LETTERS TO THE EDITOR

Is the pot calling the kettle black?

Sir,

In a recent editorial, Professor Hans Evers in his role of editor of Human Reproduction described the course of the life of Samuel Hahnemann who, disillusioned by harm causing practices such as bloodletting, introduced homeopathy (Evers, 2015). He argued that homeopathic treatments based on improbable theories, lacking biological plausibility and scientific credibility, should have been debunked immediately. Backed by a recent report from the Australian National Health and Medical Research Council (NHMRC) that stated that ‘there are no health conditions for which there is reliable evidence that homeopathy is effective’, he then concluded that we do not need any more studies on homeopathy in reproductive medicine, thus virtually denying their publication in Human Reproduction. However, NHMRC did not ban the research on homeopathy; instead, they stated that ‘no grant applications specific to homeopathy have been received by NHMRC in this time’ (NHMRC, 2015).

Medical effectiveness studies, often funded from public resources, are done for two reasons. First, they can test a treatment that we expect to heal patients either based on a biological mechanism or an epidemiological observation. Second, they might evaluate a treatment that is not expected to be effective, but despite that still is used in clinical practice. Apart from homeopathy, there are many ‘regular reproductive medicine treatments’ that qualify for that label.

Let us consider the example of intrauterine insemination (IUI). In 2009, a group of opinion leaders, among which Hans Evers, reviewed the effectiveness of IUI and concluded that ‘IUI treatment requires ovarian stimulation to achieve modest results, but the high multiple pregnancy rates mean that it is no more than a poor substitute for IVF treatment.’ (ESHRE Capri Workshop Group, 2009). They continued that ‘More trials are needed on IUI treatment with mild stimulation and on the order of IUI and other treatments.’ Based on the lack of an acceptable mechanism and the lack of epidemiological evidence on the effectiveness of IUI, one would expect that studies on IUI, probably the most applied fertility treatment in the world, would not be published in Human Reproduction.

A quick search learns however, that since 2010 the journal has published more than 10 papers on IUI. These papers typically concluded that ‘the results of this study cast doubt on the validity of the concept that...’ or ‘demonstrated the lack of differences in terms of ongoing PR between xx and yy’. Similar statements can be made on IVF or ICSI for many of the indications for which these treatments are applied, but still the journal continues to publish on these treatments.

In our opinion, an editor who denies—based on sound arguments—studies on homeopathy should also not publish research on IUI, IVF or ICSI in areas where its effectiveness is not proven. Undeniably, there are strong similarities between homeopathy and modern reproductive medicine, the main difference being that homeopathy at least respects the first law of medicine: first do no harm.

References


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Reply: Is the pot calling the kettle black?

Sir,

In their letter in response to my Editorial (Evers, 2015) Wang and Mol (2015) state that an editor who denies studies on homeopathy (which I don’t) should also not publish research on IUI, IVF or ICSI in areas where effectiveness is not proven. I beg to disagree.

Avogadro’s number dictates that solutions of more than 1 part per 1024 will no longer contain a single molecule of the original substance. Homeopathy uses dilutions in excess of this. It is therefore biologically implausible that such extreme dilutions will be an effective remedy against whatever disorder one might think of. We do not have to waste precious research money on that.

Reproductive Medicine is fraught with poorly investigated treatments (IVF for unexplained infertility, ICSI for non-male infertility, IUI) applied on a worldwide scale to a particularly vulnerable group of patients who will do anything for a pregnancy. If we wish to be taken seriously by the research community we will have to direct our time, effort and research proposals there. Hence, Human Reproduction will continue publishing top quality clinical research on—among others—IVF, ICSI and IUI, ‘probably the most applied fertility treatment in the world’.

References


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