

## Letter to Editor, Times of India

### In response to the Article

#### **'Beware of Quacks: Alternative medicine is injurious to health by Amit Varma'**

The distasteful piece mentioned above appeared in your esteemed paper on 22<sup>nd</sup> March 2020. As a homoeopathic doctor qualified in the subject, with a responsible service as Director General of a Homoeopathy Research Organisation under Ministry of AYUSH, Central Council for Research in Homoeopathy, I take it as my prime duty to shed some light on the current scenario in Homoeopathy research, which Mr. Varma is conspicuously unaware of, given mostly his little interest in everything that 'Alternative medicine' is. Well, may he soon be cured of the epidemic of ignorance that causes people not to believe in alternative medicine.

The senior, and much reputed journalist has unfortunately done a rather misleading job in writing this piece without really verifying the latest advances in this world of 'alleged quackery'. While his statement that many unscientific claims creep in under the blanket of 'alternative medicine' has a point, to say that all alternative systems are, therefore, nothing but dignified quackery is a deplorable statement coming from a pen that has otherwise voiced many a rational view. I do not understand how he has become irrational about AYUSH systems. The writer, apart from discrediting all that alternative systems of medicine have ever offered to the mankind, has also shown his clear oblivion to the many double blind Randomized Controlled Trials (RCTs) favoring individualized Homoeopathy intervention, when he goes on to say that Homoeopathy has never passed such a test. The latest researches are planned quite sensitively, and many biases such as confounder and confirmation biases, are considered right at the stage of protocol development to assure unbiased, credible results. In fact, he himself would agree that blinded RCTs are spared of confirmation bias and overcome placebo effect quite effectively.

Just updating on Mr. Varma's personalized factsheet on Homoeopathy evidence, it is worthy to inform that 75% of Individualized Homoeopathy trials on RCT design have come out with positive evidence in favour of Homoeopathy and these include treatment in acute diarrhea, acute ear infection and acute encephalitis syndrome in children, chikungunya and influenza like illnesses etc.<sup>1</sup> However, within evidence-based medicine circuit, the model of 'RCT' is questioned, especially for the reason that it is not a pragmatic, or real-time based model for assessing the

overall effectiveness of a treating method – a view also resonated by none other than Dr. Tom Frieden, who served as Director of the Centers for Disease Control and Prevention from 2009 to 2017.<sup>1</sup>

Talking of overcoming the placebo effect, and other pointers to the Homoeopathy medicine generating evidence from only confirmation bias, it would rather be a new learning for the 'uninitiated' that experimental or fundamental researches in Homoeopathy have been conducted by some of the most coveted scientists –

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<sup>1</sup> Nair J K R, Gopinadhan S, Kurup ST N, Kumar B S J R, Aggarwal A, Varanasi R, et. al. Homoeopathic Genus Epidemicus 'Bryonia alba' as a prophylactic during an outbreak of Chikungunya in India: A cluster -randomised, double -blind, placebo- controlled trial. *Indian Journal of Research in Homoeopathy* 2014; 8(3): 160-165

Chakraborty PS, Lamba CD, Nayak D, John MD, Sarkar DB, Poddar A, et al. Effect of individualized homoeopathic treatment in influenza like illness: A multicenter, single blind, randomized, placebo-controlled study. *Indian J Res Homoeopathy* 2013; 7:22-30.

Jacobs J, Springer DA, Crothers D. Homeopathic treatment of acute otitis media in children: a Preliminary randomized placebo-controlled trial. *Pediatr Infect Dis J* 2001; 20: 177–183.

Randomized double blind placebo control pilot study

Sinha et al., Randomized Controlled Pilot Study to Compare Homeopathy and Conventional Therapy in Acute Otitis Media. *Homeopathy* 2012; 101( 1): 5–12.

Randomized Controlled

Jacobs J, Jiménez LM, Gloyd SS, Gale JL, Crothers D. Treatment of acute childhood diarrhea with homeopathic medicine: a randomized clinical trial in Nicaragua.

*Pediatrics*. 1994 May;93(5):719-25.

Jacobs Jennifer, L. Jiménez Margarita, Malthouse Stephen, Chapman Elizabeth, Crothers Dean, Masuk Mary et al. Homeopathic Treatment of Acute Childhood Diarrhea: Results from a Clinical Trial in Nepal *The Journal of Alternative and Complementary Medicine*. April 2000, 6(2): 131-139. doi:10.1089/acm.2000.6.131.

Oberai P, Varanasi R, Padmanabhan M, Upadhyaya A, Singh S, Singh SP, et al., Effectiveness of Homeopathic Medicines as Add-on to Institutional Management Protocol for Acute Encephalitis Syndrome in Children: An OpenLabel Randomized Placebo-Controlled Trial. *Homeopathy*. 2018 Aug;107(3):161-171.

physicists, chemists and microbiologists. And they have enriched Homoeopathy with their widely acclaimed work, thereby bringing scientific validity to the system. Indian scientists like Prof. Jayesh Bellare from IIT (Bombay), Dr. Gaourishankar Sa from Bose Institute (Kolkata), Dr. Satyahari Dey from IIT (Kharagpur), Dr. KhudaBuksh from Kalyani University (Kolkata), Dr. N.C. Sukul from Visvabharti, Shanti Niketan (Central) University (Kolkata), Dr. Papiya Nandi, Jadhavpur

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<sup>1</sup> <https://www.statnews.com/2017/08/02/randomized-controlled-trials-medical-research/>

University (Kolkata), Dr. Rakesh Shukla, Central Drug Research Institute (Delhi), Dr. Surender Singh, AIIMS (Delhi), Dr. Girija Kuttan, Amala Cancer Research Centre (Kerala), among others, have contributed immensely in unveiling various aspects of science behind Homoeopathy. Furthermore, many Nobel laureates of science stream and world-renowned scientists, including the likes of Dr. Emil Adolf von Behring, Drs. Luc Montagnier, Brian D. Josephson, P. Bellavite, Rustum Roy, J. Benenviste, M. Ennis and J. Saint-Laudy have either yielded substantial evidence on viability of homoeopathy through their work, or have approved of Homoeopathy as a genuine science stream, strongly advocating more research in this field.

Coming to Mr. Varma's reference to the 'harmless sugar pills', it is pertinent that we understand that the pills are an age-old, simple and practical method of administering the 'harmless homoeopathic medicines'. They are not the medicines per se, just a medium to take the medicines. Now, with this level of mixing up of knowledge, one can realize how appropriate it is, for a person with this level of understanding of the subject, to comment on the science of homeopathy, or even the lack of it. The case Mr. Varma refers to for warning that Homoeopathy could kill the patient, can be one of its kind in point. There are several other success stories where many hopeless cases could recover just fine with Homoeopathy. Anyhow, just going by Mr. Varma's logic, 'evidence' rationally supersedes stories any given day. However, the widening pool of evidence for Homoeopathy can best be ignored, if you choose to be a proponent of 'ignorance is bliss' concept.

Further, his take on 'Ministry of AYUSH' is highly irrelevant and unwisely. He should make himself aware about the use of TCM in the management of 85% of COVID 19 infected patients with promising results in China<sup>2</sup>. When the world is turning to Alternative therapies, and calling out loud for 'Freedom of Choice' by providing various health modalities<sup>3</sup> in public healthcare, citing India as an ideal example for such a personalized, integrated approach, he calls for taking a backward leap in medical healthcare. The statements are highly deplorable and is example of intellectual dishonesty.

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<sup>2</sup> Jun-ling Ren, Ai-Hua Zhang, Xi-Jun Wang\*. Traditional Chinese medicine for COVID-19 treatment. Pharmacological Research 155 (2020) 104743; doi:<https://doi.org/10.1016/j.phrs.2020.104743>.

<sup>3</sup> <https://www.yourhealthyourchoice.com.au/>  
[https://whh.nhs.uk/application/files/9715/4177/7886/WHH\\_My\\_Choice\\_GP\\_Booklet.pdf](https://whh.nhs.uk/application/files/9715/4177/7886/WHH_My_Choice_GP_Booklet.pdf)

In India, AYUSH dispensaries responsibly share a major burden in public healthcare set ups run by state and central governments. Till date, 673 AYUSH wellness centres are being run by the central government, while another around 25,000 AYUSH dispensaries are being run by various state governments. Out of these, 15291 are of Ayurveda, 7856 of Homoeopathy, 1461 of Unani, 803 of Siddha, 185 of Yoga, 94 of Naturopathy, and 33 of Sowa Rigpa. The top 10 diseases recognised as national burden in a nationwide survey (National Health Profile 2017) are: Ischemic heart disease, COPD, Stroke, Diarrheal diseases, Lower respiratory infections, Tuberculosis, Neonatal disorders, Asthma, Diabetes and Chronic kidney disease. Most of these are being reported at the AYUSH wellness centres for standalone or adjuvant care. The footfall of patients is increasing at a fast pace in AYUSH treatment centres since with the sustained activities of dissemination through AROGYA Melas and AYUSH Health fairs, people are opting to these systems as first line of treatment. These figures have not been achieved in a day. Patients who report to AYUSH dispensaries are informed of their disease, and about the choice they are making. It is not that they are being misled into availing these treatment methods, when they have conventional medicine available right under the same roof.

The real case in point is that all medical systems have scopes and limitations, and the idea is to understand the convergences and divergences, case by case, patient by patient. Typical integrated models, such as seen in the Indian public healthcare, are the pride of this country. It is our civic duty to understand what these systems have to offer, before abruptly suggesting a complete abolishment of a whole set of valuable options in health that people of India enjoy. Finally, it'd be nice to bring to the readers' knowledge a quote from a stimulating Editorial in BMJ by Dr. Spence, who calls 'Homoeopathy the Medicine's whipping boy, but still a good Medicine'<sup>4</sup>.

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<sup>4</sup> BMJ 2012;345:e6184