DEBATE

Homeopathic treatment of chronic headache: a critique

G Vithoulkas1

1International Academy for Classical Homeopathy, Alonissos 37005, Greece

The author critically reviews a randomised controlled trial by homeopathy for chronic headache and an observational follow-up study of the same patient cohort. The results showed no difference between homeopathy and placebo. The author believes that these results were a ‘false negative’ due to inadequate homeopathic treatment, particularly relating to the duration of symptoms and handling of homeopathic aggravations. Guidelines for future studies are proposed. Homeopathy (2002) 91, 32–34.

Keywords: headache; randomised controlled trial; observational study; homeopathy; critique; aggravation

Introduction

In 1997, a report on a randomised placebo-controlled double-blind clinical trial of classical homeopathy in chronic headache was published in the Journal Cephalagia.1 More recently, a long-term follow-up of the same patients has been reported in this journal.2 These studies showed no significant difference between the verum and placebo treatment, in fact the placebo group did slightly better than the verum. The conclusion was that homeopathy has no specific effects in chronic headaches. The research was of good methodology and damaged homeopathy more than anything else that had surfaced so far in medical journals.

Critical review

The results of this study are not surprising if one considers the following: the lack of experience of prescribers in treating long-standing headache, and lack of understanding of the theoretical basis of homeopathy of the authors.

Randomised trial

In my view, the result was due mainly to aggravation in the patients who received the correct remedy which was accounted as negative. Even worse, the therapeutic result in most of the verum cases could not be manifested because large doses of analgesics were used, nullifying the action of the homeopathic medicine. This was particularly so for the cases that experienced an aggravation due to the right remedy.

In all patients with severe chronic headaches—such as those enrolled in this study—the first (correct) medicine will cause aggravation, a second and third medicine will be required to continue the treatment.4 But in the confused situation, with the mixing of homeopathic medicines and analgesics, as permitted in this study, the ‘new picture’ will be so muddled that it is very difficult, if not impossible, to have conclusive results.

The mean duration of headache in patients enrolled in this study was 23 years. The implications are:

(1) A long period of aggravation at the beginning of the treatment (more than 4 weeks in some cases) if the medicine was correct.4 Such a reaction will cause the patient to use more analgesics than usual. It is established through experience that if a patient uses chemical drugs in the initial aggravation stage, this counters the curative effect of the homeopathic medicine and the subsequent
improvement will not occur. From the report, it is clear that the homeopathic group did use more analgesics than the placebo group proving, in an indirect way, that there was an aggravation.

(2) In cases of such long-standing headaches, a period of treatment of at least 2 years and a sequence of several medicines will be required before a curative effect can be clearly demonstrated.\(^5\) (Homeopathy usually required 1 month of treatment for every year of suffering, even with careful homeopathic prescribing, otherwise the time needed may be longer.)

(3) When the headaches have persisted for over 20 years, it is highly improbable that a cure will take place with the first homeopathic medicine. The reason for this is that such long-standing headache sufferers are likely to have used many chemical drugs for many years so that the original modalities of their headache—which are needed for a correct homeopathic prescription—are confused, or masked. The discovery of the right homeopathic medicine is almost impossible.

(4) If certain conditions were met, including:
- The choice of medicine was correct.
- The duration of suffering was relatively short, not 20–30 years.
- After the initial aggravation, no conventional analgesics were taken but the patient was encouraged to go through the aggravation period without any drugs, as is often done in private practice then such cases might show an impressive improvement. Only one such case was included in this trial.

(5) The experience and knowledge of the homeopathic prescribers is of crucial importance in finding the correct homeopathic medicine. If an incorrect medicine was prescribed, then the issue of ‘homeopathic treatment’ does not even arise as the incorrect medicine will leave the case untouched or slightly aggravated. This issue does not seem to have been considered and a false impression is therefore given to the impartial but uninformed reader that the medicines prescribed were the correct ones. All six prescribers discussed the case and agreed on the medicine but this does not guarantee that the medicine was correct. A better method would have been for each prescriber to take the case separately and record the medicine ‘individually’. If all individual decisions indicated the same medicine, then there would be a good probability that the medicine is correct.

I conclude that the trial was ill-conceived but well executed and sincerely reported. If all the homeopathic medicines prescribed were correct, there would have been a much greater aggravation in the homeopathic group than that reported. If the prescriptions had been correct, there would have been at least 3 or 4 ‘real cures’—as in paragraph (4) above. In any case, the fact that an aggravation occurred in the homeopathic group shows that there was an effect from the homeopathic treatment (the well-known initial aggravation).

### Long-term follow-up

The long-term evaluation of the cases, recently reported in this journal, though well structured for a conventional study, leaves a lot to be desired from the homeopathic point of view.\(^2\) For example:

(1) Since initial aggravation of patients in the verum group shows that most probably the prescribed medicine was correct, how many of the aggravated patients were followed-up? How many were again prescribed the initial medicine? How many were prescribed another medicine? Statistics on the initial aggravation group would be interesting.

(2) How is it possible to evaluate the delayed effects of the original treatment if the patients continued analgesics, which is known from experience to counteract the homeopathic effect?

(3) I have observed repeatedly in patients who were doing well with homeopathic treatment for over 1 year that, that if they used any conventional drugs for whatever reason, their migraines recurred. Generally, the same medicine in higher potency or a complementary medicine was required. If this procedure was not followed we are not evaluating homeopathic treatment. Strictly speaking, this group of researchers did not give homeopathic treatment but only tested some new ideas on homeopathic medicines.

(4) Homeopathic prescribing of a single medicine is such a complicated matter that unless a prescriber knows this science very well he will not have good results in complicated chronic cases. The prescriber has to explain to the patient about what to expect during the treatment: aggravation, return of old symptoms, change of modalities, the need for different medicines in the course of treatment, etc. If the patient does not understand these implications he will tend to resort to analgesics during the aggravation.

(5) The conclusion that 30% will benefit from homeopathy is arbitrary, proportional to the knowledge of the prescribers, not to homeopathy. In my video analysis in front of hundreds of homeopaths, I have frequently decided on a remedy that nobody else agreed on. Yet from the follow-ups, recorded on video, the remedy proposed was correct. After I had explained my reasoning to the class, few raised a doubt about the remedy. This shows the different angles from which a case can be analysed.

It is true that many so-called homeopathic cures are simply placebo effect, but the real cures, due to the correct medicine, follow certain rules that we
do not find in the placebo cases; first, aggravation then amelioration, return of old symptoms, discharges from skin or mucous membranes, etc.

(6) The only way to test classical homeopathy will be to respect the rules of classical homeopathy. Giving one medicine at a time is not the only rule for classical homeopathy.

(7) I agree with Whitmarsh when he concludes that the statement of the researchers: ‘if homeopathy is effective it is not a causal process’, is a leap too far from this data.5

Guidelines for research protocols in classical homeopathy

(1) Give the medicine only if the keynote symptoms match the case. Let an expert homeopath decide which are the important keynotes that differentiate one medicine from another. In different groups of diseases there will be different keynotes.

(2) In the case of an aggravation allow only minimal conventional medication, unless there is a life-threatening situation. The period of aggravation is critical for the final outcome and should be allowed to run its course. If the patient takes chemical drugs he should be withdrawn from the study, but such an aggravation should be considered as a positive result of the action of the homeopathic medicine.

(3) If the aggravation lasts longer than 2 weeks, a second medicine will probably be indicated and should be prescribed after a further evaluation of the case.

(4) Repeat the medicine in high potency until aggravation, then stop.

(5) Inform patients so that they will cooperate to the best of their ability.

References