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Reducing healthcare costs with homeopathy and  
anthroposophic medicine:

A summary of available literature

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**European Coalition on  
Homeopathic and Anthroposophic Medicinal Products  
European Economic Interest Group**

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ECHAMP, the European Coalition on Homeopathic and Anthroposophic Medicinal Products, is the European association of companies that work closely together to ensure that its members can meet the demand from users and prescribers across the EU for homeopathic and anthroposophic medicinal products. It advocates in favour of an appropriate regulatory environment for these products in the EU.

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Abstract:

**Background:** With an ageing European population and the associated rise in chronic diseases pressuring European health systems, an investigation into the appropriateness, cost-effectiveness and efficacy of various medical systems is needed. ECHAMP has carried out a survey of existing literature on the cost-effectiveness of homeopathy and anthroposophic medicine in order to show how homeopathy and anthroposophic medicine can contribute to a sustainable health system.

**Methods:** An extensive search was carried out in the electronic databases of Medline (Pubmed), Google Scholar and Science Direct. The articles were analysed on direct, indirect and intangible cost reductions. There was no attempt to analyse the quality of the different studies.

**Results:** Eight studies showed remarkable direct costs savings by the use of homeopathy while seven studies indicated direct cost reductions with the treatment of anthroposophic medicine. One study showed significant direct cost savings for both homeopathy and anthroposophic medicine. None of the studies performed an exact cost calculation for the indirect cost savings of homeopathy whereas only one study calculated the indirect cost savings due to anthroposophic medicine. The latter estimated that indirect cost savings ranged between 41.5 and 113.1 euros per patient per day. Almost all studies for both homeopathy and anthroposophic medicine showed an increase in Quality of Life and reductions in disease severity.

**Conclusion:** It is plausible to state that both homeopathy and anthroposophic medicine can contribute to sustainable health systems by reducing direct, indirect and intangible healthcare costs.

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## 1. Introduction

Every European country is experiencing an ageing population, a trend which is expected to continue until at least 2050 (WHO, 2009). This process pressures the European health systems: healthcare costs are increasing as a result of an ageing population associated with a rise in chronic diseases leading to a higher demand for healthcare (Council of the EU, 2013); seventy-seven percent of the disease burden in Europe is due to five chronic diseases (diabetes, cardiovascular diseases, cancer, chronic respiratory diseases and mental disorders). Thus, healthy ageing is crucial and a lifelong process (WHO, n.d.). Policies and strategies promoting healthy ageing need to be focused at promotion and prevention across the entire lifecycle. This calls for sustainable health systems covering the healthcare needs of the whole population (EC, 2009).

Nevertheless, the economic crisis in Europe reduces the available financial resources, making it more difficult for countries to ensure a sustainable health system supplying universal access to good quality healthcare. Therefore attention should be paid to new ways diminishing the financial burden by investigating the appropriateness, cost-effectiveness and efficacy of various medical systems (Council of the EU, 2013). Homeopathy is a widespread solution in countries where high healthcare expenditures were not sustainable. At the end of the nineteenth century homeopathy was already acknowledged by Chile who permitted self-dispensing by physicians. In India homeopathy has been equivalent to western medicine since 1979 and homeopathy has been incorporated into the Cuban national health system since 1992 (Ammon *et al.*, 2011). Though anthroposophic medicine is less widespread, it has been integrated in the German health system since 1979. Nevertheless only 28 anthroposophic hospitals or anthroposophic departments in hospitals currently exist in eight different countries (Kienle *et al.*, 2006).

This article aims to give a summary of the available literature on cost-effectiveness of homeopathy and anthroposophic medicine in order to show how homeopathy and anthroposophic medicine can contribute to a sustainable health system.

## 2. Method

For this literature review the following search strategy was used. Several electronic databases were searched in July 2014: Medline (Pubmed), Google Scholar and Science Direct. All articles published in the English language over the past 10 years were included (2004 through to July 2014). The following keywords were used: economic evaluation AND homeopathy, cost-effectiveness AND homeopathy, economic evaluation AND anthroposophic medicine, cost-effectiveness AND anthroposophic medicine. After extensive search in the databases 61 articles were found after removal of the duplicates: 33 on

homeopathy, 27 on anthroposophic medicine and one on both homeopathy and anthroposophic medicine.

The articles were analysed on direct, indirect and intangible cost reductions. Direct costs are costs deriving from the illness itself, such as the treatment costs. Indirect costs are costs due to productivity losses, including sick leave and early retirement. Intangible costs cannot be expressed in monetary terms and include improvements in Quality of Life (QoL) and reductions in disease severity (Ammon *et al.*, 2011).

There was no attempt to analyse the quality of the different studies.

### 3. Results

First an overview of the studies showing direct, indirect and intangible cost reductions by homeopathy will be given followed by an overview of the studies showing cost savings by anthroposophic medicine.

#### *Homeopathy and direct cost savings*

Eight studies showed distinct direct cost savings by the use of homeopathy. A study in the United Kingdom showed that if only 4% of General Practitioners (GPs) used homeopathy as major approach in their treatment, the state could save £190 million (240 million euros). This saving was mainly due to the reduction of drug bills in certain clinical areas (Roberts, 2008). Several studies confirm this hypothesis (Kneis & Gandjour, 2009, Pomposelli *et al.*, 2009 & Rossi *et al.*, 2009). The main direct costs in homeopathic care are visible in the practitioner time. The prescription costs are on average a quarter lower than conventional reimbursable medicine (Roberts, 2008). Another study covering a pharmacoeconomic comparison between homeopathic and antibiotic treatment strategies in recurrent acute rhinopharyngitis showed that the homeopathic strategy had lower direct medical costs than the antibiotic strategy (88 vs. 99 euros) (Trichard *et al.*, 2004).

#### *Homeopathy and indirect cost savings*

Seven studies mentioned reduced sick leave or absenteeism due to use of homeopathy. In a study on acute rhinopharyngitis in children, less complications with homeopathy treatment were shown and therewith significant less sick-leave of parents in comparison with the antibiotic strategy (9.5% of parents vs 31.6% of parents) (Trichard *et al.*, 2004). In 2013 another study showed reduced school absenteeism of children with migraine due to a significant decrease in the frequency, severity and duration of migraine attacks (Danno *et al.*, 2013). None of the studies performed an exact cost calculation.

### *Homeopathy and intangible cost savings*

Almost all studies mentioned significant improvement in Quality of Life (QoL). Improvements were mostly noticed in adults and young children. Disease severity reduced significantly between baseline and the two year follow up (Witt *et al.*, 2005). Another study showed significant decrease in complaints severity in an 8-year follow up study. The data showed substantial and sustainable health improvements in patients with chronic diseases under homeopathic treatment (Witt *et al.*, 2008).

### *Anthroposophic medicine and direct cost savings*

Seven studies showed direct cost savings with treatment of anthroposophic medicine. A study in Germany with 898 out-patients aged 1-75 showed a decrease of 152 euro per patient per year (Hamre *et al.*, 2004). Another study showed a cost reduction of 519 euro per patient after two years. The high cost reduction, mainly visible in the second year, was due to significant decrease in inpatient hospitalization (Hamre *et al.*, 2006a). The study of Baars & Korreman (2014), in which 64% of the CAM GPs were anthroposophic GPs, also showed a significant decrease in hospital care costs. The mean annual hospital care costs for patients treated by an anthroposophic GP were 165 euro lower than the mean annual hospital care costs for patient treated by a conventional GP. Additionally the study showed lower mean annual pharmaceutical care costs (58 euro) for patients treated by an anthroposophic GP.

### *Anthroposophic medicine and indirect cost savings*

One study calculated the indirect cost savings due to anthroposophic medicine. The study calculated the sick-leave costs by sick leave compensation in Germany. The costs were calculated from the national average gender-specific earnings for wage earners, salaried employees and civil servants in Germany, with 100% compensation for day 1-42 and 70% compensation from day 43 onwards. By the average annual costs for sick-leave, it was estimated that cost savings ranged between 41.5 and 113.1 euro per patient per day (Hamre *et al.*, 2006a).

### *Anthroposophic medicine and intangible cost savings*

Almost all studies showed improvement in Quality of Life (QoL). A study on chronic depression showed that substantial improvements of symptoms and health status, which maintained over the four year follow up (Hamre *et al.*, 2006b). Another study performed mainly in a primary care setting presented significant improvements in mental, respiratory, musco-skeletal, neurological, and genito-urinary and other chronic diseases with the treatment of anthroposophic medication within six months (Hamre *et al.*, 2008).

#### 4. Discussion

The studies above show that homeopathy and anthroposophic medicine reduce healthcare costs and are especially valuable for patients with chronic diseases. Thus, both homeopathy and anthroposophic medicine can be of great importance for European health systems of which the total amount spent on chronic diseases is nowadays 700 billion euro (EIU, 2012). Direct savings can be mostly seen within the medication costs of homeopathy and anthroposophic medicine. Homeopathic products can be prepared relatively easily and at low cost. The latter has partly to do with the fact that homeopathic drugs are non-patented and generically produced. Additionally, with the use of homeopathy and anthroposophic medication the adverse events are lower than with conventional medicine resulting in lower additional direct costs (Carayanni, 2012).

Several studies showed that both homeopathy and anthroposophic medicine were related to significantly less sick leave. However, none of the studies took presenteeism into account. More commonly patients with chronic diseases tend to continue to work at a lower productivity level. Productivity losses differ between the levels of health risk experienced by the patient. Seventeen percent of productivity reduction is seen in low risk patients while 34.5% productivity loss is seen in high risk patients (Gemmill, 2008). It can be argued that patients being treated with homeopathy and anthroposophic treatment belong to the first group as both homeopathy and anthroposophic medicine have a curative health promotion approach which reduces modifiable risk factors often causing or sustaining chronic diseases. Both aim at increasing a human's self-healing capacity and self-management (Baars, 2011). People's health status improves with a better self-healing capacity and self-management initiating a new attitude and change in life habits resulting in a lower level of health risks (Arman *et al.*, 2011). Additionally, this argument also has implications for the intangible costs, showing a sustainable decrease in disease severity and therewith a sustainable increase in QoL.

Though the results show the importance of an integrated use of homeopathy and anthroposophic medicine in European health systems, more pharmaco-economic research on this topic is needed.

#### 5. Conclusion

It is plausible to state that both homeopathy and anthroposophic medicine can contribute to sustainable health systems in Europe. Studies show a significant decrease in direct and indirect costs for chronically ill patients with the use of homeopathy and anthroposophic medicine. In addition, patients with chronic diseases using homeopathy and anthroposophic medicine noticed a significant improvement in QoL.

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