

**Appeal by Homeopathy: Medicine for the 21st Century
to the Independent Reviewer of the Advertising Standards Authority
Case number A10-139800/JN**

1. Basis of this request for a review

- 1.1. H:MC21 considers that there are substantial flaws in Council's adjudication and in the process by which that adjudication was made.
- 1.2. H:MC21 does not know of any legal action contemplated or in progress between parties in the case.

2. Summary of the appeal

- 2.1. H:MC21 is appealing against all the decisions to uphold the challenges, namely issues 1, 2, 3, 4, 7, 8 and 9. The summary below is without prejudice to the detailed explanations which follow, and the grounds for objection to the adjudication include but are not limited to the matters raised in this appeal.
- 2.2. The ASA has acknowledged its need for expert advice in the field of homeopathy, but claims not to have been able to find an expert. In this case it has not used expert advice, and it has not provided evidence of its own competence in the field, and yet it has asserted its opinion about the validity of the evidence.
- 2.3. The ASA has introduced and relied on unreferenced or discredited evidence.
- 2.4. The ASA has relied on opinions based on speculation, assumptions about the evidence, or on criteria which are scientifically or medically invalid.
- 2.5. As such, the ASA has failed to act within its competence.**
- 2.6. As a result, the ASA has included evidence irrelevant to the adjudication of the case.**
- 2.7. The ASA has not based its decisions on the available scientific knowledge, including that of homeopathy within its own traditions.
- 2.8. The ASA has presented H:MC21's evidence inaccurately and incompletely despite repeatedly being informed of this fact.
- 2.9. The ASA categorically refused to read essential evidence supplied by H:MC21 concerning issue 9, which was incompatible with dealing with this issue fairly
- 2.10. As a result, the ASA has failed to include evidence relevant to the adjudication of the case.**
- 2.11. The ASA has made excessive demands for evidence and of the evidence supplied and appears to have treated evidence in this case in a way that is inconsistent with what is acceptable in other advertisements.
- 2.12. The ASA presented a new challenge seven months after the original notification of the complaints, when the normal time limit for complaints is three months after publication of the advertisement, thus contravening its own rules and prejudicing H:MC21's presentation of the case.
- 2.13. The ASA frequently made factual errors and, in respect of one issue, failed to allow any opportunity for their correction.
- 2.14. The ASA interpreted issue 9 in a way that did not permit the defence to be based on substantiating the factual basis of the claim.
- 2.15. The ASA allowed H:MC21 only two pages in which present its case to the ASA Council concerning the errors in the Draft Recommendation, which was wholly inadequate in such a large and complex case.

2.16. As such, the ASA has failed to follow fair and consistent procedures.

2.17. H:MC21 considers that these failings are not consistent with the ASA's commitment to honesty and truthfulness, nor consistent with the Nolan Principles for standards of conduct expected of such public bodies.

2.18. In conclusion, H:MC21 considers that the complaint has been mismanaged from beginning to end, which seriously affects the quality and substance of the conclusions at all stages so far in the process. The handling of this complaint also strayed so far from the remit of a reasonable and proper advertising standards authority that it was beyond the competence and scope of the process of its jurisdiction.

3. General points

3.1. The ASA's opinion of the evidence was not made with any reference to an expert in the field of homeopathy. The ASA claims not to be able to find one (see 3.2.3) but there are pharmacists and homeopathy research units which could have supplied a competent person. This person could and probably would have been a homeopath in practice, and it is usual in the field of expertise for an expert to have been employed or gained their experience in practice and still be competent to give evidence as an independent expert. An expert's independence comes from not being connected with either party in the proceedings and not having a conflict commercially.

3.2. The ASA has also failed to take into account the evidence for homeopathy which it has received.

3.2.1. The Advertising Standards Authority (ASA) informed H:MC21 that "the ASA /CAP has yet to see significant medical evidence for the efficacy of homeopathy".¹

3.2.2. In 2008 the Society of Homeopaths (SoH) and British Homeopathic Association (BHA) sent such evidence to the ASA and CAP, and we referred the ASA to this evidence in their possession.²

3.2.3. As recently as 2011, the lawyers representing the SoH and BHA were informed by the ASA that "CAP was unable to source an expert who was qualified, independent, able and available to review your client's evidence".³

3.2.4. In other words, the ASA and CAP have seen the evidence but have not considered themselves competent to assess it, and have not found anyone to assess it on their behalf.

3.2.5. The ASA informed H:MC21 that no external consultants were employed to assess the evidence supplied in this case.⁴

3.2.6. The ASA was unable to provide any evidence that any member of the investigation team had "relevant professional expertise or qualifications" in the fields of either medicine generally or homeopathy specifically.⁵

3.2.7. Two conclusions arise from this:

¹ ASA Notification of the Complaints, 24 November 2010, p. 2.

² H:MC21's response to the Notification of the Complaints, 8 December 2010, p. 10.

³ Letter from the ASA to Simons, Muirhead & Burton, lawyers acting on behalf of the Society of Homeopaths and the British Homeopathic Association, 19 May 2011.

⁴ Email from Janet Newell, ASA Investigations Executive, to H:MC21, 7 June 2011.

⁵ Letter from H:MC21 to Guy Parker, ASA Chief Executive, 4 August 2011 and his reply, 19 August 2011.

3.2.7.1. The CAP and ASA position as regards homeopathy in general is not founded on the “available scientific knowledge”, and so breaches CAP Code 12.1.

3.2.7.2. The ASA has acknowledged that it is not competent to assess the validity of evidence of homeopathy, and so its arguments about the validity of our evidence are a claim to expertise which breaches of the principle of CAP Code 12.2.

3.3. The ASA has shown a lack of understanding of the issues in this case.

3.3.1. The ASA initially provided H:MC21 with two options: to respond to all the challenges (the option H:MC21 pursued); or to accept seven challenges and respond to the remaining six.⁶

3.3.2. Of the seven original challenges H:MC21 was encouraged to accept without argument:

3.3.2.1. One was withdrawn after H:MC21’s initial submission of evidence (original issue 11);

3.3.2.2. One was completely rewritten *seven months* after the original notification of the complaints (issue 8) (see para. 4.7 and following);

3.3.2.3. Two were only recommended not to be upheld in the fifth version of the Draft Recommendation on grounds originally raised by H:MC21 in response to the first version (original issues 12 and 13, existing issues 11 and 12);⁷

3.3.2.4. Two were not upheld by the ASA Council, which did not accept the grounds offered by the investigation team and criticised by H:MC21 (issues 6 and 10).

3.3.2.5. In other words, six of these seven original challenges (which the investigation team clearly regarded as incontestable) were not upheld, and this raises questions about the judgment of the investigation team.

3.3.3. In consequence of its concerns about the investigation team’s judgment, H:MC21 found it necessary to make a formal complaint about the handling of the case.

3.3.3.1. In response H:MC21 was informed by the Chief Executive of the ASA that “our latest version of the Draft Recommendation provides an accurate summary of your response and that our assessments are sound”.⁸

3.3.3.2. Only four days later he had to apologise, saying that “I appreciate that some errors and misinterpretations must have caused you concern. Please be re-assured however that we will correct what needs correcting”.⁹

3.3.3.3. Subsequently two of the allegedly “sound” assessments were reversed by the investigation team itself (issues 11 and 12). Two more were later reversed by the ASA Council (see paras 3.3.2.2 and 3.3.2.3).

3.3.4. In the light of these facts, of the concerns in para. 3 and following, and of the concerns detailed in para. 4.7 and following, it would appear that the process of the ASA’s investigation was seriously flawed in this case.

⁶ ASA Notification of the Complaints, 24 November 2010, p. 2.

⁷ ASA Draft Recommendation version 5, 29 July 2011, pp. 11-12; and H:MC21’s response to the ASA Draft Recommendation version 1, 1 March 2011, paras 29.1.1, 30.3.1, pp. 13-14.

⁸ Letter from Guy Parker, ASA Chief Executive to H:MC21, 10 June 2011, p. 6.

⁹ Letter from Guy Parker, ASA Chief Executive to H:MC21, 14 June 2011, p. 4.

- 3.4. The ASA has not properly taken into account the fact that the advertisement was published in a Care supplement of the *New Statesman*.
- 3.4.1. The target audience for this advertisement was people who might investigate the use of homeopathy as a result of reading the advertisement, but not people who could or would make a decision solely on the basis of the advertisement.
- 3.4.1.1. “These supplements are intended to appeal to our particularly strong audience in government and health and allow organisations to place themselves in context next to relevant editorial and make sure that their message is held at the top of the political agenda. The circulation for each supplement is three-fold: stitched into and issue of *New Statesman*, distributed with copies of the *New Statesman* to delegates at each of the party conferences and each supplement has its own special augmented distribution to ensure that they end up in the hands of the right person.”¹⁰
- 3.4.1.2. The special distribution of this supplement will be to “Local authority directors of social services and executives at leading organisations, charities and trade associations”.¹¹
- 3.4.2. The advertisement gathered together information already in the public domain in order to stimulate a reassessment of the value of homeopathy as a therapeutic approach within the NHS, and explicitly to encourage an increase in existing spending on homeopathy within the NHS.
- 3.4.3. All statements were referenced so that readers could obtain the sources of the information and investigate further.
- 3.4.4. All information about the use of homeopathic treatment in clinical practice, including the studies, was derived from practitioners qualified in both conventional medicine and homeopathy, and working for national health services, and the studies involved thousands or millions of people.
- 3.5. We wish to draw attention to the fact that the ASA’s use of the terms “believe” and “consider” are idiosyncratic, and do not reflect normal usage of these terms in indicating the levels of evidence supporting the views expressed. The ASA routinely states that marketers “believe” matters to be true, even when they have provided evidence to support their view. Equally routinely, the ASA states that it “considers” or “concludes” matters to be true, even when it has provided no evidence to support its view.

4. Details of the appeal by assessment

- 4.1. **General assessment:** *Summary:* The ASA has misrepresented H:MC21’s response, and has relied on unscientific evidence.
- 4.1.1. For example, the ASA has alleged in its Final Adjudication that H:MC21 “maintained that the argument that benefit from homeopathic treatment was due to the placebo effect had no scientific validity because homeopathic treatment and remedies had not been proven to be inert”. In fact, H:MC21’s argument was based on four significant points, not one,¹² and the investigation team was made aware of this error.¹³

¹⁰ Email from Neil Rix, Business Development Executive, *New Statesman*, to H:MC21, 12 August 2010.

¹¹ Email from Neil Rix, Business Development Executive, *New Statesman*, to H:MC21, 12 August 2010.

¹² H:MC21’s response to the ASA Notification of the Complaints, 8 December 2010, paras 6.1-6.6, pp. 9-10.

¹³ H:MC21’s response to the ASA Draft Recommendation version 4, 11 July 2011, paras 5.1-5.1.4, pp. 9-10.

4.1.2. For the ASA investigation team to misrepresent the evidence to the ASA Council is a breach of the ASA’s commitment to honesty and truthfulness.

4.1.3. The Final Adjudication states that “The ASA acknowledged that H:MC21 believed the RCTs upon which the ASA relied were limited”, but this is highly ambiguous, and this is the first document in this case in which this formulation has appeared.

4.1.3.1. If this is a statement that the ASA is relying on RCTs, then it contradicts the ASA’s own admission that it was unable to assess the RCT evidence submitted to it by the SoH and BHA (see 3.2.3).

4.1.3.2. If it is a statement that H:MC21 believes that the ASA relies on RCTs, it is factually incorrect, as we have made no such assertion. H:MC21 simply submitted evidence to show that both science and the dominant paradigm in conventional medicine (evidence based medicine) recognise that RCTs cannot be relied on as the only source of evidence.

4.1.4. For the ASA to include a statement which is both ambiguous and factually incorrect is in breach of the ASA’s commitment to honesty and truthfulness.

4.1.5. In its general assessment the ASA refers to conclusions of the House of Commons Science and Technology Committee’s report *Evidence Check 2: Homeopathy*.¹⁴ However, this was not a scientific report but a political one.

4.1.5.1. Serious questions have been raised about the validity of its arguments, and evidence of these criticisms was submitted to the investigation team.¹⁵ Particular issues include:

4.1.5.1.1. A lack of rigour in its approach to the evidence;

4.1.5.1.2. Its use of scientifically flawed arguments;

4.1.5.1.3. The failure of its arguments even to accord with the dominant medical paradigm of evidence based medicine;

4.1.5.1.4. Its use of arguments which are not internally consistent.

4.1.5.1.5. The Chair of the committee also explicitly stated that “this is not an enquiry into whether homeopathy works or not”.¹⁶

4.1.5.2. Serious questions have been raised about the impartiality of the individuals who played a significant part in the process of producing this report, since some had strong connections with organisations opposed to homeopathy. Evidence for this was submitted to the investigation team.¹⁷

4.1.5.3. Serious questions have been raised about the political validity of this report, since it was supported by only three MPs, and there has been widespread disagreement with their views:¹⁸

4.1.5.3.1. 70 MPs signed an Early Day Motion criticising the report before Parliament rose for the General Election;

¹⁴ House of Commons Science and Technology Committee, *Evidence Check 2: Homeopathy* (London: The Stationery Office Limited, 2010).

¹⁵ H:MC21’s response to the ASA Notification of the Complaints, 8 December 2010, paras 8.11.7-8.11.7.3, pp. 19-23.

¹⁶ Q174, House of Commons Science and Technology Committee, *Evidence Check 2: Homeopathy* (London: The Stationery Office, 2010), p. Ev 64.

¹⁷ H:MC21’s response to the ASA Notification of the Complaints, 8 December 2010, paras 8.13.1-8.13.2.3, pp. 21-22; and H:MC21’s response to the ASA Draft Recommendation version 4, 11 July 2011, para. 11.3.4.7, p. 15.

¹⁸ H:MC21’s response to the ASA Draft Recommendation version 4, 11 July 2011, paras 2.1-2.1.3, pp. 1-2.

- 4.1.5.3.2. Over 250 people lobbied their MPs against the report two days after it was published;
- 4.1.5.3.3. Nearly 29,000 people signed a declaration that “Homeopathy worked for me” handed in to the Prime Minister;
- 4.1.5.3.4. The new government rejected the key proposals of the report.
- 4.1.5.3.5. At the same time, homeopathy has been officially recognised as a part of the NHS since its inception.
- 4.1.6. H:MC21 requested “that the ASA demonstrate that the preparation of this report was impeccable in terms of objectivity and independence”,¹⁹ but it has not done this.²⁰
- 4.1.7. For the ASA to rely on the conclusions of the Commons Science and Technology Committee report is to rely on a source which is at best scientifically questionable, is of doubtful impartiality, and has been rejected by a higher political body; and so it is in breach of CAP Code 12.1 and of the ASA’s commitment to honesty.**
- 4.2. Issue 1: Summary:** The ASA has misrepresented H:MC21’s response to the challenge, and has relied on unscientific evidence, and scientifically invalid arguments.
 - 4.2.1. For example, the ASA has alleged in its Final Adjudication that H:MC21 “provided information on the basis of homeopathic theory of treating like with like and said that if a stimulus produced effects which mimicked existing signs and symptoms, the reaction would be one that countered the stimulus of existing conditions”.²¹ In fact this information was derived from conventional medical texts,²² and the investigation team was made aware of this error.²³
 - 4.2.2. The ASA has noted the evidence supplied, but has devalued this on the grounds that “many of the studies which reported positive outcomes were based on patient self-assessments only”.
 - 4.2.2.1. The ASA’s statement is unquantified, which is inconsistent with its own demands in response to issue 3 (see para. 4.4 and following);
 - 4.2.2.2. The ASA’s statement completely fails to take into account the use of formal mechanisms in these studies to ensure the validity of the information derived from patients;
 - 4.2.2.3. The ASA’s statement fails to take account of the fact that 76% of the information needed for a diagnosis on conventional medicine is derived from what a patient reports about their health.²⁴
 - 4.2.2.4. The ASA has acknowledged that it is not competent to assess the scientific validity of evidence (see para. 3.2.3)

¹⁹ H:MC21’s response to the ASA Draft Recommendation version 2, 1 March 2011, para. 6, p. 1.

²⁰ Letter from Janet Newell, ASA Investigations Executive, to H:MC21, 17 May 2011, p. 2.

²¹ ASA Final Adjudication, 5 October 2011, p. 2.

²² H:MC21’s response to the Notification of the Complaints, 8 December 2010, paras 4.5-4.4, pp. 4-5.

²³ H:MC21’s response to the ASA Draft Recommendation version 4, 11 July 2011, paras 6.1-6.2.2, p. 10.

²⁴ Michael C. Peterson, John H. Holbrook, De Von Hales; N. Lee Smith and Larry V. Staker, ‘Contributions of the History, Physical Examination, and Laboratory Investigation in Making Medical Diagnoses’, *Western Journal of Medicine*, 156 (1992), 163-165.

- 4.2.3. The ASA has also supported its adjudication by reference to the claim that “a substantial review of over 100 placebo controlled trials showed no convincing evidence that homeopathy was superior to placebo [sic]”. However,
- 4.2.3.1. The only citation for this study which ASA was able to provide was the vague statement that “The 100 trials referred to were, we understand, presented to the House of Commons Science and Technology Committee”.²⁵
- 4.2.3.2. The report of the committee contains no specific reference to “a substantial review of over 100 placebo controlled trials”, though it does refer to the 2005 meta-analysis of 110 trials by Shang et al., with the comment that they considered it “the most comprehensive to date”.²⁶
- 4.2.3.3. However, Committee also quoted from this meta-analysis that “when analyses were restricted to large trials of higher quality there was no convincing evidence that homeopathy was superior to placebo”.²⁷ This restriction limited the basis for the conclusions to only 8 trials.
- 4.2.3.4. H:MC21 has submitted to the ASA evidence of research which discredited the Shang et al. meta-analysis on the grounds that it failed to meet basic scientific standards, and that its authors appeared to have selected the final 8 trials precisely because they would produce a result critical of homeopathy.²⁸

4.2.4. In conclusion, the ASA’s adjudication of Issue 1 is not based on “the available scientific knowledge”; it assumes an expertise which the ASA does not possess; it appears to rely on evidence which has been discredited; it includes misrepresentation of the evidence supplied; and so it breaches CAP Code 12.1 and the principle underlying CAP Code 12.2, and it breaches the ASA’s commitment to honesty and truthfulness.

4.3. Issue 2: Summary: The ASA has misrepresented H:MC21’s response to the challenge, and has failed to apply medical and scientific principles correctly.

- 4.3.1. For example, the ASA has alleged in its Final Adjudication that H:MC21 “stated that the outcome study carried out at a Bristol Homeopathic Hospital observed that 70.7% of the 6,544 participants had a decreased reliance on prescribed pharmaceutical medication”. H:MC21 did not state this, and has repeatedly pointed out this fact to the ASA.²⁹
- 4.3.2. The ASA has not disputed that H:MC21 has provided evidence to support its claim, but has questioned the scientific validity of this evidence. As already noted (see para. 3.2.3), the ASA has acknowledged that it is not competent to assess the scientific validity of evidence.

²⁵ Email from Janet Newell, ASA Investigations Executive, to H:MC21, 22 August 2011.

²⁶ House of Commons Science and Technology Committee, *Evidence Check 2: Homeopathy* (London: The Stationery Office Limited, 2010), para. 69, p. 19.

²⁷ House of Commons Science and Technology Committee, *Evidence Check 2: Homeopathy* (London: The Stationery Office Limited, 2010), para. 69, p. 19.

²⁸ H:MC21 response to the Notification of the Complaints, 8 December 2010, paras 8.11.7-8.11.7.3, pp. 19-20. One study profoundly critical of the Shang et al. meta-analysis was submitted to the ASA as part of evidence accompany H:MC21’s response to the ASA Draft Recommendation 4, 11 July 2011: 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.

²⁹ Letter from H:MC21 to Guy Parker, ASA Chief Executive, 8 June 2011, p. 3; H:MC21’s response to the ASA Draft Recommendation version 4, 11 July 2011, para. 7.3, p. 10.

- 4.3.3. The ASA has asserted that most readers would interpret “benefit” to mean “a reduction in the symptoms of their chronic illness”, and the ASA confirms that patients reported such an improvement.
- 4.3.4. The ASA has claimed in its Final Adjudication that “because there was no in-depth objective clinical assessment of patients [sic] observable conditions following the introduction of homeopathic treatment, the evidence was not capable of substantiating the claim”, but this statement is inaccurate, because
- 4.3.4.1. The ASA’s summary of H:MC21’s response to this challenge did not include the fact that “Objective parameters were incorporated in the assessment whenever possible” in this study, which H:MC21 repeatedly pointed out to the ASA;³⁰
- 4.3.4.2. Many of the conditions treated during this study were not susceptible to “in-depth objective clinical assessment”, and H:MC21 pointed this out to the ASA;³¹
- 4.3.4.3. As stated before (see para. 4.2.2.3), 76% of the information needed for a diagnosis on conventional medicine is derived from what the patient reports on their health, so such information is medically and scientifically valid.
- 4.3.5. The ASA has also argued in its Final Adjudication that “the claim implied that it had been shown in those cases that any improvement and subsequent reduction in their reliance on conventional medicine was directly related to the homeopathic treatment provided” and that “H:MC21 had not demonstrated that”.
- 4.3.5.1. The argument ignores the fact that independent surveys of random samples from the study, as well as other outcome studies have confirmed the results with a high degree of consistency.
- 4.3.5.2. This means that the argument depends on the unfounded speculation that some other factor or factors might have been responsible for the improvement, and consistently so across a number of studies at different times and in different countries.³²
- 4.3.5.3. Such a supposition runs counter to the principle used in science of ‘Occam’s razor’, that “entities are not to be multiplied beyond necessity”³³, since it proposes an additional speculative explanation beyond one which is already perfectly adequate.
- 4.3.5.4. The argument also confuses the nature of a clinical outcome study with that of an RCT, and the study was explicitly stated to be a clinical outcome study.
- 4.3.6. In conclusion, the ASA’s adjudication of Issue 2 has not denied that the necessary evidence has been supplied, but has challenged the scientific validity of this evidence on the basis of a misrepresentation of the facts; of speculation; and of an assumption of expertise which the ASA does not possess; and so it breaches CAP Code 12.1 and the principle underlying CAP Code 12.2, and it breaches the ASA’s commitment to honesty and truthfulness.**

³⁰ H:MC21’s response to the Notification of the Complaints, 8 December 2011, para. 8.2.1, p. 11; H:MC21’s response to the ASA Draft Recommendation version 1, 1 March 2011, paras 20.4.1-20.4.3, pp. 7-8; H:MC21’s response to the ASA Draft Recommendation version 2, 30 March 2011, paras 21.3-21.4, pp. 10-11.

³¹ H:MC21’s response to the ASA Draft Recommendation version 2, 30 March 2011, para. 21.2, p. 10.

³² See H:MC21’s response to the Notification of the Complaints, 8 December 2011, paras 5.2-5.26, 8.2.2-8.2.2.5, pp. 11-12.

³³ A.M. Macdonald (ed.), *Chambers Twentieth Century Dictionary* (Edinburgh and London: W & R Chambers, 1972).

4.4. Issue 3: Summary: The ASA has failed to make proper use of the available scientific knowledge, and has made unreasonable demands.

4.4.1. In its Final Adjudication, the ASA has not disputed the evidence for our statement, but upheld the challenge on two grounds relating to the significance of the statement.

4.4.1.1. The first ground for upholding the challenge is that the statement was “likely to be interpreted by the average reader as a claim that randomised controlled trials on homeopathy demonstrated that the science behind homeopathy was substantiated”.

4.4.1.2. However, data obtained from an analysis of 1016 systematic reviews of RCTs of conventional medicine (and therefore of many more than that number of RCTs in total) reveal that 44% of the reviews concluded that the interventions studied were likely to be beneficial (positive), 7% concluded that the interventions were likely to be harmful (negative), and 49% reported that the evidence did not support either benefit or harm (non-conclusive).³⁴

Note: H:MC21 is aware that this study constitutes new evidence in this case, but H:MC21 was only required to have available evidence to support its statements, not to have available evidence to meet invalid arguments against its use of the evidence, and this information has only come into H:MC21’s hands since the adjudication.

4.4.1.3. In other words, the spread of results from RCTs of homeopathy is virtually identical to those of RCTs of conventional medicine. This means that the ASA is acting in one of three ways:

4.4.1.3.1. Either it is acting inconsistently, and, without any justification, is treating the evidence for homeopathy differently from the evidence for conventional medicine;

4.4.1.3.2. Or it holds the view that the science behind conventional medicine is also not substantiated, even though this is in complete contradiction to its statements and adjudications;

4.4.1.3.3. Or the investigation team lacks the competence to assess issues of medical science, which is what the ASA has acknowledged (see para. 3.2.3).

4.4.1.4. In none of these cases is the reasoning in the adjudication a valid justification for upholding the challenge.

4.4.1.5. The second ground for upholding the challenge is that “the 49% of inconclusive results was a significant piece of information and should have been included in the ad”.

4.4.1.5.1. However, since this level of inconclusive results is consistent across trials of both homeopathic and conventional treatments, it has no specific significance in relation to trials of homeopathy, but only to RCTs in general.

4.4.1.5.2. Including the information in an advertisement for homeopathy would be seriously misleading, unless it were accompanied by an explanation of why this information has no significance in respect of homeopathy.

³⁴ R.P. El Dib, A.N. Atallah, R.B. Andriolo, ‘Mapping the Cochrane evidence for decision making in health care’, *Journal of Evaluation in Clinical Practice*, 13 (2007), 689–692.

4.4.1.6. It is unreasonable for the ASA to require an organisation to waste money and advertising space on promoting an irrelevant fact together with an explanation of why it is irrelevant.

4.4.2. In conclusion, the ASA has not adjudicated Issue 3 on the basis of “the available scientific knowledge”, but on the basis of arguments presented by an investigation team which lacks the relevant competence, and so it breaches CAP Code 12.1 and the principle underlying CAP Code 12.2, and it breaches the ASA’s commitment to honesty and truthfulness. The ASA has also made an unreasonable demand.

4.5. **Issue 4: Summary:** The ASA has misrepresented H:MC21’s response to the challenge, and has failed to apply medical and scientific principles correctly.

4.5.1. In its Final Adjudication the ASA has not disputed that H:MC21 has provided evidence to support its claim, but has questioned the scientific validity of this evidence on two grounds. As already noted (see 3.2.3), the ASA has acknowledged that it is not competent to assess the scientific validity of such evidence.

4.5.1.1. The first ground is that “the vast reduction in the incidents [sic] of the disease had not been shown to be directly attributed to the homeopathic remedy”

4.5.1.1.1. The ASA repeatedly failed to include in the summary of H:MC21’s response the fact that this reduction was assessed against four measures.³⁵

4.5.1.1.2. One measure of particular significance was the link between the incidence of infection and extreme weather, a factor known to have a major impact on the incidence of infection. This link was broken in the population given the homeopathic treatment but not in the untreated population, and no other intervention strategy had achieved this change.³⁶

4.5.1.1.3. The ASA’s argument is based on the supposition that some other wholly unknown factor could have produced this “vast reduction in the incidents [sic] of the disease”, and could have broken the link with the weather, and could have only affected the population given the homeopathic treatment but not the untreated population, and could have gone un-remarked in a population of 2.3 million people affected by it.

4.5.1.1.4. Such a supposition runs counter to the principle used in science of ‘Occam’s razor’, that “entities are not to be multiplied beyond necessity”³⁷, since it irrationally proposes an additional speculative explanation beyond one which is already perfectly adequate.

4.5.1.2. The second ground is that “in order to consider the role of the homeopathy in the treatment or prevention of a disease, clinical evidence would need to demonstrate how that remedy acted upon the disease within the body”, but this point is irrelevant to the issue.

4.5.1.2.1. Within the evidence based medicine paradigm, there is no requirement for an explanation of how a treatment works, but only for evidence that it works, such evidence being drawn typically from controlled trials and clinical practice.

³⁵ See H:MC21’s response to the ASA Draft Recommendation version 2, 30 March 2011, paras 12.2-12.3, pp. 4-5; H:MC21’s response to the ASA Draft Recommendation version 4, 11 July 2011, para. 9.3, p. 10; Submission to the ASA Council, 5 September 2011, p. 1.

³⁶ H:MC21’s response to the ASA Draft Recommendation version 2, 30 March 2011, para. 12.4, p. 5.

³⁷ A.M. Macdonald (ed.), *Chambers Twentieth Century Dictionary* (Edinburgh and London: W & R Chambers, 1972).

4.5.1.2.2. Many conventional drugs are available over the counter and are advertised without there being any explanation available of how they work. One well-known example is paracetamol (acetaminophen). “An understanding of how acetaminophen works remains elusive”,³⁸ and yet this drug is available over the counter under such widely advertised names as Panadol, Nuromol³⁹ and Calpol (a treatment advertised for children).

4.5.1.2.3. The question arises as to why H:MC21 is being required by the ASA to meet higher standards of substantiation when informing people of the existence of research, than the ASA requires of those advertising a potentially dangerous drug available without prescription.⁴⁰

4.5.2. In conclusion, the ASA has adjudicated Issue 4 on the basis of speculation; on the basis of inappropriate arguments presented by an investigation team which lacks the relevant competence; and on the basis of an inconsistent approach to demands for evidence; and so it breaches CAP Code 12.1 and the principle underlying CAP Code 12.2, and it breaches the ASA’s commitment to honesty and truthfulness.

4.6. Issue 7: Summary: The ASA has misrepresented what H:MC21 actually stated and based its adjudication on a view for which it has no evidence.

4.6.1. The ASA has argued in its Final Adjudication that “H:MC21 had not substantiated the claim that increased funding in homeopathy *would* result in increased benefits” (our emphasis), a mistake which H:MC21 has repeatedly brought to the attention of the ASA.⁴¹

4.6.2. H:MC21 actually stated that a small increase in NHS spending “could” produce dramatic benefits, indicating that there is uncertainty. H:MC21’s uncertainty was primarily because the claim involves a projection of costs and benefits from evidence available to H:MC21 at the time. In fact, subsequent evidence from the Scottish Parliament, submitted by H:MC21, indicates that homeopathy does produce real savings.⁴²

4.6.3. The ASA has also set aside the economic argument in its assessment of this issue, and replaced it with an assessment based on the claim that “H:MC21 had not sent sufficiently robust scientific data, including double blinded clinical trials, to substantiate the claim that homeopathy could effectively treat chronic medical conditions”.

4.6.4. At the same time, the ASA has stated that “The Draft Recommendation is not the appropriate place for repeating the arguments for and against the evidence for homeopathy”,⁴³ and so has excluded much of H:MC21’s evidence on this point. Furthermore, as has been stated already:

³⁸ Robert Berkow (Ed. in Chief), *Merck Manual of Medical Information* (New York: Simon and Schuster, 2000), p. 56.

³⁹ For example, see the advert in *Radio Times*, 9-15 July 2011, p. 33.

⁴⁰ Among its side-effects it is stated: “**important**: liver damage (and less frequently renal damage) following **overdosage**” (*British National Formulary*, 62 (September 2011), Section 4.7.1 Paracetamol).

⁴¹ H:MC21’s response to Draft Recommendation 1, 1 March 2011, para. 25.1.2, p. 10; ⁴¹ H:MC21’s response to Draft Recommendation 2, 30 March 2011, para. 25.5, p. 12.

⁴² H:MC21’s response to Draft Recommendation 1, 1 March 2011, para. 25.3.3, p. 10.

⁴³ Letter from Janet Newell, ASA Investigations Executive, to H:MC21, 17 May 2011, p. 2.

- 4.6.4.1. H:MC21 has produced evidence that homeopathy is based on scientific principles recognised by conventional medicine.⁴⁴
- 4.6.4.2. H:MC21 has produced evidence that homeopathy is effective.⁴⁵
- 4.6.4.3. The ASA has had further evidence for homeopathy in its possession since 2008, including evidence from double-blinded clinical trials (see paras 3.2.2 and 3.2.3).
- 4.6.4.4. The ASA has produced no valid evidence to contradict the evidence submitted to it, but:
 - 4.6.4.4.1. The ASA has relied on the Commons Science and Technology Committee *Evidence Check*, which is a political report, not a scientific one, and which is scientifically questionable and of doubtful impartiality (see paras 4.1.5 to 4.1.6).
 - 4.6.4.4.2. The ASA has relied on a reference to “a substantial review of over 100 placebo controlled trials”, which appears to be a reference to a study which has been discredited, and the conclusions of which are based on only eight trials, apparently selected for their lack of support for homeopathy (see paras 4.2.3 to 4.2.3.4).
- 4.6.4.5. The ASA has produced no valid arguments to challenge the validity of the evidence submitted to it, but:
 - 4.6.4.5.1. The ASA has used unscientific arguments to challenge the evidence H:MC21 has supplied (See discussion of issues 2 and 4).
 - 4.6.4.5.2. The ASA has not applied the principles of evidence based medicine correctly in assessing the evidence (see 4.5.1.2.1).
 - 4.6.4.5.3. The ASA has not applied medical principles correctly in assessing the evidence (see 4.3.4.3).
 - 4.6.4.5.4. The ASA has not applied scientific principles correctly in assessing the evidence (see 4.3.5.3 and 4.5.1.1.4).
- 4.6.4.6. Since the ASA has acknowledged that it lacks the competence to assess the validity of evidence for homeopathy, these mistakes are hardly surprising.

4.6.5. In conclusion, the ASA has adjudicated Issue 7 on the basis of a view unsupported by evidence or by valid arguments from those with appropriate expertise; and on the basis of a misrepresentation of H:MC21’s statement; and so it breaches CAP Code 12.1 and the principle underlying CAP Code 12.2, and it breaches the ASA’s commitment to honesty and truthfulness.

4.7. **Issue 8: Summary:** The ASA has ignored the normal procedures and has misrepresented H:MC21’s evidence.

4.7.1. The first concern about this issue is that the nature of the challenge changed significantly during the course of the investigation.⁴⁶

4.7.1.1. The original challenge (24 November 2010) was that the statement “Sense About Science, is funded by pharmaceutical companies” is misleading.

⁴⁴ H:MC21’s response to the Notification of the Complaints, 8 December 2010, paras 4.1-4.4, pp. 4-5.

⁴⁵ H:MC21’s response to the Notification of the Complaints, 8 December 2010, paras 5.1-6.6, pp. 5-10.

⁴⁶ ASA Notification of the Complaints, 24 November 2010, p. 1.

- 4.7.1.2. The original version of the Draft Recommendation (18 February 2011) accorded with this challenge:
- 4.7.1.2.1. The ASA “considered that most readers would interpret this statement to mean that Sense About Science was wholly funded by the pharmaceutical industry. Because that was not the case, and Sense About Science was only partly funded by the pharmaceutical companies, we concluded the claim was misleading.”⁴⁷
- 4.7.1.3. In the second version of the Draft Recommendation (21 March 2011), the financial point was still paramount:
- 4.7.1.3.1. The ASA considered that most readers “would understand the statement to mean that because the charity was partially funded by the pharmaceutical industry, its findings were biased and unreliable”⁴⁸
- 4.7.1.4. By the third version (17 May 2011) the challenge had become two separate challenges:
- 4.7.1.4.1. The first still concerned the financial point, and the ASA considered that most readers “would understand the statement to mean that because the charity was partially funded by the pharmaceutical industry, its findings were biased and unreliable”⁴⁹
- 4.7.1.4.2. The second concerned a wholly different issue, since the ASA “considered that, in the context of the ad, H:MC21 had presented their claim that Sense About Science “relies on a strategy of propaganda stunts rather than scientific research” as fact, not opinion, and that without substantiation the claim was misleading”.⁵⁰
- 4.7.1.5. At this point H:MC21 had not been presented with any challenge to its statement that Sense About Science “relies on a strategy of propaganda stunts rather than scientific research”, and so it had provided no evidence in its response to issue 8, yet it was being accused of failing to provide such evidence. H:MC21 was also informed that this was the final version and no changes could be made to it. H:MC21 was so concerned about this and other matters that it made a formal complaint about the conduct of the case (see para. 3.3.3 and following).
- 4.7.1.6. In the fourth version of the Draft Recommendation (22 June 2011), seven months after the original notification of the complaints, issue 8 was re-written as “Sense About Science is funded by pharmaceutical companies and relies on a strategy of propaganda stunts rather than scientific research”,⁵¹ and H:MC21 was permitted to submit evidence on this new issue.
- 4.7.1.7. H:MC21 has the following concerns about the conduct of the ASA over this issue:
- 4.7.1.7.1. The ASA Chief Executive justified the change in the challenge by informing H:MC21 that “As with all investigations we are constantly processing details and arguments and forming a view. It is entirely normal

⁴⁷ ASA Draft Recommendation version 1, 11 February 2011, p. 6.

⁴⁸ ASA Draft Recommendation version 2, 21 March 2011, p. 8.

⁴⁹ ASA Draft Recommendation version 3, 17 May 2011, p. 8.

⁵⁰ ASA Draft Recommendation version 3, 17 May 2011, p. 8.

⁵¹ ASA Draft Recommendation version 4, 22 June 2011, p. 1.

for that view to evolve as further information is gathered and as we engage with all the parties to a complaint.”⁵²

4.7.1.7.2. We consider the Chief Executive’s justification erroneous, since this was not a change of detail or argument but a change in the challenge which required completely new evidence to substantiate it, and so it was a new challenge.

4.7.1.7.3. The ASA’s procedure states that “Complaints must be made within three months of the marketing communication’s appearance”,⁵³ yet this new challenge appeared nine months after publication of the advertisement and seven months after the original notification of the complaints.

4.7.1.7.4. The complaint was made by six complainants, and yet the ASA is claiming that it failed to understand the nature of this challenge until the third version of the Draft Recommendation.

4.7.1.7.5. The question arises as to whether it was entirely a coincidence that by this time it had also become clear that the original challenge could no longer be upheld, since the only justification being advanced for upholding it was that H:MC21 “had not shown that they [Sense About Science] were being partially funded by the industry at the time at which the ad appeared”.⁵⁴

4.7.1.7.6. It should be noted that the original challenge was not upheld by the ASA Council.⁵⁵

4.7.2. The second concern H:MC21 has about this issue is the misrepresentation of its evidence:

4.7.2.1. H:MC21 was not given the opportunity to correct factual errors in the investigation team’s summary of its response to the new challenge, which first appeared in the fifth version of the Draft Recommendation, although this is the normal procedure:

4.7.2.1.1. “The Investigations Executive will then send the draft recommendation to the marketer and complainant for any comments on the factual accuracy of the recommendation. Marketers should normally respond within five working days and confine their comments to the factual accuracy of the draft recommendation.”⁵⁶

4.7.2.2. H:MC21 considers the summary of its response to be seriously inaccurate, which is consistent with its experience of virtually all the investigation team’s attempts to summarise the evidence supplied (see, for example, 4.1.1, 4.2.1, 4.3.1 and 4.5.1.1.1).

4.7.2.3. In particular, the following objective facts were presented as a collection of opinions, which means that the ASA had removed from H:MC21 all means of substantiating its statements.

4.7.2.3.1. H:MC21 pointed out that Sense About Science has published no information of any scientific research which it might have conducted in

⁵² Letter from Guy Parker, ASA Chief Executive, to H:MC21, 10 June 2011, p. 4.

⁵³ ASA *Non-broadcast Complaint Handling Procedures*, 29 September 2010, para. 6.

⁵⁴ ASA Draft Recommendation version 4, 22 June 2011, p. 9; and ASA Draft Recommendation version 5, 29 July 2011, p. 9.

⁵⁵ ASA Final Adjudication, 5 October 2011, p. 9.

⁵⁶ ASA *Non-broadcast Complaint Handling Procedures*, 29 September 2010, para. 26.

respect of homeopathy, even when submitting evidence to the Commons Science and Technology Committee on the subject of homeopathy.⁵⁷

4.7.2.3.2. H:MC21 provided evidence that all the evidence Sense About Science submitted to the Commons Science and Technology Committee about its activities related to putting public pressure on bodies not to support homeopathy.⁵⁸

4.7.2.3.3. H:MC21 provided evidence that two leading representatives of Sense About Science on the subject of homeopathy did not have “suitable credentials; for example, evidence of: relevant professional expertise or qualifications” (CAP Code 21.1), which allow them to claim expertise in medicine, let alone in homeopathy.⁵⁹

4.7.2.3.4. H:MC21 provided evidence that a third representative, the author of their document about homeopathy, did not have “suitable credentials; for example, evidence of: relevant professional expertise or qualifications” (CAP Code 21.1), which would allow him to claim expertise in medicine, let alone in homeopathy.⁶⁰

4.7.2.3.5. H:MC21 provided evidence that these three leading representatives of Sense About Science on the subject of homeopathy do have expertise in the field of communications and political lobbying.⁶¹

4.7.2.4. H:MC21 informed the ASA Investigations Executive that the summary was inaccurate,⁶² and also the ASA Council. H:MC21 provided an example of the seriousness of this concern by giving an example of one statement falsely attributed to H:MC21 which was potentially libellous.⁶³

4.7.2.5. The ASA Council amended the statement presented as an example, but the amendment is also inaccurate,⁶⁴ which tends to confirm H:MC21’s opinion that the summary is not sufficiently accurate to form the basis of a reliable adjudication.

4.7.3. In conclusion, when handling Issue 8 the ASA introduced a new challenge six months after the time limit for complaints; it has misrepresented the evidence supplied by H:MC21; it has failed to allow H:MC21 to comment on the factual errors and obtain corrections; it has then knowingly adjudicated on the basis of this inaccurate information, and introduced a new inaccuracy; and so it has breached normal procedures, and breaches the ASA’s commitment to honesty and truthfulness.

4.8. Issue 9: Summary: The ASA has misrepresented the evidence supplied by H:MC21 and has not based its adjudication on any evidence.

⁵⁷ H:MC21’s response to the ASA Draft Recommendation version 4, 11 July 2011, paras 11.2.3-11.2.5, pp. 11-12.

⁵⁸ H:MC21’s response to the ASA Draft Recommendation version 4, 11 July 2011, paras 11.4.1-11.4.7.9, pp. 18-20.

⁵⁹ H:MC21’s response to the ASA Draft Recommendation version 4, 11 July 2011, paras 11.3.5.2-11.3.5.5, 11.3.6.2-11.3.6.6, pp. 15-17.

⁶⁰ H:MC21’s response to the ASA Draft Recommendation version 4, 11 July 2011, paras 11.3-11.3.4.3, pp. 12-13.

⁶¹ H:MC21’s response to the ASA Draft Recommendation version 4, 11 July 2011, paras 11.3.4.5-11.3.4.8, 11.3.5.2, 11.3.6.7-11.3.6.13, pp. 14-18.

⁶² Email from H:MC21 to Janet Newell, ASA Investigations Executive, 6 August 2011.

⁶³ H:MC21’s Supplementary Submission to the ASA Council, 5 September 2011, p. 2.

⁶⁴ ASA Final Adjudication, 5 October 2011, p. 5.

- 4.8.1. The ASA has stated in its Final Adjudication that it considered H:MC21's primary evidence (*Halloween Science*) to be "the opinion of H:MC21 which presented one side of a controversial argument".
- 4.8.1.1. The ASA informed H:MC21 that "We have not read the book you refer to and we do not intend to read it".⁶⁵
- 4.8.1.2. H:MC21 considers it impossible for the ASA to form an accurate opinion about evidence it has not read, and for the ASA to produce a legitimate adjudication on the basis of an unfounded opinion.
- 4.8.2. The ASA has also made it impossible for H:MC21 to submit evidence in support of its statement.
- 4.8.2.1. In order to show that *Trick or Treatment?* is "scientifically unreliable" it is necessary to produce a detailed critique of it, and this is precisely the evidence which the ASA refused to read.
- 4.8.2.2. In an attempt to find some other way of presenting the necessary evidence, H:MC21 submitted a selection of examples of serious failures of scientific validity and rigour in *Trick or Treatment?*,⁶⁶ but the ASA has presented these as opinions about *Trick or Treatment?*, rather than as objective evidence.⁶⁷
- 4.8.2.3. Furthermore, the ASA specifically stated that "this is not the appropriate forum for you to raise all of your concern about the book *Trick or Treatment?*" and "[we] are not investigating whether you can show that you believe the publication to be scientifically flawed, but whether the ad makes clear that this is the opinion of H:MC21 and not established fact".⁶⁸
- 4.8.2.4. In other words, H:MC21 was prepared to substantiate the claim that its statement was factual, but the ASA would only accept evidence that H:MC21 considered the claim not to be factual but an opinion and evidence that H:MC21 had made clear in its advertisement that this was an opinion. In fact, this opinion was entirely that of the ASA itself.
- 4.8.3. The ASA's argument that "although we noted this paper had been published and peer reviewed we considered that this was the opinion of H:MC21 which presented one side of a controversial argument"⁶⁹ has serious implications for other organisations which undertake research, publish it, and then use it in advertisements, such as Amnesty International, for example.
- 4.8.4. **In conclusion, the ASA has adjudicated Issue 9 on the basis of an opinion unsupported by any evidence; and so it breaches CAP Code 12.1, and it breaches the ASA's commitment to honesty and truthfulness.**

5. Closing remarks

- 5.1. The complaints against this advertisement were not made in a neutral environment, but in one where there has been active campaigning against homeopathy, largely fostered by Sense About Science. During the period when it was building its campaign this charity received substantial funding from the pharmaceutical industry which has a clear

⁶⁵ Letter from Guy Parker, Chief Executive of the ASA, to H:MC21, 14 June 2011; see also Letter from Janet Newell, Investigations Executive, to H:MC21, 17 May 2011, p. 8.

⁶⁶ H:MC21's response to the ASA Draft Recommendation version 2, 30 March 2011, paras 16.3-16.3.5.2, pp. 6-9.

⁶⁷ ASA Final Adjudication, 5 October 2011, p. 5.

⁶⁸ Letter from Janet Newell, Investigations Executive, to H:MC21, 17 May 2011, p. 8.

⁶⁹ ASA Final Adjudication, 5 October 2011, p. 9.

commercial interest in opposition to homeopathy. Sense About Science also had an unhealthily close relationship with the Commons Science and Technology Committee's report on homeopathy. More recently the campaign has led to new organisations opposed to homeopathy, such as Ten23 and the Nightingale Collaboration.

- 5.2. The Nightingale Collaboration was seed-funded by Simon Singh, a trustee of Sense About Science and co-author of *Trick or Treatment?*, the book critiqued by H:MC21. One of the Nightingale Collaboration's key activities is to promote the use of the ASA against homeopathic websites, and the ASA seen an increase in complaints by 30-40% in the last year, whereas the ASA had expected and budgeted for a 10% growth. In particular, "the ASA was surprised when it was deluged by complaints about alternative medicine".⁷⁰ Two of the complainants in this case have stated that they are connected with the Nightingale Collaboration.
- 5.3. H:MC21 has not been able to go into all the detail of how the ASA's assessment of this case has changed, but studying these changes is highly revealing. Between the first and second versions of the Draft Recommendation, the language and argument underwent a significant transformation. Subsequently the investigation team attempted to refine these new arguments in more and more sophisticated ways in order to circumvent H:MC21's criticisms of their validity. On the other hand, the investigation team was unable to summarise correctly the basic mathematics in H:MC21's submission in response to issue 7 until the fourth version of the Draft Recommendation. This contradiction between sophisticated arguments and lack of understanding of the supplied evidence has not been satisfactorily explained.
- 5.4. As part of this change, the investigation team began to introduce evidence to support a case opposed to H:MC21, turning a process which was supposed to verify whether a marketer has evidence to support its claims into a contest in which the ASA had ceased to be impartial and was actively arguing the complainants' case. As a result, the final version of the Draft Recommendation contained arguments which were patently ridiculous, and unsurprisingly the ASA Council refused to accept them. More importantly, the investigation team could no longer be expected to act as an honest advocate of H:MC21's case, and yet it had significant control over how much of that case was presented to the ASA Council. Allowed to submit an additional two pages to the Council, H:MC21 realised that it could not possibly correct all the mistakes in the Draft Recommendation, and so sought to demonstrate that the Draft Recommendation was profoundly flawed and not an acceptable basis for an adjudication.
- 5.5. Finally, it should be remembered that H:MC21's advertisement was not selling a product, but simply bringing together information already in the public domain in order to encourage an increase in the existing spending on homeopathy in the NHS. The promotion of knowledge about homeopathy is the legally required activity of H:MC21, and H:MC21 is profoundly concerned at the lengths the ASA has gone to in order to prevent H:MC21 from fulfilling its aims. Furthermore, in denying H:MC21 the right to publish information already in the public domain, the ASA appears to be restricting H:MC21's legitimate right to freedom of expression.

⁷⁰ Tim Bradshaw, 'ASA man surfs web of complaints', *Financial Times* online, 2 September 2011 at <<http://www.ft.com/cms/s/0/9ca88bcc-d582-11e0-9133-00144feab49a.html#axzz1aa26rZGG>>.

List of Attached Documents

- Berkow, Robert (Ed. in Chief), *Merck Manual of Medical Information* (New York: Simon and Schuster, 2000), p. 56. Attached as “Merck.pdf”
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- Email from H:MC21 to Janet Newell, ASA Investigations Executive, 6 August 2011. Attached as “Janet Newell 22-8-11.pdf”.
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- Letter from Janet Newell, ASA Investigations Executive, to H:MC21, 17 May 2011. Attached as “Janet Newell 18-5-11.doc”.
- Letter from the ASA to Simons, Muirhead & Burton, lawyers acting on behalf of the Society of Homeopaths and the British Homeopathic Association, 19 May 2011. Attached as “SMB 19-5-11.doc”.
- Peterson, Michael C., John H. Holbrook, De Von Hales; N. Lee Smith and Larry V. Staker, ‘Contributions of the History, Physical Examination, and Laboratory Investigation in Making Medical Diagnoses’, *Western Journal of Medicine*, 156 (1992), 163-165. Attached as “Peterson.pdf”.
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