

In order to be persuasive we therefore need evidence massively more compelling than the studies cited, because we'd have to discard everything we have learned about physics and physical chemistry since Avogadro. As it turns out, systematic reviews of the research show that the more positive results are from methodologically weaker studies, while stronger methodology tends inexorably toward the conclusion of placebo plus experimenter bias.²⁻⁵

As the House of Commons Science and Technology Committee concluded, there is no robust evidence that homeopathy is effective beyond placebo.⁶ To pretend otherwise is unethical as it violates the principle of informed consent. In a world where it is seriously being promoted for the treatment of cancer and radiation poisoning, and the prevention of malaria and typhoid, with provably devastating results, I am afraid your publication of this article is cause for serious concern.

G. Chapman, Reading

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3. Linde K, Clausius N, Ramirez G *et al*. Are the clinical effects of homeopathy placebo effects? A meta-analysis of placebo-controlled trials. *Lancet* 1997; **350**: 834-843.
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QUACKERY RISK

Sir, I am sure I am not the only reader to be exasperated by the editor's acceptance of the opinion piece *Homeopathy and its ethical use in dentistry* (*BDJ* 2011; **210**: 299-301). I assume an opinion piece slips past the peer review process. This is no reason uncritically to accept arguments lacking in analytic rigour.

There are numerous unsubstantiated and selective claims in the piece. Unfortunately, its inclusion will permit future references by homeopaths to the *BDJ* as

if the journal, and by connection the BDA, dental academics and clinicians, viewed homeopathy as having some clinical validity.

I remember being told, as a dental student, that to engage with such quackery simply allows it to benefit from the illusion of scientific debate. This is what we risk here.

On the positive side, however, I am always happy to be reminded of the tale of the homeopath who forgot to take his medicine and died of an overdose.

R. Levy, London

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IMPECCABLE ARTICLE

Sir, my thanks to the *BDJ* for allowing Britain's homeopaths a forum to argue their case in a recent, impeccable article (*BDJ* 2011; **210**: 299-301).

I found it encouraging to read that dental professionals now have a further avenue for research through which they can add to the evidence base on which we practise. The potent placebo effect of homeopathic medication is one we can now look to embrace and should indeed 'maximise it for the benefit of our patients'.

The heartening fact that the remedies are so biologically inert that through adopting them in our everyday practice we can seek to 'minimise the amount of potentially dangerous medication used', removes one of the few quandaries I had whilst witnessing their prescription during previous employment in a busy British dental hospital.

Indeed, the article's links to the British Homeopathic Association provided me with the knowledge I was lacking regarding the theory of water's 'memory', which underpins homeopathic practice. Thankfully I discovered that they use distilled water (which I'm assuming has had its memory wiped) to formulate their medications. My concerns lay in that if common tap water was used in these potions then they may still possess a latent memory of the infinitesimally small amounts of faeces and urine which would have previously passed through it. Of course, doing that would be silly.

N. Stanford, Newcastle-upon-Tyne

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ETHICALLY UNACCEPTABLE

Sir, I write regarding *Homeopathy and its ethical use in dentistry* (*BDJ* 2011; **210**: 291-292). In addition to the article there are two quite long letters in support of its use.

Lest your readers begin to think that there may be possible benefits of homeopathy I would draw their attention to the excellent article by Dr Kevin Smith.¹ In this he looks at all the aspects of homeopathy but the critical part of his summary is 'A utilitarian analysis of the utilities and disutilities leads to the conclusion that homeopathy is ethically unacceptable and ought to be actively rejected by healthcare professionals'.

K. G. Isaacson

By email

1. Smith K. Against homeopathy – a utilitarian perspective. *Bioethics* 14 February 2011. DOI: 10.1111/j.1467-8519.2010.01876.x (Epub ahead of print).

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RESTORATION FRAGMENTS

Sir, we present a unique case of a foreign body reaction in a 52-year-old male patient presenting with pain in the lower right quadrant and a large destructive area of bone loss in the body of the mandible. This was subsequently attributed to an intra-osseous foreign body reaction as a result of amalgam displaced into the socket during an extraction several months ago.

Physical examination revealed slight facial swelling present at the right body of the mandible with no cervical lymphadenopathy or trismus. The patient had no neurological deficits including intact lip sensation.

Intraoral examination revealed a firm palpable swelling in the buccal sulcus around the lower right second premolar region, with no mobility or tenderness to percussion of the adjacent teeth.

Panoramic radiograph (Fig. 1) showed a diffused irregular radiolucent area in the right side of the body of the mandible with residual amalgam residue present within the affected bone leading to significant root resorption of the lower right canine, first premolar and first molar teeth. The pathological area was explored, debrided and curettage of the area was performed under local anaesthesia with extraction of the L44 and L46.