GESÜNDERES EUROPA MIT HOMÖOPATHIE

Statement des Europäischen Komitees für Homöopathie (ECH)
und der
Europäischen Föderation homöopathischer Patientenverbände (EFHPA)

Homöopathie ist hilfreich, wichtige Gesundheitsprobleme in den EU-Ländern zu lösen

- Homöopathie trägt dazu bei, den Bedarf an Antibiotika in der Gesundheitsversorgung von Mensch und Tier zu reduzieren und hilft so, dem Problem der Antibiotikaresistenz zu begegnen. [1,2]
- In die Gesundheitsversorgung integrierte Homöopathie verringert die Beschwerden und erhöht die Lebensqualität bei PatientInnen mit chronischen Erkrankungen. [3,4,5,6,7,8]
- In die Gesundheitsversorgung integrierte Homöopathie kann Dauerverordnungen konventioneller Medikamente reduzieren. [9]

Homöopathie ist sicher und kosteneffektiv bei gleichzeitig hoher Patientenzufriedenheit

- In die Gesundheitsversorgung integrierte Homöopathie kann zu niedrigeren Ausgaben im Gesundheitssystem beitragen. [10,11,12]
- Homöopathie ist sicher und geht mit hoher Patientenzufriedenheit einher. [13,14,15]
- Homöopathisch behandelte Patient*innen haben insgesamt ein besseres Therapieergebnis im Vergleich zu Patient*innen mit ausschließlich konventioneller Behandlung bei ähnlichen Kosten.[16]
- Qualität, Sicherheit und korrekte Auszeichnung von homöopathischen Arzneimitteln wird garantiert durch die Richtlinie 2001/83/EG.

EU-Bürger*innen erwarten und fordern Homöopathie als Teil ihrer Gesundheitsversorgung

- Homöopathie ist die am häufigsten eingesetzte komplementärmedizinische Therapie in Europa. [17]
- Drei von vier EU-Bürger*innen kennen Homöopathie und 29% von diesen nutzen homöopathische Arzneimittel für ihre tägliche Gesundheitsversorgung.[18]

Wissenschaftliche Erkenntnisse auf höchstem Qualitätsniveau bestätigen die klinische Wirksamkeit homöopathischer Arzneimittel

- Die klinischen Effekte der homöopathischen Therapie wurden in systematischen Reviews und Metaanalysen bestätigt. [19,20,21,22,23,24,25]

Es gibt überzeugende Beweise für die biologische Wirksamkeit homöopathischer Arzneimittel

- Unwiderlegbare, wissenschaftliche Beweise wurden veröffentlicht, die Wirksamkeit homöopathisch potenzierter Substanzen unter Laborbedingungen nachweisen . [26,27]

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3) Witt CM, Lüdtke R, Baur R, Willich SN. Homeopathic medical practice: long-term results of a cohort study with 3981 patients. BMC Public Health 2005; 5:115

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6) Thompson EA, Mathie RT, Baitson ES, et al. Towards standard setting for patient-reported outcomes in the NHS homeopathic hospitals. Homeopathy 2008; 97:114–121

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Management of upper respiratory tract infections by different medical practices, including homeopathy, and consumption of antibiotics in primary care: the EPI3 cohort study in France 2007-2008.

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Abstract

BACKGROUND:

Prescribing of antibiotics for upper respiratory tract infections (URTI) varies substantially in primary care.

OBJECTIVES:

To describe and compare antibiotic and antipyretic/anti-inflammatory drugs use, URTI symptoms' resolution and occurrence of potentially-associated infections in patients seeking care from general practitioners (GPs) who exclusively prescribe conventional medications (GP-CM), regularly prescribe homeopathy within a mixed practice (GP-Mx), or are certified homeopathic GPs (GP-Ho).

METHOD:

The EPI3 survey was a nationwide population-based study of a representative sample of 825 GPs and their patients in France (2007-2008). GP recruitment was stratified by self-declared homeopathic prescribing preferences. Adults and children with confirmed URTI were asked to participate in a standardized telephone interview at inclusion, one-, three- and twelve-month follow up. Study outcomes included medication consumption, URTI symptoms' resolution and potentially-associated infections (sinusitis or otitis media/externa) as reported by patients. Analyses included calibration to account for non-respondents and groups were compared using multivate analyses adjusting for baseline differences with a propensity score.

RESULTS:

518 adults and children with URTI (79.3% rhinopharyngitis) were included (36.9% response rate comparable between groups). As opposed to GP-CM patients, patients in the GP-Ho group showed significantly lower consumption of antibiotics (Odds ratio (OR)=0.43, 95% confidence interval (CI): 0.27-0.68) and antipyretic/anti-inflammatory drugs (OR=0.54, 95% CI: 0.38-0.76) with similar evolution in related symptoms (OR=1.16, 95% CI: 0.64-2.10). An excess of potentially-associated infections (OR=1.70, 95% CI: 0.90-3.20) was observed in the GP-Ho group (not statistically significant). No difference was found between GP-CM and GP-Mx patients.

CONCLUSION:

Patients who chose to consult GPs certified in homeopathy used less antibiotics and antipyretic/anti-inflammatory drugs for URTI than those seen by GPs prescribing conventional medications. No difference was observed in patients consulting GPs within mixed-practice. A non-statistically significant excess was estimated through modelling for associated infections in the GP-Ho group and needs to be further studied.

2) Homeopathy. 2010 Jan;99(1):57-62. doi: 10.1016/j.homp.2009.10.003.

Homeopathy as replacement to antibiotics in the case of Escherichia coli diarrhoea in neonatal piglets.

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Abstract

BACKGROUND:

The use of antibiotics in the livestock sector is increasing to such an extent that it threatens negative consequences for human health, animal health and the environment. Homeopathy might be an alternative to antibiotics. It has therefore been tested in a randomised placebo-controlled trial to prevent Escherichia coli diarrhoea in neonatal piglets.

METHOD:

On a commercial pig farm 52 sows of different parities, in their last month of gestation, were treated twice a week with either the homeopathic agent Coli 30K or placebo. The 525 piglets born from these sows were scored for occurrence and duration of diarrhoea.

RESULTS:

Piglets of the homeopathic treated group had significantly less E. coli diarrhoea than piglets in the placebo group (P<.0001). Especially piglets from first parity sows gave a good response to treatment with Coli 30K. The diarrhoea seemed to be less severe in the homeopathically treated litters, there was less transmission and duration appeared shorter.

3) BMC Public Health. 2005 Nov 3;5:115.

Homeopathic medical practice: long-term results of a cohort study with 3981 patients.

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Abstract

BACKGROUND:

On the range of diagnoses, course of treatment, and long-term outcome in patients who chose to receive homeopathic medical treatment very little is known. We investigated homeopathic practice in an industrialized country under everyday conditions.

METHODS:

In a prospective, multicentre cohort study with 103 primary care practices with additional specialisation in homeopathy in Germany and Switzerland, data from all patients (age > 1 year) consulting the physician for the first time were observed. The main outcome measures were: Patient and physician assessments (numeric rating scales from 0 to 10) and quality of life at baseline, and after 3, 12, and 24 months.

RESULTS:

A total of 3,981 patients were studied including 2,851 adults (29% men, mean age 42.5 +/- 13.1 years; 71% women, 39.9 +/- 12.4 years) and 1,130 children (52% boys, 6.5 +/- 3.9 years; 48% girls, 7.0 +/- 4.3 years). Ninety-seven percent of all diagnoses were chronic with an average duration of 8.8 +/- 8 years. The most frequent diagnoses were allergic rhinitis in men, headache in women, and atopic dermatitis in children. Disease severity decreased significantly ($p < 0.001$) between baseline and 24 months (adults from 6.2 +/- 1.7 to 3.0 +/- 2.2; children from 6.1 +/- 1.8 to 2.2 +/- 1.9). Physicians' assessments yielded similar results. For adults and young children, major improvements were observed for quality of life, whereas no changes were seen in adolescents. Younger age and more severe disease at baseline were factors predictive of better therapeutic success.

CONCLUSION:

Disease severity and quality of life demonstrated marked and sustained improvements following homeopathic treatment period. Our findings indicate that homeopathic medical therapy may play a beneficial role in the long-term care of patients with chronic diseases.

4) J Altern Complement Med. 2005 Oct;11(5):793-8.

Homeopathic treatment for chronic disease: a 6-year, university-hospital outpatient observational study.

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Abstract

OBJECTIVE:

The aim of this study was to assess health changes seen in routine homeopathic care for patients with a wide range of chronic conditions who were referred to a hospital outpatient department.

DESIGN:

This was an observational study of 6544 consecutive follow-up patients during a 6-year period.

SETTING:

Hospital outpatient unit within an acute National Health Service (NHS) Teaching Trust in the United Kingdom.

PARTICIPANTS:

Every patient attending the hospital outpatient unit for a follow-up appointment over the study period was included, commencing with their first follow-up attendance.

MAIN OUTCOME MEASURE:

Outcomes were based on scores on a 7-point Likert-type scale at the end of the consultation and were assessed as overall outcomes compared to the initial baseline assessments.

RESULTS:

A total of 6544 consecutive follow-up patients were given outcome scores. Of the patients 70.7% (n = 4627) reported positive health changes, with 50.7% (n = 3318) recording their improvement as better (+2) or much better (+3).

CONCLUSIONS:

Homeopathic intervention offered positive health changes to a substantial proportion of a large cohort of patients with a wide range of chronic diseases. Additional observational research, including studies using different designs, is necessary for further research development in homeopathy.

5) Homeopathy. 2006 Oct;95(4):199-205.

Outcomes from homeopathic prescribing in medical practice: a prospective, research-targeted, pilot study.

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Abstract

BACKGROUND AND AIMS:

A base for targeted research and development in homeopathy can be founded on systematic collection and analysis of relevant clinical data obtained by doctors in routine practice. With these longer-term aims in mind, we conducted a pilot data collection study, in which 14 homeopathic physicians collected clinical and outcomes data over a 6-month period in their practice setting.

METHODS:

A specifically designed Excel spreadsheet enabled recording of consecutive clinical appointments under the following main headings: date, patient identity (anonymised), age and gender, medical condition/complaint treated, whether chronic or acute, new or follow-up case, patient-assessed outcome (7-point Likert scale: -3 to +3) compared with first appointment, homeopathic medicine/s prescribed, whether any other medication/s being taken for the condition. Spreadsheets were submitted monthly via email to the project co-ordinator for data synthesis and analysis.

RESULTS:

Practitioners typically submitted data regularly and punctually, and most data cells were completed as required, enabling substantial data analysis. The mean age of patients was 41.5 years. A total of 1,783 individual patient conditions were treated overall. Outcome from two or more homeopathic appointments per patient condition was obtained in 961 cases (75.9% positive, 4.6% negative, 14.7% no change; 4.8% outcome not recorded). Strongly positive outcomes (scores of +2 or +3) were achieved most notably in the frequently treated conditions of anxiety, depression, and irritable bowel syndrome.

CONCLUSIONS:

This multi-practitioner pilot study has indicated that systematic recording of clinical data in homeopathy is both feasible and capable of informing future research. A refined version of the spreadsheet can be employed in larger-scale research-targeted clinical data collection in the medical practice setting--particularly in primary care.

6) Homeopathy. 2008 Jul;97(3):114-21. doi: 10.1016/j.homp.2008.06.005.

Towards standard setting for patient-reported outcomes in the NHS homeopathic hospitals.

Thompson EA[1], Mathie RT, Baitson ES, Barron SJ, Berkovitz SR, Brands M, Fisher P, Kirby TM, Leckridge RW, Mercer SW, Nielsen HJ, Ratsey DH, Reilly D, Roniger H, Whitmarsh TE.

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Abstract

INTRODUCTION:

We report findings from a pilot data collection study within a programme of quality assurance, improvement and development across all five homeopathic hospitals in the UK National Health Service (NHS).

AIMS:

(1) To pilot the collection of clinical data in the homeopathic hospital outpatient setting, recording patient-reported outcome since first appointment; (2) to sample the range of medical complaints that secondary-care doctors treat using homeopathy, and thus identify the nature and complexity of complaints most frequently treated nationally; (3) to present a cross section of outcome scores by appointment number, including that for the most frequently treated medical complaints; (4) to explore approaches to standard setting for homeopathic practice outcome in patients treated at the homeopathic hospitals.

METHODS:

A total of 51 medical practitioners took part in data collection over a 4-week period. Consecutive patient appointments were recorded under the headings: (1) date of first appointment in the current series; (2) appointment number; (3) age of patient; (4) sex of patient; (5) main medical complaint being treated; (6) whether other main medical complaint(s); (7) patient-reported change in health, using Outcome Related to Impact on Daily Living (ORIDL) and its derivative, the ORIDL Profile Score (ORIDL-PS; range, -4 to +4, where a score <or=-2 or >or=+2 indicates an effect on the quality of a patient's daily life); (8) receipt of other complementary medicine for their main medical complaint.

RESULTS:

The distribution of patient age was bimodal: main peak, 49 years; secondary peak, 6 years. Male:female ratio was 1:3.5. Data were recorded on a total of 1797 individual patients: 195 first appointments, 1602 follow-ups (FUs). Size of clinical service and proportion of patients who attended more than six visits varied between hospitals. A total of 235 different medical complaints were reported. The 30 most commonly treated complaints were (in decreasing order of frequency): eczema; chronic

fatigue syndrome (CFS); menopausal disorder; osteoarthritis; depression; breast cancer; rheumatoid arthritis; asthma; anxiety; irritable bowel syndrome; multiple sclerosis; psoriasis; allergy (unspecified); fibromyalgia; migraine; premenstrual syndrome; chronic rhinitis; headache; vitiligo; seasonal allergic rhinitis; chronic intractable pain; insomnia; ulcerative colitis; acne; psoriatic arthropathy; urticaria; ovarian cancer; attention-deficit hyperactivity disorder (ADHD); epilepsy; sinusitis. The proportion of patients with important co-morbidity was higher in those seen after visit 6 (56.9%) compared with those seen up to and including that point (40.7%; P<0.001). The proportion of FU patients reporting ORIDL-PS>or=+2 (improvement affecting daily living) increased overall with appointment number: 34.5% of patients at visit 2 and 59.3% of patients at visit 6, for example. Amongst the four most frequently treated complaints, the proportion of patients that reported ORIDL-PS>or=+2 at visit numbers greater than 6 varied between 59.3% (CFS) and 73.3% (menopausal disorder).

CONCLUSIONS:

We have successfully piloted a process of national clinical data collection using patient-reported outcome in homeopathic hospital outpatients, identifying a wide range and complexity of medical complaints treated in that setting. After a series of homeopathy appointments, a high proportion of patients, often representing "effectiveness gaps" for conventional medical treatment, reported improvement in health affecting their daily living. These pilot findings are informing our developing programme of standard setting for homeopathic care in the hospital outpatient context.

7) BMC Public Health. 2008 Dec 17;8:413. doi: 10.1186/1471-2458-8-413.

How healthy are chronically ill patients after eight years of homeopathic treatment?--Results from a long term observational study.

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Abstract

BACKGROUND:

Homeopathy is a highly debated but often used medical treatment. With this cohort study we aimed to evaluate health status changes under homeopathic treatment in routine care. Here we extend former results, now presenting data of an 8-year follow-up.

METHODS:

In a prospective, multicentre cohort study with 103 homeopathic primary care practices in Germany and Switzerland, data from all patients (age >1 year) consulting the physician for the first time were observed. The main outcome measures were: The patients' perceived change in complaint severity (numeric rating scales from 0 = no complaint to 10 = maximal severity) and quality of life as measured by the SF-36 at baseline, and after 2 and 8 years.

RESULTS:

A total of 3,709 patients were studied, 73% (2,722 adults, 72.8% female, age at baseline 41.0 +/- 12.3; 819 children, 48.4% female, age 6.5 +/- 4.0) contributed data to the 8-year follow-up. The most frequent diagnoses were allergic rhinitis and headache in adults, and atopic dermatitis and multiple recurrent infections in children. Disease severity decreased significantly ($p < 0.001$) between baseline, 2 and 8 years (adults from 6.2 +/- 1.7 to 2.9 +/- 2.2 and 2.7 +/- 2.1; children from 6.1 +/- 1.8 to 2.1 +/- 2.0 and 1.7 +/- 1.9). Physical and mental quality of life sores also increased considerably. Younger age, female gender and more severe disease at baseline were factors predictive of better therapeutic success.

CONCLUSION:

Patients who seek homeopathic treatment are likely to improve considerably. These effects persist for as long as 8 years.

8) Homeopathy. 2009 Jul;98(3):142-8. doi: 10.1016/j.homp.2009.04.001.

Homeopathy in the public health system: a seven-year observational study at Lucca Hospital (Italy).

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Abstract

OBJECTIVE:

To evaluate the response to homeopathic treatment in a public homeopathic clinic of all patients attending between September 1998 until December 2005, and to analyze homeopathic practice.

METHODS AND SETTING:

Longitudinal observational study in a homeopathic clinic based in a public hospital in Lucca, Italy. Data relating to patient details, clinical diagnosis, remedy prescribed, potency of dosage, prescription strategy and identification of the case as acute-chronic-recurrent were analyzed. Clinical response was assessed by the Glasgow Homeopathic Hospital Outcome Score.

RESULTS:

Overall 74% of patients reported at least moderate improvement. Outcomes were better with longer treatment duration and younger age of patients. Respiratory, followed by dermatological and gastrointestinal pathologies responded best, psychological problems relatively poorly.

CONCLUSIONS:

Homeopathic therapy is associated with improvement in a range of chronic and recurring pathologies. Certain characteristics of patient and pathology influence the outcome.

9) BMC Complement Altern Med. 2016 May 4;16:125. doi: 10.1186/s12906-016-1104-2.

Homeopathic medical practice for anxiety and depression in primary care: the EPI3 cohort study.

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Abstract

BACKGROUND:

The purpose of the study was to compare utilization of conventional psychotropic drugs among patients seeking care for anxiety and depression disorders (ADDs) from general practitioners (GPs) who strictly prescribe conventional medicines (GP-CM), regularly prescribe homeopathy in a mixed practice (GP-Mx), or are certified homeopathic GPs (GP-Ho).

METHODS:

This was one of three epidemiological cohort studies (EPI3) on general practice in France, which included GPs and their patients consulting for ADDs (scoring 9 or more in the Hospital Anxiety and Depression Scale, HADS). Information on all medication utilization was obtained by a standardised telephone interview at inclusion, 1, 3 and 12 months.

RESULTS:

Of 1562 eligible patients consulting for ADDs, 710 (45.5 %) agreed to participate. Adjusted multivariate analyses showed that GP-Ho and GP-Mx patients were less likely to use psychotropic drugs over 12 months, with Odds ratio (OR) = 0.29; 95 % confidence interval (CI): 0.19 to 0.44, and OR = 0.62; 95 % CI: 0.41 to 0.94 respectively, compared to GP-CM patients. The rate of clinical improvement (HADS <9) was marginally superior for the GP-Ho group as compared to the GP-CM group (OR = 1.70; 95 % CI: 1.00 to 2.87), but not for the GP-Mx group (OR = 1.49; 95 % CI: 0.89 to 2.50).

CONCLUSIONS:

Patients with ADD, who chose to consult GPs prescribing homeopathy reported less use of psychotropic drugs, and were marginally more likely to experience clinical improvement, than patients managed with conventional care. Results may reflect differences in physicians' management and patients' preferences as well as statistical regression to the mean.

10) Eur J Health Econ. 2012 Dec;13(6):769-76. doi: 10.1007/s10198-011-0330-2. Epub 2011 Jun 22.

Patients whose GP knows complementary medicine tend to have lower costs and live longer.

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Abstract

BACKGROUND:

Health economists have largely ignored complementary and alternative medicine (CAM) as an area of research, although both clinical experiences and several empirical studies suggest cost-effectiveness of CAM.

OBJECTIVE:

To explore the cost-effectiveness of CAM compared with conventional medicine.

METHODS:

A dataset from a Dutch health insurer was used containing quarterly information on healthcare costs (care by general practitioner (GP), hospital care, pharmaceutical care, and paramedic care), dates of birth and death, gender and 6-digit postcode of all approximately 150,000 insurees, for the years 2006-2009. Data from 1913 conventional GPs were compared with data from 79 GPs with additional CAM training in acupuncture (25), homeopathy (28), and anthroposophic medicine (26).

RESULTS:

Patients whose GP has additional CAM training have 0-30% lower healthcare costs and mortality rates, depending on age groups and type of CAM. The lower costs result from fewer hospital stays and fewer prescription drugs.

DISCUSSION:

Since the differences are obtained while controlling for confounders including neighborhood specific fixed effects at a highly detailed level, the lower costs and longer lives are unlikely to be related to differences in socioeconomic status. Possible explanations include selection (e.g. people with a low taste for medical interventions might be more likely to choose CAM) and better practices (e.g. less overtreatment, more focus on preventive and curative health promotion) by GPs with knowledge of complementary medicine. More controlled studies (replication studies, research based on more comprehensive data, cost-effectiveness studies on CAM for specific diagnostic categories) are indicated.

11) BMJ Open. 2014 Aug 27;4(8):e005332. doi: 10.1136/bmjopen-2014-005332.

A 6-year comparative economic evaluation of healthcare costs and mortality rates of Dutch patients from conventional and CAM GPs.

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Erratum in BMJ Open. 2014;4(9):e005332corr1.

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2. Department of Economics, Tilburg University, Tilburg, The Netherlands.

Abstract

OBJECTIVES:

To compare healthcare costs and mortality rates of Dutch patients with a conventional (CON) general practitioner (GP) and patients with a GP who has additionally completed training in complementary and alternative medicine (CAM).

DESIGN:

Comparative economic evaluation.

SETTING:

Database from the Dutch insurance company Agis.

PARTICIPANTS:

1,521,773 patients (98.8%) from a CON practice and 18,862 patients (1.2%) from a CAM practice.

MAIN OUTCOME MEASURES:

Annual information on five types of healthcare costs for the years 2006-2011: care by GP, hospital care, pharmaceutical care, paramedic care and care covered by supplementary insurance. Healthcare costs in the last year of life. Mortality rates.

RESULTS:

The mean annual compulsory and supplementary healthcare costs of CON patients are respectively €1821 (95% CI 1813 to 1828) and €75.3 (95% CI 75.1 to 75.5). Compulsory healthcare costs of CAM patients are €225 (95% CI 169 to 281; p<0.001; 12.4%) lower and result mainly from lower hospital care costs (€165; 95% CI 118 to 212; p<0.001) and lower pharmaceutical care costs (€58; 95% CI 41 to 75; p<0.001), especially in the age categories 25-49 and 50-74 years. The costs in the last year of life of patients with CAM, GPs are €1161 (95% CI -138 to 2461; p<0.1) lower. This difference is

entirely due to lower hospital costs (€1250; 95% CI 19 to 2481; p<0.05). The mean annual supplementary costs of CAM patients are €33 (95% CI 30 to 37; p<0.001; 44%) higher. CAM patients do not have lower or higher mortality rates than CON patients.

CONCLUSIONS:

Dutch patients whose GP additionally completed training in CAM on average have €192 (10.1%) lower annual total compulsory and supplementary healthcare costs and do not live longer or shorter than CON patients.

12) Health Econ Rev. 2015 Dec;5(1):55. doi: 10.1186/s13561-015-0055-5. Epub 2015 Jul 8.

Economic impact of homeopathic practice in general medicine in France.

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Abstract

Health authorities are constantly searching for new ways to stabilise health expenditures. To explore this issue, we compared the costs generated by different types of medical practice in French general medicine: i.e. conventional (CM-GP), homeopathic (Ho-GP), or mixed (Mx-GP).Data from a previous cross-sectional study, EPI3 La-Ser, were used. Three types of cost were analysed: (i) consultation cost (ii) prescription cost and (iii) total cost (consultation + prescription). Each was evaluated as: (i) the cost to Social Security (ii) the remaining cost (to the patient and/or supplementary health insurance); and (iii) health expenditure (combination of the two costs).With regard to Social Security, treatment by Ho-GPs was less costly (42.00 <euro> vs 65.25 <euro> for CM-GPs, 35 % less). Medical prescriptions were two-times more expensive for CM-GPs patients (48.68 <euro> vs 25.62 <euro>). For the supplementary health insurance and/or patient out-of-pocket costs, treatment by CM-GPs was less expensive due to the lower consultation costs (6.19 <euro> vs 11.20 <euro> for Ho-GPs) whereas the prescription cost was comparable between the Ho-GPs and the CM-GPs patients (15.87 <euro> vs 15.24 <euro> respectively) . The health expenditure cost was 20 % less for patients consulting Ho-GPs compared to CM-GPs (68.93 <euro> vs 86.63 <euro>, respectively). The lower cost of medical prescriptions for Ho-GPs patients compared to CM-GPs patients (41.67 <euro> vs 63.72 <euro>) was offset by the higher consultation costs (27.08 <euro> vs 22.68 <euro> respectively). Ho-GPs prescribed fewer psychotropic drugs, antibiotics and non-steroidal anti-inflammatory drugs.In conclusions management of patients by homeopathic GPs may be less expensive from a global perspective and may represent an important interest to public health.

13) Homeopathy. 2004 Jan;93(1):3-11.

An observational study of patients receiving homeopathic treatment.

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Abstract

BACKGROUND:

Observational studies have recently contributed useful information to the debate about the utility of homeopathic treatment in everyday practice.

AIM: To gather data about routine homeopathic general practice.

SETTING:

Eighty general medical practices in Belgium where physicians were members of the Unio Homoeopathica Belgica.

METHODS:

All patients and their physicians visiting the practices on a specified day completed a questionnaire.

RESULTS:

A total of 782 patients presented with diseases of all major organ systems which were of sufficient severity to interfere with daily living in 78% of cases. Compared to previous conventional treatment, patients reported that consultations were much longer but costed less. One or more conventional drug treatments were discontinued in over half (52%) of the patients: CNS (including psychotropic) drugs (21%), drugs for respiratory conditions (16%) and antibiotics (16%). Conventional drugs were prescribed to about a quarter of patients (27%), mostly antibiotics and cardiovascular medication. The antibiotics were almost exclusively (95%) used to treat respiratory infections. Prescription costs (including conventional medicines) were one-third of the general practice average. Patients' satisfaction with their homeopathic treatment was very high (95% fairly or very satisfied), and ratings of their previous treatment was much lower (20%). The great majority (89%) said that homeopathy had improved their physical condition; 8.5% said that it had made no difference, 2.4% said that homeopathy had worsened their condition. Physicians' ratings of improvement were similar. Previous conventional treatment had improved 13% of patients, made no difference to 32%, and had worsened the condition of over half (55%). A similar pattern was seen for psychological symptoms.

CONCLUSIONS:

Patients were very satisfied with their homeopathic treatment, both they and their physicians recorded significant improvement. Costs of homeopathic treatment were significantly lower than conventional treatment, and many previously prescribed drugs were discontinued.

14) BMC Complement Altern Med. 2008 Sep 18;8:52. doi: 10.1186/1472-6882-8-52.

Patient satisfaction and side effects in primary care: an observational study comparing homeopathy and conventional medicine.

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Abstract

BACKGROUND:

This study is part of a nationwide evaluation of complementary medicine in Switzerland (Programme Evaluation of Complementary Medicine PEK) and was funded by the Swiss Federal Office of Public Health. The main objective of this study is to investigate patient satisfaction and perception of side effects in homeopathy compared with conventional care in a primary care setting.

METHODS:

We examined data from two cross-sectional studies conducted in 2002-2003. The first study was a physician questionnaire assessing structural characteristics of practices. The second study was conducted on four given days during a 12-month period in 2002/2003 using a physician and patient questionnaire at consultation and a patient questionnaire mailed to the patient one month later (including Europep questionnaire).The participating physicians were all trained and licensed in conventional medicine. An additional qualification was required for medical doctors providing homeopathy (membership in the Swiss association of homeopathic physicians SVHA).

RESULTS:

A total of 6778 adult patients received the questionnaire and 3126 responded (46.1%). Statistically significant differences were found with respect to health status (higher percentage of chronic and severe conditions in the homeopathic group), perception of side effects (higher percentage of reported side effects in the conventional group) and patient satisfaction (higher percentage of satisfied patients in the homeopathic group).

CONCLUSION:

Overall patient satisfaction was significantly higher in homeopathic than in conventional care. Homeopathic treatments were perceived as a low-risk therapy with two to three times fewer side effects than conventional care.

15) Complement Ther Med. 2005 Jun;13(2):79-86.

Outcome and costs of homoeopathic and conventional treatment strategies: a comparative cohort study in patients with chronic disorders.

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Abstract

OBJECTIVES:

To evaluate the effectiveness of homoeopathy versus conventional treatment in routine care.

DESIGN:

Comparative cohort study.

SETTING:

Patients with selected chronic diagnoses were enrolled in medical practice.

INTERVENTIONS:

Conventional treatment or homeopathy.

OUTCOME MEASURES:

Severity of symptoms assessed by patients and physicians (visual rating scale, 0-10) at baseline, 6 and 12 months and costs.

RESULTS:

The analyses of 493 patients (315 adults, 178 children) indicated greater improvement in patients' assessments after homoeopathic versus conventional treatment (adults: homeopathy from 5.7 to 3.2; conventional, 5.9-4.4; p=0.002; children from 5.1 to 2.6 and from 4.5 to 3.2). Physician assessments were also more favourable for children who had received homoeopathic treatment (4.6-2.0 and 3.9-2.7; p<0.001). Overall costs showed no significant differences between both treatment groups (adults, 2155 versus 2013, p=0.856; children, 1471 versus 786, p=0.137).

CONCLUSION:

Patients seeking homoeopathic treatment had a better outcome overall compared with patients on conventional treatment, whereas total costs in both groups were similar.

16) Forsch Komplementmed. 2006;13 Suppl 2:19-29. Epub 2006 Jun 26.

Effectiveness, safety and cost-effectiveness of homeopathy in general practice - summarized health technology assessment.

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Abstract

INTRODUCTION:

The Health Technology Assessment report on effectiveness, cost-effectiveness and appropriateness of homeopathy was compiled on behalf of the Swiss Federal Office for Public Health (BAG) within the framework of the 'Program of Evaluation of Complementary Medicine (PEK)'.

MATERIALS AND METHODS:

Databases accessible by Internet were systematically searched, complemented by manual search and contacts with experts, and evaluated according to internal and external validity criteria.

RESULTS:

Many high-quality investigations of pre-clinical basic research proved homeopathic high-potencies inducing regulative and specific changes in cells or living organisms. 20 of 22 systematic reviews detected at least a trend in favor of homeopathy. In our estimation 5 studies yielded results indicating clear evidence for homeopathic therapy. The evaluation of 29 studies in the domain 'Upper Respiratory Tract Infections/Allergic Reactions' showed a positive overall result in favor of homeopathy. 6 out of 7 controlled studies were at least equivalent to conventional medical interventions. 8 out of 16 placebo-controlled studies were significant in favor of homeopathy. Swiss regulations grant a high degree of safety due to product and training requirements for homeopathic physicians. Applied properly, classical homeopathy has few side-effects and the use of high-potencies is free of toxic effects. A general health-economic statement about homeopathy cannot be made from the available data.

CONCLUSION:

Taking internal and external validity criteria into account, effectiveness of homeopathy can be supported by clinical evidence and professional and adequate application be regarded as safe. Reliable statements of cost-effectiveness are not available at the moment. External and model validity will have to be taken more strongly into consideration in future studies.

17) Forsch Komplementmed. 2012;19 Suppl 2:18-28. doi: 10.1159/000342708.

A systematic literature review of complementary and alternative medicine prevalence in EU.

Eardley S[1], Bishop FL, Prescott P, Cardini F, Brinkhaus B, Santos-Rey K, Vas J, von Ammon K, Hegyi G, Dragan S, Uehleke B, Fønnebø V, Lewith G.
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BACKGROUND:

Studies suggest that complementary and alternative medicine (CAM) is widely used in the European Union (EU). We systematically reviewed data, reporting research quality and the prevalence of CAM use by citizens in Europe; what it is used for, and why.

METHODS:

We searched for general population surveys of CAM use by using Ovid MEDLINE (1948 to September 2010), Cochrane Library (1989 to September 2010), CINAHL (1989 to September 2010), EMBASE (1980 to September 2010), PsychINFO including PsychARTICLES (1989 to September 2010), Web of Science (1989 to September 2010), AMED (1985 to September 2010), and CISCOM (1989 to September 2010). Additional studies were identified through experts and grey literature. Cross-sectional, population-based or cohort studies reporting CAM use in any EU language were included. Data were extracted and reviewed by 2 authors using a pre-designed extraction protocol with quality assessment instrument.

RESULTS:

87 studies were included. Inter-rater reliability was good (kappa = 0.8). Study methodology and quality of reporting were poor. The prevalence of CAM use varied widely within and across EU countries (0.3-86%). Prevalence data demonstrated substantial heterogeneity unrelated to report quality; therefore, we were unable to pool data for meta-analysis; our report is narrative and based on descriptive statistics. Herbal medicine was most commonly reported. CAM users were mainly women. The most common reason for use was dissatisfaction with conventional care; CAM was widely used for musculoskeletal problems.

CONCLUSION:

CAM prevalence across the EU is problematic to estimate because studies are generally poor and heterogeneous. A consistent definition of CAM, a core set of CAMs with country-specific variations and a standardised reporting strategy to enhance the accuracy of data pooling would improve reporting quality.

18) Report of the European Commission, 1997.

Online retrieved 15-12-2019 via https://www.hri-research.org/resources/essentialevidence/use-of-homeopathy-across-the-world/

Homeopathy use around the world

- Worldwide, over 200 million people use homeopathy on a regular basis.[1, 2]
- Homeopathy is included in the national health systems of a number of countries e.g. Brazil, Chile, India, Mexico, Pakistan, Switzerland.

India

- India leads in terms of number of people using homeopathy, with 100 million people depending solely on homeopathy for their medical care.[1]
- There are over 200,000 registered homeopathic doctors currently, with approximately 12,000 more being added every year.[3]

Europe

- 100 million EU citizens, some 29% of the EU's population, use homeopathic medicines in their day-to-day healthcare.[2]
- Homeopathy is practised in 40 out of 42 European countries.[4]

UK

- 10% of people in the UK use homeopathy – an estimated 6 million people.[5]

- In Britain, the market for homeopathy is growing at around 20% per year. In 2007, it was estimated to be worth £38m, and is projected to reach £46m in 2012.[6]
- There are ~ 400 doctors in the UK that use homeopathy, regulated by the Faculty of Homeopathy and promoted by the British Homeopathic Association.[7]
- There are ~1,500 professional homeopaths (non-medically qualified homeopaths) in the UK,[8] regulated by the Society of Homeopaths (65%), Alliance of Registered Homeopaths and Homeopathic Medical Association. They largely operate in private practice outside the NHS.
- See NHS spending on homeopathy

US

- According to the National Institutes of Health, over 6 million people in the United States use homeopathy, mainly for self-care of specific health conditions.
- Of those who use homeopathy, ~1 million are children and over 5 million are adults.[9, 10]

19) Lancet. 1997 Sep 20;350(9081):834-43.

Are the clinical effects of homeopathy placebo effects? A meta-analysis of placebo-controlled trials.

Linde K[1], Clausius N, Ramirez G, Melchart D, Eitel F, Hedges LV, Jonas WB.

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Erratum in Lancet 1998 Jan 17;351(9097):220.

Abstract

BACKGROUND:

Homeopathy seems scientifically implausible, but has widespread use. We aimed to assess whether the clinical effect reported in randomised controlled trials of homeopathic remedies is equivalent to that reported for placebo.

METHODS:

We sought studies from computerised bibliographies and contracts with researchers, institutions, manufacturers, individual collectors, homeopathic conference proceedings, and books. We included all languages. Double-blind and/or randomised placebo-controlled trials of clinical conditions were considered. Our review of 185 trials identified 119 that met the inclusion criteria. 89 had adequate data for meta-analysis, and two sets of trial were used to assess reproducibility. Two reviewers assessed study quality with two scales and extracted data for information on clinical condition, homeopathy type, dilution, "remedy", population, and outcomes.

FINDINGS:

The combined odds ratio for the 89 studies entered into the main meta-analysis was 2.45 (95% CI 2.05, 2.93) in favour of homeopathy. The odds ratio for the 26 good-quality studies was 1.66 (1.33, 2.08), and that corrected for publication bias was 1.78 (1.03, 3.10). Four studies on the effects of a single remedy on seasonal allergies had a pooled odds ratio for ocular symptoms at 4 weeks of 2.03 (1.51, 2.74). Five studies on postoperative ileus had a pooled mean effect-size-difference of -0.22 standard deviations (95% CI -0.36, -0.09) for flatus, and -0.18 SDs (-0.33, -0.03) for stool (both $p < 0.05$).

INTERPRETATION:

The results of our meta-analysis are not compatible with the hypothesis that the clinical effects of homeopathy are completely due to placebo. However, we found insufficient evidence from these studies that homeopathy is clearly efficacious for any single clinical condition. Further research on homeopathy is warranted provided it is rigorous and systematic.

20) Eur J Clin Pharmacol. 2000 Apr;56(1):27-33.

Evidence of clinical efficacy of homeopathy. A meta-analysis of clinical trials. HMRAG. Homeopathic Medicines Research Advisory Group.

Cucherat M[1], Haugh MC, Gooch M, Boissel JP.

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Abstract

OBJECTIVE:

To establish, using a systematic review and meta-analysis, whether there is any evidence from randomised controlled clinical trials of the efficacy of homeopathic treatment in patients with any disease.

DATA SOURCES:

Published and unpublished reports of controlled clinical trials available up to June 1998, identified by searching bibliographic databases (Medline, Embase, Biosis, PsychInfo, Cinahl, British Library Stock Alert Service, SIGLE, Amed), references lists of selected papers, hand searching homeopathic journals and conference abstracts, and contacting pharmaceutical companies. TRIALS SELECTION: Trials were selected using an unblinded process by two reviewers. The selection criteria were randomised, controlled trials in which the efficacy of homeopathic treatment was assessed relative to placebo in patients using clinical or surrogate endpoints. Prevention trials or those evaluating only biological effects were excluded. One hundred and eighteen randomised trials were identified and evaluated for inclusion. Sixteen trials, representing 17 comparisons and including a total of 2,617 evaluated patients, fulfilled the inclusion criteria.

DATA EXTRACTION:

Data were extracted by two reviewers independently, using a summary form. Disagreements were resolved by a third person.

DATA SYNTHESIS:

The evidence was synthesised by combining the significance levels (P values) for the primary outcomes from the individual trials. The combined P value for the 17 comparisons was highly significant P = 0.000036. However, sensitivity analysis showed that the P value tended towards a non-significant value (P = 0.08) as trials were excluded in a stepwise manner based on their level of quality.

CONCLUSIONS:

There is some evidence that homeopathic treatments are more effective than placebo; however, the strength of this evidence is low because of the low methodological quality of the trials. Studies of high methodological quality were more likely to be negative than the lower quality studies. Further high quality studies are needed to confirm these results.

21) Forsch Komplementmed. 2013;20(5):376-81. doi: 10.1159/000355916. Epub 2013 Oct 17.

Homeopathy: meta-analyses of pooled clinical data.

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Abstract

In the first decade of the evidence-based era, which began in the mid-1990s, meta-analyses were used to scrutinize homeopathy for evidence of beneficial effects in medical conditions. In this review, meta-analyses including pooled data from placebo-controlled clinical trials of homeopathy and the aftermath in the form of debate articles were analyzed. In 1997 Klaus Linde and co-workers identified 89 clinical trials that showed an overall odds ratio of 2.45 in favor of homeopathy over placebo. There was a trend toward smaller benefit from studies of the highest quality, but the 10 trials with the highest Jadad score still showed homeopathy had a statistically significant effect. These results challenged academics to perform alternative analyses that, to demonstrate the lack of effect, relied on extensive exclusion of studies, often to the degree that conclusions were based on only 5-10% of the material, or on virtual data. The ultimate argument against homeopathy is the 'funnel plot' published by Aijing Shang's research group in 2005. However, the funnel plot is flawed when applied to a mixture of diseases, because studies with expected strong treatments effects are, for ethical reasons, powered lower than studies with expected weak or unclear treatment effects. To conclude that homeopathy lacks clinical effect, more than 90% of the available clinical trials had to be disregarded. Alternatively, flawed statistical methods had to be applied. Future meta-analyses should focus on the use of homeopathy in specific diseases or groups of diseases instead of pooling data from all clinical trials.

22) Complement Ther Med. 2016 Apr;25:120-5. doi: 10.1016/j.ctim.2016.01.005. Epub 2016 Jan 20.

Model validity and risk of bias in randomised placebo-controlled trials of individualised homeopathic treatment.

Mathie RT[1], Van Wassenhoven M[2], Jacobs J[3], Oberbaum M[4], Frye J[5], Manchanda RK[6], Roniger H[7], Dantas F[8], Legg LA[9], Clausen J[10], Moss S[11], Davidson JR[12], Lloyd SM[13], Ford I[13], Fisher P[7].

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9. Department of Biomedical Engineering, University of Strathclyde, Glasgow, UK.

10. Formerly, Karl und Veronica Carstens-Stiftung, Essen, Germany.

11. Homeopathy Research Institute, London, UK.

12. Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC, USA.

13. Robertson Centre for Biostatistics, Institute of Health and Wellbeing, University of Glasgow, Glasgow, UK.

BACKGROUND:

To date, our programme of systematic reviews has assessed randomised controlled trials (RCTs) of individualised homeopathy separately for risk of bias (RoB) and for model validity of homeopathic treatment (MVHT).

OBJECTIVES:

The purpose of the present paper was to bring together our published RoB and MVHT findings and, using an approach based on GRADE methods, to merge the quality appraisals of these same RCTs, examining the impact on meta-analysis results.

DESIGN:

Systematic review with meta-analysis.

METHODS:

As previously, 31 papers (reporting a total of 32 RCTs) were eligible for systematic review and were the subject of study.

MAIN OUTCOME MEASURES:

For each trial, the separate ratings for RoB and MVHT were merged to obtain a single overall quality designation ('high', 'moderate, "low", 'very low'), based on the GRADE principle of 'downgrading'.

RESULTS:

Merging the assessment of MVHT and RoB identified three trials of 'high quality', eight of 'moderate quality', 18 of 'low quality' and three of 'very low quality'. There was no association between a trial's MVHT and its RoB or its direction of treatment effect (P>0.05). The three 'high quality' trials were those already labelled 'reliable evidence' based on RoB, and so no change was found in meta-analysis based on best-quality evidence: a small, statistically significant, effect favouring homeopathy.

CONCLUSION:

Accommodating MVHT in overall quality designation of RCTs has not modified our pre-existing conclusion that the medicines prescribed in individualised homeopathy may have small, specific, treatment effects.

23) Syst Rev. 2014 Dec 6;3:142. doi: 10.1186/2046-4053-3-142.

Randomised placebo-controlled trials of individualised homeopathic treatment: systematic review and meta-analysis.

Mathie RT[1], Lloyd SM, Legg LA, Clausen J, Moss S, Davidson JR, Ford I.

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Abstract

BACKGROUND:

A rigorous and focused systematic review and meta-analysis of randomised controlled trials (RCTs) of individualised homeopathic treatment has not previously been undertaken. We tested the hypothesis that the outcome of an individualised homeopathic treatment approach using homeopathic medicines is distinguishable from that of placebos.

METHODS:

The review's methods, including literature search strategy, data extraction, assessment of risk of bias and statistical analysis, were strictly protocol-based. Judgment in seven assessment domains enabled a trial's risk of bias to be designated as low, unclear or high. A trial was judged to comprise 'reliable evidence' if its risk of bias was low or was unclear in one specified domain. 'Effect size' was reported as odds ratio (OR), with arithmetic transformation for continuous data carried out as required; OR > 1 signified an effect favouring homeopathy.

RESULTS:

Thirty-two eligible RCTs studied 24 different medical conditions in total. Twelve trials were classed 'uncertain risk of bias', three of which displayed relatively minor uncertainty and were designated reliable evidence; 20 trials were classed 'high risk of bias'. Twenty-two trials had extractable data and were subjected to meta-analysis; OR = 1.53 (95% confidence interval (CI) 1.22 to 1.91). For the three trials with reliable evidence, sensitivity analysis revealed OR = 1.98 (95% CI 1.16 to 3.38).

CONCLUSIONS:

Medicines prescribed in individualised homeopathy may have small, specific treatment effects. Findings are consistent with sub-group data available in a previous 'global' systematic review. The low or unclear overall quality of the evidence prompts caution in interpreting the findings. New high-quality RCT research is necessary to enable more decisive interpretation.

24) Vet Rec. 2014 Oct 18;175(15):373-81. doi: 10.1136/vr.101767.

Veterinary homeopathy: systematic review of medical conditions studied by randomised placebo-controlled trials.

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2. Karl und Veronica Carstens-Stiftung, Am Deimelsberg 36, D-45276 Essen, Germany.

Abstract

A systematic review of randomised controlled trials (RCTs) of veterinary homeopathy has not previously been undertaken. Using Cochrane methods, this review aims to assess risk of bias and to quantify the effect size of homeopathic intervention compared with placebo for each eligible peer-reviewed trial. Judgement in seven assessment domains enabled a trial's risk of bias to be designated as low, unclear or high. A trial was judged to comprise reliable evidence if its risk of bias was low or was unclear in specified domains. A trial was considered to be free of vested interest if it was not funded by a homeopathic pharmacy. The 18 eligible RCTs were disparate in nature, representing four species and 11 different medical conditions. Reliable evidence, free from vested interest, was identified in two trials: homeopathic Coli had a prophylactic effect on porcine diarrhoea (odds ratio 3.89, 95 per cent confidence interval [CI], 1.19 to 12.68, P=0.02); and individualised homeopathic treatment did not have a more beneficial effect on bovine mastitis than placebo intervention (standardised mean difference -0.31, 95 per cent CI, -0.97 to 0.34, P=0.35). Mixed findings from the only two placebo-controlled RCTs that had suitably reliable evidence precluded generalisable conclusions about the efficacy of any particular homeopathic medicine or the impact of individualised homeopathic intervention on any given medical condition in animals.

British Veterinary Association.

25) Homeopathy. 2015 Jan;104(1):3-8. doi: 10.1016/j.homp.2014.11.001. Epub 2014 Dec 17.

Veterinary homeopathy: meta-analysis of randomised placebo-controlled trials.

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2. Karl und Veronica Carstens-Stiftung, Am Deimelsberg 36, D-45276 Essen, Germany.

Abstract

BACKGROUND:

Meta-analysis of randomised controlled trials (RCTs) of veterinary homeopathy has not previously been undertaken. For all medical conditions and species collectively, we tested the hypothesis that the outcome of homeopathic intervention (treatment and/or prophylaxis, individualised and/or non-individualised) is distinguishable from corresponding intervention using placebos.

METHODS:

All facets of the review, including literature search strategy, study eligibility, data extraction and assessment of risk of bias, were described in an earlier paper. A trial was judged to comprise reliable evidence if its risk of bias was low or was unclear in specific domains of assessment. Effect size was reported as odds ratio (OR). A trial was judged free of vested interest if it was not funded by a homeopathic pharmacy. Meta-analysis was conducted using the random-effects model, with hypothesis-driven sensitivity analysis based on risk of bias.

RESULTS:

Nine of 15 trials with extractable data displayed high risk of bias; low or unclear risk of bias was attributed to each of the remaining six trials, only two of which comprised reliable evidence without overt vested interest. For all N = 15 trials, pooled OR = 1.69 [95% confidence interval (CI), 1.12 to 2.56]; P = 0.01. For the N = 2 trials with suitably reliable evidence, pooled OR = 2.62 [95% CI, 1.13 to 6.05]; P = 0.02).

CONCLUSIONS:

Meta-analysis provides some very limited evidence that clinical intervention in animals using homeopathic medicines is distinguishable from corresponding intervention using placebos. The low number and quality of the trials hinders a more decisive conclusion.

26) J Altern Complement Med. 2019 Sep;25(9):890-901. doi: 10.1089/acm.2019.0064. Epub 2019 Jul 19.

Physicochemical Investigations of Homeopathic Preparations: A Systematic Review and Bibliometric Analysis-Part 2.

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Abstract

Objectives:

In Part 1 of the review of physicochemical research performed on homeopathic preparations the authors identified relevant publications of sufficient reporting quality for further in-depth analysis. In this article, the authors analyze these publications to identify any empirical evidence for specific physicochemical properties of homeopathic preparations and to identify most promising experimental techniques for future studies.

Methods:

After an update of the literature search up to 2018, the authors analyzed all publications in terms of individual experiments. They extracted information regarding methodological criteria such as blinding, randomization, statistics, controls, sample preparation, and replications, as well as regarding experimental design and measurement methods applied. Scores were developed to identify experimental techniques with most reliable outcomes.

Results:

The publications analyzed described 203 experiments. Less than 25% used blinding and/or randomization, and about one third used adequate controls to identify specific effects of homeopathic preparations. The most promising techniques used so far are nuclear magnetic resonance (NMR) relaxation, optical spectroscopy, and electrical impedance measurements. In these three areas, several sets of replicated high-quality experiments provide evidence for specific physicochemical properties of homeopathic preparations.

Conclusions:

The authors uncovered a number of promising experimental techniques that warrant replication to assess the reported physicochemical properties of homeopathic preparations compared with controls. They further discuss a range of experimental aspects that highlight the many factors that need to be taken into consideration when performing basic research into homeopathic potentization. For future experiments, the authors generally recommend using succussed (vigorously shaken) controls, or comparing different homeopathic preparations with each other to reliably identify any specific physicochemical properties.

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The in vitro evidence for an effect of high homeopathic potencies--a systematic review of the literature.

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Abstract

OBJECTIVE:

Systematic assessment of the in vitro research on high potency effects.

METHOD:

Publications of experiments were collected through databases, experts, previous reviews, citation tracking.

INCLUSION CRITERIA:

stepwise agitated dilutions <10(-23); cells or molecules from human or animal. Experiments were assessed with the modified SAPEH score.

RESULTS:

From 75 publications, 67 experiments (1/3 of them replications) were evaluated. Nearly 3/4 of them found a high potency effect, and 2/3 of those 18 that scored 6 points or more and controlled contamination. Nearly 3/4 of all replications were positive. Design and experimental models of the reviewed experiments were inhomogenous, most were performed on basophiles.

CONCLUSIONS:

Even experiments with a high methodological standard could demonstrate an effect of high potencies. No positive result was stable enough to be reproduced by all investigators. A general adoption of succussed controls, randomization and blinding would strengthen the evidence of future experiments.

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