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Beitrag der Homöopathie zur Vorbeugung von Antibiotika-Resistenzen

anschl. Diskussion

Abstract

Antibiotic use in clinical studies on homeopathy – a systematic review

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Background: There are currently no official government strategies to formally investigate or use complementary and alternative therapies (CAM) in the treatment and/or prevention of human infectious diseases.. This a particularly striking omission when the global threat of antimicrobial resistance requires consideration of all potential strategies to reduce the use of antibiotics. Additionally, observational studies have shown that CAM therapies can have lower antibiotic prescription rates than conventional healthcare approaches. The aim of this study was to create an overview of the currently available clinical research evidence assessing the effectiveness and safety of homeopathy in the context of antibiotic usage, for named human infectious diseases.

Methods: Following a PROSPERO-registered protocol, a systematic search of the literature was performed to identify randomised controlled trials (RCTs), observational studies, systematic reviews and meta-analyses of homeopathic interventions in human infectious diseases involving antibiotic use. Databases searched included PubMed, PubMed Central and CoreHom. Relevant data from the eligible full-text articles were extracted and study outcome data relating to antibiotic usage, the effectiveness/efficacy and the safety of homeopathy were summarised. The quality of each identified primary clinical study was assessed independently by two researchers and consensus reached through discussion: risk of bias in the RCTs was assessed using the Cochrane ROB tool, and the Effective Public Health Practice Project (EPHPP) assessment tool was used for observational studies.

Results: 20 studies met the inclusion criteria (8 RCTs, 9 observational studies, 2 systematic reviews, 1 meta-analysis). All 9 observational studies and 6 RCTs dealt with respiratory tract infections and otitis media; 1 RCT dealt with drug resistant tuberculosis and 1 RCT with sepsis. Overall, there was a high level of heterogeneity between primary clinical studies, with low to moderate quality of observational studies,

and high risk of bias in all but one RCT. Seven comparative effectiveness studies (5 observational, 2 RCTs) found homeopathy to have similar clinical outcomes to conventional medicine but with less antibiotic use. Five studies (2 observational, 3 RCT) showed superior effects of homeopathy compared to conventional medicine and less antibiotic use. Two RCTs showed a benefit of homeopathy when used in addition to standard conventional medicine but with similar antibiotic use, and one RCT showed a similar clinical effect and no change in antibiotic use for homeopathy and placebo. In addition, one placebo-controlled RCT (with low risk of bias) showed a superior clinical effect and lower antibiotic use for homeopathy in maxillary sinusitis. One population based study did not indicate a benefit of homeopathic medication in children to reduce antibiotic prescriptions. Additionally, two systematic reviews on homeopathy in otitis media and upper respiratory tract infections (URTI), respectively, found beneficial outcomes but high risk of bias and heterogeneity.. In one Cochrane meta-analysis, however, it was stated that there is no evidence to support the use of homeopathy for URTI in children.

Conclusion: Including a homeopathic treatment strategy, particularly for respiratory tract infections, may be an effective way to further reduce antibiotic use in primary care. However, more high quality research on efficacy and effectiveness of homeopathy is needed.

Zur Person

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