were more common with homoeopathy than placebo (7 (30%) v 2 (7%), $P = 0.04$). Addition of these results to those of three previous trials ($n = 253$) showed a mean symptom reduction on visual analogue scores of 28% (10.9 mm) for homoeopathy compared with 3% (1.1 mm) for placebo (95% confidence interval 4.2 to 15.4, $P = 0.0007$).

Conclusion The objective results reinforce earlier evidence that homoeopathic dilutions differ from placebo.

Introduction

Do homoeopathic serial dilutions, containing no molecules of the original substance from which they were prepared, show intrinsic therapeutic effect? This trial,

the fourth in a series, was designed in response to a challenge from an independent clinical team to contest the evidence from the three preceding trials that homoeopathic dilutions seem to differ from placebo.¹⁻³ These were not trials of treatments; they were designed to address the placebo hypothesis, using allergy as a model. In this study, as before, patients with atopic inhalant allergies received, randomly and double blind, either an oral 30c homoeopathic preparation of their principal allergen or a placebo. The previous trials studied effects in atopic patients with hay fever^{1,2} and asthma,³ whereas this study focused on perennial allergic rhinitis. We report the results of this fourth trial and an overview of the series.

Participants and methods

Volunteers were recruited in London from four general practices and the ear, nose, and throat outpatient department of Northwick Park Hospital. The prescribers were familiar with homoeopathic principles but were not experienced in homoeopathic immunotherapy. All patients gave written informed consent, and the trial was approved by Hillingdon and Harrow Health Authorities' ethics committees.

Patients meeting the admission criteria (box) were screened for symptoms and compliance during a two week qualification period.⁴ Although drugs for rhinitis were stopped two weeks before entry, patients could use them during the trial if required, and asthma drugs were not altered. No new allergen avoidance measures were permitted during the trial.

Trial design

The trial was a randomised, double blind, placebo controlled study of two parallel groups (fig 1). Crossover was precluded because of possible carry over effects from homoeopathy. We recruited participants over six weeks from the middle of February so that the prospectively defined stopping time was before the start of the local pollen season.

At the start of the qualification period the doctor assessed each patient's history, allergy status, and nasal obstruction. The principal allergen determining the prescription was then chosen on the basis of the largest skin test weal concordant with the allergy history. In seven cases in which the prescriber had difficulty in

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BMJ 2000;321:471-6



Cochrane Database of Systematic Reviews

Homeopathy for treatment of irritable bowel syndrome (Review)

Peckham EJ, Cooper K, Roberts ER, Agrawal A, Brabyn S, Tew G

Peckham EJ, Cooper K, Roberts ER, Agrawal A, Brabyn S, Tew G. Homeopathy for treatment of irritable bowel syndrome. *Cochrane Database of Systematic Reviews* 2019, Issue 9. Art. No.: CD009710. DOI: 10.1002/14651858.CD009710.pub3.

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Homeopathy for treatment of irritable bowel syndrome (Review)
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WILEY

"Estudos Observacionais"

- No capítulo "Estudos observacionais", discorreremos, principalmente, sobre os estudos observacionais analíticos (nível de evidência 2B), descrevendo 'estudos de coorte' robustos que trouxeram importantes informações sobre a efetividade e a relação custo-efetividade do tratamento homeopático em milhares de pacientes, no longo prazo e em diversas condições clínicas:
 - Alemanha/Suíça (3.709 pacientes, 8 anos de acompanhamento), França (EPI3-LA-SER Group, 8.559 pacientes) e Itália (Tuscan Public Health System, 5.877 pacientes), dentre outros.

Research article

Open Access

How healthy are chronically ill patients after eight years of homeopathic treatment? – Results from a long term observational study

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Published: 17 December 2008

Received: 4 August 2008

BMC Public Health 2008, 8:413 doi:10.1186/1471-2458-8-413

Accepted: 17 December 2008

This article is available from: <http://www.biomedcentral.com/1471-2458/8/413>

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Abstract

Background: Homeopathy is a highly debated but often used medical treatment. With this cohort study we aimed to evaluate health status changes under homeopathic treatment in routine care. Here we extend former results, now presenting data of an 8-year follow-up.

Methods: In a prospective, multicentre cohort study with 103 homeopathic primary care practices in Germany and Switzerland, data from all patients (age >1 year) consulting the physician for the first time were observed. The main outcome measures were: The patients' perceived change in complaint severity (numeric rating scales from 0 = no complaint to 10 = maximal severity) and quality of life as measured by the SF-36 at baseline, and after 2 and 8 years.

Results: A total of 3,709 patients were studied, 73% (2,722 adults, 72.8% female, age at baseline 41.0 ± 12.3; 819 children, 48.4% female, age 6.5 ± 4.0) contributed data to the 8-year follow-up. The most frequent diagnoses were allergic rhinitis and headache in adults, and atopic dermatitis and multiple recurrent infections in children. Disease severity decreased significantly ($p < 0.001$) between baseline, 2 and 8 years (adults from 6.2 ± 1.7 to 2.9 ± 2.2 and 2.7 ± 2.1; children from 6.1 ± 1.8 to 2.1 ± 2.0 and 1.7 ± 1.9). Physical and mental quality of life scores also increased considerably. Younger age, female gender and more severe disease at baseline were factors predictive of better therapeutic success.

Conclusion: Patients who seek homeopathic treatment are likely to improve considerably. These effects persist for as long as 8 years.

Background

Homeopathy is based on the 'principle of similars', whereby substances that cause symptoms in healthy individuals are used to stimulate healing in patients who have similar symptoms when ill [1]. Usually, these substances

are used in extremely high dilutions, which makes homeopathy a controversially debated system.

However, homeopathy is becoming increasingly popular in the world and constitutes an important factor of public

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Benchmarking the burden of 100 diseases: results of a nationwide representative survey within general practices

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To cite: Grimaldi-Bensouda L, Begaud B, Lert F, et al. Benchmarking the burden of 100 diseases: results of a nationwide representative survey within general practices. *BMJ Open* 2011;1:e000215. doi:10.1136/bmjopen-2011-000215

► Prepublication history for this paper is available online. To view these files please visit the journal online (<http://bmjopen.bmj.com>).

Received 13 June 2011
Accepted 5 October 2011

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ABSTRACT

Objective: To assess the burden of diseases and quality of life (QOL) of patients for a large variety of diseases within general practice.

Design: In a representative nationwide cross-sectional study, a total of 825 general practitioners (GPs) were randomly selected from across France. Independent investigators recruited 8559 patients attending the GPs' practices. Data on QOL (12-Item Short Form questionnaire) and other individual characteristics were documented by the independent investigators for all participants in the waiting room. Medical information was recorded by GPs. Sampling was calibrated to national standards using the CALMAR (CALage sur MARGes) weighting procedure.

Associations of lower scores (ie, below vs above the first quartile) of physical and mental component scores (physical component summary score (PCS) and mental component summary score (MCS), respectively) with main diseases and patients characteristics were estimated using multivariate logistic regression. Weighted morbidity rates, PCS and MCS were computed for 100 diagnoses using the International Classification of Diseases (9th version).

Results: Overall mental impairment was observed among patients in primary care with an average MCS of 41.5 (SD 8.6), ranging from 33.0 for depressive disorders to 45.3 for patients exhibiting fractures or sprains. Musculoskeletal diseases were found to have the most pronounced effect on impaired physical health (OR = 2.31; 95% CI 2.08 to 2.57) with the lowest PCS (45.6 (SD 8.8)) and ranked first (29.0%) among main diagnoses experienced by patients followed by cardiovascular diseases (26.7%) and psychological disorders (22.0%). When combining both prevalence and QOL, musculoskeletal diseases represented the heaviest burden in general practice.

Conclusions: Etude épidémiologique de l'impact de santé public sur 3 groupes de pathologies (EPI3) is the first study to provide reference figures for burden of disease in general practice across a wide range of morbidities, particularly valuable for health-economics and healthcare-system evaluation.

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Grimaldi-Bensouda L, Begaud B, Lert F, et al. *BMJ Open* 2011;1:e000215. doi:10.1136/bmjopen-2011-000215

ARTICLE SUMMARY

Article focus

- The impact of diseases on quality of life (QOL) in general practice has been assessed among selected samples of patients, usually from studies including a limited number of medical practices and/or focusing mainly on chronic conditions.
- There is a clear need for more data on QOL of patients in primary care; the aim of the Etude épidémiologique de l'impact de santé public sur 3 groupes de pathologies (EPI3) survey was to provide reference figures for disease burden in this setting.

Key messages

- The EPI3 study was a cross-sectional survey combining unique data from patients and general practitioners (GPs), and allowed provision of reference figures for the vast majority of diseases encountered in primary care for a large number of patients.
- The study highlighted the burden of musculoskeletal and psychological disorders, experienced by more than half the patients.
- Although social and medical determinants of patients' QOL were somewhat similar than those found in previous studies in primary care, the EPI3 survey showed more pronounced mental impairment in French patients.

INTRODUCTION

Assessing and measuring the burden of a disease in medical practice is undoubtedly important for the evaluation of medicines and healthcare.¹ To assess such burden quantitatively, both the prevalence of diseases and their impact on health status and on the quality of life (QOL) of patients need to be taken into account.²

In primary care, the prevalence of morbidities has been shown to be remarkably

RESEARCH ARTICLE

Open Access



Effectiveness and cost-effectiveness of treatment with additional enrollment to a homeopathic integrated care contract in Germany

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Abstract

Background: A number of German statutory health insurance companies are offering integrated care contracts for homeopathy (ICCHs) that cover the reimbursement of homeopathic treatment. The effectiveness and cost-effectiveness of these contracts are highly debated.**Methods:** To evaluate the effectiveness and cost-effectiveness of treatment after an additional enrollment in an ICCH, a comparative, prospective, observational study was conducted in which participants in the ICCH (HOM group) were compared with matched (on diagnosis, sex and age) insured individuals (CON group) who received usual care alone.

Those insured with either migraine or headache, allergic rhinitis, asthma, atopic dermatitis and depression were included. Primary effectiveness outcomes were the baseline adjusted scores of diagnosis-specific questionnaires (e.g. RQLQ, AQLQ, DLQI, BDI-II) after 6 months. Primary cost-effectiveness endpoints were the baseline adjusted total costs from an insurer perspective in relation to the achieved quality-adjusted life years (QALYs). Costs were derived from health claims data and QALYs were calculated based on SF-12 data.

Results: Data from 2524 participants (1543 HOM group) were analyzed. The primary effectiveness outcomes after six months were statistically significant in favor of the HOM group for migraine or headache (Δ = difference between groups, days with headache: $-0.9, p = 0.042$), asthma (Δ -AQLQ(S): $+0.4, p = 0.014$), atopic dermatitis (Δ -DLQI: $-5.6, p \leq 0.001$) and depression (Δ -BDI-II: $-5.6, p \leq 0.001$). BDI-II differences reached the minimal clinically important difference. For all diagnoses, the adjusted mean total costs over 12 months were higher in the HOM group from an insurer perspective, with migraine or headache, atopic dermatitis and depression suggesting cost-effectiveness in terms of additional costs per QALY gained.

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Integration of Homeopathy and Complementary Medicine in the Tuscan Public Health System and the Experience of the Homeopathic Clinic of the Lucca Hospital

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Homeopathy

Abstract

Introduction The healthcare programs of the Region of Tuscany (Italy) have started the process of integration of some types of complementary medicine (CM), including homeopathy, which began in 1996. The Homeopathic Clinic of Lucca was opened in 1998, followed by the Homeopathic Clinic for Women in 2003, and the Clinic for CM and Diet in Oncology in 2013.**Methods** Observational longitudinal studies conducted on 5,877 patients (3,937 in the general clinic, 1,606 in the women's clinic and 334 in oncology) were consecutively examined from 2003 to 2016. The Outcome in Relation to Impact on Daily Living (ORIDL) was generally used to assess outcomes.**Results** Comparing the clinical conditions before and after homeopathic treatment, improvement was observed in 88.8% of general medicine patients with follow-up (45.1% in particular, 68.1% of the patients had a major improvement in or resolution (ORIDL +2, +3, +4) of their condition. In women, an improvement was obtained in 74.1% cases and a major improvement in 61.2%. In cancer patients with homeopathic and integrative treatment, a significant improvement was observed for all the symptoms during anti-cancer therapy, particularly for hot flashes, nausea, depression, asthenia, and anxiety.**Conclusions** These results suggest that homeopathy can effectively be integrated with allopathic medicine and that the Tuscan experience could provide a useful reference for developing national and European regulations on the use of CM and homeopathy in public healthcare.

Keywords

- ▶ homeopathy
- ▶ complementary and integrative medicine
- ▶ public healthcare
- ▶ Tuscan regional experience
- ▶ public homeopathic clinic

Introduction

Since 1996, the healthcare programs of Tuscany have contained references to non-conventional medicines, and all the recent regional health plans have included a chapter on them. The aim has been to guarantee the integration into the regional health service of the types of non-conventional medicine that, on the basis of scientific evidence, can be

recognized as forms of complementary medicine (CM) (acupuncture, herbal medicine, homeopathy, and manual medicine).¹The process of integration of CM in the Tuscan public healthcare system with the main administrative acts and the most relevant initiatives since 1996 is summarized in **Supplementary Table 1** (Online Only).received
September 28, 2017
accepted after revision
January 23, 2018Copyright © The Faculty of Homeopathy DOI <https://doi.org/10.1055/s-0038-1636839>.
ISSN 1475-4916.<https://doi.org/10.1055/s-0038-1636839>

"Estratégias Pseudocéticas e Pseudocientíficas usadas em Ataques à Homeopatia"

- Finalizando o livro, o capítulo "Estratégias pseudocéticas e pseudocientíficas usadas em ataques à homeopatia" discorre sobre o pseudoceticismo e a pseudociência, descrevendo, em detalhes, os sinais indicativos do pseudoceticismo (falso ceticismo ou ceticismo patológico), temas de fundamental importância para desmascarar os indivíduos que, sistematicamente, mantêm uma postura negacionista e dogmática contra a homeopatia, desprezando as inúmeras evidências científicas existentes.

Sete sinais indicativos do pseudoceticismo (falso ceticismo ou ceticismo patológico)

1: ataques pessoais

"Tipicamente, um pseudocético está tão ansioso para retratar o autor da obra alvo como um amador, que ele recorre a 'ataques ad hominem': esta é uma técnica retórica que é absolutamente inadmissível em um discurso científico e, portanto, este é o sinal indicador número um de que uma alegação não é nada além de um ataque pseudocético. É; portanto, uma verdadeira revelação pseudocética, quando o autor da obra alvo é chamado de 'incompetente', 'amador', 'charlatão', 'maluco', 'ignorante', etc. Assim, a ocorrência de qualquer uma dessas palavras por si só já é uma indicação de que toda a alegação é de mérito duvidoso."

2: tom vitriólico, cáustico, mordaz, calunioso ou depreciativo

"Tipicamente, um ataque pseudocético retrata o trabalho direcionado como desprezível: geralmente isso é feito por meio de frases depreciativas e pejorativas fortes. Conseqüentemente, a alegação tem um tom vitriólico ou mesmo calunioso que é imediatamente evidente, até mesmo a partir de uma rápida leitura superficial: esse tom é o sinal do pseudoceticismo. A frase arquetípica de deprecição é 'todo aluno do primeiro ano poderia ter vindo com a mesma coisa'. Exemplos ilustrativos de pejorativos fortes são 'absurdo', 'perverso', 'uma desgraça', 'sem sentido', 'inferior', 'desprovido de conteúdo', 'lixo completo' e afins, que são, então, tipicamente ditos sobre o trabalho direcionado como um todo."

3: comentários não específicos e superficiais

"Na ciência, ao comentar o trabalho de outra pessoa, faz-se necessário abordar muito especificamente os detalhes do trabalho em questão. Um pseudocético, no entanto, normalmente não passa pelo trabalho árduo de realmente entender o trabalho direcionado. Essa característica se manifesta na superficialidade dos comentários. É, portanto, um sinal de pseudoceticismo quando uma alegação não diz respeito a nada além de alegações negativas e superficiais, ou seja, alegações negativas sobre o trabalho direcionado como um todo, sem entrar em detalhes do trabalho direcionado".

4: ausência de provas

"Outra característica típica dos pseudocéticos é que eles não têm vergonha: uma das formas mais vergonhosas de atacar o trabalho de outra pessoa é apresentar fabricações francas, o que, se verdadeiro, implicaria incompetência grosseira do autor da obra alvo. Mas as fabricações não podem ser provadas por sua própria natureza. Conseqüentemente, a ausência de provas das alegações (geralmente graves) em uma peça é um sinal certo de pseudoceticismo no seu pior, e uma forte indicação de que a colocação pode conter alegações fabricadas. Um exemplo ilustrativo é a ausência de prova da única afirmação que é provavelmente a frase mais abusada de todas na ciência moderna: 'este trabalho é de qualidade científica insuficiente'. Em um ataque pseudocético, isso é tipicamente dito do trabalho direcionado sem especificar quais critérios de qualidade científica não são atendidos, e porque ou como eles não são atendidos; há relatórios de revisão por pares que consistem apenas nesta frase."

Sete sinais indicativos do pseudoceticismo (falso ceticismo ou ceticismo patológico)

5: metáforas falsas

"Na ciência, os comentários sobre o trabalho de outra pessoa permanecem confinados a esse trabalho: não se entrega a metáforas. Em um ataque pseudocético, no entanto, muitas vezes o trabalho direcionado é comparado a uma teoria que é conhecida por ser falsa ou que é obviamente ridícula, como se fosse a mesma coisa. Exemplos ilustrativos são frases como 'isso é o mesmo que dizer que a terra é plana', ou 'isso é o mesmo que dizer que o fenômeno é causado por anjos': estes são sinais de um ataque pseudocético. Há casos mais sofisticados, mas a questão é que esse uso de metáforas é uma técnica retórica que é absolutamente inadmissível em um discurso científico. O erro é o mesmo em todos esses casos: ao contrário do que é dito pelo pseudocético, não é a mesma coisa."

6: contradição com a história e princípios básicos da ciência

"Ao atacar uma nova teoria que ainda não foi testada experimentalmente, uma alegação pseudocética muitas vezes contradiz descaradamente fatos conhecidos da história da ciência, bem como princípios científicos básicos. Os três exemplos arquetípicos que aparecem repetidamente são: (i) afirmando que as descobertas científicas são feitas hoje apenas por grandes colaborações internacionais, para insinuar que o trabalho de um único autor não pode ser uma descoberta científica; (ii) afirmando que as teorias científicas são sempre desenvolvidas a partir de fatos experimentais, para insinuar que qualquer outra coisa nunca pode ser uma teoria científica; e (iii) usando um modelo aceito (Teoria da Relatividade de Einstein, por exemplo) além de sua área de aplicação estabelecida como critério de verdade, para insinuar que um trabalho que contradiz esse modelo não pode ser uma teoria científica. Os argumentos (i) e (ii) ignoram completamente que praticamente toda a ciência moderna é construída sobre o trabalho de indivíduos que, na maioria das vezes, não previram fenômenos antes destes serem observados experimentalmente (Einstein: dilatação do tempo e curvatura do espaço; Dirac: antimatéria), e que muitas vezes fez seu trabalho inovador em relativo isolamento (Einstein, Bohr). O argumento (iii) ignora o fato de que avanços históricos na ciência, muitas vezes, foram diretamente contra o modelo aceito da época, e contradiz um princípio básico da ciência, colocado em palavras por Feynman da seguinte forma: 'o experimento é o único juiz da verdade científica'."

7: diretamente para a mídia de massa

"É um mau sinal quando uma reivindicação científica é levada diretamente para a mídia de massa, mas é um sinal igualmente ruim quando um ataque ao trabalho de outra pessoa é levado diretamente para a mídia de massa. Ao escrever um comentário científico crítico sobre uma obra, o método certo é primeiro entrar em contato com seu autor e discutir a crítica com ele. Ao submeter o comentário crítico para publicação em revista científica, muitas vezes é necessário apresentar evidências de tal contato prévio com o autor do trabalho direcionado. Mas não pelo pseudocético. Normalmente, ele não entra em contato com o autor da obra alvo, nem tenta publicar suas 'descobertas' em um periódico revisado por pares: ele leva suas alegações diretamente para a mídia de massa. Assim, um editor de um jornal ou semanário universitário que vê que um ataque ao trabalho de alguém é submetido à publicação, pode - especialmente quando a alegação contém graves acusações - simplesmente pedir evidências de contato com o autor da obra alvo: qualquer falha em fornecer tais evidências é então um sinal de que a alegação não é nada além de um ataque pseudocético, e uma indicação de que pode conter fabricações."

**Falácias pseudocéticas e
pseudocientíficas do “Contradossiê
das Evidências sobre a Homeopatia”**

Marcus Zulian Teixeira

Associação Paulista de Homeopatia (APH)

Dezembro/2020



**Estratégias pseudocéticas
e pseudocientíficas usadas
em ataques à homeopatia**



Marcus Zulian Teixeira

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Pseudoskeptical and pseudoscientific strategies used in attacks on homeopathy

Marcus Zulian Teixeira^{1*} 

Dear Editors,

In October 2020, a manifesto against European legislation was posted on social networks, which supports the practices of Complementary/Alternative Medicine (CAM; "First worldwide manifesto against pseudosciences in health"), written by "pseudoskeptical" associations or groups without scientific expressiveness, and which present in their associative body individuals who are assumed to have the rights to criticize the health practices that they do not accept by personal, dogmatic, and autocratic opinions, systematically disparaging and denying any scientific evidence that substantiates them. In view of its wide acceptance, use, and worldwide recognition, homeopathy was the preferred target of this manifesto.

I say "pseudoskeptical" associations because the doctrinal current of true "skepticism" (*skēpsis* in Greek means "examination" or "evaluation"), founded in ancient Greece by the Philosopher Pyrrhus (4th-century BC), argues, "it is not possible to affirm the absolute truth of anything, with it being necessary to be in constant questioning."¹ The term "pseudoskepticism" emerged in the second half of the 19th century, indicating the explicit tendency toward negationism, instead of evaluation and ethical and objective questioning proposed by Greek skepticism.

In 1987, Marcelo Truzzi (1935–2003), a Danish sociologist and professor of sociology based in the USA (Eastern Michigan University), elaborated a very illuminating analysis of the term "pseudoskepticism" or "pathological skepticism," saying that it is used to denote the forms of skepticism which deviate from objectivity, dogmatically denying everything which is not known, instead of doubting, investigating, and accepting the evidence that appears with an agnostic and neutral position, with an open mind, and free from prejudice^{2,3}.

"Since 'skepticism' properly refers to doubt rather than denial–nonbelief rather than belief–critics who take the negative

rather than an agnostic position but still call themselves 'skeptics' are actually 'pseudoskeptics' and have, I believed, gained a false advantage by usurping that label"².

"Critics who assert negative claims, but who mistakenly call themselves 'skeptics,' often act as though they have no burden of proof placed on them at all, though such a stance would be appropriate only for the agnostic or true sceptic. A result of this is that many critics seem to feel it is only necessary to present a case for their counter-claims based upon plausibility rather than empirical evidence. [...] Showing evidence is unconvincing is not grounds for completely dismissing it. If a critic asserts that the result was due to artifact X, that critic then has the burden of proof to demonstrate that artifact X can and probably did produce such results under such circumstances."²

In his isolated analysis, Marcello Truzzi described the strategies used by pseudoskeptics to deny and disqualify new ideas and their respective scientific evidence: the tendency to deny, rather than doubt; double standards in the application of criticism; the making of judgments without full inquiry; tendency to discredit rather than to investigate; use of ridicule or *ad hominem* attacks; presenting insufficient evidence or proof; pejorative labeling of proponents as "promoters," "pseudoscientists," or practitioners of "pathological science"; assuming criticism requires no burden of proof; making unsubstantiated counter-claims; counter-claims based on plausibility rather than empirical evidence; suggesting that unconvincing studies are grounds for dismissing it; and tendency to dismiss *all* evidence^{2,3}.

Marcoen Cabbolet, researcher at the Department of Philosophy, Centre for Logic and Philosophy of Science, Vrije Universiteit Brussel, scholar of elementary particle physics⁴, in his essay "Tell-Tale Signs of Pseudoskepticism (Bogus Skepticism)"⁵ warned that "pseudoskepticism, which typically is portraying someone's work as despicable with scientifically

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Conflicts of interest: the authors declare there are no conflicts of interest. Funding: none.

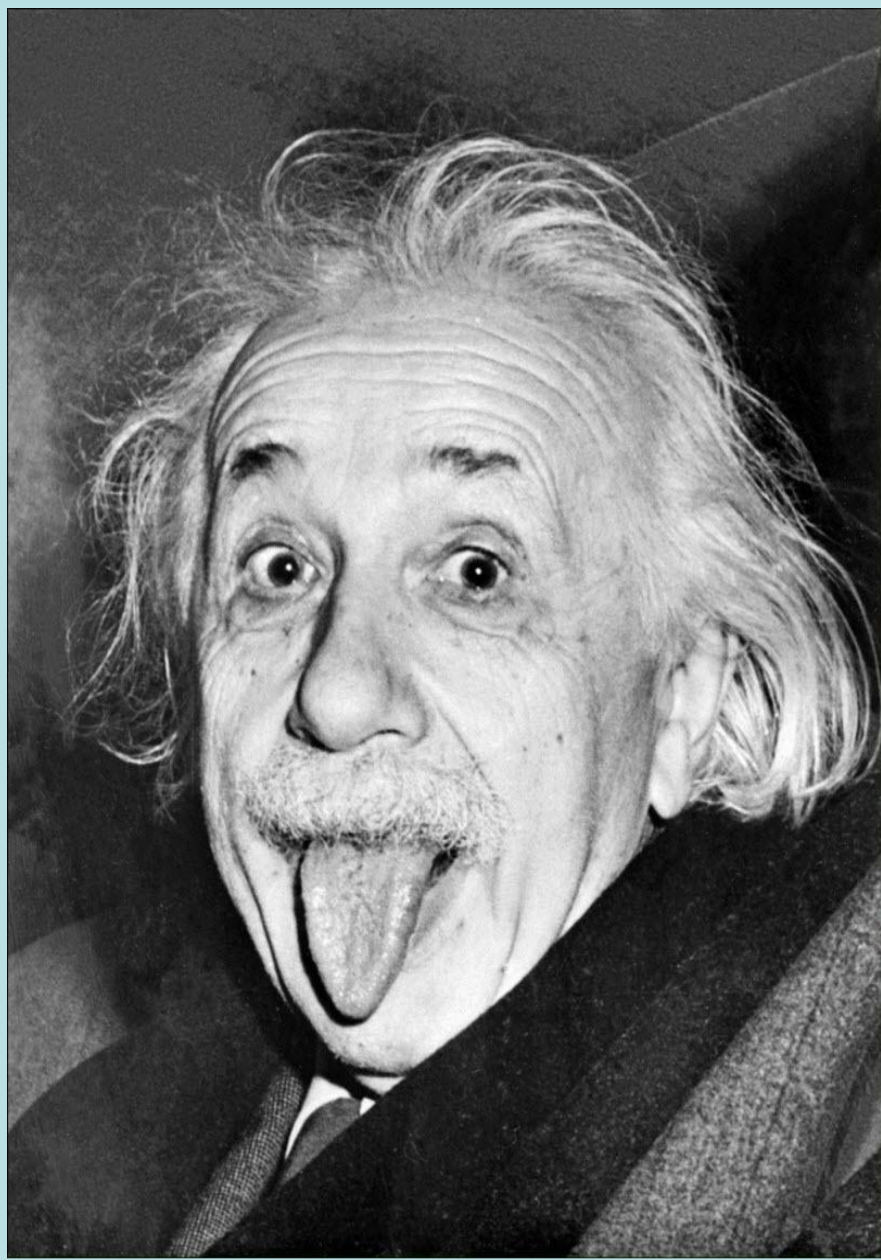
Received on April 01, 2021. Accepted on April 26, 2021.

Conclusão

- Como reiteramos ao longo da obra, apesar das dificuldades e limitações existentes no desenvolvimento de pesquisas em homeopatia, tanto pelos aspectos metodológicos quanto pela ausência de apoio institucional e financeiro, o conjunto de estudos experimentais e clínicos descritos é prova incontestável de que "existem evidências científicas em homeopatia" e que "homeopatia não é efeito placebo", ao contrário do preconceito falsamente disseminado por pseudocéticos e pseudocientistas.

Conclusão

- Atuando como terapêutica integrativa e complementar às demais especialidades, a homeopatia pode acrescentar eficácia, efetividade, eficiência e segurança à prática médica, agindo de forma curativa e preventiva, diminuindo as manifestações sintomáticas e a predisposição ao adoecer, com baixo custo e eventos adversos mínimos, auxiliando o médico a cumprir a sua "mais elevada e *única* missão, que é tornar saudáveis as pessoas doentes, o que se chama curar" (Samuel Hahnemann, *Organon da arte de curar*, § 1).



"Triste época! É
mais fácil
desintegrar um
átomo do que um
preconceito".

Albert Einstein

Obrigado!!!

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