Confidential

DRAFT RECOMMENDATION

SUBJECT TO CONFIRMATION

REVISED RECOMMENDATION

Homeopathy: Medicine for the 21st Century

Poppyseed Cottage
High Street
Stoke Ferry
Norfolk
PE33 9SF

Case number: A10-139800

Media: Magazine
Sector: Health and beauty
Agency:

Number of complaints : 6

Ad
A magazine ad for a pro-homeopathy organisation was headlined "Homeopathy cares" and contained thirteen claims under the sub-headlines "Homeopathy has a history of success in chronic illness", "Homeopathy offers a caring alternative" and "Opposition to homeopathy is based on propaganda".

Issue
Six public complainants, two of whom later became associated with the Nightingale Collaboration, challenged whether the following claims could be substantiated:

1. "Homeopathy has a history of success in chronic illness",

2. "At Bristol Homeopathic Hospital 70.7% of 6,500 patients with chronic conditions benefited from homeopathic treatment and had reduced need for conventional medicine",

3. "...more randomised controlled trials are positive than negative" and

4. "In Cuba, an integrated approach to healthcare has led to homeopathy being used to enable 2.3 million, including the elderly, to be cheaply and effectively protected against endemic Leptospirosis".

The complainants challenged whether the following claims were misleading:

5. "About 6 million people in the UK choose Homeopathy",

6. "of the 2,500 most commonly used treatments in the NHS, 51% have unknown effectiveness",

7. "Even a small increase in spending on homeopathy could produce dramatic benefits, reducing care needs and increasing patient quality of life",

8. "Sense About Science" is funded by pharmaceutical companies and relies on a strategy of propaganda stunts rather than scientific research" and

9. "(Trick or Treatment?) has been shown to be scientifically unreliable".

They also challenged whether the following claims were irresponsible or denigratory:

10. "The NHS spends £2 billion annually on treating adverse side effects of conventional drugs. Homeopathy has no side effects",

11. "The leading so-called 'expert' and critic of homeopathy, Professor Edzard Ernst, has admitted that he has no qualifications in homeopathy" and

12. "The recent Science and Technology Committee report on homeopathy was voted for by only three MP's".

Response

Homeopathy: Medicine for the 21st Century (H:MC21) responded from the point of view that homeopathic treatment had been used for more than 200 years, was legal in the UK, had a sound theoretical basis for claiming to be a scientific approach to medicine, and had been included in the NHS since its inception; they argued therefore that claims for homeopathy were established and uncontroversial. They stated that the evidence based medicine paradigm used in orthodox medicine was empirical rather than scientific and so was capable of producing scientifically invalid conclusions if scientifically invalid parameters were used. They believed that sole reliance on RCT evidence was not acceptable within the paradigm and that it could sometimes be invalidated by evidence obtained through clinical practice. They provided a critique of randomised controlled trials as a method of testing homeopathy because they believed they did not necessarily conform to homeopathic principles, and 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.

1. H:MC21 stated that there was over 200 years' worth of evidence from reputable sources including conventional medical texts and stated that homeopathic treatment had been shown to be efficacious in chronic conditions such as Fibromyalgia, Osteoarthritis, Seasonal Allergies Rhinitis and Sinusitis along with a number of other conditions. They stated that the dominant paradigm in orthodox medicine was known as "evidence-based medicine" (EBM) and that under this paradigm, evidence of efficacy needed to be assessed together with evidence of effectiveness, in order to have any validity. They stated that the only absolute definition of disease was the totality of actual signs, symptoms and aetiology in the individual patient and that the only absolute definition of the action of a medicine was the unique totality of its effects on human beings. They 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. They stated that success in homeopathy was not due to the placebo effect and that homeopathy had a history of consciously employing placebos in practice as a check on whether chosen medicines were effective or not. They believed that the hypothesis of similarity was theoretically and demonstrably valid and was the basis of homeopathy. They provided information on the discovery and development of homeopathy over the last two hundred years and stated that across the multiple studies on the treatments of homeopathy, positive results were reported. They provided details of where research material was available through the Society of Homeopaths, the Faculty of

Homeopathy and the Complementary Medicine Research Group at the University of York and stated that the clinical outcome of studies confirmed that homeopathic treatment was effective in chronic disease.

H:MC21 also submitted a 2005 publication 'Homeopathy in Healthcare - Effectiveness, Appropriateness, Safety and Costs'. They said this report confirmed many of their own objections to the ASA's approach to evaluating the evidence for the efficacy of homeopathy. They said the publication was a major analysis of homeopathic practice by independent academics and used "an established scientific procedure which, in contrast to the meta-analyses and systematic reviews specified by the Cochrane Collaboration Standards, examines not only the efficacy of a particular intervention, but especially also its 'real world effectiveness', its appropriateness, safety and economy." The publication, like H:MC21, criticised reliance on RCTs and supported the consideration of outcome studies, which it said "respect the unique qualities of homeopathy".

2. H:MC21 stated that the outcome study carried out at a Bristol Homeopathic Hospital observed that 70.7% of the 6,544 participants had benefited from homeopathic treatment. They also said that changes in medication formed part of the objective evidence in producing the outcome scores in the study. They stated that other similar studies had been carried out and reported similar results. They supplied a copy of the Bristol outcome study which they believed substantiated the claim in the ad. They also supplied evidence of various other studies that had taken place on homeopathic medicines, which they believed provided further substantiation for the claim that one of the benefits of homeopathic treatment was a reduction in reliance on conventional medication.

3. H:MC21 stated that the claim that more randomised controlled studies were positive than negative was based on the evidence that had been supplied to the Commons Science and Technology Committee by the British Homeopathic Association the Faculty of Homeopathy and the Complementary Medicine Research Group at the University of York and supplied the details of that evidence and assessment. They stated that the evidence had been assessed by various organisations that represented doctors trained in both orthodox and homeopathic treatments. They stated that the unreliability of RCTs was a generally recognised problem which was why the EBM paradigm required that this evidence should be taken together with the evidence from clinical practice. They believed RCTs could be unreliable when used to test homeopathy, if those trials did not comply with the theoretical framework of homeopathy and that under those circumstances, a trial could fail to test for a genuine homeopathic treatment and that in the worst cases would test an irrelevant and inactive treatment against a placebo. They stated that in this context, an RCT that was good quality in terms of pharmacological testing standards and definitely positive must have complied with the theoretical framework of homeopathy and as such, trials represented very reliable evidence of the efficacy for homeopathy. They further stated that RCTs which were of a good quality, in terms of pharmacological testing standards, may be inconclusive or negative because they failed to comply with the theoretical framework of homeopathy. They stated that on these grounds, positive trials could produce reliable information about efficacy of homeopathic treatment and negative trials could produce reliable information about the inefficiency of specific potentised medicines but that inconclusive trials did not provide reliable information and may indicate weakness in the design of the trial as a test of homeopathic treatment. They stated that, for this reason, the inconclusive trials were not referred to in the ad.

4. They stated the claim about the use of homeopathy in Cuba made clear that an integrated approach with conventional strategies had been used in a healthcare approach to the protection against Leptospirosis and said the claim did not suggest there was evidence for the effectiveness of homeopathy alone. They stated that the 2.3m figure referred to in the ad was based on all of the individuals who lived within high risk areas who were affected by natural disasters and who had been given an oral formulation to protect against the disease. They stated that the integrated approach resulted in a significant decrease in infection rates of the disease reported in the high risk areas compared to the infection rates reported in Cuba as a whole. They provided a copy of the paper that examined in full the events in Cuba and which concluded that there had been a large reduction in disease incidence and control over the Leptospirosis epidemic following the oral administration of the homeopathic formulation to 2.3 million people in high risk areas. They also supplied the details of the costs of that treatment.

5. They stated that the claim "About 6 million people in the UK chose Homeopathy" was based on unchallenged evidence given to the House of Commons Science and Technology Committee and was based on an independent assessment of the UK population. They said the MHRA had informed the Committee that 10 per cent of the population used these products and that this was equivalent to 6 million people.

6. H:MC21 stated that the quoted figures were from the British Medical Journal (BMJ) and provided pages from the British Medical Journal Clinical Evidence website which stated that the percentage of treatments with unknown effectiveness varied over time but that in 2008 the figure was 48% and that in 2010 it was up to 51%.

7. H:MC21 stated that evidence demonstrated that it was reasonable to conclude that a small increase in spending could "produce dramatic benefits, reducing care needs and increasing patient quality of life". They provided details of the evidence supplied to the Commons Science and Technology Committee which showed that at the present time, spending on homeopathic medicines in the NHS was around £152,000, which was 0.001% of the drugs budget of £11 billion and that the entire funding on homeopathy was only 0.004% of the NHS total budget. However, they believed that if this spending were to be increased to reflect just 1% of the demand in the population (to 0.1% of the NHS budget), 27 times more patients with chronic illnesses could be expected to benefit and have both reduced need for conventional medicine and a better quality of life. They stated that were homeopathic medicine costs to increase proportionately and conventional medicine costs to decrease proportionately, there would be a significant saving on the drugs budget. They stated that, given the effects of homeopathic treatment could last eight years, there would be cumulative savings as more new patients were brought into homeopathic treatment each year. They added that if referrals to homeopathic treatment for chronic conditions were made earlier as a result of extra spending on homeopathy, the savings on conventional medicines could be even greater. Finally, they stated that because homeopathic treatments did not produce side effects, further savings in NHS care could also be made. They added that the Scottish Parliament had stated that savings in conventional medicine had been made in Scotland as a result of an increase in homeopathy and provided evidence that this statement had been made.

8. H:MC21 stated that Sense About Science had received an average of about 35.7% of its income from the pharmaceutical industry over the last six years and that they had taken a leading role in attacking homeopathy. They supplied financial statements from financial years 2005 to 2009 for the charity which demonstrated that it had been partially funded by the pharmaceutical industry. They argued that the charity had received funding from an industry that had a vested interest in criticising homeopathy. H:MC21 provided a large amount of information concerning the activities of Sense About Science (SAS). This included details of the submissions made by the organisation to the Commons Science and Technology Committee which they believed made clear that the basis of their activity on the subject of homeopathy was based on opinions and reports. They believed that SAS' publications were significantly and scientifically flawed and stated that they (H:MC21) had published their concerns about these flaws in a format that had been peer reviewed. They also questioned the ability of members of SAS to challenge the rationale and evidence for homeopathy, and provide expert opinion on it. They also stated that were various instances of SAS activities which they believed constituted propaganda and provided detailed information and comment on these incidents. They also raised several other concerns about SAS' impartiality and believed they had not established an objective, rigorous and scientifically sound basis for any of its activity around homeopathy but yet had pursued an aggressive programme aimed at shaping UK (and Global) policy on homeopathy . They believed that collectively, this constituted propaganda.

9. H:MC21 believed Trick or Treatment was fundamentally flawed and provided a full and detailed explanation of their analysis in support of their position. They stated that the flaws in the publication included the failire to explain the differences between orthodox medicine and homeopathy, to provide a definition of 'disease' or make clear that orthodox medicine and homeopathic medicine disagreed over the definition. They additionally stated that the four definitions of alternative medicine that were contained within Trick or Treatment were incompatible with each other and were also subjective and incompatible with the facts. They stated that they had previously critiqued the publication in full through the peer reviewed publication Halloween Science, without challenge or rebuttal and provided a copy of that publication.

10. H:MC21 stated that it was generally accepted that homeopathy had no side effects and that it was therefore not irresponsible to make this statement. They also stated that the financial impact for the NHS of treating the side effects of conventional medicine was a matter for public concern because public money paid for them and therefore it could not be considered irresponsible to reference this fact. They stated that the quoted figure had come from the think tank Compass and it was therefore reasonable to conclude that the evidence was valid. They provided an online newspaper article which stated that the NHS was spending nearly £2bn a year treating patients who had had experienced an adverse reaction to drugs prescribed to them by their doctors which they believed demonstrated that the information about NHS spending on conventional medicine was therefore already in the public domain. They stated that the comparison between the side effects of conventional medicine and the lack of side effects from homeopathic treatment was also recognised as an important and fair issue for discussion.

11. H:MC21 stated that during an interview with a German homeopathic publication, Professor Edzard Ernst had stated that he did not have a qualification in Homeopathy. They provided a translated copy of this article. They also stated that, in other articles written by

Professor Ernst, he referred to himself as a trained homeopath. They believed his assessment of his own abilities was not objective and that in addition to this, they did not believe that he exhibited a sound understanding of the principles, practice and history of homeopathy and that the onus was on him to prove that he truly met the standards recognised by a formal qualification. They stated that it was not irresponsible or denigratory to inform the public of the discrepancy between his claims to authority and his actual qualifications.

12. H:MC21 stated that very few MPs voted for the report on homeopathy and that the claim in the ad succinctly drew the appropriate attention to the question of the reliability and impartiality of the Committee's report. They provided three critiques of the report and stated that 70 MPs had signed an Early Day Motion criticizing the report. They also supplied the formal minutes of the Science and Technology Committee hearings and stated that, given the profound changes demanded by the report, it was not irresponsible for the public to be made aware that only three out of 14 MPs had actually voted for it, especially as the Government had rejected the key demands of the report. They also stated that two of those MPs had not attended any of the hearings and that two of those three MPs had close connections with interests opposed to homeopathy which they believed demonstrated questionable links between the Committee and an organisation that was opposed to homeopathy.

Assessment

The ASA acknowledged that H:MC21 believed the RCTs upon which the ASA relied were limited, because they were capable of producing scientifically invalid conclusions if scientifically invalid parameters were used. We noted H:MC21 believed the clinical evidence that was available supported their claims.

We also noted the House of Commons Science and Technology Committee's (the Committee) report "Evidence Check 2: Homeopathy" (EC2). We noted that the Committee's investigation was not into homeopathy itself but rather it examined the provisioning of Homeopathy on the NHS and the licensing of the same via the MHRA. We noted that EC2 included an investigation into the evidence for the efficacy of homeopathy, and that part of this investigation involved a public consultation period during which interested parties, including members of the homeopathic community submitted evidence to the Committee.

The Committee agreed that the gold standard of efficacy was randomised, double-blinded, controlled trials. It also concluded that meta-analyses and systematic reviews were useful in increasing the statistical reliability of these trials and therefore in establishing evidence of efficacy. The Committee also concluded that patient satisfaction analysis would not be helpful in proving efficacy.

Whilst noting the policy issues at the source of the Committee's investigation, we nevertheless understood from expert advice that the review of scientific evidence for homeopathy reported in EC2 was a robust and fair examination of the evidence available to it.

During our investigation of H:MC21's marketing, we considered only that part of EC2 that commented on the evidence for the efficacy of homeopathy. We did not consider the

investigation's conclusions on the political policy questions asked by the Committee to be relevant in this respect.

1. Upheld

The ASA noted there was a large amount of data and numerous case studies on homeopathy that dated back hundreds of years and understood that there was significant support for the use of homeopathy in the treatment of chronic illnesses. We noted H:MC21's belief that there was significant evidence to support the basic science upon which homeopathy was based and to support more specific claims for successful treatment of chronic disease and illness. However, we noted many of the studies which reported positive outcomes were based on patient self-assessments only, whereas a substantial review of over 100 placebo controlled trials showed no convincing evidence that homeopathy was superior to placebo.

We also noted the publication 'Homeopathy in Healthcare' that H:MC21 submitted in support of their views on RCTs and the ASA's approach to assessing the evidence for homeopathy, as well as in support of the efficacy of homeopathy.

The publication's main conclusion regarding efficacy was drawn from a reconsideration of a previous meta-analysis of qualifying trials which found no significant difference from placebo for homeopathy and had been published in a reputable peer reviewed journal. It featured a reworking of the analysis of the data by considering only therapeutic studies, and removing the prevention studies. This led to the number of significant trials versus non significant becoming 28 vs. 23, as opposed to 32 vs. 33 in the original publication. The publication's editors described this as "a truly remarkable result in favour of homeopathy". Our expert did not agree with this assertion. However, the authors, in the section that discussed the study, stated, "While the above argument does not allow to draw the reverse conclusion that homeopathy is effective, it does support the claim that the Shang et al (2005a) study does not prove the ineffectiveness of homeopathy". Our expert agreed with this second statement only.

Our expert pointed out that 'Homeopathy in Healthcare' looked at issues beyond efficacy, such as 'real world effectiveness', safety and economy. This was a wider consideration than those found in conventional medical reviews. However, our expert advised that a problem with studies looking at measures beyond efficacy was that positive effectiveness outcomes could not be differentiated from the result of the placebo effect alone.

After seeking expert advice, we considered that 'Homeopathy in Healthcare' did not move the case forward in favour of the efficacy of homeopathy in treating medical conditions, in light of conventional standards for efficacy. We noted that proponents of the homeopathic approach often objected to conventional medicine's focus on RCTs as the gold standard for assessing efficacy, and instead they favoured other forms of measurement in their assessment, such as patient self-analysis and outcome studies. Nevertheless, we continued to expect claims, that a particular medicine or approach could be used to treat medical conditions, be substantiated with a robust body of evidence, consisting of RCTs conducted on human subjects, where appropriate. We did not consider the alternatives put forward, such as patient self-analysis or outcome studies, alone to be suitably robust to support efficacy. Because the 'Homeopathy in Healthcare' did not include robust evidence,

of the type we considered necessary, we considered that it was insufficient to substantiate the efficacy claims made in the ad.

We concluded that H:MC21 had not supplied sufficient evidence to substantiate the claim and noted there was a lack of evidence to support claims for its efficacy. We concluded that the ad was misleading.

On this point the ad breached CAP Code (Edition 12) rules 3.1 (Misleading advertising), 3.7 (Substantiation) and 12.1 (Medicines, medical devices, health-related products and beauty products).

2. Upheld

We considered that most readers would interpret the claim "At a Bristol Homeopathic Hospital 70.7% of 6,500 patients with chronic conditions benefited from homeopathic treatment and had reduced need for conventional medicine" to mean that the study demonstrated over 70% of the patients tested experienced a reduction in the symptoms of their chronic illness following the introduction of homeopathic treatment. We noted the study contained patients' self-assessments of their health following GP referral to a homeopathic hospital before, during and after the introduction of the homeopathic treatment and that the study reported 50.7% reported the improvement in their symptoms as 'much better' and that in all, 70.7% of patients had reported a degree of improvement . However, we considered that because there was no in-depth objective clinical assessment of patients' observable conditions following the introduction of homeopathic treatment, the evidence was not capable of substantiating the claim. We noted several other similar studies had also been carried out and noted those reports, and independent assessments of those reports had stated that many of the patients who were included in the studies reported a reduced reliance on conventional medicine. However, we considered that in the context of the text directly underneath the headline "Homeopathy has a history of success in chronic illness", 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. Because H:MC21 had not demonstrated that, we concluded that the claim was misleading.

On this point the ad breached CAP Code (Edition 12) rules 3.1 (Misleading advertising), 3.7 (Substantiation) and 12.1 (Medicines, medical devices, health-related products and beauty products).

3. Upheld

We noted H:MC21's reasoning for not including the percentage of studies which had resulted in inconclusive findings. However, we considered 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 because more "positive" than "negative results were achieved. We noted the assessment of the Faculty of Homeopathy, the British Homeopathic Association and the Complementary Medicine Research Group at the University of York to the Commons Science and Technology Committee evidence stated that 44% of findings reported positive results, 7% reported negative results and that 49% reported "inconclusive" results. We considered that within the context of the claim "…more randomised trials are positive than negative", the 49% of inconclusive results was a significant piece of information and should have been

included in the ad because it indicated that under RCT conditions, inconclusive results had occurred more often than positive results. Because this information was omitted, we concluded that the ad was misleading.

On this point the ad breached CAP Code (Edition 12) rules 3.1 (Misleading advertising), 3.7 (Substantiation) and 12.1 (Medicines, medical devices, health-related products and beauty products).

4. Upheld
We considered that most consumers would interpret the claim "In Cuba, an integrated approach to healthcare has led to homeopathy being used to enable 2.3 million, including the elderly, to be cheaply and effectively protected against endemic Leptospirosis", to mean that homeopathy had been used to protect against the disease as a result of an integrated approach to a health crisis. We noted a homeopathic medicine had been used as part of the treatment of Leptospirosis prevention in Cuba and that during the same year and the years that followed, it had been reported that incidences of the disease had decreased significantly. We noted evidence had not been supplied to demonstrate that the homeopathic medicine referred to in the report had been shown to be efficacious against Leptospirosis under clinical conditions and therefore considered that the vast reduction in the incidents of the disease had not been shown to be directly attributed to the homeopathic remedy that had been administered. We therefore concluded that the claim was misleading.

On this point the ad breached CAP Code (Edition 12) rules 3.1 (Misleading advertising), 3.7 (Substantiation) and 12.1 (Medicines, medical devices, health-related products and beauty products).

5. Not upheld
We noted the Medicines and Healthcare products Regulatory Agency (MHRA) had informed the Commons Science and Technology Committee that over 10 per cent of the nation chose homeopathic treatments. We considered that this was sufficient to substantiate the claim that six million people in the UK used homeopathy and concluded that the ad was not misleading on this point.

On this point we investigated the ad under CAP Code (Edition 12) rules 3.1 (Misleading advertising), 3.7 (Substantiation) but did not find it in breach.

6. Not upheld
We noted the ad claimed “Homeopathy has a growing evidence base, but according to the British Medical Journal, of the 2,500 most commonly used treatments, 51% have unknown effectiveness”. We also noted H:MC21 provided the pages from the BMJ site upon which this claim was based. We considered that, in the context of this ad, the claim invited readers to consider the view expressed in the BMJ article, but did not go so far as to discourage readers from seeking essential treatment for conditions for which medical treatment should be sought. We therefore concluded that the claim was acceptable.

On this point, we investigated the ad under CAP Code (Edition 12) rules 3.1 (Misleading advertising) and12.2 (Medicines, medical devices, health-related products and beauty products) but did not find it in breach.

7. Upheld
We noted 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. Furthermore, we considered that the presentation of the claim implied that it was a statement of fact, not opinion. We considered therefore that H:MC21 had not substantiated the claim that increased funding in homeopathy could result in increased benefits to the consumer. We concluded that the claim was misleading.

On this point the ad breached CAP Code (Edition 12) rules 3.1 (Misleading advertising), 3.7 (Substantiation) and 12.1 (Medicines, medical devices, health-related products and beauty products).

8. Upheld
The ASA noted the ad claimed "The leading organisation opposing Homeopathy, Sense About Science is funded by pharmaceutical companies". We considered that most readers would interpret this statement within the context of the following claim in the ad which stated "…and relies on a strategy of propaganda stunts rather than scientific research" and would understand the statement to mean that because the charity was partially funded by the pharmaceutical industry, its findings were biased and unreliable. We noted H:MC21's comments about the practices adopted by Sense about Science but considered that this in itself was not evidence that the organisation had no scientific credibility. We also 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 robust substantiation the claim was misleading.

On this point the ad breached CAP Code (Edition 12) rules 3.1 (Misleading advertising), 3.7 (Substantiation).

9. Upheld
We read the publication Trick or Treatment and the paper Halloween Science. We considered the ad implied there was a general scientific consensus that the arguments contained in Trick or Treatment were fundamentally scientifically flawed. We noted H:MC21 believed Trick or Treatment was scientifically flawed on a number of levels and that this had been fully explored in the publication Halloween Science. However, 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 in which Trick or Treatment expressed the opposing view. Because the ad implied there was a general scientific consensus that Trick or Treatment was scientifically unreliable, when this was only an opinion we concluded that the claim was misleading.

On this point the ad breached CAP Code (Edition 12) rules 3.1 (Misleading advertising) and 3.6 (Subjective claims).

10. Not upheld
We understood that homeopathy had been shown to have no side-effects and considered that within the context of the ad, the claim would not be interpreted by most readers to mean that homeopathy was preferable to conventional medicine, but merely as a factual statement that it might be desirable because it did not have any side effects. We concluded that the claim was unlikely to discourage consumers from seeking essential treatment for which medical supervision should be sought and therefore did not breach the Code.

On this point, we investigated the ad under CAP Code (Edition 12) rules 1.3 (Social responsibility) and 12.2 (Medicines, medical devices, health-related products and beauty products) but did not find it in breach.

11. Not upheld
We noted H:MC21 had provided evidence to demonstrate that Professor Edzard Ernst, had "admitted that he has no qualifications in homeopathy". Although we considered that the lack of a homeopathy qualification did not demonstrate that he was not sufficiently qualified to comment on the scientific evidence for homeopathy, we noted Professor Ernst, as a scientific commentator, did not fall under the definition of those parties that the subject to CAP Code rule 3.42 concerning denigration. We therefore concluded that the claims did not breach that Code rule.

On this point we investigated the ad under CAP Code (Edition 12) 3.42 (Denigration) but did not find it in breach

12. Not upheld
We noted the Report made a series of policy recommendations about the future of NHS funding for homeopathy and considered that, without further clarification, the claim implied that MPs had disagreed with the scientific conclusions of the report. However, we noted the report and the Committee did not fall under the definition of those parties that were subject to CAP Code rule 3.42 concerning denigration and therefore concluded that the ad did not breach that Code rule.

On this point we investigated the ad under CAP Code (Edition 12) 3.42 (Denigration) but did not find it in breach

Action
The ad should not appear again in its current form.