

H:MC21 Response to Issues Raised by Sense About Science

in an email of 1 August 2012

H:MC21 disagrees with your claim that its assertions are factually incorrect. As regards your comments on Sense About Science's funding and its publication *Sense About Homeopathy*, we are surprised that this issue has been raised at all, since in April 2011 Sense About Science had a link on its website to our publication *Nonsense, Not Science*, and this publication detailed our reasons for the statements we have made. We have repeated some of the information about *Sense About Homeopathy* here, but the full text can be accessed through our website at <http://www.hmc21.org/#/nonsense-not-science/4549591274>. We note that Sense About Science no longer has a link to our criticism of its publication.

Funding

You quote us as saying that Sense About Science "received over 35% of its donation funding from the pharmaceutical industry between 2004 and 2009", but then refer only to funding "from pharmaceutical companies". As a result of the investigation following your email, we have found that our original claim about Sense About Science's funding was too conservative. In fact Sense About Science appears to have received an average of 42.3% of its total income between 2004 and 2010 from pharmaceutical companies or organisations clearly linked to the pharmaceutical industry. In 2006, the year *Sense About Homeopathy* was published, there was a huge leap in such funding, from £37,300 (36.9% of total income) to £102,165 (51.2% of total income). Full details are included in Appendix 1.

Evan Harris

Evan Harris MP's statement in the Register of Members' Interests is explicit that he was provided with services (see Appendix 3). Your suggestion that he was using facilities granted to him as an MP to benefit Sense About Science implies a lack of integrity on his part, which we cannot accept without good supporting evidence.

Commons Science and Technology Committee

It is a fact that only 3 MPs on the committee of 14 voted for the report. Had more committee members actively disagreed (and voted against it), then the report would not have been published. The implication, therefore, is that the majority of members had no interest in the subject, rather than that they disagreed. This view tends to be confirmed by the fact that six committee members attended neither the hearings nor the meeting to vote on the report, whilst two attended the hearings but did attend the meeting to vote, and two attended the meeting but not the hearings. In this context, the activity and connections of the three who did vote for the report are of particular importance. One MP who voted for the report was not even a member of the committee until January 2010 (more than a month after the hearings had been held); one did not attend the hearings; and two had connections with interests opposed to homeopathy. It would appear that these MPs were not interested in the evidence, but had already made up their minds.

It should also be borne in mind that 70 MPs signed an Early Day Motion criticising the report before Parliament rose for the General Election.

You state that "six members [of the committee] had left the Commons". However, the committee's report listed its current membership on the reverse of the title page, and 14 names appeared there. Of these, nine have subsequently left the Commons. We have included the record of the committee members' attendance at the hearings and the meeting to vote on the report. (See Appendix 2.)

We wish to note here that we are delighted to find that Sense About Science concurs with our view, and that of many others, that the *Evidence Check: Homeopathy* “is not a scientific report”.

Douglas Naysmith

According to the *Guardian* profile of Douglas Naysmith MP, he was an immunologist at Beecham Laboratories between 1970-72. He has continued to have an interest in immunology, as the Register of Members’ Interests shows. He has attended conferences on tuberculosis, AIDS and malaria, and has visited projects concerned with the prevention and treatment of tuberculosis, AIDS and malaria (see Appendix 3). The Global Fund for AIDS, TB and Malaria, which funded the APPG trips, has goals which appear to be largely defined in terms of numbers of conventional pharmaceutical treatments.

Sense About Homeopathy

Of the four papers cited in Sense About Science’s *Sense About Homeopathy* only one was research into homeopathy, Shang et al. 2005, whilst the other three were research into other issues essentially irrelevant to homeopathy. Appendix 4 includes sources critical of Shang et al., quotes from *Nonsense, Not Science* relating to two of the other papers, and comments on the final paper.

Shang et al. had been discredited before *Sense About Homeopathy* was published. Specifically, criticisms centred on the fact that the conclusions of this study were based on a selection of only eight trials (not the full 110); that this particular set of trials was unusual in producing a result indicating that homeopathy was no better than placebo; and that the grounds for choosing these eight trials were not transparent, in breach of *The Lancet*’s own publication guidelines for such studies.

Sense About Science’s position on medicine

We are not convinced that Sense About Science “promotes evidence-based medicine” (EBM). *Sense About Homeopathy*, for example, appears to indicate that Sense About Science holds the position that randomised controlled trials (RCTs) are the only basis for assessing treatments, despite the fact that this is in contradiction to the principles of EBM, and is a threat both to current practice in conventional medicine and to public health. This issue has been explained by us repeatedly on our website and in our publications, such as *Nonsense, Not Science* (p. 9).

We have similarly explained that EBM is an attempt to manage the fact that conventional medicine has no scientific theory of health and disease, and so has had to retreat into empiricism for the assessment of treatments. The failure of empiricism in medicine can be seen clearly in the constant need to withdraw drugs which have supposedly been tested as safe and efficacious. Worse still is the evidence of death and harm from conventional medical drugs: by 2008 annual deaths from prescribed drugs in the USA exceeded those from car accidents,[1] whilst in 2008 *The Guardian* reported that treatment of adverse effects of prescribed drugs cost the NHS £2 billion,[2] when the drugs budget was itself £8 billion.[3] With some 6 million people in the UK alone using homeopathy each year, there have been no cases of it causing deaths or serious adverse effects.

1 Margaret Warner, Li Hui Chen, Diane M. Makuc, Robert N. Anderson and Arialdi M. Miniño, ‘Drug Poisoning Deaths in the United States, 1980–2008’, *Data Brief 81*, National Center for Health Statistics, U.S. Department of Health and Human Services, December 2011, <<http://www.cdc.gov/nchs/data/databriefs/db81.pdf>>.

2 Sarah Boseley, ‘Adverse drug reactions cost NHS £2bn’, *The Guardian*, 3 April 2008, <<http://www.guardian.co.uk/society/2008/apr/03/nhs.drugsandalcohol>>.

3 ‘Call to curb rising NHS drug bill’, *BBC News Online*, 3 April 2008, <<http://news.bbc.co.uk/1/hi/health/7190267.stm>>.

Indeed, we know of no reliable reports of homeopathy causing deaths or serious adverse effects at any time in the last 200 years!

You claim that Sense About Science “draw[s] attention to any misleading claims about ability to cure or treat and we challenge any downgrading of licensing and other thresholds of evidence, whoever is seeking them”. We find this activity difficult to reconcile with what is permitted by your Objects as a charity. It also seems hypocritical in the context of your silence on the dangers of empirical pharmaceutical medicines produced by an industry which helps to fund you, and of your persistent support for attacks on the safe approach of homeopathy.

Were empiricism a sufficient approach, the scientific method would never have developed. As an organisation allegedly committed to promoting good science, Sense About Science should not support EBM uncritically, but should acknowledge that this is a stop-gap approach, and should encourage the fullest scientific commitment to investigating the fundamental scientific principles of medicine. Ironically, perhaps, such an investigation would inevitably lead to the very same questions as those on which homeopathic theory is based: What is the totality of the problem which needs treating in the sick individual? What is the totality of the action of each individual medicine? How can the one be matched to the other?[4]

You state that Sense About Science has “no interest in homeopathy in particular”. This may explain why Sense About Science has published a document on the subject written by someone who does not have the appropriate qualifications, knowledge, or even commitment to a professional scrutiny of the facts. However, it does not excuse Sense About Science for failing in its alleged commitment to promoting good science. To use your own analogy, a bridge cannot be properly assessed by someone untrained in the necessary engineering and architectural skills.

We consider it entirely appropriate that the significant minority of people in the UK who choose to use homeopathy should have access to information about this therapeutic approach through the BBC. They should also have easier access to homeopathic treatment, including widespread free access through the NHS. As patients, they have consistently found that homeopathy works and is safe. What they may not know, but you should, is that this is because homeopathy was the first medical system to be developed using the scientific method.

In conclusion, your complaints are unfounded, and investigation suggests that Sense About Science is in the invidious position of defending empiricism over science, of attacking attempts to establish a safe and scientific approach to medicine, and of attempting to restrict access to information and opportunities for legitimate debate. In the context of its funding history, this creates the strong impression that Sense About Science is far from impartial on this issue, and that it has put the interests of some of its funders before both principles and science.

4 Samuel Hahnemann (trans. William Boericke MD), 1842, *The Organon of Medicine*, manuscript of 6th German edn, 1st English edn 1921; repr. edn 1972 (Roy Publishing House), § 3, pp. 90-91.

Appendix 1: Sense About Science Funding Sources

Income source	2004	2005	2006	2007	2008	2009	2010	Links	Notes
Grants									
Elsevier Foundation						£32,099	£58,717	Close	See 1
Gatsby							£10,000	Indirect	See 2
HSCT				£9,533				Unknown	See 12
Garfeld Weston				£25,000				None	
Hamlyn Foundation				£1,920	£24,403	£26,376		None	
Kenneth Miller Trust							£12,483	Unknown	See 12
Ellerman Foundation						£10,875	£14,516	None	
Rayne Foundation						£3,500	£7,503	None	
Esmee Fairbairn		£31,085	£27,800			£53,592	£42,376	None	
Amberstone Trust		£25,000	£25,000	£25,000	£25,000	£15,000		None	
Total grants		£56,085	£52,800	£61,453	£49,403	£109,343	£76,878		
Donations									
Eli Lilly		£2,000						Direct	See 3
Amersham	£10,000		£10,000					Direct	See 3
Pfizer	£10,000	£10,000		£10,000				Direct	See 3
GSK		£10,000	£13,000	£13,000	£15,000			Direct	See 3
Astra Zeneca	£15,000		£15,000	£15,000	£34,000	£17,000		Direct	See 3
G E Healthcare			£12,000	£12,000	£10,000	£10,000	£2,500	Direct	See 4
Unilever						£15,000	£15,000	Direct	See 5
ABPI	£3,000		£3,000	£3,000	£3,000	£3,000		Direct	See 6
Society for Enderinology	£300	£300						Close	See 7
Elsevier BV			£34,165	£32,575	£11,046			Close	See 8
Blackwell Publishing				£3,000		£3,000	£2,000	Close	See 9
BP	£15,000	£15,000	£15,000	£15,000	£15,000			Close	See 10
SGM	£250	£1,000		£1,000				Indirect	See 11
IPEM				£1,000				Indirect	See 11
USGL Vodaphone				£15,000				None	
Ineosuini UK				£2,500				Unknown	See 12
Science Bodies						£43,108	£54,850		
Project donations			£36,335	£25,418	£42,357				
Other Donations			£2,363	£750	£2,450	£1,750	£1,550		
Individual, Friendship and Just Giving	£3,591	£640	£5,312	£17,893	£13,049	£18,387	£108,071		
Total donations	£57,141	£38,940	£146,175	£167,136	£145,902	£111,245	£183,971		
Tax rebate		£731							
Other incoming resources		£52	£569	£3,278	£947	£5,372	£1,630		
Interest			£100	£760	£1,991	£2,733	£1,250		
Gift Aid			£39	£408					
Sponsorship	£2,243	£5,370							
Total income	£59,384	£101,178	£199,683	£233,035	£198,243	£228,693	£263,729	£1,283,945	
Total direct links	£38,000	£22,000	£53,000	£53,000	£62,000	£45,000	£17,500	£290,500	
Total close links	£15,300	£15,300	£49,165	£50,575	£26,046	£35,099	£60,717	£252,202	
Total linked to interests	£53,300	£37,300	£102,165	£103,575	£88,046	£80,099	£78,217	£542,702	
% of income linked to pharmaceutical interests	89.75%	36.87%	51.16%	44.45%	44.41%	35.02%	29.66%	42.27%	

The financial information in this table is taken from Sense About Science's published accounts lodged with the Charity Commission. Information about pharmaceutical interests is documented in the notes below together with sources.

Notes

1. “The Elsevier Foundation is funded by Elsevier, a leading global publisher of scientific, technical and medical information products and services.” (*See note 8*)

Source:

The Elsevier Foundation website at <<http://www.elsevierfoundation.org/about/>>.

2. Gatsby has “supported Science and Plants for Schools for more than 20 years”. Science and Plants for Schools promotes “Plant Science: developing cures for diseases”. Gatsby grants have not been included in the total of those linked to pharmaceutical interests.

Sources:

- The Gatsby website at <<http://www.gatsby.org.uk/Plant-Science/Projects/Science-and-Plants-for-Schools.aspx>>.
- The Science and Plants for Schools website at <<http://www.saps.org.uk/>>.

3. Eli Lilly, Amersham, Pfizer, GSK (GlaxoSmithKline) and Astra Zeneca are all pharmaceutical companies.
4. “An ageing population, an increasing number of people suffering from chronic conditions, and the global effort to reduce the incidence of vaccine-preventable diseases are driving up the demand for vital biopharmaceuticals.

GE Healthcare Enterprise Solutions can help you meet today’s healthcare challenges by giving you the capacity and capability to produce high quality biotherapeutics. We will be your point of contact during the project and will coordinate all steps, ensuring your questions are answered and updating you on the progress throughout the project.”

Source:

GE Healthcare Life Sciences website at <<http://www.gelifesciences.com/webapp/wcs/stores/servlet/catalog/en/GELifeSciences-uk/about-us/enterprise-solutions>>.

5. “Vectura and Unilever join to form new specialty pharma biz

UK novel drug delivery developer Vectura and UK venture capital firm Unilever Ventures have jointly established a new specialty pharmaceutical company focusing on oral and transdermal drug delivery systems.”

Source:

Report from 7 June 2006 on the in-Pharma Technologist.com website at <<http://www.in-pharmatechnologist.com/Ingredients/Vectura-and-Unilever-join-to-form-new-specialty-pharma-biz>>.

6. ABPI stands for “The Association of the British Pharmaceutical Industry”.

Source:

The ABPI website at <<http://www.abpi.org.uk/Pages/default.aspx>>.

7. “The Society for Endocrinology offers a number of grants, prizes and awards which are available largely due to the funds generated by its trading company BioScientifica Ltd.”

“BioScientifica is a leading international provider of services to medical and scientific societies and to the pharmaceutical industry. We have an excellent understanding of the

needs of clinicians, scientists, nurses and students, and pharmaceutical company interaction with these key customer groups.”

Sources:

- Society of Endocrinology website at <<http://www.endocrinology.org/grants/>>.
- BioScientifia website at <<http://www.bioscientifica.com/>>.

8. “Through its medical journals, books, major reference works, databases and online information tools, Elsevier provides critical information and analysis on which its customers rely to base their decisions, to improve medical outcomes and enhance the efficiency of healthcare. Health Sciences serves medical researchers, doctors, nurses, allied health professionals and students, as well as hospitals, research institutions, health insurers, managed healthcare organisations and pharmaceutical companies.

...

Elsevier entered the emerging clinical decision support market in China through the acquisition of Datong, a leading online provider of drug information that helps Chinese hospitals to improve quality of care through better drug usage.

Elsevier also provides services to the pharmaceutical industry through advertising and sponsored communications to the specialist community it serves.”

Source:

Reed Elsevier, *Annual Reports and Financial Statements 2011*, p. 11.

9. “The company's European offices successfully developed sales to the pharmaceutical industry (known as “special sales”). To support this growth the company started Blackwell Healthcare Communication Ltd (BHCL), a medical communication company working primarily with the pharmaceutical industry.

Source:

Blackwell Publishing website at <<http://www.blackwellpublishing.com/press/history.asp>>.

10. “The board of BP announced today that it has appointed Sir Tom McKillop as a non-executive director and Mr Iain Conn as an executive director, both with immediate effect.

Sir Tom, 61, is the chief executive of AstraZeneca PLC. He joined ICI in 1969 and has held a number of senior technical and general management positions within ICI and Zeneca. Sir Tom is currently a non-executive director of Lloyds TSB Group and chairman of British Pharma Group.”

Sir Tom McKillop continued as chief executive of AstraZeneca until 2006.

Source:

BP Board Appointments for 1 July 2004 from the BP website at <<http://www.bp.com/genericarticle.do?categoryId=2012968&contentId=2019054>>.

11. Neither the Society for General Medicine, nor the Institute of Physics and Engineering in Medicine have obvious links to the pharmaceutical industry, though they are likely to have sympathy for its approach. Their donations have not been included in the total of those linked to pharmaceutical interests.
12. We were unable to clearly identify the interests of HSCT, the Kenneth Miller Trust or Ineosuini UK. As regards HSCT and Ineosuini UK, we were not even able to establish the nature of these organisations.

Appendix 2: Commons Science and Technology Committee

Member	Party	Constituency	Voted	Still an MP	Notes	Hearing 25/11/2009	Hearing 30/11/2009	Meeting 8/2/2010
Phil Willis (Chair)	Lib Dem	Harrogate and Knaresborough		No	Stood down on 6th May 2010 (General Election) - now a life peer	Yes	Yes	Yes
Dr Roberta Blackman-Woods	Lab	City of Durham		Yes	Shadow Minister for the Department for Business, Innovation and Skills			
Tim Boswell	Con	Daventry		No	Retired at 2010 General Election	Yes		Yes
Ian Cawsey	Lab	Brigg and Goole	For	No	Lost his seat in 2010 (General Election) Only attended one of fifty general meetings of the Innovation, Universities, Science and Skills Committee (which became S&T), and did not attend a single general meeting of the Science and Technology Committee			Yes
Nadine Dorries	Con	Mid-Bedfordshire		Yes				
Dr Evan Harris	Lib Dem	Oxford West and Abingdon	For	No	Lost his seat in 2010 (General Election)	Yes	Yes	Yes
Dr Brian Iddon	Lab	Bolton South East		No	Stood down on 6th May 2010 (General Election)	Yes	Yes	
Gordon Marsden	Lab	Blackpool South		Yes				
Douglas Naysmith	Lab	Bristol North West	For	No	Stood down on 12th April 2010			Yes
Bob Spink	Ind	Castle Point		No	Lost his seat in 2010 (General Election)			
Ian Stewart	Lab	Eccles	Against	No	An MP until 2010 (General Election), when his seat was abolished	Yes	Yes	
Graham Stringer	Lab	Manchester Blackley		Yes		Yes	Yes	Yes
Dr Desmond Turner	Lab	Brighton Kemptown		No	Stood down on 6th May 2010 (General Election)			
Rob Wilson	Con	Reading East		Yes				

Sources: Parliamentary website at <<http://www.parliament.uk/mps-lords-and-offices/>> and the House of Commons Science and Technology Committee, *Evidence Check 2: Homeopathy* (London: The Stationery Office Limited, 2010)

Appendix 3: Register of Members' Interests

Evan Harris MP

“I was provided with the services of an intern to conduct research work and co-ordinate a project by Sense About Science, an independent charitable trust, from 29 January-30 March 2007. (Registered 30 January 2007).”

Source:

Register of Members' Interests of 20 November 2007 at
<<http://www.publications.parliament.uk/pa/cm/cmregmem/071120/071120.pdf>>.

Douglas Naysmith MP

“Career history:

1966-69: Researcher, Edinburgh Uni

1969-70: Fellow, Yale Uni

1970-72: Immunologist, Beecham Laboratories

1972-92: Researcher, Bristol Uni

1992-97: Administrator”

Source:

The Guardian at <<http://www.guardian.co.uk/politics/person/3853/doug-naysmith>>.

“6-11 December 2008, to Dakar, Senegal, with the APPG on Global TB to attend an international conference on tuberculosis, AIDS and malaria. I also visited localities in the Dakar area to see projects concerned with the prevention and treatment of AIDS, TB and malaria. The visit was funded by the Global Fund for AIDS, TB and Malaria. (Registered 11 February 2009)”

Source:

Register of Members' Interests of 25 November 2009 at
<<http://www.publications.parliament.uk/pa/cm/cmregmem/091125/091125.pdf>>

“7-11 November 2007, to Cape Town, South Africa, to attend the 38th World Union Conference on Lung Health, run by the International Union against Tuberculosis and Lung Disease. I also visited townships to see challenges of HIV and MDR in TB prevention and care. Costs of the visit were met by Results-UK. (Registered 19 December 2007)”

Source:

Register of Members' Interests of 9 January 2008 at
<<http://www.publications.parliament.uk/pa/cm/cmregmem/080109/memi20.htm>>.

Appendix 4: Research cited in *Sense About Homeopathy*

Shang et al. 2005

See:

- William Alderson, *Nonsense, Not Science* (Stoke Ferry: Homeopathy: Medicine for the 21st Century, 2011), pp. 18-19.
- Klaus Linde and Wayne B. Jonas, 'Meta-analysis of homoeopathy trials' (letter to the editor), *The Lancet*, 366 (2005) at <[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(05\)67878-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)67878-6/fulltext)>.
- Peter Fisher, Brian Berman, Jonathan Davidson, David Reilly and Trevor Thompson, 'Are the clinical effects of homoeopathy placebo effects?', *The Lancet*, 366 (2005) at <[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(05\)67879-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)67879-8/fulltext)>.
- R. Lüdtkke and A.L.B. Rutten, 'The conclusions on the effectiveness of homeopathy highly depend on the set of analyzed trials', *Journal of Clinical Epidemiology*, (2008) at <http://www.aekh.at/fileadmin/Bilder/Hom_opathie_int/LuedtkeRuttenJCE08.pdf>.
- Klaus Linde and Wayne B. Jonas, 'Meta-analysis of homoeopathy trials' (letter to the editor), *The Lancet*, 366 (2005) at <[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(05\)67878-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)67878-6/fulltext)>.
- A.L.B. Rutten and C.F. Stolper, 'The 2005 meta-analysis of homeopathy: the importance of post-publication data', *Homeopathy*, 97 (2008), 169-177, p. 174 at <http://www.aekh.at/fileadmin/Bilder/Hom_opathie_int/RuttenStolperHomeopathyarticle.pdf>.
- Gudrun Bornhöft and Peter Matthiessen (eds), *Homeopathy in Healthcare – Effectiveness, Appropriateness, Safety, Costs: An HTA report on homeopathy as part of the Swiss Complementary Medicine Evaluation Programme*, trans. from the German by Margaret M Saar (Berlin, Heidelberg, New York: Springer-Verlag, 2011), pp. 2 and 39-44.

R. Glaser 2005

“Tyler then argues that “The belief that one is receiving a treatment” reduces stress, and that “reduction in psychological stress can accelerate recovery from wounds and viruses (by boosting immune function)”. This is an interesting position, because a little later it is claimed that placebo “is not effective for curing broken bones, infectious diseases or cancers”. No explanation is given as to why the immune system distinguishes in this way between viral and other infectious diseases, or why soft tissue repair is accelerated but not bone repair. Furthermore, according to the cited research [R. Glaser 2005], the immune system is not boosted or stimulated by a reduction in stress, but is simply less inhibited as a result. The failure to appreciate that reducing an inhibitory process is very different from actively stimulating a process, indicates that Tyler has a worrying lack of understanding of medicine and physiology.”

Sources:

William Alderson, *Nonsense, Not Science* (Stoke Ferry: Homeopathy: Medicine for the 21st Century, 2011), p. 24; with quotes from Chris Tyler, *Sense About Homeopathy* (London: Sense About Science, 2006) and R. Glaser, 'Stress-associated immune dysregulation and its importance for human health: a personal history of psychoneuroimmunology', *Brain, Behavior and Immunity*, 19 (2005), 3-11.

Lovullo & Gerin 2003

Tyler cites this research to support his claim that “It is known that reduction in psychological stress can ... reduce blood pressure”, but again he has failed to distinguish between the removal of an aggravating factor (which is what this research considers) and the introduction of a curative intervention, such as homeopathy.

“This article examines possible sources of heightened psychophysiological reactivity in relation to risk for hypertension and coronary artery disease. The idea that exaggerated reactions to psychological stress may predict greater risk for future disease has some support in the psychosomatic and behavioral medicine literature. However, the pathways by which exaggerated reactivity could arise in a given person and the implications of different sources of reactivity for potential disease relationships have received little attention.

...

“Cognitive-emotional and hypothalamic-brainstem sources of altered reactivity may cause or aggravate disease. In contrast, altered peripheral reactivity suggests that a pathophysiologic process may be present, serving as a marker for disease.”

Sources:

Chris Tyler, *Sense About Homeopathy* (London: Sense About Science, 2006) and W.R. Lovallo and W. Gerin, ‘Psychophysiological reactivity: mechanisms and pathways to cardiovascular disease’, *Psychosomatic Medicine*, 65 (2003), 36-45.

Kienle & Kiene 1997

“The confusion about the significance of the placebo effect is continued with the assertion that ‘Reports that homeopathy has cured quite serious conditions are sometimes attributed to a ‘powerful placebo effect’’. Despite having said that ‘Placebo effects only work on minor ailments’, Tyler does not reject the possibility of a ‘powerful placebo effect’, but merely suggests that (our emphasis) ‘there are a number of other possible explanations that should always be discounted *first*’. Indeed, the research cited by Tyler claims that ‘most likely there was no placebo effect whatsoever’ [Kienle & Kiene 1997] in the trials used to support the proposal of a ‘powerful placebo effect’. This raises the perplexing question as to how a powerful effect can be confused with no effect. The question of what might lead a placebo effect to be ‘powerful’ will be discussed below, but it is interesting to note that if this and the ‘other possible explanations’ are both invalid, then we are still left with the reality of reports (such as Roger Daltry’s) that ‘homeopathy has cured quite serious conditions’.”

Sources:

William Alderson, *Nonsense, Not Science* (Stoke Ferry: Homeopathy: Medicine for the 21st Century, 2011), pp. 25-26; with quotes from Chris Tyler, *Sense About Homeopathy* (London: Sense About Science, 2006) and G.S. Kienle and H. Kiene, ‘The powerful placebo effect: fact or fiction?’ *Journal of Clinical Epidemiology*, 50 (1997), 1311-1318.