

Research Discussion Paper (Homeopathy)
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RESEARCH DISCUSSION PAPER

Background

I have some experience of [clinical research](#) in [veterinary homeopathy](#), extending over about 25 years, so I hope that my comments in this ‘discussion paper’ will be useful. This paper is edited from a previous version first published in 1999.

I am in solo veterinary practice so my resources for research have been minimal to date, however I have conducted several clinical trials, which turned out to have a very positive result. I have conducted many more trials than those which I have published. This is because, owing both to lack of good prior research design (all my trials were part of practice development, spontaneously conceived and not intended as proper research studies from the outset) and to farm circumstances, many of the trials conducted have failed to produce publishable results. It is however a potentially valuable statistic in itself, in my opinion, that all of them had a positive outcome, even if not a statistically significant result. In summary, ‘treatment’ animals always appeared to fare better than ‘controls’.

The [trials which have been published](#) are in the areas of:

- Stillbirths in Pigs
- Mastitis in Cattle
- Dystocia in Cattle
- Tracheobronchitis (Kennel Cough) in Dogs

The first on this list was published by the *Veterinary Record*, a peer-review journal, in March 1984 (*Veterinary Record*, 1984, Vol 114, No 9, p 216). A large part of the Editorial of that issue was devoted to a discussion of this report.

General Points

- Veterinary homeopathic research is of inestimable importance for the future of homeopathy in general and for its animal application in particular.
- Veterinary homeopathic research, if appropriately targeted, can be of great importance to both human and animal health.
- Veterinary homeopathic research tends to undermine the old ‘placebo effect’ chestnut, if correctly designed.
- Laboratory animal research, especially if conducted with a view to specific human benefit, raises many ethical issues, quite apart from the issue of its irrelevance to the human situation.
- I am personally strongly against any [experimentation on animals](#), on ethical, moral and scientific grounds. My own definition of animal experimentation involves any of the following: the manipulation of animals, the confinement of animals or the intentional infliction of disease or suffering upon animals, for the purposes of research. This does limit research possibilities and has often proved to be a barrier to progress at the interface with the conventional world.
- However, the conducting of clinical trials in a presently-existing disease situation is obviously still ‘analysable’, so long as ethical implications are well considered, especially in respect of untreated ‘controls’.
- I believe a very valuable approach to advancing our knowledge and increasing our evidence would be the retrospective ‘audit’ of the files of an experienced veterinary homeopath. I have often thought about doing this for my own clinical records, but have never been able to afford the huge costs in both time and manpower involved (however, in 2007, I have at last started recording and analysing current client feedback in an objective manner – [outcome analysis](#)).
- Organic farmers, and the veterinarians serving animals on organic farms, require support and development.
- The public who seek organic food assume that natural medicine will be used for the treatment of their food animals, thus eliminating both the risk of drug residues in food and the stimulation of antibiotic resistance in bacterial populations. They need to be able to rely on that assumption.

Specific Points

With regard to clinical trials, I believe the basic essential criteria of a successful clinical trial in veterinary homeopathy are:

- that there should be clear presence of a disease for investigation.
- that the disease should be of significant incidence.

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- that the disease should be easily and clearly identifiable, in terms of both diagnosis and assessment, by generally accepted methods.
- that there should be the ability to deliver the medication to the animals effectively.
- that the farm or establishment must be able to segregate animals correctly.
- that the establishment should be able to record adequately and accurately.
- that the disease should preferably be amenable to treatment with a simple single remedy homeopathic prescription, ‘across the board’ or, if not, should only require a very few homeopathic medicines to treat all likely occurrences (there is then the matter of whether to treat with a single remedy for the whole group or to use a simple combination remedy to cover all likely individuals or to use the full rigours of the proper homeopathic method of remedy selection for each individual case within the group).
- Each of the above methods would require different and appropriate statistical handling, which should also extend to the involvement of a statistician **at the outset**, when designing and setting up the trial.
- One challenge encountered, which is of **unproven** existence only at present, is that of ‘infective’ transfer of homeopathic potency, from one individual to another within a group. I have proposed this as a possible hypothetical phenomenon, which I believe to have created difficulties in some of my previous work. It is perhaps for this reason that some of my trials, which have been structured in the way that the statisticians like them (i.e. ‘controls’ and ‘treated’ individuals running together), have proved to be very difficult, in that the disease problem has appeared promptly to respond, **across the board** (i.e. the problem seems to have disappeared coincidental with homeopathic intervention, however long it may have persisted in the herd prior to that intervention). The successful and straightforward trials, which I have reported, have been conducted with the different treatment groups running separately (or, in the case of the sows, each animal separately confined) but this trial structure is much less rewarding statistically.
- I have also noticed what I believe to be a repeatable phenomenon, which can adversely affect clinical trials. It is that homeopathic remedies, whether kept in their proper container or dispensed in open drinking water troughs, appear to be sensitive to exposure both to frost and to direct sunlight. Their potency will also ‘decay’ in water troughs, over a short period.
- I believe selection of remedies for use in clinical trials should only be carried out by a [veterinarian](#) who is properly experienced both in the relevant species and in homeopathy.

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I do hope that this contribution is both worthwhile and helpful and that it is appropriate to the reader's needs. I am very happy to co-operate with future clinical research work and am prepared to offer advice and input. I would appreciate hearing the outcome of any brainstorming which may follow on this paper or to receiving any other input from elsewhere.

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