



## AROH Statement on The Use of Homœopathic Medicines for Prophylaxis

Homœoprophylaxis (HP) refers to the use of potentised substances in a systematic manner, guided by the anticipated symptoms of the infection to be prevented. It does not refer to the methodology used to prevent further episodes of recurrent infections in an individual patient eg recurrent boils, middle ear infections, bronchitis, cystitis etc.

The Board acknowledges that:

- although there has been positive clinical experience with the use of HP in several diseases over 200years (1 - 15), HP does not guarantee immunity from infectious disease. (Immunisation also does not guarantee immunity. 47 Page 487)
- except for the use of the Schick Test in diphtheria, there is no known way (such as serological evidence) to determine whether HP has provided protection to an individual, other than by observing what happens after contact with the disease.
- the mechanism of action of HP remains conjectural, and is probably different to that utilised by immunisation practices. No scientifically rigorous attempt has been made to compare the effects of HP with those of immunisation. Prejudice, commercial and ethical concerns, and the fact that homeopathic products are generally not patentable, impede access to funding for research into HP, and publication of the findings. Nonetheless, there is increasing scientific investigation of HP, and considering the risk and cost/benefits demonstrated to date, further controlled ethical research into its use is warranted. (16 - 31)
- public health authorities in Australia may lack awareness of some of this evidence and do not currently accept that there is substantial evidence of efficacy or effectiveness, and such evidence is lacking for a number of the diseases for which immunisation is available.
- doubts have been raised about the actual efficacy of some vaccines (32 - 34), and many people are concerned about the recognised and perceived sequelae of immunisation products (30 - 44). The perception that immunisation contributes to disease burden more widely than is commonly acknowledged, is also supported by reports of ill patients responding well to homeopathic remedies made from immunisation products. (45, 46)
- confusion is easily created by presentation of conflicting data (44, 47) and data collected about the effects of a vaccine, which has subsequently been replaced by another vaccine (eg whole-cell replaced by acellular pertussis vaccine, and the removal of thiomersol from some vaccines). Such data may no longer be applicable to currently used vaccines.
- public health authorities acknowledge that in some circumstances immunisation might have heightened risks for particular individuals. (47)
- there may be no clear answer when attempting to balance the risk of a disease, with the risk of the known and less recognised effects immunisation might have on a particular individual. HP may be a reasonable choice for the patient.
- there is a variety of views concerning HP among homœopaths. (54, 55)

Practitioners should encourage their patients, parents and appropriate adults to exercise their right to make informed decisions. Health care professionals have the responsibility to provide advice based on balanced information gathered from a broad range of sources, or to refer to others if they feel unable to do so. For this reason, the Board recommends the following protocol to Homœopaths: -

- A. Homœopaths may supply or prescribe homœopathic medicines for prophylactic purposes only upon the request of patients in their care, with whom they have discussed the relevant issues in detail.
- B. Any displayed immunisation material must be associated with evidence not merely opinion, and should not be deceptive. In the course of consultation, homœopaths must avoid exerting undue influence upon the patient's decision on the treatment of their choice. When asked for advice about immunisation or prophylaxis, practitioners should avoid giving directives and instead encourage their patients to inform themselves of potential options, from a wide range of sources. Practitioners must encourage patients to make their own informed decisions about their treatment choice, in the light of their own particular circumstances.
- C. Where the efficacy and / or effectiveness of HP has not been well demonstrated to be as high as that achieved with available immunisation for a specific disease considering any relevant factors (eg comparability and reliability of data sets, relevance of the conditions surrounding the data collection to those relating to the patient in question), HP should not be recommended as a substitute for immunisation, and should only be considered by the practitioner after the client has discussed immunisation with a medical practitioner, and made a carefully considered decision not to use immunisation. Any practitioners recommending HP should be prepared to support such recommendation with data (in a Court if necessary). However, a patient (after examination of the relevant information), considering risks and benefits may choose to use HP after deciding against an available immunisation, or for a disease where an immunisation is not available, and/or as part of an ethical clinical trial. In certain circumstances, however, such decisions have lead parents into legal proceedings. (56)
- D. As outlined in the 'National Competency Standards for Homoeopathy' (HLTHOM9A - Provide Specific Homoeopathic Assessment and Care) practitioners are obliged to clarify their patients' expectations and the potential outcomes, and to provide information on infection control procedures, which include the NHMRC- recommended immunisations and management strategies for acute infections (47 - 53).
- E. Practitioners should document and date all discussions, advice and treatment with the patient. Prior to the provision of, or a prescription for homœopathic medicines for prophylactic purposes, a signed statement of the patient or appropriate adult should be obtained (sample in Appendix), indicating that he / she:
  - discussed any available immunisation option with a named medical practitioner, and reached a carefully considered decision against using that option, prior to deciding to use HP.
  - understands that HP does not guarantee immunity from infectious disease, and its protective effects are probably not evidenced in current serological tests.
  - understands that evidence for the efficacy and effectiveness (including duration of protective effect) of HP is limited, and is not accepted by public health authorities.
  - has been informed by the practitioner that there is a range of evidence and views in regard to HP.
  - has selected HP by free choice, not as a result of pressure from the practitioner.
  - is familiar with the relevant sections of the current edition of 'The Australian Immunisation Handbook', published by the National Health and Medical Research Council (NHMRC) (47) and 'Understanding Childhood Immunisation' published by Australian Govt (48).
- F. Homœopaths should comply with the legislation and reporting requirements for notifiable diseases in their jurisdiction.

## References

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# Appendix

## Homœoprophylaxis Patient Statement

Date

I \_\_\_\_\_

the legal guardian/parent of \_\_\_\_\_

hereby declare that:

I have carefully considered relevant medical information and discussed immunisation with a medical practitioner Dr \_\_\_\_\_, and I have decided against using immunisation in this case for the relevant infectious diseases prior to considering this course of homœoprophylaxis

After discussion with \_\_\_\_\_ I understand:

- that the use of Homœoprophylaxis does not guarantee immunity from any infectious disease, and there is no reliable serological evidence that proves immunity after homœopathic prophylaxis.
- there is a range of views in regard to Homœoprophylaxis (also amongst homœopaths) and evidence for its efficacy and effectiveness is limited and not accepted by Australian public health authorities
- the sections of the current edition of 'The Australian Immunisation Handbook' (published by the NHMRC) relevant to the diseases for which I am intending to use Homœoprophylaxis, and relevant sections of the Australian Govt publication 'Understanding Childhood Immunisation'.

I am aware of management strategies for these diseases if this prophylaxis fails.

I have selected Homœoprophylaxis by free and informed choice, not as a result of pressure from the practitioner.

Date \_\_\_\_\_

Parent/Legal Guardian

Name \_\_\_\_\_ Signature \_\_\_\_\_

Witness

Name \_\_\_\_\_ Signature \_\_\_\_\_