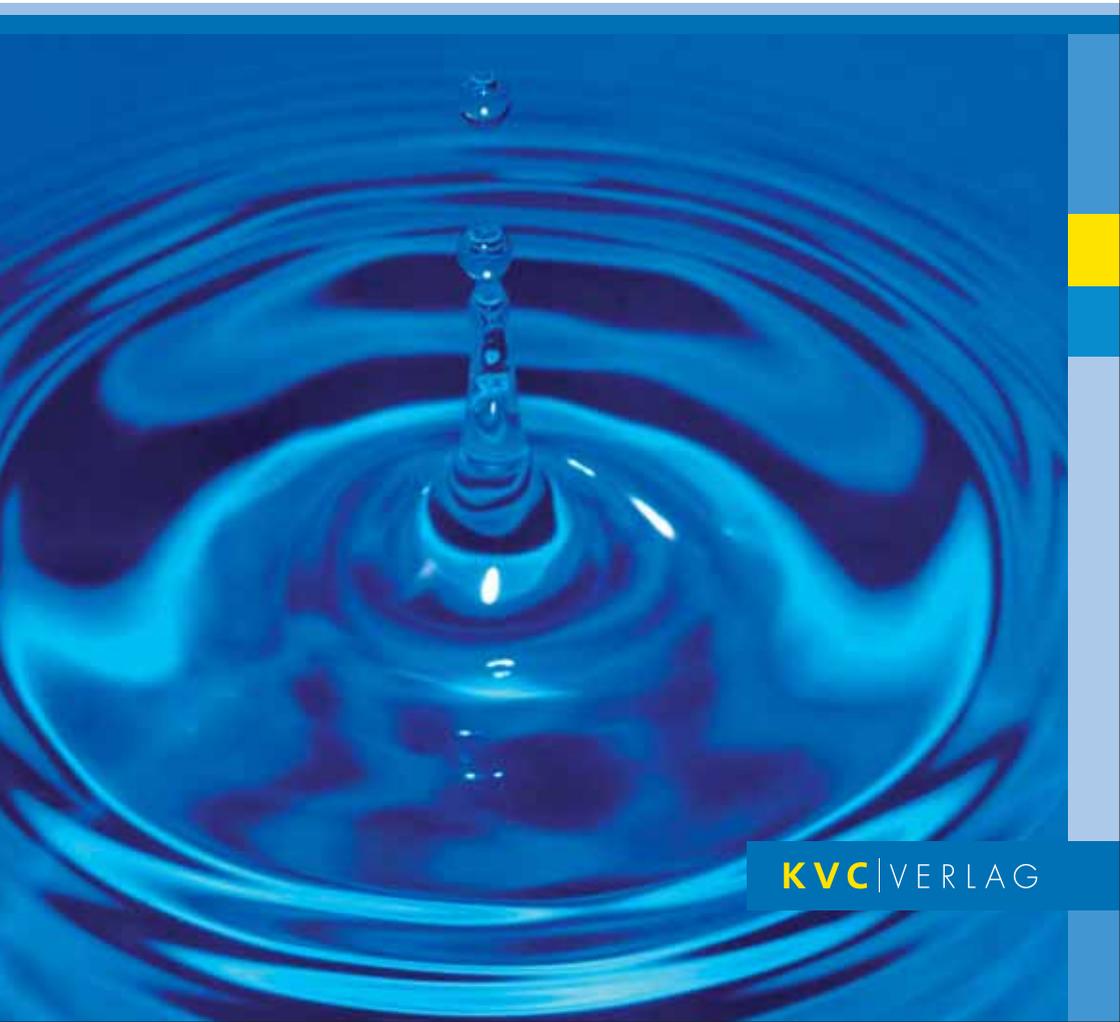


Claudia Witt, Henning Albrecht (eds.)

# NEW DIRECTIONS IN HOMEOPATHY RESEARCH

advice from an interdisciplinary conference



**CAM EXPERTISE**

Karl und Veronica Carstens-Stiftung

**New Directions in  
Homeopathy Research**

**Advice From an Interdisciplinary Conference**

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# Preface

In 1808, Samuel Hahnemann, the founder of homeopathy, began to call the law of similars a “law of nature” – a provocative and controversial statement. 200 years later, the discussion is still as controversial as it was then, now complemented by inner homeopathic polemics and arguments. It has, therefore, become necessary to define homeopathy’s “state of the art”.

To name only a few of the urgent questions: Does homeopathy exist at all? How about the state of research on homeopathy? What does the history of homeopathy teach us with regard to research? Which scientific questions should be pursued predominantly?

Professor Claudia Witt, holder of the Chair for Complementary Medicine endowed by the Karl und Veronica Carstens Foundation and Vice Director of the Institute of Social Medicine, Epidemiology and Health Economics at the Charité University Medical Center in Berlin, met this need by organizing a memorable symposium to define homeopathy’s state of the art. The symposium took place in Berlin in March 2008. Samuel Hahnemann himself was empirical scientist in more than one field as well as practicing physician. The symposium’s list of invitees consequently included scientists from different fields of research as well as practitioners.

True to the Carstens Foundation’s wish to document and publish, even if the insights are uncomfortable or “painful”, the results of this symposium are presented as the first volume of a new book series called CAM EXPERTISE, published in the Carstens Foundation’s own publishing house, the KVC Verlag.

As a participant of the symposium I gained the insight that inter-disciplinarity is especially useful for future research on homeopathy. As Chairman of the Karl und Veronica Carstens Foundation’s board I am glad, on the one hand, about Professor Witt’s determination to fulfil the mandate of her endowed chair; together with a number of co-authors she compiled a book containing a solid and commented version of the

state of research on homeopathy. On the other hand, I cannot ignore the fact that the need for future research arising from the results of the symposium is not to be met by private research funding alone.

I sincerely hope that the scientific impact of the present publication will be similar to the pictures from Chinese TV depicting surgery under acupuncture analgesia which have tremendously influenced world-wide research on acupuncture and pain.

Laubach, June 2009

Dr. med. Michael K. H. Elies

# **Contents**

## **Background, Objective, and Concept**

Claudia M. Witt ..... 1

## **Homeopathy**

Henning Albrecht ..... 9

## **The Current State of Research on the History of Homeopathy**

Martin Dinges ..... 13

## **Homeopathic Pathogenetic Trials – A Summary of 20 Years of Reflection, Data Collection, and Analysis**

Harald Walach ..... 43

## **Scientific Case Studies in Homeopathy**

Michael Teut ..... 67

## **Clinical and Epidemiological Research on Homeopathy**

Rainer Lüdtko ..... 81

## **The State of Basic Research on Homeopathy**

Stephan Baumgartner ..... 107

## **Problems of Previous Research and Suggestions for Future Research – Results of the Consensus Process**

Claudia M. Witt ..... 131

**Participants of the Conference** ..... 165

# Homeopathy

*Henning Albrecht*

Homeopathy is a self-contained therapeutic system with its own theory, a special view on health, illness and healing, a special therapeutic procedure with special remedies produced with a special manufacturing method. Homeopathy is not a naturopathic or esoteric procedure but a therapeutic method of its own.

Homeopathy can be seen as based on four pillars, the main being the law of similars or similia principle<sup>1</sup>. The remaining three pillars can be derived logically from this principle. The similia principle was formulated by S. Hahnemann (1755–1843) as “similia similibus curentur” on the basis of a self-experience. The common English translation “let like be cured by like” is not unequivocal because the Latin word “curare” means “to treat”, not “to heal”. The similia principle is a therapeutic instruction, not a natural law.

According to the similia principle, a substance used as remedy in homeopathy has to meet the following prerequisite: given to a healthy person it must produce symptoms which are similar to the ones to be treated in a diseased person.

This correlation consequently leads to the second pillar of homeopathy: the remedy proving or pathogenetic trial. This means that for every substance used as remedy in homeopathy the effects on healthy persons have to be known. From Hahnemann’s time until today remedy provings on healthy persons, mostly physicians, have been conducted. A special case is the unintentional “drastic proving”, i. e. poisoning. Therefore, toxicology is an important source of knowledge about the possible use of a substance in homeopathy.

The heart of the homeopathic therapy is the process of remedy finding, in the center of which is the anamnesis or case taking and analysis.

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<sup>1</sup> In this text I will refer to it as similia principle.

It is not accidental that Hahnemann found his way into the history of medicine while inventing modern anamnesis. It is a logical conclusion again from the first two pillars that homeopathic therapy needs a careful anamnesis, unknown until Hahnemann. Given the similia principle as guiding rule, the skill of the homeopathic therapist must be to find the similarity between the symptoms from provings in healthy persons and the disease symptoms of the individual patient.

At the same time it becomes clear why there can only be similarity and not identity (a widespread misunderstanding concerning homeopathy); symptoms from provings and disease symptoms have completely different causes!

In the homeopathic anamnesis the similia principle is converted into practice. Determining similarity results in remedy finding, i. e. determining which substance – judging from the strength of its effects in healthy persons – is indicated for treating a given syndrome.

Especially when the result of remedy finding is a toxic substance (like arsenite, mercury, lead or deadly nightshade) the fourth and last pillar of homeopathy becomes inevitable: the principle of smallest doses. It is immediately plausible that a toxic substance is not to be administered in a high dose in case of disease. The substance has to be diluted or its dose has to be diminished at least to a harmless degree.

In fact, in the course of decades Hahnemann derived his peculiar principle for remedy manufacturing, the so called potentization, from the principle of smallest doses. It is worthwhile to note that Hahnemann was an important pharmacist in his time. Therefore, he developed special rules for the procedure of dilution. Apart from this he proceeded, as usual, according to experience. Thus, he diluted the original substance 1 in 100 and succeeded rigorously thereafter to mix substance and solvent (normally ethanol). Afterwards, he continued this stepwise dilution/succussion according to the same procedure.

As diligently working and thinking scientist Hahnemann was interested in finding out after which dilution step the effect of the remedies would cease. Consequently, he proceeded in diluting to such a degree that the resulting remedy was, seen from a modern chemical

perspective, void of content – a real problem for homeopathy with respect to the current valid thinking in medicine and science. For Hahnemann and his followers did not find a decrease or extinction with increasing dilution and succussion but an alteration or even intensification of effects. This is clearly contrary to the current valid dose-effect-thinking in medicine.

For approaching the problem at all, it is worthwhile to remember that the process of homeopathic remedy manufacturing is not simple dilution but a double procedure: the stepwise dilution of 1:10, 1:100 or 1:50,000 *plus* shaking after every dilution step. This very special procedure is called potentization or dynamization. Hahnemann chose these terms in order to express that during this process the effect of the remedy does not decrease but increase. Thus, from a scientific point of view the acceptance of homeopathy is hardly ever achievable.

Even within homeopathy it is regularly forgotten that the principle of potentization is secondary for homeopathy – a reason for being listed as the last one in this introduction. A substance becomes homeopathic not by potentization but by administration according to the similia principle alone! One has to be aware that Hahnemann himself had been working with dilutions for nearly 30 years without potentization.

Hahnemann was very aware of the fact that his mode of remedy manufacturing would lead to the disappearance of the substance – but he did not care. On the contrary, because of his view on illness as a dis-gruntlement of vital force, a spirit-like occurrence, he saw spirit-like substances as the appropriate remedies – again a logical association.

Finally, it should be mentioned that according to Hahnemann it is important to administer only one substance at a given time. Only in this way the effect and its duration can be judged.

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## **From the medical history of ideas to the inclusion of homeopathic concepts into the history of science and the history of knowledge in medicine**

The much debated issue of Hahnemann's concepts originating in the earlier history of medicine and/or in contemporary ideas has been investigated more thoroughly than ever by Schmidt in his systematic history of ideas on the early Hahnemann.<sup>23</sup> Wischner follows a similar approach by reconstructing Hahnemann's concept of homeopathy from his later work.<sup>24</sup> Based on Hahnemann's book *The Chronic Diseases* Ulrich highlights the connection to modern concepts.<sup>25</sup> The background of Hahnemann's thinking has clearly been researched, systematically reconstructed and evaluated with regard to its validity today.

While Haehl still offered a history of medical doctrines by looking at what was new about Hering (Hering's Rule), Arndt-Schulz (Arndt-Schulz-Rule) or Grauvogl (constitution), these issues have now been placed into the wider context.<sup>26</sup> It is no longer just the concept, i. e. an idea, which is of interest but also its origin, its application and further development within homeopathy. The history of ideas has been complemented by the history of their reception.

Lochbrunner went a step further by analyzing the significance of the China experiment<sup>27</sup>: while Bayr, in 1989, had still reconstructed and newly evaluated the experiment, its immediate circumstances and its importance for homeopathy<sup>28</sup>, she placed the experiment in the context of the history of science. She researched the contemporary and later debate among homeopaths as well as its reception outside the movement. In doing so, she left the narrow view behind and convincingly demonstrated that nineteenth-century medicine did not value Hahnemann's self-experiment as the key experiment as which many people like to see it today.

These approaches can be developed into a history of knowledge of homeopathy which asks what homeopaths, at any time, knew or could know and avoids the illusion that all the knowledge available to us has

actually been understood, then or now. The latest research reveals how much or little homeopaths in different countries really know about homeopathy.<sup>29</sup>

Historiography should also take notice of the media that disseminate homeopathic knowledge. Baur's beautiful approach of describing the *Organon* as a book that travelled around the world should be continued.<sup>30</sup> Some magazines have, at least, been investigated with regard to their content, editor(s) and subscribers but we know as yet little about their circulation.<sup>31</sup>

The state of research is, in part, better as far as magazines for patients are concerned<sup>32</sup>, but we still know very little about the use of radio and television for homeopathy advertising campaigns, let alone the effect they have.<sup>33</sup> All this shows how far we are still away from a media history of homeopathy.<sup>34</sup>

## **From the gallery of Hahnemann successors and self-portrayals of schools to a critical and comparative history of the homeopathic approaches**

The history of homeopathy after Hahnemann was traditionally based on a number of his contemporaries and successors. The choice was seen as self-evident and was, therefore, not explicitly explained. Important contributions to the theory (for example Hering's Rule) and practice of homeopathy (Repertory) qualified for inclusion into the "line of ancestors", as was the case with Hering, Kent and his pupils, or the "Swiss homeopaths" as representatives of the renaissance of classical homeopathy. This is, in any case, how it appears in an article series by Schmitz published in the German *Zeitschrift für Klassische Homöopathie* (*Journal for Classical Homeopathy*) in 1997 and 1998.<sup>35</sup> Genealogies of physicians and schools illustrate these relationships so that every practicing homeopath can find his place within his "ancestry".

The self-portrayals of schools that are nowadays readily available contain sufficient material. It appears in form of obituaries to school founders (for example the Vienna School: Dorcsi), on the occasion of the tenth anniversary of someone's death (Flury), as commemorative fusillades of pupils (P. Schmidt) or as conference volumes dedicated to a school founder (Proceso Sanchez Ortega).<sup>36</sup> These volumes are evidence of an active memorial practice among homeopathic physicians. Their content reflects the adoration and gratefulness that pupils have for their great "masters" and often come close to hagiography. At the same time they are important for an understanding of homeopathy: the passing on of knowledge is still closely tied to a personal master-pupil-relationship as it often is in medical training generally (of a surgeon, for example). It also makes it possible to study the specific ways of learning and teaching in homeopathy. The self-portrayals are therefore more a source for contemporary history studies than historiography as such.

Serious historiography of the homeopathic methods and schools would have to imbue the concepts of "method" and "school" with more meaning. Most of them are, to start with, about the founding figure, then about their specific (i. e. definable) body of knowledge, their canonization in texts, dissemination in courses and training, further institutionalization (by founding journals, for example) and maybe the influence their approach has on physicians' associations and even on legislation. We find all these characteristics for instance with the Vienna School or with classical homeopathy.

It is more difficult to establish the actual – and also quantitative – significance of an approach, on the basis of the number of followers, for example. The danger is always that certain personalities and approaches are underestimated because they did not advertise themselves on a larger scale.<sup>37</sup> A study on the method of complex homeopathy is presently approaching completion.<sup>38</sup> Together with the biography of one of the most important representatives of the scientific-critical approach in Germany, the physician Georg Wünstel, it will take us closer

to the desired comparative history of the different homeopathic approaches.<sup>39</sup>

## **The history of homeopathic medicines: not much light at the end of the tunnel**

Although some progress has been made, the history of homeopathic medicines is certainly the area most in need of answers. A pharmaceutical-historical analysis of the development of Hahnemann's remedies which takes a comparative look at his (home and practice) pharmacies and his work has just been started. Walach may have produced a valuable sketch of the history of drug provings<sup>40</sup> to which Lochbrunner recently added further elements, but, all in all, many questions remain still open.

Specialized questions concerning the pharmaceutical history of drugs and their origin in Hahnemann's work are still much too rarely worked on professionally.<sup>41</sup> It has, at least, been established now that the sugar he used for his globules contained multiple additives. The significance of this discovery, however, has not been further discussed by the homeopaths.<sup>42</sup> Whether the use of "domestic" medicines rose as a consequence of Nazi health policies will soon be shown by Haug in her dissertation which is based on quantitative and qualitative journal analysis.<sup>43</sup> She is comparing the general development with trends within homeopathy which will allow her to take the context into consideration.

The strong wish for a revision of the materia medica is well known. Preliminary studies were conducted sporadically.<sup>44</sup> The project turns out to be particularly difficult, though, not least because the quality of former drug provings is often problematic.<sup>45</sup> Even a history of the repertories is still to be written.<sup>46</sup> At least we have some first insights into their practical application, at the Royal Homeopathic Hospital in London for example.<sup>47</sup>

## **From hostility towards science to the rediscovery of homeopathy's clinical tradition**

The motto of many an early publication might well have been: "All medical science is the work of the devil, because it is materialistic, allopathic etc. – We homeopaths have full waiting rooms, what can science possibly have to offer us!" The reasons for this attitude which was still widespread in the 1990s are understandable and can be explained historically. We do not have to go back as far as Hahnemann's – by now well researched – frustration with the Prussian authorities who lost the documentation on homeopathic clinical trials conducted in Berlin from the 1820s up to the 1840s.<sup>48</sup> More recent failures in trying to prove the efficacy of homeopathy are documented in, for instance, the Donner Report, the thorough research material at the Robert-Bosch-Hospital in Stuttgart<sup>49</sup> and the projects promoted by the Robert Bosch Foundation in the 1990s. All in all, these examples do not exactly serve as encouragement for homeopathic practitioners to engage in "science".

They have, however, at least led to a debate about the scientific nature of homeopathy which includes the development since 1933. Willi's work presents an important contribution: it has been developed in close adherence to Georg Wünstel's literary estate and focuses on the disputes of the early 1970s. It also makes the Donner Report more accessible as a resource.<sup>50</sup>

It is Michael E. Dean's great merit to have "retrieved" for the homeopaths their important history of homeopathic clinical tests.<sup>51</sup> He recorded the trials that were conducted worldwide since Hahnemann's times almost completely and may thus have contributed to a less science-hostile attitude in homeopathy.

# Scientific Case Studies in Homeopathy

*Michael Teut*

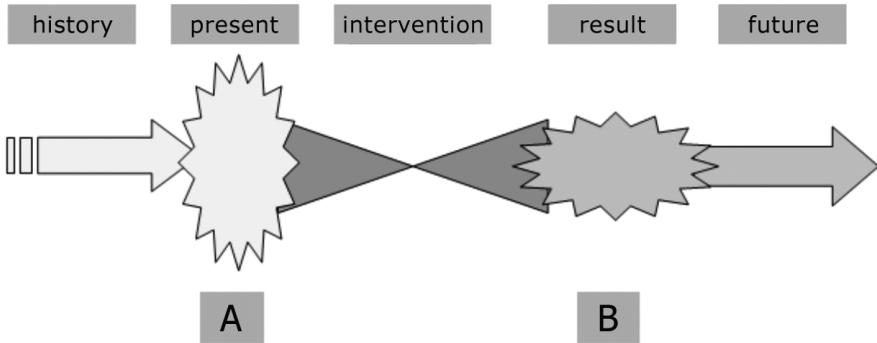
## Background

When showing the therapeutic benefits of their treatment homeopathic practitioners often refer to cases of successfully treated patients. The development of the homeopathic materia medica and repertories has strongly relied on therapeutic experiences gained from single cases. The homeopathic case is considered as the gold standard to teach clinical homeopathy. In conventional medical science case reports are treated with ambivalence because of their low external validity. Nevertheless, in practical medicine they are a fundamental teaching concept. Doctors learn by experience: cases are discussed with colleagues and presented in lectures and journals. This article gives an overview of scientific single case evaluation and discusses the relevance for modern homeopathy.

## What is a case?

In order to explain the medical case and therapeutic process I would like to use the concept of "Gestalt".<sup>1</sup> Gestalt is a physical, biological, psychological or symbolic configuration or pattern of elements so unified as a whole that its properties cannot be derived from a simple summation of its parts. In other and simpler words: Gestalt describes the whole as being more than the sum of its parts.

Figure 1 shows a therapeutic process as seen in medical treatment. We have a patient with a given state of health, a set of symptoms and a medical history which is symbolized as Gestalt A. The patient experiences a therapeutic intervention resulting in a new state of health with a new set of symptoms, symbolized as Gestalt B. The Gestalt of the patient's symptoms changes its configuration in time and space in the course of the therapy.



**Figure 1:** "Gestalt" of a case and the therapeutic process

## Scientific case research

The basic concept of scientific case research is to search for therapeutic causalities during the therapeutic process. Usually, the Gestalt before the therapeutic intervention is compared with the Gestalt after the therapeutic intervention in a single patient. The patient is therefore used as his or her own control. Visualization of the case as a Gestalt helps to visualize the phenomenological changes occurring during the therapeutic process and to recognize causally connected pattern changes. In their daily clinical work most medical practitioners strongly rely on the comparison of changes in the Gestalt of a patient for the evaluation of their therapeutic interventions. In scientific case research, the changes observed in the symptoms of a patient are systematically analyzed according to predefined criteria. It is recommended to prospectively use special single subject case designs that allow systematic observation.

## Single case study designs

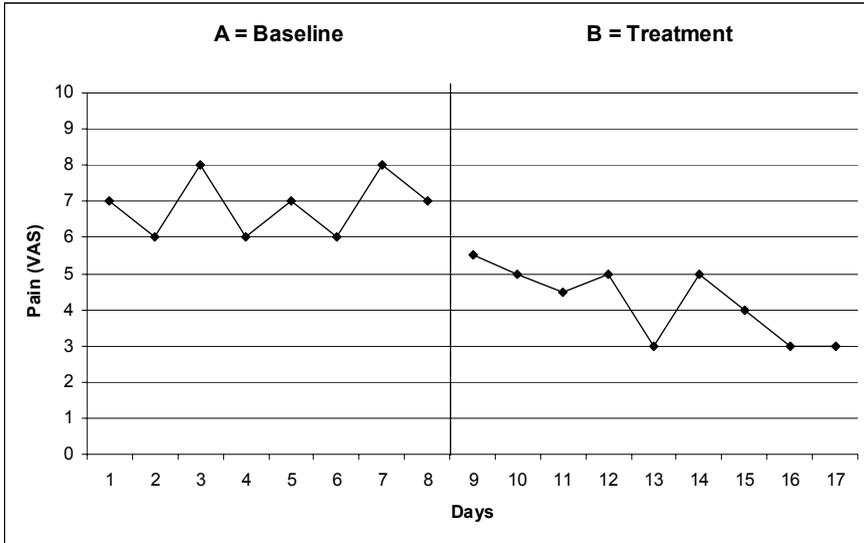
A case study is basically a descriptive research method detecting patterns that can be used to explain phenomena and to generate hypotheses for further research. Single subject designs aim to enable an experimental approach to the evaluation of the effectiveness of a treatment in a single subject or in a number of individuals treated as a single group. They are mostly applied in clinical settings where the emphasis is on the therapeutic effect of the intervention and are especially useful in stable, chronic conditions.<sup>2</sup> Single case designs require systematic observation, repeated measurement, graphing and analysis. The chosen outcome parameters are usually systematically and prospectively measured with at least three to five measurements needed to observe a trend. Results are often visualized as graphs.<sup>3</sup>

Several single case study designs have been used, the most important being:

- Single case experimental designs
- Multiple baseline designs
- N-of-1-RCT
- Cognition-based medicine

### Single case experimental design

In single case experimental designs the subject is alternately exposed to a non-intervention phase (A) and an intervention phase (B). Phases A and B are usually arranged in a randomized sequence. A simple design is an AB-design, where A represents the baseline phase and B the treatment phase (Figure 2). It is used for the quick assessment of an experimental variable. In a BA-design a treatment is experimentally withdrawn. A general weakness of the AB- or BA-design is the difficulty to distinguish between the treatment effects and confounders.



**Figure 2:** AB-design (didactic illustration)

A more complex design is the ABA-design, which is called reversal design. An experimental variable is repeatedly introduced and withdrawn. The advantage of more complex designs is that confounders are less likely to occur repeatedly. Designs that finish with a treatment phase, such as ABAB (Figure 3) overcome the ethical objection of concluding with the baseline phase. More complex multiple sequential withdrawal designs are used to analyze the separate effects of different components of complex settings (Figure 4: A'BC'AC).

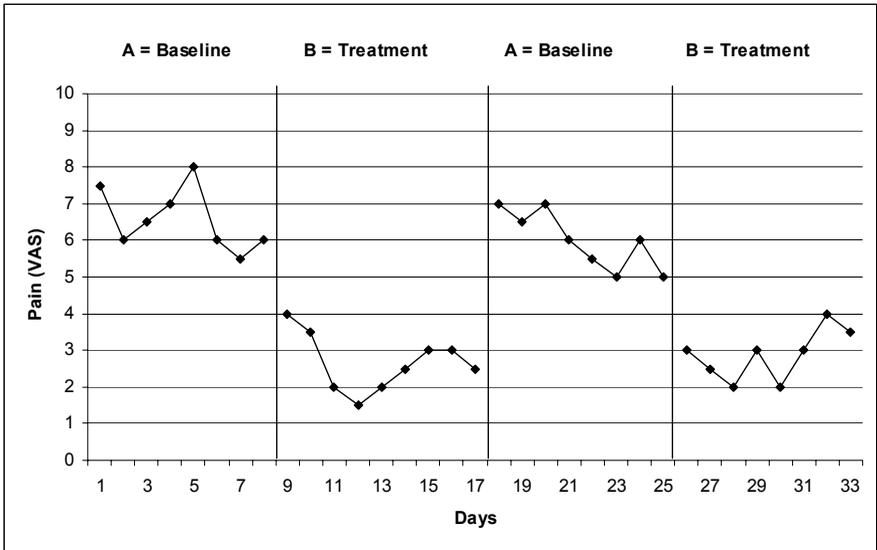


Figure 3: ABAB-design (didactic illustration)

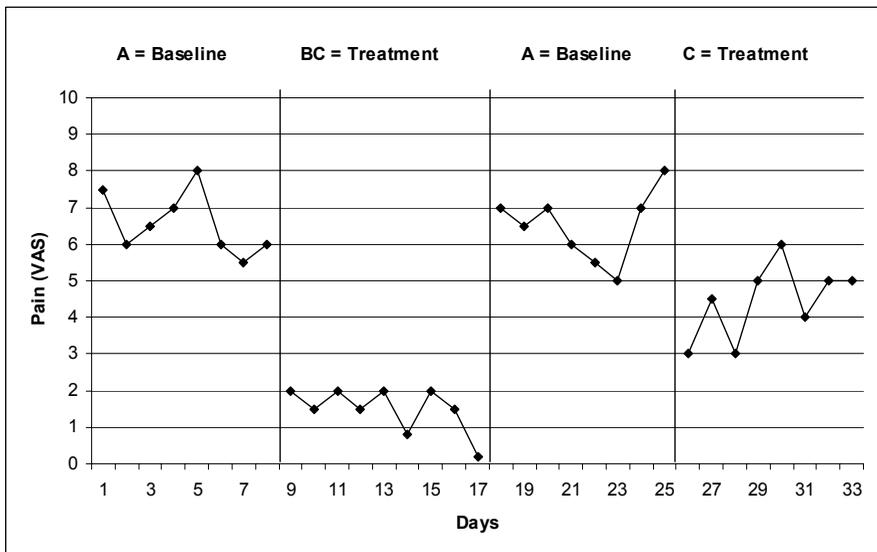


Figure 4: A'BC'AC'-design (didactic illustration)

# **Problems of Previous Research and Suggestions for Future Research – Results of the Consensus Process**

*Claudia M. Witt*

This chapter systematically summarizes the results of the consensus process. It then covers the main points of a discussion at the North American Conference for Complementary and Integrative Medicine. Additional comments from experienced international experts on homeopathy research complete the results.

## **The consensus process**

After the consensus meeting in Berlin the written material was analyzed, summarized and presented in a table with a column for “limitations of previous research” and one for “recommendations for future research”. In a written Delphi round these summary tables were sent by email to all participants. Only small changes were suggested so that the consensus could be reached directly after the first Delphi round.

The results of this process point out that previous research clearly showed problems, and a number of suggestions were made for each research area. On the following pages the identified limitations and recommendations are summarized for the five topics history of homeopathy, homeopathic pathogenetic trials, case studies, clinical/epidemiological research and basic research.

## History of homeopathy

### Limitations of previous research

- Researchers take insufficient notice of current and especially critical results.
- Monographs are very long, impractical for quick information, and insufficiently presented for practitioners or other fields of science.
- The relevance of results for the current situation is often not clearly presented.
- „Classical Homeopathy“ has often been used as a provocative slogan and label.
- Homeopaths sometimes ignore critical results from previous research.

### Recommendations for future research

- Brief summaries of monographs to present the essentials.
- Establish a critical understanding of the history of homeopathy.
- Make better use of the history of homeopathy for the present day situation by uncovering strengths and problems of homeopathy, and use these in politics, medicine, and science.
- More consideration of the history of homeopathy in the other research domains.
- Formulate clear questions for the historians from other areas of research.
- Development of standardised teaching material on the history of homeopathy.
- Important topics to cover are:
  - Homeopathy in the context of the current concepts of science
  - Influence of homeopathy on the development of medicine in general
  - Influences between homeopathy and pharmacology

- Compare the outsider status of Hahnemann with outsiders in the field of conventional medicine.
- Further investigation into the historical validity of the pillars of homeopathy (repertories, materia medica, pathogenetic trials)
- History of concepts of homeopathy before Hahnemann, e. g., the law of similars

## **Homeopathic pathogenetic trials**

### **Limitations of previous research**

- Placebo controls are problematic because a transfer of effects from verum to placebo cannot be excluded.
- Not all provers produce symptoms.
- Evaluation is difficult:
  - Selection of which symptoms are specific
  - Insufficient discrimination of sum scores
  - Quantitative methods are limited.
  - Qualitative methods are more difficult to evaluate and to communicate.
  - Little experience with new remedies
- Too little consideration is given to the fact that in pathogenetic trials at least two different questions can be addressed:
  - Information about the remedy
  - Proof of efficacy

### **Recommendations for future research**

- Establishment of a model for pathogenetic trials:
  - Validation of the methodology with an established medication (e. g., Sulfur or Arsenicum)
- Precise objectives and clear differentiation between internally and externally oriented research:

- a) Internally oriented research with the aim to improve homeopathy:
    - Small untested remedies, to establish remedy pictures
    - Systematic review and assessment of previous pathogenetic trials
    - Clinical verification of symptoms from pathogenetic trials
    - Development of criteria for publications for these trials
  - b) Externally oriented research with the objective to test whether the pathogenetic trial is a valid method:
    - Retesting of established remedies
    - For these trials an equal sample size (same N in verum and placebo) has advantages.
    - Comparison of two remedies
    - Retrospective analysis of previous trials for prover sensitivity
    - Verification of the criteria for specific symptoms
- More variation in the tested potencies, also testing of different potencies in one trial, or two remedies at the same time
  - Analysis: apply more qualitative research methods.
  - To ensure quality:
    - Training of prover groups to increase the discriminatory precision
    - More than one expert for selection of specific symptoms, and measuring of the inter-rater reliability

## **Case studies**

### **Limitations of previous research**

- No systematic case research so far
- Unclear how many cases in total are suitable for single case research
- High quality single cases are time consuming.
- Cases are very specific to the individual physician.
- They require external (medical) knowledge for validation.
- No consistent criteria for documentation

- Limited quality of documentation/description:
  - Often incomplete (frequently lacking: ineffective remedy applications, details about adverse effects)
  - Process of case selection is not transparent, mainly positive cases are presented.

## **Recommendations for future research**

- Case studies are useful for generating hypotheses.
- Reason for the case should be clearly presented (e. g., education, research).
- Development of criteria for documentation in a consensus process: e. g., for efficacy/causality, quality control, teaching methods, remedy, therapeutic processes, best cases
- More prospective case (especially for serious cases), or semi-prospective, e. g., for interesting cases
- Case series: also retrospective, but transparency of selection processes should be described.
- For case series standardized, comprehensive outcomes, e. g., GAS or MYMOP, VAS could be used; consensus process for the criteria where applicable
- More publications of cases
- Development of a methodology for cognition-based medicine

## **Comment**

After the consensus conference, within the German Association of Homeopathic Physicians (DZVhÄ) criteria for the documentation of single cases were developed (Grundsätze und Elemente der Falldokumentation. AHZ 2009; 254 (2): 28–31).

In 1808, Samuel Hahnemann, the founder of homeopathy, began to call the law of similars a “law of nature”—a provocative and controversial statement. 200 years later, homeopathy is still as controversial as it was then. It has, therefore, become necessary to define homeopathy’s “state of the art” and especially the state of research on homeopathy.

The editors initiated a process based on an interdisciplinary approach. The main objectives were to identify problems in the different fields of homeopathy research and to develop recommendations for further research.

The discussion and decision process was based on input from experts with considerable experience in homeopathy representing five different research disciplines: history of homeopathy, case studies, pathogenic trials, clinical research and basic research

This book summarizes the decision and consensus process by providing (1) an overview of the current state of research on homeopathy and (2) the results.