



केन्द्रीय होम्योपैथी अनुसंधान परिषद्

स्वायत्त निकाय, आयुष मंत्रालय,
भारत सरकार

CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY
An Autonomous Body under Ministry of AYUSH,
Govt. of India

डा० राजकुमार मनचन्दा

महानिदेशक

Dr. R. K. Manchanda
Director General

F. No. 39-4/2017-18/CCRH/IC/CCRH Responses & Foreign
Delegates visits /68 Date 09/11/18

Dear Professor Kelso,

I am writing on behalf of Central Council for Research in Homoeopathy, an apex research organization under Ministry of AYUSH, Govt. of India. We undertake, coordinate, develop, disseminate and promote scientific research in Homoeopathy through 23 institutes/units; 4 extension centres and 9 homoeopathic treatment centres spread across the country, where specific research studies are conducted along with provision of clinical services.¹

I am to invite a reference to the developments in the assessment and regulation of Homoeopathy in Australia, which we have been following with some concern. An Information Paper on Homoeopathy, commonly referred to as 'The Australian Report' published by Australian National Health and Medical Research Council (NHMRC) has been widely criticised for its fundamental flaws and for misleading scientists and the public over Homeopathy^{ii,iii}. This report is creating misinformation and an inaccurate image of Homoeopathy in various parts of world. I wish to apprise you of the Indian scenario of Homoeopathy, where it is widely popular and recognized.

In India, Government has formed a Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) for actively promoting a multidisciplinary healthcare system. The public's desire to access these systems is growing year on year, with the demand for homoeopathic treatment in particular having increased substantially in India in recent years.

Indian society reaps multiple benefits from this integrated 'cafeteria-style' approach to healthcare; the provision of genuine patient choice, positive clinical outcomes for India's large population and also substantial cost efficiencies to the Government. The promotion of these systems is consistent with India's obligations under the World Health Organisation (WHO) *Traditional Medicines Strategy 2014-2023*, which requires member states to develop proactive policies to strengthen the role of traditional medicine in contributing to community health.

India and Australia are fellow Commonwealth nations with close cultural ties. Australia's diverse population includes substantial immigrant populations from countries such as India where Homoeopathy is widely accepted; it is therefore a natural consequence that a significant proportion of the Australian population will wish to incorporate Homoeopathy into their healthcare.

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Although the Australian Government does not currently support integration of complementary medicine into mainstream healthcare, it appears these services and products are widely used and supported by the public. Australia's regulatory framework for complementary medicine products is widely regarded as one of the best in the world, allowing public access to effective traditional medicine products, whilst safeguarding public safety through good manufacturing practice standards and post market pharmacovigilance.

India also has a highly developed ethical and regulatory framework governing Homeopathic medicines, which are covered under the provisions of the *Drugs & Cosmetic Act 1940*^{iv} and defined under Rule 2(DD) of the *Drugs and Cosmetics Rules 1945*. Mandatory standards governing the manufacture, sale, distribution and import of Homeopathic medicines are defined under the Second Schedule of the *Drugs and Cosmetics Act* (Item N.4a). Rule 30 AA governs the import of new homeopathic medicines and Rule 32 (A) governs the Packaging and Labelling of homeopathic medicines. This framework protects public safety and ensures access to good quality dispensary medicines. As such, public safety is appropriately guarded in both countries and yet our approaches towards Homoeopathy provision differ vastly at the present time.

Homoeopathy has been used continually for over 200 years in more than 70 countries and the World Health Organisation (WHO) identifies it as popular medical system in high-income countries and the second most popular in low-income countries.^v India leads the world in terms of the number of people using Homoeopathy, with around 150 million people depending solely on homoeopathy in primary clinical and hospital healthcare settings. There are currently around 295,000 registered homoeopathic doctors, with approximately 12,000 being added every year. There are 195 medical colleges imparting undergraduate degree training and 41 imparting postgraduate level education and training in Homoeopathy, alongside 207 government hospitals providing homoeopathic treatment.

Against this background, I wish to express our concern that Australia's current approach to reforms on Homoeopathy appears to be contrary to the WHO *Traditional Medicines Strategy 2014-2023*, leading towards reduced patient access, rather than promoting its use. It is our understanding that proposed changes in the status of Homoeopathy in Australia have been primarily informed by the negative findings of the 2015 Homeopathy review conducted by the Australian National Health & Medical Research Council (NHMRC). India has a vast wealth of scientific knowledge and direct experience in this field and would have gladly shared this knowledge upon request.

Our Council is further concerned to have learned from our scientific advisors that the NHMRC report did not follow a standard scientific method, analysing the data in an unprecedented manner which led directly to the results of 171 of the 176 studies being declared unreliable. This explains the report's surprise finding that there is no reliable evidence for the effectiveness of homeopathy, which is inconsistent with findings from India's research institutions. It is appalling to know that the NHMRC did the homeopathy review twice and existence of the first report was hidden from the public thus, making the conclusions of second report more dubious. Therefore, it is also important that the outcomes of first report should also be known to the scientific community. The Australian as well all homoeopathy users across globe deserve to know about the details of first report.

Regarding the debate around the evidence base for Homoeopathy, our perspective is that the clinical benefits of Homoeopathy established via observational studies are now being validated

through multiple active strands of investigations, including randomised controlled trials, basic research and fundamental research (data which was beyond the scope of the NHMRC review). There are several systematic reviews done to examine the available homeopathic RCT literature. These reviews conducted with rigour and transparency has concluded that homeopathic intervention differs from placebo^{vi},^{vii}.

The significant majority of *in vitro* laboratory studies on ultra-high homeopathic dilutions show the preparations having biological effects, with three quarters of these experiments having been successfully replicated^{viii}; hypotheses regarding the mechanism of action are also being actively explored in several countries, including India, Germany and Switzerland. In a systematic review it was found physicochemical research into homeopathic preparations is increasing both in terms of quantity and quality of the publication^{ix}.

CCRH has recently signed a number of international MOUs to foster fundamental, basic and clinical research in the field and seeks to expand such initiatives further. To this, the Council hereby invites the NHMRC to open a dialogue for exchange of knowledge and experiences regarding the health and economic benefits of the integration of traditional medical systems such as Homoeopathy into mainstream healthcare and thus one will not deny millions of patients who are already and could in future benefit from Homoeopathy.

I thank you for your consideration of these matters and look forward to your response.

With kind regards.

Yours Sincerely,


(Raj. K Manchanda)

To

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ⁱ Central Council for Research in Homoeopathy. Website: www.ccrhindia.nic.in

ⁱⁱ Homeopathy Research Institute. The Australian Report. Available from: <https://www.hri-research.org/resources/homeopathy-the-debate/the-australian-report-on-homeopathy/>

ⁱⁱⁱ The Aurum Project. [Internet]. Available from: <https://aurumproject.org.au/the-king-and-nhmrc-reports/>

^{iv} The Drugs and Cosmetics Act, 1940. Ministry of Health and Family Welfare. Government of India. Available from: <http://www.cdsc.nic.in/writereaddata/drugs&cosmeticact.pdf>

^v Ong CK, Bodeker G, Grundy C, Burford G, Shein K. *WHO Global Atlas of Traditional, Complementary and Alternative Medicine*. Map Volume. Kobe, Japan: WHO; 2005. p. 63.

^{vi} Mathie RT, Lloyd SM, Legg LA, Clausen J, Moss S, Davidson JR, Ford I. Randomised placebo-controlled trials of individualised homeopathic treatment: systematic review and meta-analysis. *Syst Rev*. 2014 Dec 6; 3:142. Available from: <https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/2046-4053-3-142>

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