

## Homeopathy: a brief description of this medical specialty

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### Abstract

Homeopathy is a medical approach with 200 years of history. Along this time it demonstrated its ability to solve problems, with low cost, broad scope and unquestionable social acceptance. According to estimates, approximately 500 million people use homeopathy worldwide, corresponding to about 7% of the world population. However, there are still hindrances to its integration into conventional medicine which need to be put into perspective and removed. The aim of the present article is to contextualize homeopathy as a science and an art in Brazil and worldwide. We analyzed some relevant aspects, such as the profile of users, their reasons to choose homeopathy, and historical and social contexts for the inclusion of homeopathy into health care and educational systems. We conclude that homeopathy is an ethical medical system that provides systemic and safe treatment to patients with optimal cost-benefit ratio. Homeopathy should be included in universities, schools of medicine and at all levels of the healthcare system, thus ensuring its historical nature as a medical specialty.

### Keywords

Homeopathy; Medicine; Clinical medicine; Health care

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## Introduction

For many decades now the World Health Organization (WHO) has supported the inclusion of so-called “alternative therapeutic practices” to health systems. Such practices are designated as “traditional and complementary medicine” (T&CM). Relative to T&CM, WHO - the mission of which is to “help save lives and improve health” - seeks to facilitate their inclusion in health services, prepares guidelines, stimulates “clinical research on safety and efficacy” and acts as “coordination center to facilitate the exchange of information” [1].

In her lecture at International Conference on T&CM (Delhi, India, February 2013), Dr. Margaret Chan, then WHO Director-General, explained why such approaches are considered a relevant component of health systems. According to her, users of health services worldwide exhibit increasing interest in T&CM, for which reason the latter came to play a relevant role in the economic development of some countries by reducing the expenses with health. In addition, much advance was made in research in this field. These facts led WHO to infer the need of “more thorough integration” of T&CM with health services, for which purpose regulatory agencies and health system users ought to discuss how it might be achieved [1].

As concerns the integration of T&CM into mainstream medicine, Chan stated, “The two systems of traditional and Western medicine need not clash. Within the context of primary health care, they can blend together in a beneficial harmony, using the best features of each system, and compensating for some weaknesses in each. This is not something that will happen all by itself. Deliberate policy decisions have to be made. But it can be done successfully” [1].

Homeopathy is traditionally included within T&CM, while characterized as the one closest to Western clinical practice, whence its considerable social and institutional relevance. Homeopathy is a bicentennial medical approach formulated and developed by the German doctor Samuel Hahnemann (Meissen, 10 April 1755 – Paris, 2 July 1843). It stands out for its effectiveness, low cost, broad scope and indisputable social acceptance [2-10].

From 1796, when it began to be practiced in Saxony, to this day, i.e., along 220 years, the resulting accumulated experience shows that homeopathy has potential to improve the health of people, not only with lower cost compared to mainstream medicine, but also, and more especially, without adverse side effects [5].

We believe that delving into the theoretical and practical foundations of homeopathy will show that it might be characterized as an ethical medicine system that provides systemic and safe care to the sick with optimal cost-benefit ratio. Upon prescribing the best treatment for each individual case and particular moment of the progression of disease (individualized treatment), homeopathic doctors fully comply with bioethical principles beneficence and nonmaleficence. By providing patients and their relatives/guardians information about all the aspects related to treatment (power sharing), they also comply with the principle of autonomy. Finally, inclusion of homeopathic care in all primary care services will comply with the principles of universality and justice [11].

Adequate implantation of homeopathy in national health systems will provide the sick access to this therapeutic option. On a case-by-case basis, it might represent the single treatment or be used in an integrated and complementary manner to other modalities of treatment.

Experience shows that integration between homeopathy and mainstream medicine is extremely useful for the promotion of health, as well as for the treatment of patients with chronic diseases [12]. In addition, it might contribute to the treatment of acute diseases [12]. Nevertheless, one cannot deny there are still problems in the harmonization of these two therapeutic approaches, which need to be duly put into perspective and solved.

All difficulties and adverse propaganda notwithstanding, about 500 million people are estimated to currently use homeopathy as therapeutic option worldwide [12]. This corresponds to about 7% of the world population (about 7.3 billion people in July 2016) [13].

Increase in the demand for homeopathic care in many countries [12] led to the need to expand education in this field. Homeopathy is partially regulated for the countries included in the European Union; in 6 of them it is already integrated into the health system; in 9 countries medical students are given introductory courses; and in 18 countries graduate studies on homeopathy are officially acknowledged. India is still the leader in educational infrastructure. About 260 universities offer undergraduate courses in homeopathy, and there are about 70 graduate courses [12].

The aim of the present study was to perform a descriptive review of publications reporting on the profile of the individuals who seek homeopathy as therapeutic modality and the reasons for such decision. In addition, we provide a brief description of the inclusion of homeopathy in Brazilian health and educational systems and society at large from its initial arrival to the present time, with emphasis on the State of São Paulo.

## Methods

On February 2017 we conducted a literature search for articles rated genuine from the scientific point of view, according to their origin and authorship. The main references we used were *Scientific Framework of Homeopathy - Evidence Based Homeopathy* (2014), by Liga Medicorum Homoeopathica Internationalis (LMHI) [12] and *Homoeopathy: science of gentle healing*, a dossier prepared by a committee appointed by Ministry of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy), Government of India (2015) [14].

We should observe that in 2014, in partnership with the European Committee for Homeopathy (ECH) and the Central Council for Research in Homeopathy (CCRH, India), and based on previous publications and research presented at its 69<sup>th</sup> Congress (Paris, July 2014), LMHI prepared a summary of the state of the art in homeopathy. The overall goal of this publication was to demonstrate the scientific grounds of homeopathy and its place in the current global context to improve its global visibility, and more particularly facing the medical community [12]. In 2015, the Government of

India – in which country homeopathy is included in the health, educational and research systems – appointed a committee to prepare a dossier aiming at providing an up-to-date and broad panorama of homeopathy “starting from a brief introduction to the science, to its network, infrastructure and status in various parts of the world, with special emphasis to India” [14]. It should be noticed that the dossier was subjected to peer-review, including Indian and international reviewers from France, United Kingdom, USA, Hungary and Brazil – which was represented by Flávio Dantas and Silvia Waisse.

In addition, we also looked for articles in databases Bireme and SciELO using keywords “homeopathy”, “clinical medicine” and “health care delivery” in Portuguese, English and Spanish. Information about institutions (São Paulo Homeopathic Medical Association – APH; Brazilian Homeopathic Medical Association – AMHB; department of Publications, Hahnemannian Institute of Brazil – Dpub-IHB) and other sources were procured at the corresponding official websites. Historical data were gathered from the websites of Oswaldo Cruz Foundation (Fiocruz), University of São Paulo and newspaper *O Globo*. The Brazilian government *Diário Oficial* was accessed online.

The information thus collected was analyzed as per the study aims. Some of the data are described in chronological tables or according to subject as per need.

## Results

Our survey located about 150 records, from which we excluded the ones without reliable authorship and repetitions. Therefore 43 publications were selected to serve as sources from the present study. On these grounds we analyzed the profile of homeopathy users and the reasons that led them to seek this approach to treatment. We further provide of a short summary of the status of homeopathy in Brazil, with emphasis on the State of São Paulo.

### ***Profile of homeopathy users***

Based on studies published in Europe, India and Brazil [15-27] LMHI's *Scientific Framework of Homeopathy* draws a profile of current homeopathy users. Users are individuals with high educational level, within age range 33 to 55 years old, healthy lifestyle and positive attitude toward homeopathy [12]. In other words, the available data indicate that current homeopathy users are individuals fit to make soundly grounded choices. Indeed, a situation desirable in the choice of any treatment.

### ***Factors that lead ill individuals to seek homeopathic care***

The summary prepared by LMHI also reports on the factors related to the choice of homeopathy. Studies mainly conducted in Europe [15,16,18,19,21,23,24,26,28] point to the following determinants: a) concern with the side effects of other therapeutic methods: b) poor outcomes of conventional treatments or desire to avoid long-term use

of such treatments; c) positive experience; d) personal preference or family tradition; e) lower cost; f) overall well-being; g) traditional beliefs on immateriality or holism; h) awareness of the ineffectiveness of antibiotics for viral diseases; and i) mistrust of conventional medicine [12].

Therefore, one might infer that the choice of homeopathy is due, on the one hand, to an increasing perception among users of its virtues as systemic therapeutic approach, in addition to being free from adverse effects and having favorable cost-effectiveness ratio. On the other hand, such choice is also associated to increasing mistrust of conventional medicine [12].

In this regard, CCRH's dossier *Homoeopathy: science of gentle healing* observes, "Tact, sympathy, and understanding are expected from the physician, for the patient is no mere collection of symptoms, signs, disordered functions, damaged organs and disturbed emotions", but the patient "is human, fearful, and hopeful seeking relief, help and reassurance" [14]. These requirements are fully met in homeopathic practice, since its goal "is not only to tackle individual diseases in a person, but to understand the person as a whole and relieve him/her of his/her complaints" [14].

Reinforcing this trend regarding homeopathy as therapeutic choice, CCRH's dossier states that, although the thousands of observations and reports require "pragmatic and randomized control trials (...) Over the years, homeopathic medicines have been used successfully for treatment of various conditions, such as acid peptic diseases, anxiety, atopic dermatitis, autism, behavioral disorders, bone fracture healing, conjunctivitis, chickenpox, depression, dysmenorrhea, headaches, herpes zoster, influenza (...) phobias, renal calculi (...) colic or dentition complaints in children, etc." [14]. The latter report is based on the care provided to about 1.1 million individuals who sought primary care at homeopathic services in Delhi [14]. The authors further assert that homeopathy is used for cancer, HIV/AIDS and terminal conditions to provide palliative care for symptoms and improve the quality of life of patients [14]. As promising news, the authors state that "Studies have generated evidence in favor of homeopathy, even through randomized control trials and meta-analyses in conditions such as diarrhea in children, respiratory tract infections in children 9...) hay fever, menopausal complaints, musculoskeletal diseases, osteoarthritis (...) rhinopharyngitis, rheumatoid arthritis (...)" [14].

### ***Advantages of homeopathy***

Following description and rigorous analysis of a wealth of up-to-date sources including fundamental research, clinical trials and literature reviews, CCRH's dossier concludes that the advantages of homeopathic treatment are due to the fact that: (a) it is "safe, effective and based upon natural substances"; (b) since it uses "simple substances in micro-doses, medicines are not associated with any toxicological effect and can be safely used for pregnant women and lactating mothers, infants and children and in the geriatric population"; (c) in infections, "instead of having a direct action on the microorganisms, [medicines] act on the human system (self-protective) to fight [the] disease process. As such, no microbial resistance is known to develop against homeopathic drugs"; (d) "The mode of administration of medicines is easy. There are no invasive methods and medicines are highly palatable, thereby enhancing their acceptability"; (e) "Lack of diagnosis is not a hindrance for initiating treatment with

homeopathic medicines”; (f) “Individualized approach of treatment is in consonance with increasing need for customized treatment, which is being realized in the modern era”; (g) “Homeopathic remedies are not addictive – once relief occurs, the patient can easily stop taking them”; and (h) “Treatment is comparatively more cost-effective than other therapeutic systems” [14].

***Inclusion of homeopathy in the Brazilian health and educational systems and society at large with emphasis on the State of São Paulo***

“The history of homeopathy in Brazil (...) extends over more than 150 years, when one considers the valuable contributions of Benoit Jules Mure or Émile Germon’s activity, both of whom were French” [29]. Current evidences indicate that such history actually extends over 180 years, based on records describing the homeopathic activity of the Swiss doctor Frederico Jahn, who “as early as 1836 defended a thesis entitled ‘Exposition on homeopathic doctrine’ at School of Medicine of Rio de Janeiro” [30]. The relevance of this fact cannot be stressed enough, when one considers that Jahn defended his thesis only 4 years after the schools of medicine of Rio de Janeiro and Bahia were granted the right to deliver doctoral degrees. In addition, Jahn influenced Dr. Domingos de Azeredo Coutinho de Duque Estrada (1812-1900), who stated that “his first contact with homeopathy was precisely intermediated by Jahn, who provided him the first books to learn about it”. Later on, when fighting an epidemic of scarlet fever, Duque Estrada “assumed he was the single homeopath in Rio de Janeiro (...) since Drs. Mure and Lisboa did not yet practice the new doctrine here” [30].

Before entering the history of homeopathy in Brazil, Émile Germon had developed activities in the country as researcher, having been recruited in the early 1820s by José Bonifácio de Andrade e Silva (1763-1838), known as the “father” of Brazilian independence, in addition to naturalist, statesman and poet. Germon returned to Brazil in 1837, now as practicing homeopath [30]. “Germon wrote the first book of homeopathy published in Brazil (*Manual Homeopático*, 1843) based on his personal contact with Hahnemann in Paris, and on his practical experience starting from his return to Brazil in 1837” [29]. These evidences notwithstanding, “the literature unanimously names Benoit Jules Mure (1809-1858) as the introducer of homeopathy in Brazil” [30]. Known in Brazil as Bento Mure, he arrived to Rio de Janeiro in 21 November 1840; this date was selected to celebrate the National Homeopathy Day. Despite the discussions on who truly was the introducer of homeopathy in Brazil, Mure’s role in the divulgation of homeopathy and in the creation of clinics for the poor and slaves stand out, to the point he became known as the “people’s doctor”. In this regard, his partner was the Portuguese-Brazilian surgeon João Vicente Martins (1808-1854). The first Brazilian homeopathic pharmacy, *Botica Homeopática Central*, was established in Rio de Janeiro in 1843 [29-31].

Homeopathy is considered a medical practice in Brazil since the end of the 19<sup>th</sup> century, being mentioned in the Imperial Decree no. 9,554, from 3 February 1886, which supported the official recognition of homeopathic pharmacies [32].

By that time, physicians were congregated in the Medicine and Surgery Society, created in 1829, which was a partner of the government in the establishment of health legislation and in the fight against disease [33]. The Society represented both specialties: ‘medicine’, which comprised the allopathic practitioners (who used



cupping, bleeding, cathartics, emetics, expectorants, exfoliative and exutory agents, among others), and 'surgery', which included surgeons and midwives. Eleven years later homeopathy emerged as a 'third approach', and thus might be considered as one of the oldest medical specialties in Brazil. According to Alencastro: "Two out of the five doctors who practiced in Campinas in 1857 were homeopaths" [29]. In 1886, Pedro Ernesto Albuquerque de Oliveira published the first printed medical book in São Paulo, to wit, *Da Febre Typhoide e Enfermidades Sobrevientes no Brasil e seu Tratamento Homeopático* (On typhoid fever and surviving diseases in Brazil and their homeopathic treatment) [29].

Ever since that time, through regional associations, homeopathic doctors have actively participated in the training of medical specialists, as well as of the earliest homeopathic pharmacists, dentists and veterinary doctors.

The newly arrived homeopathy had almost immediate impact on the Brazilian society in the second half of the 19<sup>th</sup> century. This fact is evidenced in the Brazilian literature. In chapter 13 ("Four in a meeting") of his novel *A Moreninha* (The little dark-skin girl), published in 1844 (the same year its author graduated in medicine, a profession he never practiced), Joaquim Manuel de Macedo (1820-1882) describes a discussion among 4 medicine students as to which approach, allopathy or homeopathy, ought to be used to treat a housemaid who had drank more than she should have [34]. Similar examples might be also found at the beginning of the 20<sup>th</sup> century. For instance, the one of José Bento Monteiro Lobato (1882-1948), the main Brazilian author of children books, being *O Sítio do Pica-pau Amarelo* (The yellow woodpecker's farm, 1920-47) his most famous work. A lawyer and social critic, Monteiro Lobato approached the issue of the cost-benefit ratio in a letter written in 1912 to a friend, Moura Rangel, in which he describes the difference in the cost of conventional and homeopathic medicines for the treatment of his child, who had atrophic rhinitis. "He [was] cured of everything (...) of rhinitis (...) of the ear [problem] (...)" after taking a few doses of *Mercurius*, followed by one dose of *Sulphur*, (...) cost of the cure: one thousand reales [in present day values, about USD 15] (...) As concerns allopathy, in exchange for no cure: trips to São Paulo, inflating drugs, inflating device and hopelessness" [35].

In São Paulo, "(...) Drs. Alberto Seabra, Murtinho Nobre, Afonso Azevedo, Militão Pacheco and Leopoldo Ramos established (...) the São Paulo Homeopathic Dispensary (...) devoted to free homeopathic care" in 1909" [36].

In 1912, the Hahnemannian School was established at Hahnemannian Institute of Brazil (IHB), including a "medical course according to the contemporary standards, which trains doctors fit to practice both systems (allopathy and homeopathy)" [37]. A Hahnemannian Hospital was established in 1916.

On 25 September 1918, Legislative Decree no. 3,540 granted IHB the right to "certificate homeopathic physicians" [29]. Therefore, recognition of homeopathy as medical practice and the training of specialists will commemorate 100 years in 2018.

Presided by the homeopathic physician and university professor, José E. Galhardo, the First Brazilian Homeopathic Congress was held in Rio de Janeiro in 1926. The 36<sup>th</sup> edition of this national event – biannual since the 1970s - will take place in Curitiba in 2018, thus completing 98 years of history [38].

Table 1. A brief summary of the 90 years of history of the Brazilian Homeopathic Congress (CBH) [38]

CBH	Year	City	President
I	1926	Rio de Janeiro-RJ	Dr. José Emygdio Rodrigues Galhardo
II	1950	Rio de Janeiro-RJ	Dr. Amaro Azevedo
III	1952 <sup>(1)</sup>	São Paulo-SP	Dr. Alfredo Di Vernieri
IV	1952 <sup>(1)</sup>	Porto Alegre-RS	Dr. David Castro
V	1954	Rio de Janeiro-RJ	Dr. Amaro Azevedo
VI	1957	Salvador-BA	Dr. Murillo Soares da Cunha
VII	1958	Rio de Janeiro-RJ	Dr. Alberto Soares de Meirelles
VII	1959	Porto Alegre-RS	Informação indisponível na literatura
VIII	1961	Curitiba-PR	Dr. Waldomiro Pereira
IX	1962	Rio de Janeiro-RJ	Dr. José Carneiro
X	1965	Rio de Janeiro-RJ	Dr. Jaime Treiger
XI	1966	Rio de Janeiro-RJ	Dr. Mario Magalhães Pecego
XII	1972	São Paulo-SP	Dr. Abrahão Brickmann
XIII	1977 <sup>(3)</sup>	Rio de Janeiro-RJ	Dr. Mario Magalhães Pecego
XIV	1978	São Paulo-SP	Dr. Alfredo Castro
XV	1980 <sup>(4)</sup>	Petrópolis-RJ	Dr. Roberto Andrade da Costa
XVI	1982	Curitiba-PR	Informação indisponível na literatura
XVII	1984	Salvador-BA	Dra. Maria Amélia Soares da Cunha
XVIII	1986	São Paulo-SP	Dr. Waltencir Linhares
XIX	1988	Gramado-RS	Dra. Ângela Augusta Lanner Vieira
XX	1990 <sup>(4)</sup>	Vitória-ES	Dr. Ediron Pinho Carpes
XXI	1992	Belo Horizonte-MG	Dr. José de Schembri
XXII	1994	Curitiba-PR	Dr. Marco Antônio Bessa
XXIII	1996	Campo Grande-MS	Dr. José Roberto Campos de Souza
XXIV	1998	Gramado-RS	Dr. Érico Dorneles
XXV	2000	Rio de Janeiro-RJ	Dr. Francisco Vargas de Oliveira Villela
XXVI	2002	Natal-RN	Dra. Maria Adelaide Guedes Bezerra
XXVII	2004	Brasília-DF	Dr. Divaldo Dias Mançano
XXVIII	2006	Florianópolis-SC	Dra. Paloma Arias
XXIX	2008	São Paulo-SP	Dr. Arioaldo Ribeiro Filho
XXX	2010	Recife-PE	Dra. Odimariles de Melo Souza Dantas
XXXI	2012	Belo Horizonte-MG	Dr. Mario Cabral
XXXII	2014	São Paulo-SP	Dr. Arioaldo Ribeiro Filho
XXXIII	2016	Campo Grande-MS	Dr. Luiz Darcy G. Siqueira

•According to the available records, 2 CBH (III and IV) were held in one and same year. • First National Meeting of Students Interested in Homeopathy (ENEIH). • Homeopathy is acknowledged as medical specialty. • First exam for board certification in homeopathy (Federal Medical Council/Brazilian Medical Association/Brazilian Homeopathic Medical Association)

Six years after the creation of the São Paulo Medical Association (APM), the São Paulo Homeopathic Medical Association (APH) was established on 5 June 1936 with the goal to “divulgate the Hahnemannian doctrine”. Thus it is one of the oldest among the associations of medical specialties. In 1970 APH moved to a building of its own [39].

On 8 July 1952, Law no. 1,552, published in 13 July 1952, made the teaching of homeopathic pharmaceuticals compelling in all Brazilian schools of pharmacy [40]. In this way the ethical scope of each profession was firmly demarcated: homeopathic clinical-therapeutic practice is an exclusive attribution of physicians, while homeopathic pharmaceuticals is exclusive attribution of pharmacists.



In 1976, Decree no. 78,841 approved the “General Part” of the Brazilian Homeopathic Pharmacopoeia [41]. On 4 June 1980, The Federal Medical Council (CFM) Resolution no. 1,000 defined homeopathy as a “**single, indivisible**” medical specialty, and as such “**ought to be practiced by duly qualified physicians**”, thus reaffirming the stipulations in Legislative Decree no. 3.540/1918 (emphasis is ours).

CFM Resolution no. 1,000/1980 was ratified by Resolutions no. 1,295/1989 and 1,634/2002 [43] modified by Resolution no. 1,659/2003 [44]. Appendix II was rewritten in CFM Resolution no. 1,763/2005 [45]; the new text was approved by Resolution no. 1,785/2006 [46] being partially modified by Resolution no. 1,970/2011 [47].

Together with the national restructuring of the Brazilian Homeopathic Medical Association (AMHB), and through an agreement with CFM and the Brazilian Medical Association (AMB), AMHB is responsible since 1988 for the evaluation of candidates to board certification in homeopathy. In compliance with the stipulations in CFM Resolution no. 1,000/1980, later ratified, board certification requires 2-year training in courses recognized by the AMHB Council of Teaching Institutions (CEF) under supervision of AMHB Scientific Committee and for Assessment of Courses. Completion of such courses is mandatory for taking the exam required for board certification.

According to *Demografia Médica* jointly published in 2015 by School of Medicine, University of São Paulo, CFM and the Regional Medical Council of the State of São Paulo (CREMESP) [48], homeopathy ranked 26<sup>th</sup> in number of specialists among 53 listed medical specialties. In 2013, CFM registered 2,458 board certified homeopaths, 455 of whom were pediatricians, being the third most frequent specialty among the latter, following allergy and occupational medicine [43]. About 20% of board certified specialists in family and community medicine are also board certified homeopaths [49].

In 1977, Dr. Anna Kossak was approved in public examination as Senior Lecturer in Homeopathic Clinical Practice, Federal University of the State of Rio de Janeiro (UNIRIO). In 1988 she was appointed head professor.

AMHB, affiliated to AMB, was established in 1979 to represent and support the interests of homeopathic physicians in scientific, ethical, social, economic and legal matters [50]. The Association remains in activity up to the present time, having Dr. Ariovaldo Ribeiro Filho, from São Paulo, as its president for the last two terms.

Systematic research in homeopathy began in Brazil in the 1980s. In this regard, François Lamasson Homeopathic Institute - “under the responsibility of Dr. Izao Carneiro Soares and Dr. Gilberto Pozzetti, then professor at School of Pharmacy of Araraquara, State University of São Paulo (UNESP” [51] – stands out. Also remarkable was the work of “homeopathic investigators who performed academic research on the effectiveness and efficacy of homeopathic treatments along the same period, such as Drs. Marcelo Pustiglione (Civil Servant Hospital of São Paulo) and Mário Sposati (Experimental Health Center of Barra Funda, São Paulo), who had resource to homeopathy programs at public health services as [experimental] field”[51]. In this line, we should also mention “the studies by Matheus Marin, from Campinas, on the nature and efficacy of homeopathic medicines based on physical hypotheses and in contact with investigators from State University of Campinas (UNICAMP” [51].

In 1986, National Institute of Medical Care and Social Security (INAMPS) Resolution no. 112, from 21 January, implemented a “Homeopathy Program”. In October that same year, the Regional Health Bureau (ERSA) of Marília, São Paulo, made the first public call for homeopathic doctors to be incorporated into the health care network. Inclusion of homeopathy in public health services across the country made its availability universal to the overall population, independently from factors such as educational level and lifestyle.

In addition to CBH and regional scientific meetings, one further contribution to the development of homeopathy as science and art in Brazil was represented by the National Symposium (and International Meeting) of Institution-based Research in Homeopathy (SINAPIH). Along 20 years (1987-2008), SINAPIH was doubtlessly the most prestigious meeting point for homeopathic investigators in Brazil [52]. Since its inception, the goals of SINAPIH were “to promote the advance of scientific knowledge on homeopathy, identify the field currently covered by homeopathic research, detect and discuss theoretical-methodological issues relevant to research in this field and promote exchange of information among investigators” [52]. Starting from 2<sup>nd</sup> SINAPIH, 6 main areas were defined, which then characterized the following meetings: (1) socio-historical research, (2) clinical research, (3) laboratory research, (4) pharmacological and pathogenetic research, (5) assessment of health services and (6) training of human resources. Also starting from 2<sup>nd</sup> SINAPIH onward, foreign researchers participated in meetings, most of them sponsored by their institutions of origin, which is indicative of the relevance of SINAPIH (Table 2).

Table 2. International participants in SINAPIH [52]

Investigators	Field of activity	Institution	Country
Bernard Poitevin	Laboratory research	Institut National de la Santé et de la Recherche Médicale - INSERM	France
Jacques Benveniste*	Immunology and homeopathy		
Madeleine Bastide		Université Montpellier I	
Jacques Imberechts	Clinical research	Homoeopathia Europea	Belgium
Harris Coulter	Socio-historical research	Columbia University	USA
Peter Fisher**	Clinical research	Royal Homoeopathic Hospital of London	United Kingdom
Thomas Gennep	Socio-historical research	Institut für Geschichte der Medizin, Robert Bosch Stiftung	Germany
Francisco Xavier Eizayaga Jr.	Pathogenetic research	School of Medicine, Universidad Maimónides	Argentina

\*Author of famous studies, including the article on the so-called “memory of water” [53]; \*\*Physician to the British royal family.

In 1988, Inter-Ministry Committee for Planning and Coordination (CIPLAN) passed Resolution no. 4, which introduced homeopathy in public health services [54]. In 1989, Resolutions CIS/SP 81/89 [55] and SS-90 [56] approved and established general guidelines for homeopathic care delivery at federal and state public health services, including “the integrated health actions” or Unified Health System (SUS). Based on CIPLAN Resolution no. 04/88, ERSA-4, São Paulo, made a public call to hire homeopathic doctors [57].

In 1991, APM Scientific Department of Homeopathy was established, following a survey of the opinions of Paulista doctors, most of whom approved this initiative. The Department continues in operation to this day; its current director is Dr. Sérgio E. Furuta, who also is president of APH. That same year, several doctors were named professors of Homeopathic Clinical Practice, UNIRIO, “the one single school that includes homeopathy in the undergraduate medical curriculum, due to the Hahnemannian origin of the School of Medicine and Surgery” [29]. Such doctors were Flávio Dantas and Helio Teixeira (Minas Gerais), Helio Bergo (Espírito Santo), Ana Tereza Dreux Mariani, Cláudio Araújo, Francisco Caixeta and Antonio Carlos Silva Oliveira (Rio de Janeiro) and Marcelo Pustiglione (São Paulo).

A medical residency program in homeopathy was established in 2004 at Gaffrée & Guinle University Hospital (HUGG), UNIRIO. In 2016, Federal University of Mato Grosso do Sul made a call to start its own residency program. Also other initiatives in the academic milieu are deserving of mention, such as the one developed by Dr. Rubens Dolce Filho at Medical School, Federal University of São Paulo (UNIFESP) and Dr. Marcus Zulian Teixeira, PhD, at School of Medicine, University of São Paulo (FMUSP). Several homeopathic doctors participate in international research groups in Europe and South America, among them Flávio J. Dantas de Oliveira and Silvia Waisse. The Directory of Research Groups, National Council of Scientific and Technological Development (CNPq) lists 24 homeopathic research groups [58].

On 3 May 2006, Health Ministry Ruling no. 971 included homeopathy in SUS National Policy of Integrative and Complementary Practices (PNPIC), upon considering that “(...) homeopathy is a complex medical system with integrative and dynamic approach to the health-disease process and actions for prevention of diseases and promotion and recovery of health” [59].

According to an article published in journal *O Estado de São Paulo*, on 3 May 2008, “The Health Ministry reports increasing demand for this therapeutic [system] since the beginning of this decade, representing more than 20% increase compared to the population growth”. In addition, “in the past year, this specialty accounted for more than 300,000 consultations within the Unified Health System”, corresponding to about 10% of primary care visits along that period [60].

The relevance of homeopathy, a reflection of the global increase in the use of homeopathic medicines for care of ill people and the expansion of the global market, is also evidenced by the concern of health authorities, pharmaceutical industry and consumers with the safety and quality of homeopathic medicines. To ensure that the desired quality is achieved, WHO prepared a document on safety issues that stresses good manufacturing practice (GMP) and provides guidelines for the manufacture of homeopathic medicines [61].

## Conclusions

Based on the information described here, we might assert that in addition to advantages related to effectiveness (broad scope, absence of adverse side effects and low cost), as a function of the optimal patient-doctor relationship homeopathy fully complies with the bioethical principles – beneficence/nonmaleficence, autonomy and universality/justice

[11]. Increasingly more evidences emerge as to the outcomes of homeopathic treatment of diseases of any kind, acute, epidemic or chronic, besides its usefulness for palliative care.

Therefore we might conclude that as a function of its uniqueness as therapeutic approach and its bicentennial trajectory, acknowledged by most doctors and society at large, it is both desirable and necessary for homeopathy to be included in universities, medical schools and health care systems at all levels of complexity, to thus ensure its historical characterization as medical specialty.

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