

***EVIDENCE BASED
HOMEOPATHIC
FAMILY MEDICINE***



DANA ULLMAN, MPH, CCH

The edition of this eBook is from [January 4, 2024](#), and it supersedes all previous editions. This eBook is updated approximately every three months. You are welcome to subscribe to this eBook at www.homeopathic.com, if you already do not subscribe (approximately 10-20 new studies are added every new edition).

To use this eBook most easily, it will be VERY helpful to the BOOKMARKS which are on the LEFT side of the page. By just clicking on a “bookmark,” you will be transported to that specific chapter!

For a listing of ALL UPDATES AND CHANGES to each edition, they are listed just after the Table of Contents and just before “PART I” of this eBook.

If you have a copy of this eBook and did not subscribe, please know that this important body of information cannot exist without your support and your subscriptions.

Some people have purchased this ebook alone and others have purchased it as a part of a new e-course in “Learning to Use a Homeopathic Medicine Kit.” If you want to learn more about this e-course (which supplements this ebook with 15, 25, 40, 60, or 80 short videos), go to: www.HomeopathicFamilyMedicine.com We provide an additional discount to this e-course if you’ve already purchased the ebook!

Welcome to “Evidence Based Homeopathic Family Medicine”

Once a “normal” book is printed, it is hard (and expensive) to change the information in it. Even more problematic is the fact that many books become out-of-date shortly after they are published. However, an eBook can be changed and updated easily, quickly, and with little expense. And because our mission in creating this eBook is to keep you informed of the latest and best research in the field of homeopathic medicine, the eBook format is ideal for this dynamic and ever-growing body of information.

What you are going to get from this eBook is:

- An up-to-date reference to and description of clinical research that has evaluated the efficacy of homeopathic medicines, not just studies that showed that homeopathy “worked” but also studies that show when it didn’t.
- A modern even futuristic overview of what homeopathic medicine is and what potential it has for treating you and people close to you.
- A user-friendly guide to what homeopathy has to offer in the treatment of 100+ common ailments.
- An overview statement at the beginning of every clinical chapter summarizes if this condition is appropriate for treatment by you (as a non-professional homeopath) and when and if referral to a professional homeopath is indicated. This overview statement will also summarize if there is or isn’t clinical research on the homeopathic treatment of people with this ailment.
- Reference to additional books, articles, or websites will provide further information on the homeopathic treatment of various conditions.

As important as research is to knowing if something works or not, please know that just because there may not be formal studies published on the homeopathic treatment of a specific disease does NOT mean that homeopathy isn’t helpful in treating people who suffer from this ailment. In fact, because almost no governmental or drug company funds have been devoted to research on homeopathy, there are numerous conditions for which research has not yet been conducted. That said, you will be surprised and probably impressed at the body of research that has been conducted using homeopathic medicines.

If, by chance, you know about clinical research in homeopathy that has not been referenced and described in this eBook, please consider contacting us. Email us at: email@homeopathic.com.

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Disclaimer

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How to Use this eBook

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- You can use the Bookmarks on the left side of this page to go to specific chapters (this feature of Acrobat is VERY helpful for readers in finding and going to specific chapters!)...by simply clicking on the ALT KEY and the number “1” KEY together.
- You can PRINT any page, group of pages, or the entire ebook by simply typing the CONTROL KEY and “P”.

For MacINTOSH USERS, you will have access to the Acrobat version of this ebook:

- You can use the Bookmarks on the left side of this page to go to specific chapters (this feature of Acrobat is VERY helpful for readers in finding and going to specific chapters!).
- You can “turn a page” rapidly and easily by simply clicking on one of the arrows at the bottom of the Acrobat page, next to the page numbers.
- You can scroll down the page with the scroll bar, but using the scroll bar is a bit awkward.
- Also, do not neglect to use the “search” function in Acrobat to find specific subjects or medicines.

If you are not already familiar with a modern description of homeopathy, make certain to read PART I which provide an overview of homeopathy. Even if you are already familiar with homeopathy, you will probably find the information we provide here to be useful in your efforts to describe and explain homeopathy to others.

Before reading about what homeopathy has to offer in the treatment of specific ailments in PART II, it is highly recommended that you read “A Note about Dose and Potency” at the beginning of this section.

Once you are ready to explore what homeopathy has to offer in the treatment of various ailments, you can hop around to whatever ailment about which you want to learn. Read the BOTTOMLINE statement as well as the information on what the homeopathic approach to the treatment of each ailment is, and then, read about each of the medicines commonly used in treatment. Please note that those medicines listed with 2 dots (••) are more commonly indicated and more commonly effective in the treatment of that particular disease. However, please remember that the hallmark of homeopathy and what makes this system so effective is *individualization of treatment to the person, not just to the disease*. Although we recommend that you first consider using the more commonly indicated medicines, you should only do so if that remedy seems indicated and other remedies don't.

Please also know that some seemingly acute conditions, such as allergies, headaches, indigestion, PMS, and many more, are actually chronic conditions. The medicines described in this body of information are primarily indicated for the acute stage of this ailment. While these remedies may provide some relief for the sick person,

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it is sometimes necessary to prescribe a “constitutional homeopathic medicine” to help them heal the underlying disease.

To learn how to prescribe constitutional medicines requires much more information than that which is provided here. You might consider taking one of the distance learning courses in homeopathy available from [Homeopathic Educational Services](#), or you may want to attend one of the various homeopathic schools and training programs that are available (a list of such schools is available for free from Homeopathic Educational Services with any book order).

Yes, this eBook, like any single body of information has limitations, but it is my hope that this eBook is an “e-seed” that will plant a growing desire within you to learn more about homeopathic medicine. This desire to learn about homeopathy may even be therapeutic to you and to all who get to know you.

Welcome to the world of homeopathy! You are already taking proactive steps to making this a healthier and happier place to be.

Dana Ullman, MPH, CCH
Berkeley, California, USA

P.S. If you would like some physicians or medical students to be granted FREE access to this eBook, consider donating a subscription to them.

Evidence Based Homeopathic Family Medicine The eBook

Dana Ullman, M.P.H.

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Part II: Homeopathic Family Medicine

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Overexertion
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- Australian Government's Homeopathy Review (New section) (6-16)
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- Alcoholism (8-16) (New chapter!)
- Cancer (8-16)
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- Pregnancy (11-16)
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- Carpal Tunnel Syndrome (12-16)
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- Endometriosis (2-17) NEW CHAPTER!
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- Attention Deficit Hyperactivity Disorder (ADHD/ADD) (5-18)
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- Whooping Cough (new chapter!) (5-18)
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- Hospital Care (3-19) New Chapter!
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- Sprains and Strains (4-19)
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- Diabetes (4-19)
- Dental Problems (4-19)
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- Dental Problems (7-19)
- Common Cold (7-19)*
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- Allergies (Respiratory) (8-19)
- Premenstrual Syndrome (8-19)
- Lichen Planus (8-19)
- Replication of High Quality Studies (10-19)
- Dental Problems (11-19)
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- Diabetes (2-20)
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- Covid (Coronavirus) (5-20) NEW CHAPTER!
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- Foot Problems (9-21)
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- Sore Throat (9-21)
- Breast Cancer (9-21)
- Cancer (10-21)
- Covid-19 (10-21)
- Covid-19 (10-21)

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--Malaria (11-21)

- Surgery (1-22)
- Infectious Diseases (1-22) *Important addition!
- Surgery (2-22)
- Use of Complementary Methods is Reducing Antibiotic Use, Vet Costs on UK and Irish Farms (2-22)
- Acne (3-22)
- Anti-homeopathy Media in Reporting (3-22)
- Hemophilia (4-22)
- Infectious Disease -- The Austrian Government's National Action Plan on Antimicrobial Resistance (5-22)
- Attention Deficit Disorder (ADD/ADHD) (6-22)
- Human Papillomavirus Virus (6-22) NEW CHAPTER
- Covid-19 (6-22)
- Heart Disease (7-22)
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- Heart Disease (8-22)
- Evidence That Homeopathy Works (9-22)
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THE NEWEST UPDATES:

- COVID-19 (1-23)
- Kidney Disease (1-23)
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- Atopic Dermatitis (3-23)
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PART I: HOMEOPATHY: MEDICINE FOR THE 21ST CENTURY

Introduction: Homeopathy as “First Medicine”

Homeopathy: Medicine for the 21st Century

What is Homeopathy, Anyway?

Primary Assumption: Respecting the Wisdom of the Human Body

Primary Principle: The Principle of Similars

Individualize the Remedy to the Person, not the Disease

The Experimental Basis of Every Homeopathic Medicine

The Unique Homeopathic Pharmaceutical Process

Why Homeopathy Makes Sense

Evidence That Homeopathy Works

Replication of High-Quality Studies

Comparing Results: Conventional Medicine vs. Homeopathic Medicine

Cost-Effectiveness Issues

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How to Make Homeopathy Work for You

Classical Homeopathy and Commercial Homeopathy: The Interface

The Place for Professional Homeopathic Care

Clinical Homeopathic Research in the 19th Century

REFERENCES

Introduction: Homeopathy as “First Medicine”

“First, do no harm” were the most famous words ever uttered by Hippocrates or perhaps by any physician. And although Hippocrates meant these words to be directed at physicians, this message is essential for anyone, physicians, other health professionals, parents, or individuals who administer remedies to others, including to oneself.

Despite the medical and technological prowess that we have achieved today, we have not adequately understood or respected that word “First.” Instead, too many physicians rush into using powerful and sometimes dangerous interventions, and sadly, these actions are taken with encouragement from their patients. While these treatments can and do sometimes provide real benefit to patients, they also disturb and disrupt the health of a great number of patients.

Hippocrates’ admonishment to first utilize safer medical treatments before more dangerous ones are considered or used is grounded in a respect for the ultimate wisdom and power of the natural self-healing propensities of the human body, as well as a respect for the various natural, safer healing methods.

It is often difficult, however, for physicians (or parents) to simply wait for the human body to heal itself. Instead, physicians (and parents) want to do SOMETHING, perhaps ANYTHING to help their patients or children. Here is where homeopathic medicines can be invaluable. Homeopathic medicines can and should be considered as a FIRST method of treatment for many common non-life-threatening ailments.

This course will teach you what you might consider doing FIRST by using homeopathic medicines before using more drastic and usually more dangerous medical interventions. Reference to controlled studies that have evaluated the success or failure of using homeopathic medicines to treat various ailments are provided and discussed in this body of information.

Homeopathy: Medicine for the 21st Century

Homeopathy has been aptly characterized as a “medicine for the 21st century.” It is a powerful yet gentle method of augmenting a person's own immune and defense system. It is a sophisticated method of individualizing medicines to the totality of physical and psychological aspects of a person, not simply to his or her disease. And it is a tried and true method of healing people who experience a wide range of acute, chronic, and even hereditary ailments.

That said, it must also be acknowledged that homeopathy is not a cure-all. Homeopathy cannot cure everything or everyone. Some people's immune and defense system is so weakened or compromised that nothing can elicit a healing response. Some people require surgery for healing to occur. And some people cannot be healed for unknown reasons.

Despite these limitations for select individuals, homeopathy can often profoundly improve a person's health. It can provide relief from an ailment, and it can evoke a true cure. It can help to heal various physical complaints, and it can transform and improve a person's emotional and mental state. It can heal various diseases, and it can help to prevent new ones from developing.

Although these statements are indeed bold, homeopathy has over 200 years of evidence to support them. The primary reason that homeopathy became popular in the 19th century was the remarkable results that homeopathic physicians experienced in treating people suffering from the infectious disease epidemics that raged at the time. Epidemics of cholera, scarlet fever, typhoid, and yellow fever were rampant and killed large numbers of people who became ill with them. And yet, death rates in homeopathic hospitals were commonly one-half or even one-eighth of the death rates in the conventional medical hospitals (Coulter, 1975, 1977; Bradford, 1900).

These magnificent results helped homeopathy grow in the United States, so much so that by the turn of the 20th century, there were 22 homeopathic medical schools, including Boston University, University of Michigan, New York (Homeopathic) Medical College, University of Minnesota, amongst others. Approximately 15% of American doctors considered themselves homeopathic physicians, and there were over 100 homeopathic hospitals (Coulter, 1975).

Homeopathy's popularity declined sharply after the turn of the century, primarily due to the active efforts of the American Medical Association and its collaboration with American drug companies.

Although homeopathy's status in the U.S. declined, homeopathy in Europe and parts of Asia continued to grow. Between 30-40% of French doctors and 20% of German doctors prescribe homeopathic medicines. Over 40% of British doctors refer patients to homeopathic doctors, and 45% of Dutch physicians consider these natural medicines to be effective (Fisher and Ward, 1994). According to a report from the government of Norway, homeopathy is the most frequently used complementary and alternative medicine therapy in five out of 14 European countries: France, Belgium, Netherlands, Norway, and Switzerland (NOU, 1998). Homeopathic medicines are used by between 20 and 25% of European Union citizens (Resolution, 1997). Homeopathy is so popular in Europe today that it is no longer appropriate to consider it "alternative medicine" there.

Homeopathy is even more popular in parts of Asia. There are over 165 four- and five-year homeopathic colleges in India, and there are almost 200,000 homeopathic doctors there. Homeopathy is used in virtually every country in the world today, and millions of people take a homeopathic medicine every day.

With this background, one must now ask...

What is Homeopathy, Anyway?

forty-eight patients (32.5%) were able to stop or maintain a substantial reduction in their conventional drugs. The 10 most frequent clinical conditions treated were eczema, anxiety, depression, osteoarthritis, asthma, back pain, chronic cough, chronic fatigue, headaches and essential hypertension. These 195 patients constitute 43% of the total, 151 of them (77%) were improved. The success rate of treatment is similar between age ranges. There was a difference in outcome between the sexes in adults: 296 females treated, success rate 71.3%; 159 males treated, success rate 58.5%.

A study of 829 consecutive patients treated with homeopathic medicines, where conventional treatment had been unsatisfactory or contraindicated (Sevar, 2000). The fact that 61 % had a substantial improvement with homeopathy when conventional medicine was found to be ineffective was a significant finding.

Despite the progress that has been made recently in verifying the efficacy of homeopathic medicine, there is still a great need for more research and for replication of these studies by independent researchers.

In addition to a wide range of clinical studies, there is an even larger number of basic science trials that have been conducted testing homeopathic medicines.

[The HomBRex](#) database includes details of about 1,500 basic research experiments in homeopathy. A general overview on the experiments listed in the HomBRex database is presented, focusing on high dilutions and the different settings in which those were used. Though often criticized, many experiments with remedies diluted beyond Avogadro's number demonstrate specific effects. **A total of 830 experiments employing high potencies were found; in 745 experiments of these (90%), at least one positive result was reported.** Animals represent the most often used model system (n=371), followed by plants (n=201), human material (n=92), bacteria and viruses (n=37) and fungi (n=32). Arsenicum album (Ars.) is the substance most often applied (n=101), followed by Sulphur (Sulph.) and Thuja (Thuj.) (n=65 and 48, respectively). Proving, prophylactic and therapeutic study designs have all been used and appear appropriate for homeopathy basic research using high dilutions.

In addition to the above review of basic science studies, a 2018 review of physicochemical studies verify the power of homeopathic nanodoses, a significant increase in the number of studies, and an increase in the quality of these studies (Klein, Würtenberger, Wolf, et al, 2018). The researchers note that the last systematic review of physicochemical research performed on homeopathic preparations was published in 2003. The aim of the 2018 study is to update and expand the current state of knowledge in the area of physicochemical properties of homeopathic preparations.

The researchers identified 183 publications (compared to 44 in the last review), 122 of which had a Manuscript Information Score (MIS) ≥ 5 . The rate of publication in the field was ~ 2 per year from the 1970s until 2000. Afterward, it increased to over 5.5 publications per year. The quality of publications was seen to increase sharply from 2000 onward, whereas before 2000, only 12 (13%) publications were rated as "high quality" (MIS ≥ 7.5); 44 (48%) publications were rated as "high quality" from 2000 onward. Countries with most publications were Germany (n = 42, 23%), France (n = 29, 16%),

India (n = 27, 15%), and Italy (n = 26, 14%). Techniques most frequently used were electrical impedance (26%), analytical methods (20%), spectroscopy (20%), and nuclear magnetic resonance (19%).

The researchers concluded that physicochemical research into homeopathic preparations is increasing both in terms of quantity and quality of the publications.

There is even a body of evidence testing homeopathic medicines on plants.

A total of 34 publications with abiotically stressed plants was identified (abiotic stressed plants refers to plants that were stressed by exposure to specific chemicals or physical circumstances), published between 1965 and 2010 (Jager, Scherr, Shah, et al, 2011). The 34 publications described a total of 37 experimental studies. Twenty-two studies included statistics, 13 had a $MIS \geq 5$, 8 were identified with adequate controls and 4 with negative control experiments. Significant and reproducible effects with decimal and centesimal potencies were found, including dilution levels beyond Avogadro's number.

THE 2005 “META-ANALYSIS” PUBLISHED IN THE LANCET

This eBook attempts to have certain standards for inclusion in this body of evidence. However, at times it is important to make reference to extremely poorly conducted research if this research is published in a highly respected medical journal and if the research has received a significant amount of media coverage.

Such was the case when the *Lancet* published a “meta-analysis” of 110 homeopathic studies and sought to compare them with a “matched” group of 110 studies testing conventional medications (Shang, et al, 2005). All of these studies were clinical trials using a placebo. Although the idea of comparing studies might have been a good idea, the way that this group of researchers conducted this comparison is a real embarrassment to the definitions of “science” and “meta-analysis,” and it is shocking that the *Lancet* would embarrass itself from publishing this highly questionable comparison.

Finding a “matched” set of clinical trials is extremely challenging because it is hard to find studies that are really comparable. The fact that this group of researchers was led by a professor (M. Eggers) who is a known antagonist to homeopathy already biased the study, but his and his teams actions added to this problem. First, the team decided correctly (!) to only evaluate those studies that met certain criteria for “high quality” scientific investigations. They found that 21 of the homeopathic studies fit this definition but only 9 of the conventional studies did so (it seems that these studies were not “matched” very well from the beginning). Ultimately, the researchers did not provide any analysis of this group of higher quality studies, and in fact, they didn't even provide a list of which studies were included or excluded from their list (in scientific circles, such actions are considered highly suspect and are a part of most researchers definitions of “low quality” research).

These researchers instead choose to evaluate only those high quality studies that tested “large” numbers of patients. Because all of the larger studies that tested homeopathic medicines do not individualize homeopathic treatment to the patient but instead use a one-medicine-fits all approach, this comparison set homeopathy up to fail.

Further evidence of the strong bias against homeopathy by these researchers was brought to light by the *Lancet*'s senior editor, Zoe Mullan, who acknowledged that, "Professor Eggers stated at the onset that he expected to find that homeopathy had no effect other than that of placebo." The *Lancet* editors further muddled the water by noting that the World Health Organization is expected to publish a report that is expected to be "positive" towards the subject of homeopathy, and in efforts to stifle this report, the *Lancet*'s editors chose to criticize a report that had not even been published.

For a detailed critique of this study, see the December 17, 2005, issue of the *Lancet*. The esteemed physicians and researchers, Dr. Klaus Linde and Wayne Jonas even asserted that the *Lancet* should be "embarrassed" by the editorial they published along with the article (Linde, Jonas, 2005).

New re-analyses of the same data has found different interpretations that are considerably more positive towards beneficial effects from homeopathic medicines (Lüdtke, Rutten, 2008; Rutten, Stopler, 2008).

Further critique of the Shang paper noted that they omitted certain high quality studies in homeopathy (was it a coincidence that the vast majority of these omitted studies had a positive result?), how they defined what is "high quality" is open to question (initially, the authors didn't even report which studies were defined as "high quality," and today, there is no clarity on the point score for each study), their decision to never evaluate or compare all of the "high quality" studies (the authors assert that high quality randomized, double-blind and placebo controlled studies are actually "biased" unless they are over 98 subjects in homeopathic studies but magically conventional medical trials are only biased if they are under 146 subjects).

Even the use of different criteria for the two different systems of medicine throws the comparison into question. In fact, Rutten and Stopler assert that choosing these different numbers was a decision made "post-hoc," which ultimately questions the integrity of the science and the ethics of the authors.

If Shang evaluated only those clinical trials that his own group defined as "high quality" (the 21 homeopathic trials and the 9 allopathic trials), there is a statistically significant difference between those patients given a homeopathic medicine and those given a placebo.

The new re-analysis notes that two studies by Reilly, one by de Lange-de-Klerk, and one by Hofmeyr were not defined by Shang as "high quality" but they were defined as such in a major meta-analysis of homeopathic clinical trials conducted by Linde, et al which was published in the *Lancet* (1997) (in fact, the Reilly papers were published in the *Lancet* and the *BMJ*, and both of these journals published editorials that acknowledged the high quality nature of these studies. Three of the above mentioned four trials showed a positive effect towards homeopathic treatment.

It was interesting to note that Shang excluded Wiesenauer's chronic polyarthritis study (N=176) because no matching trial could be found (Linde, 1997, defined this study as "high quality"). And yet, because none of the trials (!) in the final evaluation matched each other in any way, omitting inclusion of this study was the result of bias from the authors.

Also, three of the eight large and high quality conventional medical trials tested drugs that were deemed to be "effective" and yet, these medical treatments have been withdrawn from medical use due to the serious side effects that later research confirmed.

The Rutten/Stolper article made note of the fact that Shang acknowledged that their study disregarded adverse effects (how convenient).

Four (!) of the 21 high quality homeopathic trials sought to evaluate the prevention or treatment of muscle soreness. These three of the four trials had negative results, and if all of these trials were omitted from the analysis, there was a highly significant difference between homeopathic treatment and the placebo ($P < 0.007$). All of the conventional medical studies that evaluated this condition found negative results, though none (!) of these studies were deemed by Shang to be “high quality,” thus further skewing the results.

The new re-analysis of the Shang review did not question the outcome data that was extracted from the clinical trials. However, the authors did note that Shang reported on a study of traumatic brain injuries by Chapman, which found that reported on only one outcome measure as “negative” even though this study reported that 2 of the 3 outcome measures were “positive”. Also, the Shang review surprisingly included a “weight-loss” study, and Shang extracted data from day 1, but day 2 had been defined as the main outcome parameter (whereas the day 1 results were “negative,” the day 2 results were “positive” (in any case, this study should not have been included in the analysis because they had never undergone previous preliminary trial to deem their worthy of a larger clinical trial).

In addition to all of the above serious concerns about the data report, let’s assume that the Shang paper was perfect. Although Shang’s paper asserts that the effect from homeopathic treatment is very small, even their skewed data show that the odds ratio (OR) from the 8 large and high quality homeopathic trials found an effect of $OR = 0.88$, which was the same as a meta-analysis of statin treatment and the occurrence of haemorrhagic stroke.

Ultimately, in order for Shang and his team to determine that homeopathic medicines are “ineffective,” they had to disregard 95% of the double-blind, placebo controlled trials.

The two new reanalyses of the Shang review of homeopathic research provide the old cliché, GIGO. Junk data indeed creates junk science which creates junk and meaningless results.

In addition to the above strong critique of the Shang review, another critique of this review and others shows how skeptics use the “implausibility” bias against homeopathy, even though medicine and science is replete with instances in which new research and/or new understandings change “implausibility” ... and further how conventional “plausibility” of treatment does not guarantee either safety or efficacy of treatment (Rutten, Lewith, Mathie, et al, 2011). Specific evidence to shown that Shang ignored a significant body of strong evidence that showed a positive effect from homeopathic treatment, but this evidence was ignored due to the implausibility bias.

In addition to the already significant body of literature that has provided strong critique of the review by Shang, et al, a couple of other important references have provided a strong critique (Higgins, Green 2005; Hahn, 2013). It should be noted that this article by Hahn (2013) is of special importance in the light of the fact that Hahn has never practiced, received, or studied homeopathy but has worked in conventional clinical

medicine, is a professor of medicine at the university in Sweden, and has conducted and evaluated research for 30 years. Hahn wrote an important review of homeopathic research, entitled “Homeopathy: Meta-analyses of Pooled Data,” in which he concludes that, “Clinical trials of homeopathic remedies show that they are most often superior to placebo” (Hahn, 2013). He further asserts that the only way anyone could determine otherwise, “more than 90% of the available clinical trials had to be disregarded.” Hahn’s review of all previous extensive meta-analyses provides some special insight into the efficacy of homeopathy and into the biases that have created misinformation about homeopathic research.

The 2014 Meta-analysis Testing ‘Individualized Homeopathy’ Published in “Systematic Reviews”

A new review of homeopathic research was published in a highly respected medical journal that is known to publish systematic reviews and meta-analyses (Mathie RT, Lloyd SM, Legg, et al., 2014). The bottom-line is that this research confirmed that there IS a difference between the effects of homeopathic treatment and the effects of placebo.

In reviewing the “highest quality studies,” the researchers found that homeopathic patients were almost twice as likely to experience a therapeutic benefit as those given a placebo. Further, in reviewing a total of 22 clinical trials, the homeopathic patients experienced greater than 50% likelihood to have benefited from the homeopathic treatment than those given a placebo.

The difference with this study, as compared with all other reviews of homeopathic research, is that this review only evaluated studies in which homeopathic medicines were individually selected to patients, rather than simply given a “generic” homeopathic medicine or a “homeopathic formula.” Because the system of homeopathy is based on the use of individualized treatment, this review of research is the first to evaluate the system of homeopathic medicine, and not the generic homeopathic remedies.

Perhaps one of the strongest statements in this article was the confirmation that four of the five leading previous systematic reviews of homeopathic research also found a benefit from homeopathic treatment over that of placebo:

"Five systematic reviews have examined the RCT research literature on homeopathy as a whole, including the broad spectrum of medical conditions that have been researched and by all forms of homeopathy: four of these ‘global’ systematic reviews reached the conclusion that, with important caveats, the homeopathic intervention probably differs from placebo."

It is interesting to note that the one systematic review of homeopathy that asserted that there was no difference between homeopathy and placebo actually disproved this assertion when they evaluated homeopathic trials that used individualized homeopathic treatment (see Reference 30 in the article by Mathie, et al. 2014).

Ultimately, the researchers of this new review concluded:

- There was a small, statistically significant, treatment effect of individualised homeopathic treatment that was robust to sensitivity analysis based on ‘reliable evidence’.
- Findings are consistent with sub-group data available in a previous ‘global’ systematic review of homeopathy RCTs.
- The overall quality of the evidence was low or unclear, preventing decisive conclusions.
- New RCT research of high quality on individualised homeopathy is required to enhance the totality of reliable evidence and thus enable clearer interpretation and a more informed scientific debate.

Some of the technical information in this review is described below.

The 32 RCTs (randomly controlled trials) represented 24 different medical conditions across 12 categories. Homeopathic potency was $\geq 12C$ in 12 trials and was not exclusively $\geq 12C$ for 20 trials (mix of $>12C$ and $<12C$ for 12 trials; unstated for 8 trials). Vested interest was absent in four trials, uncertain in 18 and present in 10.

Of the 22 trials, 15 had an effect favoring homeopathy (i.e. $OR > 1$) (“OR” makes reference to “odds ratio”), 3 of them statistically significantly; 7 trials had an effect favoring placebo, none of them significantly. Total sample size = 1,123 (N = 22 trials).

Pooled OR was 1.53 (95% confidence interval (CI) 1.22 to 1.91; $P < 0.001$). There was no difference depending on whether the ‘main outcome’ was continuous (OR = 1.45; 95% CI 1.12 to 1.89) or dichotomous (OR = 1.80 (95% CI 1.12 to 2.87); $P = 0.44$). The OR data for all 22 trials, grouped by their ‘B’- or ‘C’-rating. There was no difference between ‘B’- and ‘C’-rated trials: $P = 0.41$. Pooled OR favored homeopathy for all sub-groups and was statistically significant for all but two of them ($<$ median; potency not exclusively $\geq 12C$).

Given the specific focus of this study, a statistically significant OR (odds ratio) of 1.98 may be interpreted as a small ‘effect size’ for these three trials collectively and does not differ significantly from the ‘effect size’ observed in our analysis of 22 trials (OR = 1.53). Such ‘effect sizes’ seem comparable with, for example, sumatriptan for migraine, fluoxetine for major depressive disorder and cholinesterase inhibitors for dementia. In fact, a highly respected review of many antidepressants commonly used has effect sizes at only 0.31 (Kirsch, Deacon, Huedo-Medina, et al., 2008).

Based on these results, the best and easiest way to explain the results of this review of research is derived from the finalized statistics of the “odds ratio.” From the most reliable evidence, and for the ‘main outcome measure’ per RCT, the mean odds ratio for homeopathy compared with placebo was 1.98. Therefore, for that outcome measure, the odds of an effect favoring homeopathy were nearly twice those of an effect favoring placebo. In other words, the participants randomized to homeopathy were nearly twice as likely to have a positive outcome compared with those randomized to placebo.

The database used in this new meta-analysis was different from the previous meta-analyses that were conducted by Linde, et al (1997) and Shang, et al (2005). First, this new review concentrated solely on peer-reviewed trials of individualized homeopathic treatment. Secondly, they used an updated set of trials for meta-analysis: 14 of our 22 RCTs were not included in the previous ‘global’ analyses. Thirdly, the selected ‘main outcome measure’—and thus the calculated odds ratio (OR)—differs for three of

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the eight previously analyzed trials of individualized homeopathy. Fourthly, the group of three RCTs with the most ‘reliable evidence’ is founded on a more exacting standard than for Shang’s ‘trials of higher methodological quality’: indeed, by Shang’s explicit criteria for domains IV, V and VI, the new review would label five of the ‘non-reliable’ trials [20,25-28] as ‘higher methodological quality’.

A notable finding from sub-group analysis is that the 14 newly examined trials do not differ in ‘effect size’ from the eight that were included in previous ‘global’ meta-analysis by Shang et al., disputing suggestions that the evidence base in homeopathy is weakening with time.

Unlike predecessors, this new review found no evidence that lower-quality trials displayed a larger treatment effect than that of higher-quality studies. In fact, the higher-quality trials found a greater beneficial effect from homeopathic treatment.

Providing additional support to the above meta-analysis was a review of “individualized homeopathic treatment” that evaluated whether the results observed from this treatment were biased by “regression to the mean”¹. Research concluded, “Changes in QoL after treatment by a homeopath are small but cannot be explained by RTM alone” (Lüdtke, Willich, Ostermann, 2014).

Another body of evidence that helps us realize that homeopathic medicines are not just placebos comes from the worldwide experience in using homeopathic medicines on farms.

According to a survey published in 2023, 65% of the farmers surveyed report that they can reduce their use of antibiotics with homeopathy and other CAM. For dairy farmers, the figure is even higher, at 69%. And for 24% of farmers, the use of homeopathy and other CAM even helps them to stop using antibiotics. 50% of dairy farmers report fewer and milder udder infections. Asked why they want to use fewer antibiotics, a third of farmers say they want to combat antibiotic resistance, improve the health of their livestock and the environment, and respond to their customers' wishes.

Other important values for livestock farmers also changed through the use of homeopathy: One-third of the farmers report that the profitability of the farm has increased - for dairy farmers it is even more than half. One reason for this is that more homeopathy and fewer antibiotics reduce treatment and medicine costs for 66% of farmers. Homeopathy and CAM have an impact on animal health: 84% of farmers report improvements in general health. 65 % confirmed reduced disease frequency or severity.

The farmers surveyed use CAM (88% use homeopathy, 68% phytotherapy) mainly for prevention of diseases (88%), followed by first aid, injuries, birth problems (86%).

Of the farmers surveyed, 82% have received training in the use of CAM – as many as 95% of dairy farmers. And 30% report that their veterinarian is positive about treatment with CAM. However, the survey also reports that some veterinarians have little

¹ “Regression to the mean” refers to the observation that certain phenomenon occur if a variable is extreme on its first measurement, it will tend to be closer to the average on its second measurement—and, paradoxically, if it is extreme on its second measurement, it will tend to have been closer to the average on its first. Regression to the mean occurs when phenomena have natural ebbs and flows and are not really influenced by specific treatments.

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knowledge about CAM and are therefore skeptical about it. This leads to farmers being reluctant to tell their vet about their homeopathy successes.

"Whole Health Agriculture" (<https://wholehealthag.org/>) was created by Lawrence Woodward, OBE, and homeopaths MARH Jackie Pearce-Dickens and Karen Seyersted in 2018 to provide information, education, and support to farmers seeking alternatives to synthetic chemicals, antibiotics, and artificial interventions. Homeopathic vet, MFHom, MRCVS Chris Aukland, has since joined the board as Head of Livestock Health, and Karin Mont, head of Alliance of Registered Homeopaths in the UK, replaced Karen as a director in 2022. Since its inception, WHAG has developed a Learning Center with memberships and a foundation course in progressive farm homeopathy, trained livestock whole health advisors and are developing a program of ambassador farms, and a research team. WHAG also runs regular webinars and support groups for farmers, attend conferences, and has an extended network of farmers, vets, homeopaths and researchers worldwide."

Allergies (food)

Food allergies generally represent symptoms of a person's constitutional disposition and are most effectively treated by a professional homeopath. To obtain temporary relief of symptoms, look under the specific acute symptoms being experiencing (Indigestion, Headache, Diarrhea, Fatigue, etc.).

Allergies (respiratory)

BOTTOMLINE: Allergies are the most researched and most proven ailment that homeopathic medicines have been found to treat effectively. Numerous high quality randomized, double-blind, and placebo controlled trials have shown efficacy of using homeopathic medicines in the treatment of various respiratory allergies, including hay fever, allergic rhinitis, and asthma. Homeopathy should be the first choice of treatment due to its safety and efficacy. Primary care homeopathy can be an effective treatment, though professional homeopathic care should be considered to treat the underlying susceptible state to allergens. For people with asthma, it may be beneficial to seek professional medical care, though there is some good scientific evidence that homeopathic treatment of asthma is effective.

NOTE: A review of clinical homeopathic research on respiratory allergies was published in a peer-review journal that also highlights which clinical trials have been deemed to be “high quality” trials, as determined by three leading meta-analyses of homeopathic clinical research (Ullman, Frass, 2010).

A small and forgotten footnote in medical history involves a homeopathic physician from Scotland, C.H. Blackley, who in 1871 first identified pollen as the cause of hayfever (Reilly, 1986). Another forgotten fact of history is that one of three founders of the American Academy of Allergy was a San Francisco homeopathic physician, Dr. Grant L. Selfridge (Cohen, 1979). Dr. Selfridge was also the first to conduct a botanical and pollen survey in the West.

Although homeopaths have often been at the forefront of medical research and discovery, it is particularly appropriate and even predictable that they would lead the way in the field of allergy. Because the primary principle of modern allergy treatment derives from the homeopathic principle of "treating like with like," the spirit of homeopathy has lived on, despite the tendency of orthodox physicians to ignore it.

Conventional Treatment of Allergies

Conventional medical treatment for allergies usually consists of antihistamines, steroids, and desensitization shots. In obstinate cases, laser surgery may be utilized to vaporize mucus-forming nasal tissue. People with allergies know that these treatments don't cure; at best, they provide temporary relief of symptoms, and at worst (and too frequently), they create side effects that can be worse than the allergy symptoms themselves.

One of the common drugs for allergies is Benadryl, which contains diphenhydramine, a chemical that is known for causing drowsiness as a side effect. The creativity of conventional drug manufacturers, however, is evidenced by their marketing this same drug ingredient as a treatment for insomnia. Ironically, what is called a "side effect" of a drug in one instance is considered its "primary effect" in another.

Perhaps the greatest misunderstanding about allergies is the assumption that the allergen (the cat dander, the pollen, the housedust mite, or whatever) is the problem. Actually, the allergen is simply the trigger, while the allergic person's body is the loaded

gun. Rather than just treating symptoms or avoiding the allergen, the best course is to take action to strengthen the body's own immune and defense system. Natural therapies help to empty and clean out the loaded gun or simply make it shoot blanks.

Homeopathy and Allergies

In the near future when homeopathic medicines are more widely accepted by the majority of orthodox physicians, doctors will likely maintain that they have always been supporters of homeopathy and homeopathic principles. They will point to conventional allergy treatment as an example of this.

While it is partially true that conventional medical treatment of allergy uses small doses of a substance to which the person is actually allergic and even though this principle is the basis of homeopathy, homeopaths use considerably smaller doses than conventional allergy shots. Also, homeopaths generally find that using the same substance to which the person is allergic may relieve a person's symptoms, but it will not truly or deeply cure the person's allergic reactions.

Homeopaths instead prescribe a "constitutional medicine," a remedy that is individually chosen based on the constellation of physical and psychological symptoms that the person is experiencing, not just the allergy symptoms. Finding a person's constitutional medicine requires the highly individualized care of professional homeopath.

People can use homeopathic medicines to treat the acute phase of their allergy without having to become a homeopath. Laypeople can either learn which individual homeopathic medicine is indicated for their unique symptoms (some of which will be described later, along with a list of recommended books for further explanation), or they can take one of the many "homeopathic formula" products for allergy which are commonly available at health food stores and pharmacies.

Although self-treatment with homeopathic formulas and individual medicines will not usually "cure" a person's allergy, they will often provide effective temporary relief and will do so without side effects.

The Switzerland government conducted a review of basic sciences and clinical trials testing homeopathic medicines (Bornhöft, Wolf, von Ammon, 2006). Their report noted 29 clinical studies in the domain 'Upper Respiratory Tract Infections/Allergic Reactions' showed a positive overall result in favor of homeopathy. They also found that 6 out of 7 controlled studies were at least equivalent to conventional medical interventions. They also found 8 out of 16 placebo-controlled studies were significant in favor of homeopathy.

A systematic review of homeopathic research in the treatment of respective allergies that utilized the highest standards of clinical research evaluation was published in 2017 (Kushal, Mathie, Costelloe, et al, 2017). Two authors independently screened potential studies, extracted data, and assessed risk of bias. Primary outcomes included symptom improvement and total quality-of-life score. Treatment effect size was quantified as mean difference (continuous data), or by risk ratio (RR) and odds ratio (dichotomous data), with 95% confidence intervals (CI). Meta-analysis was performed after assessing heterogeneity and risk of bias. In other words, this systematic review

utilized the most up-to-date analyses with the highest standards for evaluation of research. Any study with even a minor problem or potential problem in its design or how it was conducted was thereby rated as having an “uncertain” level of bias, or if there were multiple problems, it was deemed to have a “high risk of bias,” as distinct from having a “high level of reliability.”

Eleven studies were eligible for systematic review. All trials were placebo-controlled except one. Six trials used the treatment approach known as isopathy, but they were unsuitable for meta-analysis due to problems of heterogeneity and data extraction. Of these six studies, one study was deemed to be “reliable,” and it found a significant benefit to those receiving homeopathic treatment, as compared with those given a placebo. The overall standard of methods and reporting was poor: 8/11 trials were assessed as “high risk of bias”; only one trial, on isopathy for seasonal AR (allergic rhinitis), possessed reliable evidence. Three trials of variable quality (all using *Galphimia glauca* for seasonal AR) were included in the meta-analysis: nasal symptom relief at 2 and 4 weeks (RR = 1.48 [95% CI 1.24–1.77] and 1.27 [95% CI 1.10–1.46], respectively) favored homeopathy compared with placebo; ocular symptom relief at 2 and 4 weeks also favored homeopathy (RR = 1.55 [95% CI 1.33–1.80] and 1.37 [95% CI 1.21–1.56], respectively). The single trial with reliable evidence had a small positive treatment effect without statistical significance. A homeopathic and a conventional nasal spray produced equivalent improvements in nasal and ocular symptoms.

The authors of this systemic review concluded that the low or uncertain overall quality of the evidence warrants caution in drawing firm conclusions about intervention effects. Use of either *Galphimia glauca* or a homeopathic nasal spray may have small beneficial effects on the nasal and ocular symptoms of allergic rhinitis. The efficacy of isopathic treatment of allergic rhinitis is unclear despite one study published in the BMJ (British Medical Journal) that found a positive result for homeopathic treatment.

Research has proven the effectiveness of homeopathic medicines in hay fever. Dr. David Reilly, a professor and homeopath at the University of Glasgow in Scotland, published what is considered the best study of the homeopathic treatment of hay fever (Reilly, 1986). Published in the *Lancet*, this study showed that homeopathically prepared doses of 12 common flowers were very effective in reducing hay fever symptoms when compared with patients given a placebo. Patients given a placebo had six times more symptoms than those given a homeopathic medicine.

Another study of hay fever compared the effectiveness of a homeopathic medicine (*Galphimia* 6C) with a placebo. What was particularly interesting about this study is that the researchers also compared these two preparations with a dose of *Galphimia* that was diluted 1:100 six times without the common procedure of vigorously shaking the solution upon each dilution. This study showed that only the correctly manufactured homeopathic medicine that was both diluted 1:10 and shaken was found to be effective (Wiesenaire, 1996).

This team of researchers actually conducted seven studies with this medicine, and they have consistently found it to be effective (Wiesenaire, 1985).

Still further, this team tested a homeopathic combination medicine, which consisted of *Galphimia*, *Luffa operculata*, *Histamine*, and *Sulphur* and compared it with Cromolyn sodium spray, which is one of the most popular over-the-counter conventional

medicines. This randomized, double-blind study of 146 patients with hayfever for 42 days, four times a day per nostril. The researchers found that these two treatments were equally effective (Weiser, 1999). Reviews of clinical research on homeopathy have deemed this study to be a “high quality” study with a relatively low risk of bias (Mathie, Fok, Viksveen, et al, 2019)

Another important experiment using homeopathic medicines to treat an allergy disorder was the treatment of asthma (Reilly, 1994). This study was published in the *Lancet* and showed a significant benefit in those patients given a homeopathically-prepared dose of the specific substance to which conventional allergy testing showed the person was most allergic. This study showed benefit from the homeopathic medicine within the first week and lasting through the end of the trial eight weeks later.

One important (and practical) observation from this study was that the greatest numbers of people with asthma were allergic to housedust mite. Giving these people homeopathic doses of housedust mite had significant beneficial effects.

A fourth clinical trial by this group of Glasgow researchers found efficacy of homeopathic medicine in perennial allergic rhinitis (Taylor, 2000). The researchers found that patients given a homeopathically potentized dose (30C) of whatever substance to which they were most allergic experienced a significant improvement in nasal inspiratory flow comparable with the improvement typically experienced by patients given steroidal drugs.

The Glasgow researchers also evaluated improvement in each of their four studies by the Visual Analog Scale (VAS). Although the difference in the VAS in the last study was not significant, a meta-analysis of the four studies found a highly significant difference in patients given a homeopathic medicine ($P=.0007$). The researchers theorized that the non-significant difference in the fourth study may have been the result of having a significantly higher healing crisis (or aggravation of symptoms) within the first 48 hours by 29% of the homeopathic patients as compared with only 7% of the placebo patients.

A total of 259 patients were entered into these four high quality, randomized, double-blind, and placebo controlled trials. The results were so substantially significant ($P=0.0007$) that the British Medical Journal commented on the results in an Editorial, asserting, “It may be time to confront the conclusion that homeopathy and placebo differ.... This may be more plausible than the conclusion that their trials have produced serial false positive results.” (BMJ, 2000)

A group of British physicians sought to replicate the above-described asthma study (Lewith, et al, 2002), but Dr. Reilly, who served as a consultant to the study, expressed concern during the study design phase that the researchers were not adequately following his protocols (Reilly, 2002). Specifically, Reilly described this Lewith trial as “complementary” to his trials, but not “comparable.” Reilly first noted that the results to both the treated group and the placebo group were “excellent” with “good clinical effectiveness,” even though there was not a statistically significant difference between the two groups. Reilly asserted that it is inaccurate to say or suggest that homeopathic medicines were “not effective.”

Reilly noted that his study used much more rigorous admission criteria, with a full re-diagnosis of asthma in every patient in a laboratory histamine provocation test before being accepted, and then again 4 weeks later. Secondly, the Reilly trial purposefully did

not conduct their study at the peak of the house dust mite season (as compared with the Lewith trial which conducted their trial at the peak of the season). The Reilly team reasoned that isopathy (the use of the SAME medicine that might use the allergy symptoms, rather than the most SIMILAR medicine) is a weak form of homeopathy and tends to be less effectiveness when the body is being maximally challenged by the allergen.

Further, Reilly noted that his study evaluated patients during the same 4-week period for all subjects in the study and only used patients from specific geographical zone (west-central Scotland), while the Lewith trial treated patients over a 30-32 week period, and Lewith's team never divulged from which geographical zones for his subjects.

Of additional significance, Reilly noted that all of the patients in his study were prescribed a (single-blind) placebo run-in as a way to reduce the placebo effect once the trial formally begins. The Lewith trial did not utilize this important feature.

Ultimately, because the Lewith trial sought to be a replication trial, there are simply too many differences between the two trials. Even with these differences, it is important, even vital, to note that there WERE statistically significant differences between the symptoms of the patients given a placebo and those given a homeopathic medicines, though these differences were not primary outcome measures.

This study of 202 asthma patients found that there was statistically significant improvements in the two primary outcome measures in subjects given House Dust Mite 30C as well as those given a placebo, but there were no statistically significant differences in those who were given the homeopathic medicine and those given a placebo. There were statistically significant differences between the treatment and the placebo groups in the secondary outcome measures, including the morning peak expiratory flow ($P=0.025$), asthma visual analogue scale ($P=0.017$), and the mood of the subjects ($P=0.035$). There was also reduced use of the conventional bronchodilator usage in the homeopathic patients, though this difference was not statistically significant.

A double-blind, randomized, placebo-controlled trial was conducted with 30 participants who had a positive test result for a cat allergy skin prick test (SPT) (Naidoo, Pellow, 2013). Participants took two tablets twice daily of Cat saliva 9cH and Histaminum 9cH for 4 weeks and attended a follow-up consultation at the end of weeks 2 and 4. The measurement tool used was the SPT, conducted at the beginning and at the end of the study.

Cat saliva 9cH and Histaminum 9cH produced a highly statistically significant reduction in the wheal diameter of the cat allergen SPT at the end of week 4. The placebo group showed no statistically significant change. The researchers concluded that homeopathic medicine reduced the sensitivity reaction of cat allergic adults to cat allergen, according to the SPT.

Although there have now been several trials showing efficacy of treatment by using homeopathic doses of an allergen, one study made from the pollen of birch trees (*Betula*) found no difference in symptoms as compared with those subjects given a placebo (Aabel, 2001).

A retrospective observational study of 430 patients at an integrative medicine center in Italy found remarkable results from homeopathic treatment (Ferreri, Bernardini, Gottard, 2019). Four hundred and thirty allergic patients who were treated in the period 2011-2015 were followed up at the outpatient clinics at Pitigliano Hospital Centre of

Integrated Medicine. They were divided into two groups: seasonal allergies (262 patients) and year-round allergies (168 patients).

The patients were followed up at the homeopathy outpatient clinic by two homeopathic doctors for a period between one and four years. The dropouts and associated reasons were investigated, and they have been not due to the use of homeopathic drugs. All patients were asked if they had experienced any side effects from the homeopathic treatment, and no patient reported side effects caused by the homeopathic treatment in the follow-up phase.

A strong reduction in the intensity of symptoms has been registered since the first month of homeopathic therapy for both seasonal allergies and non-seasonal allergies, along with a very marked reduction in the use of conventional drugs in 85% of patients with year-round allergies and 100% of patients with seasonal allergies. These results have been stable over the total observation period. The strength of this study is its large caseload of 430 patients, 356 of whom were followed up for more than one year and the remainder for up to four years.

A study in Norway of 200 patients suffering from hypersensitivity illnesses, including asthma, eczema, urticaria, hay fever and other allergies, showed that homeopathy was at least as effective as conventional medical treatment (Launsø, Kimby, Henningsen, 2006). The study was retrospective and comparative, and it evaluated everyday clinical practice of general practitioners and classical homeopaths. Most patients who were treated by conventional medical doctors experienced an aggravation of their symptoms when stopping conventional drugs, while only 1/3 of patients in the homeopathy group experienced such an aggravation ($P = 0.002$). Only one patient on conventional treatment experienced improvement of symptoms after stopping medication, compared to improvement in 2/3 of homeopathy patients. Patients in the homeopathic group also reported a larger improvement in their general state of health, with 57% improving, compared to 24% in the conventional group ($P=0.004$). Homeopathic patients also experienced substantially more positive change in their psychological state ($P<0.0001$). For quality of life 53% in the homeopathy group improved, compared to 15 % in the conventional group.

Two Israeli physicians reported on a retrospective analysis of patients with allergies who had received individually chosen homeopathic medicines (Frenkel and Hermoni, 2002). Their clinic's database revealed that 27 of 31 patients who had used conventional drugs in the treatment of their allergies (antihistamines, steroids, and decongestants) showed a reduced usage of their drugs after given homeopathic treatment. Two patients experienced an increase in drug usage, and two patients showed no change. Of the 17 patients who did not use conventional drugs in the treatment of their allergies, 13 remained non-users and only four had these drugs prescribed within 3 months after receiving homeopathic treatment.

Although this study was not double-blind or placebo controlled, it provides a glimpse into real world health care and its results. These results suggest that the usage of homeopathic medicines for people suffering from allergies leads to reduced usage of conventional drugs, and based on the lower cost of homeopathic medicines, the authors of this report also suggest that there are also cost savings that result from homeopathic treatment.

A 4-week, double-blind clinical trial comparing homeopathic preparations with placebo was conducted in the Phoenix metropolitan area during the regional allergy season from February to May (Kim, Riedlinger, Baldwin, 2005). The treatment group was given a homeopathic preparation (6X) of common allergens in the Southwest region of the U.S. Participants included 40 men and women, 26-63 years of age, diagnosed with moderate to severe seasonal allergic rhinitis symptoms. Study outcomes included allergy-specific symptoms using the rhinoconjunctivitis quality-of-life questionnaire (RQLQ), functional quality of life using the Medical Outcomes Study Short Form-36 (MOS SF-36), and the work productivity and activity impairment (WPAI) questionnaire. The scales from the RQLQ, MOS SF-36, and WPAI questionnaire showed significant positive changes from baseline to 4 weeks in the homeopathic group compared with the placebo group ($p < 0.05$). Subjects reported no adverse effects during the intervention period. These preliminary findings indicate potential benefits of the homeopathic intervention in reducing symptoms and improving quality of life in patients with seasonal allergic rhinitis in the Southwestern US.

A survey was conducted with over 400 people in Mexico who experienced respiratory allergies (Felix Berumen, et al, 2004). The survey discovered that 34.4% of people used at least one type of alternative medicine in the treatment of their allergies. Of these people, homeopathic medicines were the most popular alternative treatment, with 78.2% of these people using homeopathy.

A study of children with allergies who were treated by professional homeopaths was conducted in Lucca, Italy, and evaluated over an 8-year period (Rossi, Picchi, Bartoli, et al, 2016). Data was derived from an observational longitudinal study evaluating 857 pediatric patients with consecutive visits from 1998 to 2014. Children with atopic (allergic) diseases were 325 (37.9%), 126 (39%) suffered from atopic dermatitis, 72 (22%) from allergic rhinitis, and 127 (39%) from asthma. Further, a long-term study was conducted on a subset of 107/165 patients, consecutively visited from 1998 to 2006, and with ≥ 5 years follow-up. The study also investigated the evolution of overall symptoms in those patients with a complex atopic symptomatology.

This review found that 75.8% of atopic children had moderate or major improvement (67.1% with asthma as the primary disease; 84.2% rhinitis; 84.2% dermatitis). At re-evaluation after 5-10 years, complete remission of atopic symptoms was obtained in 70.1% of the children: 84.2% in dermatitis; 48.1% in allergic rhinitis; 71.4% in asthma. Children with two or three atopic diseases at the first visit were completely cured in 40% of cases.

The results seem to confirm that homeopathic medicine produces positive therapeutic response in atopic children.

A prospective multicenter observational study was conducted by general practitioners specializing in homeopathy in nine Austrian test centers (Gründling, Schimetta, Frass, 2011). Personal data and symptoms of allergic patients diagnosed with allergic conjunctivitis, allergic rhinitis, bronchial asthma and neurodermatitis before and after homeopathic treatment were assessed by means of questionnaires (classification of patients' condition by using visual analogue scales/VAS).

40 out of 44 patients originally recruited for the trial were found to meet the eligibility criteria. All clinical symptoms were shown to improve substantially, in most cases quite markedly ($p < 0.001$). 21 patients who used conventional medicines at the beginning of the trial (62%) were able to discontinue at least one medication, while the remaining patients (38%) reported a dose reduction in at least one medication. No side effects were reported during treatment.

The symptoms of patients undergoing homeopathic treatment were shown to improve substantially and conventional medication dosage could be substantially reduced. Because this study didn't have a control group that was placebo controlled, it does not allow conclusions as to the efficacy of homeopathic treatment.

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Although this research did not have a control group of children with allergies who were treated with conventional medicines, the researchers noted numerous studies that used conventional medical treatments in children with respiratory allergies and their results were not as impressive as the results given by homeopathic treatment.

A large multi-center open observational clinical trial was conducted under the auspices of the government of India with a total of 784 children (408 males; 384 females) aged 6 months to 15 years, presenting symptoms of acute rhinitis (Nayak, Singh, Singh, et al., 2010). Symptoms were assessed using an acute rhinitis symptom score (ARSS). A total of 13 homeopathic medicines were shortlisted after repertorizing the nosological symptoms of acute rhinitis in children and the results were analyzed (these medicine included: *Aconitum napellus*, *Belladonna*, *Calcarea carbonica*, *Carbo vegetabilis*, *Chamomilla*, *Dulcamara*, *Elaps corallinus*, *Hepar sulphur*, *Kalium bichromicum*, *Mercurius solubilis*, *Nux vomica*, *Pulsatilla nigricans*, and *Sulphur*). The medicines were prescribed in dilution 6C (10-12) and doses were repeated from few minutes to few hours as per the need of the case. Appearance of any change (improvement or worsening) was followed by placebo / change in dilution or change in medicine according to the response of the patient. The follow up period was up to the 7th day of illness.

Out of 784 children enrolled, 638 children were followed up and analyzed. A significant change in the score from the baseline ($p < 0.05$) was observed. Twelve medicines were found to be useful in 638 children suffering from acute rhinitis and among them Nux-v ($n=109$), Merc ($n=106$) and Bell ($n=88$) were the most useful.

At the end of the study (seven days after initial treatment), the researchers observed that 81.3% (n=638) of the children had improved among the 784 children enrolled. As per outcome assessment of the 638 children who were analyzed, 74.5% (n=475) were cured, 17.7% (n=113) improved markedly, 6.9% (n=44) improved moderately and only 0.9% (n=6) improved mildly (Note: Because this study was not randomized or placebo controlled, it is impossible to determine what percentage of children would have improved without any treatment. Still, this study is interesting and worthy of attention due to the information on which drugs were most commonly indicated and which drugs may have led to the most dramatic clinical improvement.)

No complications were observed during the treatment. Adverse events in the form of hyperpyrexia were observed in 2 children only. This study concluded that there is usefulness of homeopathic medicines in the management of acute rhinitis of children.

In addition to these clinical trials there have also been several laboratory studies that have shown powerful effects of various homeopathic doses on biochemical markers related to respiratory allergies, specifically basophils. One such experiment showed that homeopathic doses of *Apis mellifica* (honey bee) and *Lung histamine* had degranulated basophils, which are a type of white blood cell related to allergy symptoms (Poitevin, 1988). *Apis* significantly inhibited basophil activation at the dilutions of 8c, 9c and 10c when the basophils were activated with high and low anti-IgE doses, and *Apis* caused significant inhibition at the dilutions of 5c, 7c, 13c and 20c when the basophils were activated with low anti-IgE doses. Significant inhibitions were observed at dilutions of *Lung histaminum* at 5c and at 15c (from 12c to 18c). In the case of basophils activated using small anti-IgE doses, *Apis* 10c and *Lung histaminum* 18c caused 100% inhibition.

Four independent laboratories, each associated with a university, conducted a series of experiments using dilutions of histamine beyond Avogadro's number (the 15th through 19th centesimal dilution, that is 10^{-15} to 10^{-19}) (Belon, Cumps, Ennis, Mannaioni, et al, 2004). The researchers found inhibitory effects of histamine dilutions on basophil degranulation triggered by anti-IgE. A total of 3,674 data points were collected from the four laboratories. The overall effects were highly significant ($p < 0.0001$). The test solutions were made in independent laboratories, the participants were blinded to the content of the test solutions, and the data analysis was performed by a biostatistician who was not involved in any other part of the trial.

Treatment Options

There are specific treatment options that people can consider:

- 1) To follow the studies of the Glasgow researchers, use conventional allergy testing to determine to what the patient is allergic and then take the 30C dose of this substance (these products are available through select homeopathic pharmacies).
- 2) Two of the Glasgow studies involved subjects with hay fever, and these studies used a combination homeopathic medicine that included flowers to which the patients were allergic. People might consider prescribing a homeopathic medicine that contains many of the common flowers to which the hay fever subject is sensitive (these products in the U.S. are available from <http://www.homeopathic.com>)

- 3) People with hay fever could consider taking *Galphimia glauca* 4C or 6C as long as hay fever symptoms persist, or use a homeopathic combination remedy in which this remedy is an ingredient.
- 4) People with allergies could consider taking an individualized single homeopathic medicine as recommended in various homeopathic acute care guidebooks (a brief summary of some of the key remedies is listed below).
- 5) People with severe and/or recurrent allergy symptoms should consider consulting with a professional homeopath for “constitutional care” in order to improve the person’s overall level of health which sometimes provides a real cure of an allergic condition.

Specific Individual Remedies

If these individual remedies are not available or if you cannot find the best one to fit the patient’s symptoms, there are now numerous "homeopathic formula products" readily available in health food stores. These natural remedies are extremely easy to use and often work well.

* *Allium cepa* (the common onion): Because onions are known to cause tearing of the eyes and running of the nose, they are wonderfully effective in treating such symptoms when given in homeopathic microdoses. Specifically, people who will benefit from *Allium cepa* experience an acute, profuse, fluent, burning nasal discharge that is worse in a warm room and better in the open air. They have a profuse, bland (non-burning) tearing with reddened eyes, and will desire to rub their eyes frequently. They experience a raw feeling in the nose with a tingling sensation and violent sneezing. Usually, the various nasal symptoms are worst on the left or begin on the left and move to the right side. A frontal congestive headache may be concurrent with their allergy symptoms. These symptoms tend to exacerbate after damp winds.

* *Euphrasia* (eyebright, an herb) has the opposite symptoms as those who need *Allium cepa*: they have profuse burning tears from the eyes and a bland nasal discharge. Their eyes water so much the person looks awash in tears. The whites of the eye and the cheeks become reddened from the burning tears, and blinking provides relief but this is just temporary. The eye symptoms are worse in the open air. The profuse bland nasal discharge is worse at night, while lying down, and in windy weather.

* *Arsenicum album* (white arsenic): Burning tears and nasal discharge with obstruction that are often worse on the right side characterize the symptoms related to *Arsenicum*. These people’s symptoms are worse at and after midnight. They toss and turn in bed and become very anxious, frightened, and restless during breathing difficulties. They are very chilly and are aggravated by breathing in cold air, and they feel better in a warm room or from warmth in general. They usually have a great thirst but only take sips at a time, and they usually prefer warm drinks. These people are sensitive to light, have violent sneezing, and may develop asthmatic breathing. This remedy can be useful for both acute and chronic allergy symptoms. People who need this remedy have or tend to develop a fastidious character (they may feel compelled to clean or bring order to their home or office even during an illness). They also tend to prefer company to being alone.

* *Nux vomica* (poison nut, a seed from a tree): When an allergy sufferer is particularly irritable and chilly and has a fluent nasal discharge during the day and congestion at night, *Nux vomica* is often their remedy. Their symptoms tend to be worse indoors and better in the open air. They are sensitive to the cold, being uncovered, and are irritated by noise, odors, and light. They feel better in a warm room and drinking warm fluids. Frequent sneezing may be experienced, especially upon rising in the morning. Their symptoms sometimes begin after being irritated, vexed, or fatigued. This remedy can be useful for both acute and chronic allergy symptoms.

* *Pulsatilla* (windflower, an herb): This is an extremely common remedy for both women and children. These people have a nasal discharge during the day and congestion at night (just like people who need *Nux vomica*). However, people who need *Pulsatilla* are quite different from people who need *Nux vomica*: they are usually gentle, mild, yielding, impressionable, emotional, and moody people who seek attention and sympathy, rather than the argument and conflict in which *Nux vomica* people indulge. People who need *Pulsatilla* have congestion which is worse in a warm room, hot weather, or while lying down, and is relieved in cool rooms, open air, or with cool applications. Their symptoms can be aggravated by milk products, rich foods, and fats. They tend to have itching at the roof of their mouth at night. They tend to be without thirst. This remedy can be useful for both acute and chronic allergy symptoms.

* *Natrum muriaticum* (salt): This remedy is indicated when the person's nasal discharge is profuse and like egg whites for the first several days, then leading to nasal obstruction. Typically, the person may also experience a herpetic eruption on the lips or a hammering frontal headache or behind the eyes. The symptoms are worse from exposure to heat and the sun and from 9 to 11 am. The person craves salt and tends to be very thirsty. This remedy tends to be indicated in people who suppress their emotions, especially grief.

* *Ambrosia* (ragweed): This remedy is useful for people with allergies to ragweed.

* *Sabadilla* (cevadilla seed): This medicine is effective in treating allergies, especially hayfever, with frequent, spasmodic sneezing that exhausts the person. Sneezing usually results from a tickling inside the nose, and sneezing causes tearing from the eyes. These people are worse in the open air and feel relief in a warm room. The person usually also has a profuse, watery nasal discharge and red and burning eyelid margins. Despite having a dry mouth, these people tend to have little thirst.

* *Solidago* (goldenrod): People who are allergic to goldenrod benefit from this remedy.

* *House dust mite*: This is the remedy to consider for people with allergies to house dust mite, which is the most common allergen in the world today.

* *Arum triphyllum* (jack in the pulpit): This remedy is useful for people with allergies who experience such irritation inside the nose that they feel forced to bore their fingers into their nose or they seek to rub, itch, or pick at their lips and face. The throat, mouth,

tongue, and palate may experience burning pain, making it difficult to eat or drink, despite having a thirst. These people may experience concurrent hoarseness and peeling and chapping of the lips.

* *Kali bichromicum* (potassium bichromate): Consider this remedy when the person experiences thick, stringy, green or yellowish mucus from the nose or throat. The person may also have a post-nasal drip and pain at the root of the nose that may be relieved from hard pressure.

* *Wyethia* (poison weed): This remedy is indicated when the person experiences tremendous itching of the upper palate of the mouth, causing the person to make “clucking” noises in effort to provide some relief. The person also has itching of the nose and throat, along with a constant desire to swallow saliva to relieve the dryness experienced.

* *Histaminum* (histamine): Consider this remedy either when no other remedy seems accurate or if other remedies have been tried and haven’t worked.

REFERENCES:

Aabel, S, Prophylactic and acute treatment with the homeopathic medicine *Betula* 30C for birch pollen allergy: a double-blind, randomized, placebo-controlled study of consistency of VAS responses, British Homeopathic Journal. April, 2001, 90:73-78.

Belon P, Cumps J, Ennis M, Mannaioni PF, Roberfroid M, Ste-Laudy J, Wiegant FAC. Histamine dilutions modulate basophil activity. Inflamm Res 2004; 53:181-8.
<http://www.ncbi.nlm.nih.gov/pubmed/15105967>

Bornhöft G, Wolf U, von Ammon K, Righetti M, Maxion-Bergemann S, Baumgartner S, Thurneysen AE, Matthiessen PF. Effectiveness, safety and cost-effectiveness of homeopathy in general practice - summarized health technology assessment. Forschende Komplementärmedizin (2006);13 Suppl 2:19-29.
<http://www.ncbi.nlm.nih.gov/pubmed/16883077>

Cohen, SG, The American Academy of Allergy: a historical review, Journal of Allergy and Clinical Immunology, 1979, 64, 5: 333.

Felix Berumen JA, Gonzalez Diaz SN, Canseco Gonzalez C, Arias Cruz A., [Use of alternative medicine in the treatment of allergic diseases – in Spanish] Rev Alerg Mex., 2004 Mar-April;51,2:41-4.

Frenkel M, Hermoni D. Effects of homeopathic intervention on medication consumption in atopic and allergic disorders, Alternative Therapies in Health and Medicine, 2002, 8,1:76-79.

Gründling C, Schimetta W, Frass M. Real-life effect of classical homeopathy in the treatment of allergies: A multicenter prospective observational study. *Wien Klin Wochenschr.* 2012 Jan;124(1-2):11-7. doi: 10.1007/s00508-011-0104 y. <https://www.ncbi.nlm.nih.gov/pubmed/22138796>

Kim LS, Riedlinger JE, Baldwin CM, Hilli L, Khalsa SV, Messer SA, Waters RF. Treatment of seasonal allergic rhinitis using homeopathic preparation of common allergens in the southwest region of the US: a randomized, controlled clinical trial. *Ann Pharmacother.* 2005 Apr; 39,4:617-24. <http://www.ncbi.nlm.nih.gov/pubmed/15741420>

Kushal B, Mathie Robert T, Costelloe Céire, and Howick Jeremy. Homeopathy for Allergic Rhinitis: A Systematic Review. *The Journal of Alternative and Complementary Medicine.* June 2017, 23(6): 426-444. <https://doi.org/10.1089/acm.2016.0310>

Launsø L, Kimby CK, Henningsen I, Fønnebø V. An exploratory retrospective study of people suffering from hypersensitivity illness who attend medical or classical homeopathic treatment. *Homeopathy*, 2006, 95:73-80.

Lewith, GT, Watkins, AD, Hyland, ME, et al., Use of ultramolecular potencies of allergen to treat asthmatic people allergic to house dust mite: double blind randomized controlled clinical trial, *BMJ.* 2002, 324:520-523. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC67767/>

Mathie RT, Fok YYY, Viksveen P, To AKL, Davidson JRT. Systematic Review and Meta-Analysis of Randomised, Other-than-Placebo Controlled, Trials of Non-Individualised Homeopathic Treatment. *Homeopathy.* 2019 Jan 30. doi: 10.1055/s-0038-1677481. <https://www.ncbi.nlm.nih.gov/pubmed/30699444>

Naidoo P, Pellow J. A randomized placebo-controlled pilot study of Cat saliva 9cH and Histaminum 9cH in cat allergic adults. *Homeopathy.* 2013 Apr;102(2):123-9. doi: 10.1016/j.homp.2013.02.007. <http://www.ncbi.nlm.nih.gov/pubmed/23622262>

Nayak C, Singh V, Singh K, et al. A multi-centric open clinical trial to evaluate the usefulness of 13 predefined homeopathic medicines in the management of acute rhinitis in children. *Int J High Dilution Res* 2010; 9(30): 30-42. <http://www.feg.unesp.br/~ojs/index.php/ijhdr/article/view/369/415>

Poitevin, B, Davenas, E, and Benveniste, J, "In vitro immunological degranulation of human basophils is modulated by lung histamine and apis mellifica," *British Journal of Clinical Pharmacology*, 1988, 25: 439-44. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1387805/>

Reilly D, Taylor MA, McSharry C, Aitchison T. Is homoeopathy a placebo response? controlled trial of homoeopathic potency, with pollen in hayfever as model, *Lancet*, October 18, 1986, ii: 881-6. <http://www.ncbi.nlm.nih.gov/pubmed/2876326>

Reilly, D, Taylor, M, Beattie, N, et al., Is evidence for homoeopathy reproducible?
Lancet, December 10, 1994, 344:1601-6. <http://www.ncbi.nlm.nih.gov/pubmed/7983994>

Reilly, D, 2002, bmj.com (online letters to the editor for the March 2, 2002, issue):
<http://www.bmj.com/content/324/7336/520.1/rapid-responses>

Rossi E, Picchi M, Bartoli P, Panozzo M, Cervino C, Nurra L., Homeopathic therapy in pediatric atopic diseases: short- and long-term results. Homeopathy. 2016 Aug;105(3):217-24. doi: 10.1016/j.homp.2016.03.001. Epub 2016 Apr 13.
<http://www.ncbi.nlm.nih.gov/pubmed/27473542>

Taylor, MA, Reilly, D, Llewellyn-Jones, RH, et al., Randomised controlled trial of homoeopathy versus placebo in perennial allergic rhinitis with overview of four trial Series, BMJ, August 19, 2000, 321:471-476.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC27460/>

Ullman D, Frass M. A Review of Homeopathic Research in the Treatment of Respiratory Allergies. Alternative Medicine Review. April 2010, 15,1:48-58.
<http://www.galeazzi.info/studio/wp-content/uploads/2013/05/respiratory-allergies.pdf>
https://www.researchgate.net/publication/42832498_A_Review_of_Homeopathic_Research_in_the_Treatment_of_Respiratory_Allergies

Weiser, M, Gegenheimer, LH, Klein, P, “A randomized equivalence trial comparing the efficacy and safety of Luffa comp.-Heel nasal spray with Cromolyn sodium spray in the treatment of seasonal allergic rhinitis,” Forsch. Komplementarmed, June 1999, 6,3:142-8.
<http://www.ncbi.nlm.nih.gov/pubmed/10460983>

Wiesenauer, M, and Gaus, W, Double-blind trial comparing the effectiveness of the homeopathic preparation of Galphimia potentisation D6, Galphimia dilution 10⁻⁶, and placebo on pollinosis, Arzneim.-Forsch/Drug Research, 35(II), 11,1985:1745-7.
<http://www.ncbi.nlm.nih.gov/pubmed/3911965>

Wiesenauer, M, Ludtke, R, A meta-analysis of the homeopathic treatment of pollinosis with Galphimia glauca, Forsch Komplementarmed., 3,1996):230-234.
<https://www.karger.com/Article/Pdf/210233>

Anger

BOTTOMLINE: Acute phases of anger can be effectively self-treated with homeopathic medicines, while chronic states of anger may best treated by a professional homeopath.

One cannot adequately describe all of the various kinds of anger and the specific homeopathic medicines that match them in an ebook of this scope. The following remedies represent a small number of the most common medicines that have anger as a primary aspect of their dis-ease. *See also the remedies under Abuse)

** *Nux vomica* (poison nut): People who benefit from this medicine are impatient types who are hard driving, competitive, irritable, and indignant individuals who are "stressed out" and who *consciously or not) make others equally stressed out. They are easily irritated by anything and will cause irritation to others. They tend to be hyper-critical and aggressive. This remedy is more commonly indicated in men but can be indicated in women. This is a common remedy for people who over-indulge in alcohol, drugs, coffee, and rich foods.

* *Staphysagria* (stavesacre): A person who needs this remedy tends to suppress their anger and then express it in a rage. This person more commonly tends to be the abusee, but can be the abuser if s/he is humiliated.

* *Chamomilla* (chamomille): When a person becomes hyperirritable, is hypersensitive to pain, and makes many demands but then rejects what is offered, consider this remedy. This medicine is most commonly indicated during infancy, during drug withdrawal, and during the end stages of life.

* *Sepia* (cuttlefish): This remedy is a common medicine for women going through menopause and for independent women who are assertive, aggressive, critical, and strongly insist on doing things their way. Their anger is rarely violent, but manifests as a nagging, bossy irritability.

* *Aurum metallicum* (gold): This is a remedy for very serious people who have a sense of duty and great responsibility in their life, but when things go wrong, they become angry and deeply depressed (sometimes contemplating suicide). They tend to abuse alcohol and drugs that aggravate their condition significantly.

RESOURCE: Judyth Reichenberg Ullman, ND, MSW, and Robert Ullman, ND, *Rage Free Kids: Homeopathic Medicine for Defiant, Aggressive, and Violent Children*, Edmonds, WA: Picnic Point Press, 1999 (NOTE: This book provides information that is clinically useful in the treatment of adults as well.)

Anxiety

BOTTOMLINE: Homeopathic medicines can be very effective in treating anxiety disorders. It is recommended to seek professional homeopathic care for serious or recurrent anxiety, while acute stages of this emotional state can sometimes be effectively treated with primary care homeopathy. In severe and/or chronic states of anxiety, professional psychological and psychiatric care may be indicated.

The Menninger Clinic is world-renowned as one of the leading mental health centers for research and treatment. Most people don't know it, but the founder of the Menninger Clinic, Charles Frederick Menninger, MD, was originally a homeopathic physician. He was also the head of his local homeopathic medical society. He was so impressed with his results from homeopathic medicines, he once said, "Homeopathy is wholly capable of satisfying the therapeutic demands of this age better than any other system or school of medicine."

Some research has shown benefits in using the herb Kava kava to treat anxiety states. However, homeopaths generally find it is necessary to prescribe individualized homeopathic remedies to each patient to attain long-term results, including sustained results without requiring continual doses of any medicine (natural or otherwise).

In 2012, a randomized, double-blind, placebo-controlled single center study was conducted over a 15-day period (Hellhammer and Schubert, 2013). A study included 40 women aged 30-50 years who regularly experienced impaired well-being when feeling stressed. Participants took three tablets daily of a homeopathic formula called "Dysto-loges(®) S"² for 14 days, half of whom were blindly given a placebo. On the final study day, participants took three pills in the morning and upon arrival at the study site. Thereafter, the Trier Social Stress Test (TSST) was performed.

Primary endpoints were saliva cortisol responses to the stress test. Secondary biological endpoints were plasma cortisol, adrenocorticotrophic hormone, epinephrine, and norepinephrine (NE) and heart rates. Psychological secondary endpoints were well-being, anxiety, stress, and insecurity during the stress test as well as sleep and quality of life.

Stress-induced cortisol levels did not differ between groups, but verum-treated participants were characterized by lower NE levels. Two weeks of treatment with the homeopathic substance resulted in a better sleep quality. Sleep improvement was associated with a higher hormonal response to the TSST in both groups. In addition, individuals with impaired sleep in the placebo group had higher unstimulated NE levels.

This study provides preliminary evidence for beneficial effects of Dysto-loges S on sleep quality. Improvement of sleep quality was positively associated with a normalized neuroendocrine stress response during acute stress, whereas an altered hormonal response was observed in participants with impaired sleep. The researchers hypothesized that the test product may possibly reduce NE release.

² This formula consists of: Gelsemium sempervirens D4, Coffea arabica D6, Veratrum album D6, Reserpinum D6, Passiflora incarnata Mother tincture.

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In 2006, a group of research conducted a systematic review of research in the homeopathic treatment of anxiety and anxiety disorders (Pilkington, Kirkwood, Rampes, 2006). They identified eight randomised controlled studies. A comprehensive search demonstrates that the evidence on the benefit of homeopathy in anxiety and anxiety disorders is limited. A number of studies of homeopathy in such conditions were located but the randomised controlled trials report contradictory results, are underpowered (this means that they were small studies) or provide insufficient details of methodology. Several uncontrolled and observational studies reported positive results including high levels of patient satisfaction but because of the lack of a control group, it is difficult to assess the extent to which any response is due to homeopathy or to other factors. Adverse effects reported appear limited to 'remedy reactions' and included temporary worsening of symptoms and reappearance of old symptoms. On the basis of this review it is not possible to draw firm conclusions on the efficacy or effectiveness of homeopathy for anxiety. However, surveys suggest people suffering from anxiety quite frequently use homeopathy. If shown to be effective, it is possible that homeopathy may have benefits in terms of adverse effects and acceptability to patients. Consequently, further investigation is indicated. Future research should be of pragmatic design and include qualitative studies.

In 2016, a study compared results from the 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)(Grimaldi-Bensouda, Abenhaim, Massol, et al, 2016).

Patients were admitted into this study if they scored 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.

Of 1,562 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).

Ultimately what the results of this study suggest is that homeopathic treatment is not just as effective conventional medical treatment, but actually with slightly better results. When one considers the known safety of homeopathic medicines and the many side effects of conventional drugs and the challenges/problems inherent in stopping the use of such medications, the benefits of homeopathic treatment are understood in a larger context.

An open-label observational study was conducted with 639 patients who had a high rate of anxiety and sleep disorders (Villet, Vacher, Colas, et al, 2016). Anxiety was present in 85.4% (according to Hamilton anxiety rating scale) and 93.3% (according to Spielberger self-assessment questionnaire), and 74% were found to have a sleep disorder (SDS). Patients were prescribed "Passiflora Compose" (PC), which consists to Passiflora

incarnate 3DH, Ignatia amara 4CH, Coffea cruda 5CH, Nyckterinia 4CH, Tellurium metallicum 5CH, Phosphoricum acidum 7CH, Palladium metallicum 5CH, and Magnesium metallicum 5CH.

After four weeks, the researchers compared those patients who were given the homeopathic medicine alone and those given the homeopathic medicine and psychotropics. After four weeks, the patients given only the homeopathic medicine experience substantially significant reductions in anxiety (HAM)(18.7% in the homeopathic group had no anxiety, vs only 6% of the conventional Rx plus the homeopathic drug had no anxiety), while 17.2% of the homeopathic group had “severe” anxiety and 28.7% of the conventional Rx group had “severe” anxiety.

The “anxiety trait” was evaluated with 12.2% of the homeopathic group having “no anxiety” and 31.2% with “severe or very severe” anxiety, while the conventional Rx group had only 4.4% with “no anxiety” and 51.3% with “severe or very severe” anxiety.

An impressive 29.8% of the homeopathic group had no more sleep disorder and 46.2% had “severe” sleep disorder, while the conventional group had 17.9% with no sleep disorder and 60.3% with “severe sleep problems.

Because the above study was open-label and not placebo controlled, one cannot rule out the placebo effect.

A double-blind, randomized, placebo-controlled, parallel arm, pilot trial was conducted on 62 patients with General Anxiety Disorder (GAD) at the National Institute of Homoeopathy, India (Parewa, Burman, Brahma, et al, 2021). GAD-7 questionnaire (primary measure) and Hamilton Anxiety Scale (HAM-A)(secondary measure) were used as the primary and secondary outcomes, respectively, measured at baseline and 3 months. Patients received either IH plus PC (n = 31) or identical-looking placebo plus PC (n = 31). Intention-to-treat sample was analyzed to detect group differences using unpaired t tests.

Recruitment and retention rates were 56 and 90%, respectively. The mean age was 31.5 years; 56.5% were male. GAD-7 reductions were non-significantly higher in IH than placebo ($p = 0.122$). Group differences on HAM-A favored IH significantly ($p = 0.018$). Effect sizes were small to medium. Calcarea carbonica was the most frequently indicated medicine. No serious adverse events happened.

The researchers concluded that a small but positive direction of anxiolytic effect was observed favoring homeopathy over placebo. A definitive trial appeared feasible in future.

Jonathan Davidson, MD, a professor of psychiatry at Duke University, conducted a small study of adults with major depression, social phobia, or panic disorder. He found that 60% of the patients responded favorably to homeopathic treatment (Davidson, 1995; Davidson, 1997). When one recognizes the considerable safety in using homeopathic medicines, it is remarkable that the majority of psychiatrists and psychologists are not referring appropriate patients to homeopaths prior to having powerful conventional drugs prescribed for them.

A study in Israel was conducted with forty-four patients who experienced DSM-IV generalized anxiety disorder (Bonne, 2003). This study was a randomized, double-blind, placebo-controlled 10-week trial in which an individually chosen homeopathic

remedy was prescribed. Thirty-nine subjects completed the study (20 in the active treatment group and 19 in the placebo group). Subjects' symptoms were rated before treatment and after 5 and 10 weeks of treatment, with the Hamilton Rating Scale for Anxiety (HAM-A) as main outcome measure. Additional measures of outcome included the Brief Symptom Inventory, the Psychological General Well-Being Index, the Hamilton Rating Scale for Depression, the Beck Depression Inventory, Spielberger's State-Trait Anxiety Inventory, and a Visual Analogue Scale of subjective distress.

There was significant ($p < .05$) improvement in most measures, including the HAM-A, in both the active treatment and placebo groups, but there was no statistically significant difference between the two groups.

A randomized controlled (but not blinded) trial with 60 subjects was conducted in France with patients suffering from anxiety in which half were given a homeopathic formula marketed as “L.72”³ in France and “Anti-anxiety” in the USA, while the control group was given a diazepam (Valium) (Heulluy, 1985). “The results indicated that L72 was as effective as diazepam on all measures.”

Other researchers conducted a randomized and placebo-controlled trial giving L72 or a placebo to 77 subjects (McCutcheon, 1996). What is interesting about this study is that it did not find that this homeopathic formula product was effective in treating anxiety, but it was found to have statistically significant beneficial effects in the treatment of insomnia ($p=0.05$). This study suggests that this product may be effective for only certain types of anxiety, that is, anxiety with insomnia.

A study in France tested the efficacy of two homeopathic combination medicines as a substitute for benzodiazepines (Cialdella, Boissel, Belon, 2001). This was a randomized double-blind, placebo-controlled study with a total of 61 patients, though 19 patients interrupted their treatment. No statistical significant improvement was found in patients given the homeopathic medicines, but there was a lack of statistical power because only a small number of patients finished the trial.

In an open-label, prospective non-randomized cohort study, the effectiveness and tolerability profiles of the homeopathic combination remedy, Nervoheel N,⁴ with those of the benzodiazepine, lorazepam (in the U.S., it is called Ativan), in 248 patients with insomnia, distress, anxieties, restlessness or burnout and similar nervous conditions (‘mild nervous disorders’)(van den Meerschaut and Sunder, 2009). Patients were treated with Nervoheel N or lorazepam at the recommended doses for a maximum of 4 weeks. Dose variations were allowed if in the patient’s best interest. Treatment effects were evaluated by the practitioner in a dialogue with the patient at the start of treatment, after 2 weeks and after maximally 4 weeks of treatment. Tolerability data were recorded as adverse events. At baseline, lorazepam patients were on average slightly older and there were a somewhat greater percentage of men in this group than in the Nervoheel group.

Both treatment groups reported significant symptomatic improvements of similar magnitude during the course of the study. A total of 72.1% in the homeopathic group rated the results as “excellent” or “good,” while 73.7% reported similar results from

⁴ The formula consists of: Sumbucus 3DH; Gaulther 4DH; Cicuta virosa 4DH; Asafoetida 3DH; Corydalis form. 3DH; Ignatia 4DH; Valeriana 3DH; Staphysagria 4DH; Avena sativa TM; Hyoscyamus 2DH – note: “DH” is a similar potency as “X”.

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lorazepam. The sum of symptom scores was found to improve by 4.4 points with Nervoheel N and by 4.2 points with lorazepam. The differences between the treatment groups were not significant. The researchers also found that the use of additional medications was low in both groups: 6.8% in the homeopathic group and 8.1% in the lorazepam group. All differences between treatments were within 10% of the maximum score ranges, demonstrating non-inferiority of Nervoheel N. Both treatments were well tolerated, with few adverse events and very good self-assessed tolerability ratings by the patients. However, 81.9% of patients using the homeopathic medicine rates the tolerability as “excellent, while only 45.5% in the lorazepam group gave it this rating ($P < 0.001$). The researchers concluded that the effects of Nervoheel N are non-inferior to those of lorazepam in the treatment of mild nervous disorders. Finally, because the long-term use of benzodiazepine drugs is known to have serious side effects, the use of this safer homeopathic medicine may make sense, though research on this subject is necessary.

Dr. Edward Bach developed a formula of five flower remedies that he called “Rescue Remedy.” He primarily recommended it for emergencies, sudden illness, and/or shock and trauma of injury. Dr. Philip Chancellor, author of a classic book on the subject, asserted that this remedy does not replace medical treatment, but it can prevent physical complications as a result of the shock of injury or illness that is experienced. The examples he gave included: the slam of a door on a bodily part, the receipt of bad news, and an accident involving loss of consciousness.

Despite these indications, “Rescue Remedy” is commonly marketed today for “stress” and various anxiety conditions.

Three randomized, double-blind, placebo-controlled studies were conducted to evaluate the efficacy of “Rescue Remedy” for “examination anxiety” in university students (Armstrong and Ernst, 2001; Walach, Rilling, and Engelke, 2001; Halberstein, DeSantis, Sirkin et al, 2007). The first two studies found no difference between this remedy and placebo, but the third study found an important difference.

A 2007 double-blind clinical trial was conducted at the University of Miami’s School of Nursing in the treatment of acute situational stress (Halberstein, et al, 2007). A comparing a standard dosage of BFE Rescue Remedy against a placebo of identical appearance was conducted in a sample of 111 individuals aged 18 to 49, randomized into treatment ($n = 53$) and control ($n = 58$) groups. The Spielberger State-Trait Anxiety Inventory (STAI) was administered before and after the use of Rescue Remedy or placebo. Downward trends in anxiety level measurements were discovered in both the treatment (Rescue Remedy) and control (placebo) groups. Statistical analyses indicated that only the high-state anxiety treatment subgroup (17 treated subjects vs. 22 placebo subjects) demonstrated a statistically significant difference between pretest and posttest scores. The results suggest that Rescue Remedy may be effective in reducing high levels of situational anxiety.

Halberstein, a professor at the University of Miami, and his team conducted a trial with 111 student nurses who were tested for the effects of Rescue Remedy on their “examination anxiety.” This study was different from the other two studies in two ways: 1) the subjects were told to take the remedy every 20 minutes over a three hour period (this more frequent repetition of the remedy was different than the other two studies that

recommended one to four doses a day over a 7 or 28 day period; 2) the researchers evaluated separately those subjects who normally experience higher levels of anxiety.

This study found that the sub-group of students who had experienced “high” levels of anxiety, they found benefits from the Bach flower remedy.

Of additional interest is the fact that a systemic review of research on Bach Flower Remedies found that this latter study was the only one of this group of studies that these researchers to have been conducted with a “low risk of bias” (Thaler, Kaminski, Chapman, et al, 2009).

A clinical outcome study of interest involved 14 physicians of the UK Faculty of Homeopathy (13 NHS GPs and 3 private practitioners) (Mathie and Robinson, 2006). The outcome scores from 958 individual patient conditions having two or more appointments found that 75.9% experienced a “positive outcome,” 14.7% had no change, and 4.6% experienced deterioration in health. Patients with the highest positive scores (over 50% of patients who self-scored a +2 or +3 on a 7 point Likert scale from –3 to +3) were achieved in the treatment of anxiety, catarrh, colic, cystitis, depression, eczema, irritable bowel syndrome, and PMS. A total of 61% of patients with anxiety self-scored a +2 or +3 result from homeopathic treatment.

Some basic science research has also found that one homeopathic medicine, *Gelsemium sempervirens*, had a significant effect on reducing anxiety in mice (Magnani, et al, 2009). Five different centesimal (C) dilutions of *Gelsemium sempervirens* (4C, 5C, 7C, 9C and 30C), the drug buspirone (5 mg/kg) and solvent vehicle were delivered intraperitoneally to groups of ICR-CD1 mice over a period of 9 days. The behavioral effects were assessed in the open-field (OF) and light-dark (LD) tests in blind and randomized fashion. Most *Gelsemium* dilutions did not affect the total distance traveled in the OF (only the 5C had an almost significant stimulatory effect on this parameter), indicating that the medicine caused no sedation effects or unspecific changes in locomotor activity. In the same test, buspirone induced a slight but statistically significant decrease in locomotion. *Gelsemium* showed little stimulatory activity on the time spent and distance traveled in the central zone of the OF, but this effect was not statistically significant. In the LD test, *Gelsemium* increased the % time spent in the light compartment, an indicator of anxiolytic-like activity, with a statistically significant effect using the 5C, 9C and 30C dilutions. These effects were comparable to those of buspirone. The number of transitions between the compartments of the LD test markedly increased with *Gelsemium* 5C, 9C and 30C dilutions. The overall pattern of results provides evidence that *Gelsemium* acts on the emotional reactivity of mice, and that its anxiolytic-like effects are apparent, with a non-linear relationship, even at high dilutions.

A double-blind, single-centre, randomized, placebo-controlled study was conducted and aimed at evaluating the effectiveness of *Gelsemium* 5CH and 15CH on provoked anxiety in 180 healthy volunteers, in comparison with placebo (Paris, Schmidlin, Mouret, et al, 2011). Eligible healthy men or women aged from 18 to 40 years without a history of psychiatric disorders were randomly allocated to receive *Gelsemium* 5 or 15CH or placebo. Anxiety was proved by performance of the Stroop color word test (SCWT). The primary end-point was anxiety assessed by the State

measure of the State-Trait Anxiety Inventory (STAI-S) as the absolute value and difference with baseline, according to the treatment received. Likewise, no statistical difference was observed between groups in anxiety as measured by a Visual Analogue Scale and the Competitive State Anxiety Inventory. Mean arterial pressure and heart rate significantly increased ($P < 0.001$) but no interaction between time prior to provoked anxiety and treatment was shown ($P = 0.59$ and $P = 0.46$, respectively). Gelsemium 5CH and 15CH do not prevent anticipatory anxiety in the conditions used in this study.

Although there were no statistically significant differences between either group of patients given Gelsemium 5CH and 15CH with those given a placebo, the study found statistically significant physiological differences between these groups. More specifically, subjects given Gelsemium 15CH had a significantly reduced heart rate ($P < 0.001$) and a significantly increased arterial pressure (Note: while excessive high increased arterial pressure may have a negative impact on health, slight increases in arterial pressure during a stressful exercise suggests a healthy response).

A limitation of the above study is that it created an artificial stress environment that does not correspond to real life situations. A further limitation of this study is that the individual anxiety/stress responses of each subject may warrant a more individualized homeopathic treatment rather than a one-remedy-fits-all treatment protocol. That said, towards the end of this chapter is reference to an earlier animal study using Gelsemium to treat mice in stress and anxiety situations, and this study found positive results.

The homeopathic complex Homeo-Pax® has been used as an antidepressant and anxiolytic homeopathic medicine available in Brazil. It is a complex mixture prepared with Aconitum nap. 6cH, Aurum met. 6cH, Phosphorus 6cH, Argentum nitricum 6cH, Arsenicum alb. 6cH, and Valeriana officinalis 3cH. A double-blind placebo controlled study evaluated the behavior in rats after treatment with Homeo-Pax® in pre-clinical models of depression and anxiety (Carvalho, Vaz, Campos, 2011). Elevated Plus Maze Test (EPM), Forced Swimming Test (FST), Open Field Test (OFT) and the Rota Rod Test (RRT) behavior assays were used to confirm its activity. In the EPM, the animals treated with Homeo-pax® on the 1st day and until the 0th day of treatment remained longer in the open arms of the maze than on 30th day. This result was statistically significant compared with the control group ($p < 0.05$). In the FST, the treatment with Homeo-pax® (0.5 ml, p.o) increased the swimming time, compared to the control group. This effect was dependent on treatment time, resulting in a similar effect to that presented by amfepramone (10 mg/kg, p.o). In the OFT, crossing by the animals was significantly increased by the treatment with amfepramone (10mg/kg, p.o), and also with the 30-day treatment with Homeo-pax®. In the RRT, the 30-day treatment with Homeo-pax. (0.5 ml, p.o) did not affect the animals' motor coordination, compared with the control group, which presented the same behavior. Based on the results obtained, it can be suggested that the homeopathic complex Homeo-pax® has anxiolytic and antidepressant properties without affecting motor coordination capacity.

A leading psychiatric medical journal published a review of clinical research testing homeopathic medicines in the treatment of psychiatric conditions (Davidson, Crawford, Ives, Jonas, 2011).

Clinical trials were included if they met 7 criteria and were assessed for possible bias using the Scottish Intercollegiate Guidelines Network (SIGN) 50 guidelines. Overall assessments were made using the Grading of Recommendations Assessment, Development and Evaluation procedure. Identified studies were grouped into anxiety or stress, sleep or circadian rhythm complaints, premenstrual problems, attention-deficit/hyperactivity disorder, mild traumatic brain injury, and functional somatic syndromes.

A total of 25 eligible studies were identified from an initial pool of 1,431. Study quality according to SIGN 50 criteria varied, with 6 assessed as good, 9 as fair, and 10 as poor. Outcome was unrelated to SIGN quality. Effect size could be calculated in 16 studies, and number needed to treat, in 10 studies. Efficacy was found for the functional somatic syndromes group (fibromyalgia and chronic fatigue syndrome), but not for anxiety or stress. For other disorders, homeopathy produced mixed effects. No placebo-controlled studies of depression were identified. Meaningful safety data were lacking in the reports, but the superficial findings suggested good tolerability of homeopathy. A funnel plot in 13 studies did not support publication bias ($\chi^2(2) = 1.923$, $P = .166$).

The database on studies of homeopathy and placebo in psychiatry is very limited, but results do not preclude the possibility of some benefit.

Serious or recurring psychological distress requires the attention of a professional homeopath, though there are a couple of homeopathic medicines that can be useful in acute situations.

[See the chapter on FATIGUE for a trial on “mental fatigue”]

**** *Ignatia*** (St. Ignatius bean) is the leading remedy in homeopathy for acute stages of anxiety and depression, especially after the break-up of a relationship or the death of a loved one. People who need this remedy tend to try to hold back their emotions, but ultimately they can't which results in uncontrollable sobbing, or sometimes, intercurrent crying and laughing. These people are unable to catch their breath, and this manifests in frequent sighing or a lump in the throat.

*** *Aconitum*** (monkshood) is a useful remedy for acute anxiety as a result of a sudden stress such as a car accident or natural disaster. *Aconitum* is particularly helpful for those states of shock in which the person thinks (or knows) that they are severely injured and become panicky as a result. *Aconitum* not only has the capacity to calm them but also to help begin the healing so that the severity of the injury is reduced. This remedy is also beneficial for the anxiety or panic state after an earthquake, tornado, fire, or other natural disaster.

*** *Gelsemium*** (yellow jessamine) is useful for performance anxiety, whether one is about to perform or simply take an examination. It is particularly indicated when the person feels unable to face any challenge (“I can't cope”), feels or acts cowardly (“I give up”), and feels “paralyzed” from anticipation and fear. Physically, these people tend to feel weak and may tremble. This remedy is a leading medicine for influenza, and people who

need it may suffer from a state of anxiety and anticipation that mimics a viral infection (weakness, sleepiness, mental dullness, and apathy).

* *Staphysagria* (stavesacre, an herb) is usually indicated during or after an abusive relationship, especially when the person experiences much humiliation, which then results in anger and indignation. The people who benefit from this remedy may have held in their emotions at first, but now they explode in rage. They may tremble, throw things, lose their voice, or suffer from various physical ailments, especially headaches, indigestion, urinary problems, or skin disorders.

* *Argentum nitricum* (silver nitrate) is also for performance anxiety. Their greatest fear is that they don't know what will happen. They become restless and impulsive and may do rash things. Physically, they tend to experience diarrhea or flatulence. These people may crave sweet foods, and they sometimes aggravate them.

* *Lycopodium* (club moss), like *Argentum nitricum*, is useful for bloating from anticipatory anxiety and a craving for sweets, but this remedy is more known for having a lack of self-confidence that is compensated for by a haughtiness and frequent boasting. Being alone aggravates their anxiety, and they experience some relief from warm drinks.

* *Arnica* (mountain daisy) should be considered when a person's anxiety is the result of financial loss or a business failure, and the person feels emotionally "bruised" from the experience (this medicine is the leading remedy for bruises). The person may be in a state of shock, a condition in which the person denies that anything is wrong, even though the person's behavior and persistent thoughts suggest otherwise.

* *Kali phosphoricum* (phosphate of potassium): This is one of homeopathy's great "nerve" remedies. It is a remedy for people who may need more "nerve" or more of a backbone. People who need this remedy experience various physical ailments from worry, from overwork, and from getting overexcited. This is a remedy for people who think that everything becomes a major task. They are nervous and are easily startled and frightened. They are easily stressed, and they fear that they may have a nervous breakdown.

REFERENCES:

Armstrong, NC, Ernst, E, A Randomized, Double-blind, Placebo-controlled Trial of a Bach Flower Remedy, *Complementary Therapies in Nursing and Midwifery*, November 2001;7(4):215-21.

Bonne, O, Shemer, Y, Goral, Y, Katz, M, Shalev, YA, A Randomized, Double-blind, Placebo-controlled Study of Classical Homeopathy in Generalized Anxiety Disorder. *J Clin Psychiatry*. 2003 Mar;64(3):282-7.

<http://www.ncbi.nlm.nih.gov/pubmed/12716269>

Carvalho, J.; Vaz, A.; Campos, R.; dos Santos, K.; Medeiros, B.; Viriato, E.; Perazzo, F.. Anxiolytic and antidepressive effects of the homeopathic complex Homeo-pax® (pre-clinical study). International Journal of High Dilution Research, North America, 1028 03 2011. <http://www.feg.unesp.br/~ojs/index.php/ijhdr/article/view/420/456>

Cialdella, P, Boissel, JP. Belon, P, Homeopathic Specialties as Substitutes for Benzodiazepines: Double-blind vs. Placebo Study (in French), *Therapie*, July-August, 2001;56(4):397-402.

Davidson JR, Crawford C, Ives JA, Jonas WB Homeopathic treatments in psychiatry: a systematic review of randomized placebo-controlled studies. *J Clin Psychiatry*. 2011 Jun;72(6):795-805. <http://www.ncbi.nlm.nih.gov/pubmed/21733480>

Davidson, J, Morrison, R, Shore, J, et al., Homeopathic Treatment of Depression and Anxiety,” *Alternative Therapies*, January, 1997,3,1:46-49.

Davidson, J, Gaylord, S, “Meeting of Minds in Psychiatry and Homeopathy: An Example in Social Phobia,” *Alternative Therapies*, July, 1995,1,3:36-43.

Grimaldi-Bensouda L, Abenham L, Massol J, Guillemot D6, Avouac B, Duru G, Lert F, Magnier AM, Rossignol M, Rouillon F, Begaud B. Homeopathic medical practice for anxiety and depression in primary care: the EPI3 cohort study. *BMC Complement Altern Med*. 2016 May 4;16(1):125. doi: 10.1186/s12906-016-1104-2. <http://www.ncbi.nlm.nih.gov/pubmed/27145957>

Halberstein, R, DeSantis, L, Sirkin, A, et al., Healing With Bach® Flower Essences: Testing a Complementary Therapy. *Complementary Health Practice Review* 2007; 12; 3-15.

Hellhammer J, Schubert M. Effects of a Homeopathic Combination Remedy on the Acute Stress Response, Well-Being, and Sleep: A Double-Blind, Randomized Clinical Trial. *J Altern Complement Med*. 2013 Feb; 19(2):161-9. <https://pubmed.ncbi.nlm.nih.gov/22963271/>

Heulluy, B, Essai Randomise Ouvert de L.72 (specialite homeopathique) Contre Diazepam 2 dans les Etats Anxio-Depressifs. Metz, Laboratoires Lehning. 1985.

Magnani P, Conforti A, Zanolin E, Marzotto M, Bellavite P. Dose-effect study of *Gelsemium sempervirens* in high dilutions on anxiety-related responses in mice. *Psychopharmacology (Berl)*. 2010 Apr 20. <http://www.ncbi.nlm.nih.gov/pubmed/20401745>

Mathie, RT, Robinson, TW. Outcomes from Homeopathic Practice in Medical Practice: A Prospective, Research-Tarageted, Pilot Study, *Homeopathy* (2006) 95, 199-205.

McCutcheon L. Treatment of anxiety with a homeopathic remedy. *J Appl Nutr* 1996; 48: 2–6.

Parewa M, Burman AS, Brahma A, Rutten L, Sadhukhan S, Misra P, Gupta B, Saklani N, Michael J, Basu A, Ali SS, Koley M, Saha S. Individualized Homeopathic Medicines in the Treatment of Generalized Anxiety Disorder: A Double-Blind, Randomized, Placebo-Controlled, Pilot Trial. *Complement Med Res*. 2021 Mar 4:1-11. English. doi: 10.1159/000514524. Epub ahead of print. PMID: 33662951.
<https://pubmed.ncbi.nlm.nih.gov/33662951/>

Paris A, Schmidlin S, Mouret S, Hodaj E, Marijnen P, Boujedaini N, Polosan M, Cracowski JL. Effect of Gelsemium 5CH and 15CH on anticipatory anxiety: a phase III, single-centre, randomized, placebo-controlled study. *Fundam Clin Pharmacol*. 2011 Sep 28. doi: 10.1111/j.1472-8206.2011.00993.x.

Pilkington K, Kirkwood G, Rampes H, Fisher P, Richardson J. Homeopathy for anxiety and anxiety disorders: A systematic review of the research. *Homeopathy*, 2006 Jul;95(3):151-62.

Thaler K, Kaminski A, Chapman A, et al., Bach flower remedies for psychological problems and pain: a systematic review. *BMC Complementary and Alternative Medicine*. 2009,9:16. <http://bmccomplementalternmed.biomedcentral.com/articles/10.1186/1472-6882-9-16>

van den Meerschaut, Lodewijk and Sunder, Andrea. The Homeopathic Preparation Nervoheel N can Offer an Alternative to Lorazepam Therapy for Mild Nervous Disorders. *eCAM* 2009 6: 507-515; doi:10.1093/ecam/nem144.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2781768/>

Villet S, Vacher V, Colas A, et al., Open-label observational study of the homeopathic medicine Passiflora Compose for anxiety and sleep disorders. *Homeopathy*. 2016,105:84-91.

Walach, H, Rilling, C, Engelke, U, Efficacy of Bach Flower Remedies in Test Anxiety: A Double-blind, Placebo-controlled, Randomized Trial with Partial Crossover, *Journal of Anxiety Disorders*, July-August 2001;15(4):359-66.
<http://www.ncbi.nlm.nih.gov/pubmed/11474820>

RESOURCE:

Judyth Reichenberg-Ullman, ND, MSW, and Robert Ullman, ND. *The Homeopathic Treatment of Depression, Anxiety, Bipolar Disorder, and other Emotional and Mental Problems*. Seattle: Picnic Point, 2013.

Arthritis

BOTTOMLINE: Relief of acute arthritic pain can be provided through homeopathic primary care, either using individually chosen homeopathic medicines or homeopathic formula products, and there is mounting evidence of these results from the scientific literature. For deeper and longer-term relief, it is highly recommended to seek professional homeopathic care. There have been several studies that verify benefits from homeopathic treatment, including reduction in usage of conventional pain medications and reduction in pain and discomfort. The studies that show benefit from homeopathic treatment include the individualized prescription of homeopathic medicines as well as from homeopathic formulas for arthritic ailments.

Homeopaths do not simply treat arthritis but the person with arthritis. Because arthritis is usually only a part (sometimes a significant part) of the dis-ease, the homeopathic approach makes sense and is often very effective. The best results tend to occur in people who are in early onset or in people who have not taken massive doses of corticosteroidal drugs, though at least some relief can be provided to people in varying stages of arthritis using the correct remedy.

Two reviews of research have concluded that there is a body of evidence to suggest that homeopathic medicines, either individually prescribed or used in a homeopathic formula, can provide relief for people with rheumatic disease (Jonas, 2000) or osteoarthritis (Long, 2001), though more research is warranted.

One “real world” study that was published in a major pharmacology journal compared the effect of physician practicing preferences (PPP) in primary care for homeopathy (Ho), CAM (Complementary and alternative medicines) with conventional medicine (Mx) or exclusively conventional medicine (CM) on patients with musculoskeletal disorders (MSDs), with reference to clinical progression, drug consumption, side effects and loss of therapeutic opportunity (Rossignol, Begaud, Engel, et al, 2012).

This MSD study was a nationwide observational cohort of a representative sample of general practitioners (GP) and their patients in France. This study was designed and conducted by a prestigious group of professors from McGill University, University of Paris, Pasteur Institute, University of Bordeaux, and London School of Hygiene and Tropical Medicine. Some of the musculoskeletal disorders of patients who were included in this study were: Osteoarthritis, rheumatism, fibromyalgia, muscle spasms, tendinitis, rotary cuff syndrome, ankylosing spondylitis, intervertebral disc disorders, neck pain, torticollis, and spinal stenosis.

A total of 1,153 MSD patients were included in the three PPP groups. Patients did not differ between groups except for chronicity of MSDs (>12 weeks), which was higher in the Ho group (62.1%) than in the CM (48.6%) and Mx groups (50.3%). The twelve-month development of specific functional scores was identical across the three groups after controlling for baseline score ($p>0.05$). After adjusting for propensity scores, NSAID use over 12 months was almost half in the Ho group (OR, 0.54; 95%CI, 0.38-0.78) as compared to the CM group; no difference was found in the Mx group (OR, 0.81; 95% CI: 0.59-1.15).

Even though the homeopathic patients with chronic MSD used 49.8% less NSAIDs and patients with acute MDS used 38.4% less NSAIDs than those under conventional medical care, the homeopathic patients showed a similar clinical progression when less exposed to NSAID in comparison to patients seen in CM practice, with fewer NSAID-related adverse events and no loss of therapeutic opportunity. These results are further impressive because a greater number of homeopathic patients had chronic MSD at the beginning of the study.

Another real-world observational study showed that the elderly (over 70 years of age) who suffered from musculoskeletal ailments were found to take NSAIDs (non-steroid anti-inflammatory drugs) almost FOUR times more when they are under the care of conventional physicians compared with those under the care of a homeopathic physician, while "functionability" between the different patients remained similar (Danno, Joubert, Duru, et al, 2014).

More specifically, the EPI3 study was a 1 year observational survey carried out among general practitioners in France between March 2007 and July 2008. This sub-analysis was carried out on elderly subjects aged ≥ 70 years from the original EPI3 cohort. Socio-demographic data were collected at inclusion using a self-administered patient questionnaire and medical data were recorded for each patient. Quality of life was measured using the Short Form-12 questionnaire. Patients completed a structured telephone interview on their functional status (evaluated with the QuickDash questionnaire, EIFEL scale or Lequesne index) within 72 hours of inclusion. This telephone interview was repeated at 1, 3, and 12 months. Drug exposure was also assessed during these interviews.

146 patients (mean age \pm standard deviation: 75.8 ± 4.8 years) were analyzed (80.1% female, 74.7% MSD of the spine or lower limbs, 64.4% chronic MSD). Patients in the CM and MX groups were 3.7 times or 2.5 times more likely (odds ratio [OR] = 3.71, 95% confidence interval [CI]: 1.12-12.30; OR = 2.52, 95% CI: 1.05-6.05; respectively) to have used non-steroidal anti-inflammatory drugs (NSAIDs) than those in the Ho group. In contrast, analgesic use was comparable in the three groups (OR = 1.06 [CM versus Ho], 95% CI: 0.09-12.11; OR = 0.34 [MX versus Ho], 95% CI: 0.07-1.57). Overall functional score evolution was similar in the three groups over time ($P=0.16$).

Osteoarthritis (OA) is a common cause of chronic low-back pain (CLBP) and can be managed with drug therapy and physiotherapy. A study aimed to investigate the efficacy of a homeopathic complex in combination with physiotherapy in treating CLBP due to OA was conducted (Morris, Pellow, Solomon, et al, 2016). The study was a 6-week, randomized, double-blind, placebo-controlled pilot, taking place in a private physiotherapy practice in Gauteng, South Africa. The participants were 30 males and females, aged 45-75 years, who were receiving physiotherapy treatment for OA of the lumbar spine from a therapist in private practice. The intervention and control groups both received standard physiotherapy treatment-massage, thermal therapy, and joint mobilization-every 2 weeks. In addition, the treatment group received a homeopathic complex-6cH each of *Arnica montana*, *Bryonia alba*, *Causticum*, *Kalmia latifolia*, *Rhus toxicodendron*, and *Calcarea fluorica*. The control group received a placebo.

The primary measure was a visual analogue scale (VAS) for pain. Secondary outcome measures included the Oswestry Disability Index (ODI), an evaluation of each

patient's range of motion (ROM) of the lumbar spine, and a determination of each patient's need for pain medication.

Intergroup analysis revealed that the treatment group significantly outperformed the control group with regard to pain, daily functioning, and ROM. No difference existed between the groups in the need for conventional pain medication. The researchers concluded that the study was too small to be conclusive, but the results suggest the homeopathic complex, together with physiotherapy, can significantly improve symptoms associated with CLBP due to OA.

Another study on patients with osteoarthritis was conducting comparing three systems of medicine, allopathic, homeopathic and herbal systems, in the treatment of 600 patients with osteoarthritis (Abbas Naqvi, Khaliq, Raza, et al, 2021). The objective of the present study was to evaluate the complaints and secondary complications in patients of osteoarthritis on allopathic, homeopathic and herbal systems of medicine. This study was conducted in Karachi, Pakistan, from January 2019 to January 2020. Allopathic, Homeopathic and Herbal practitioners were consulted in this study, with 200 patients in each study group).

The study found no significant differences in complications after the treatment with allopathic medicines whether it was performed by a orthopaedician, family physician, or rheumatologist / internal medicine specialist (Chi-square =0.598, $p=0.742$), there was no significant difference in complications from allopathic treatment (Chi-square = 0.039, $p=0.981$). In comparison, treatment with homeopathic medicines either by orthologist or family physician significant difference in complaints were observed (Chi-square =4.86, $p=0.027$). The patients visiting family physicians have higher numbers of complications than orthologists. Treatment with herbal medicines either by orthologists or family physicians also experienced a significant difference in complaints. (Chi-square =5.404, $p=0.020$). The study concluded that there is no significant difference of complaints and complications in allopathic systems of medicine when treating osteoarthritis, while there was a significant difference for patients with osteoarthritis who received homeopathic and herbal medicine.

Chronic musculoskeletal pain is often associated with comorbidity, long-term disability and reduced quality of life. Current treatments only modestly reduce pain, disability, and distress, and tend to lead to addiction, requirements for increased dosage over time, and/or serious side effects. In contrast, homeopathy is increasingly used in pain conditions in general practice but scientific evidence is lacking. Therefore, a clinical trial was designed in a way that would not change the practice pattern of homeopathic physicians, and yet, still compare treated and not treated pain patients (Sharma, 2017).

The purpose of the study was to explore effects of an individualised homeopathy treatment on pain symptoms and quality of life of patients with chronic musculoskeletal pain. The study was pragmatic, randomised controlled trial with single blind assessment. Ninety patients aged 18-60, referred to a specialist pain clinic in Jaipur, India, were randomized to homeopathy or control. Outcome variables were pain, and overall health related quality of life. All the patients had assessment at baseline, 3 months and 12 months.

Significant improvements were reported in homeopathy group, including pain, and improved functioning ability at 3 and 12 months, where homeopathy group improved faster in 3 months. After 3 months, significant difference favoring homeopathy were found in Mental symptoms (anxiety ($p < 0.001$), depression ($p < 0.01$), and functioning ability ($p < 0.001$)) and overall quality of life ($p < 0.0001$). At follow up of 12 months, the homeopathy group reported less use of health services and better self-evaluated capability of coping with complaints and they took better care of their own health, compared to the control group.

Significant meaningful difference was found with homeopathy intervention in patients with chronic musculoskeletal pain.

One early study on the homeopathic treatment of people with rheumatoid arthritis was published in the *British Journal of Clinical Pharmacology*. This study found that 82% of those patients prescribed an individually chosen homeopathic medicine experienced some relief of their arthritic pain, while only 21% of patients prescribed a placebo experienced a similar degree of relief (Gibson, 1980).

Another study compared the results of a homeopathic formula product (Rhux tox 12X, Causticum 12X, and Lac vaccinum 30X) with acetaminophen (2,600 mg. per day) in the treatment of osteoarthritis, and the homeopathic remedy was found to be safer and more effective as this conventional drug, though its efficacy was not statistically significantly better (Shealy, 1998).

Another study on patients with osteoarthritis tested a single homeopathic medicine (*Rhus toxicodendron* 6C); this remedy was not found to be more effective than a placebo or a conventional drug (Shipley, 1983). However, the study was fundamentally flawed because *Rhus toxicodendron* is more commonly effective for people with rheumatoid arthritis, not osteoarthritis, and there was absolutely no possibility of individualization of any treatment in this trial.

One more recent study that was not a part of the above-mentioned reviews of research compared a homeopathic topical application with a conventional drug, a non-steroidal anti-inflammatory drug. This randomized, double-blind trial found that a homeopathic topical gel was as effective and as tolerated as piroxicam gel (van Haselen, 2000). This trial evaluated the care of 172 osteoarthritic patients over 4 weeks as they applied either a homeopathic gel or piroxicam gel three times daily. The homeopathic gel contained Symphytum, *Rhus toxicodendron*, and *Ledum palustre*.

Those people given the homeopathic gel experienced more pain reduction than those given the piroxicam gel (16.5 mm vs. 8.1 mm) and had greater overall health improvements, though these results were not statistically significant. Further, a post-hoc analysis by the authors discovered that the conventional gel was primarily effective when taken with oral NSAIDs. Still, the homeopathic treatment was either as or more effective and was safer.

A pooled, individual patient data meta-analysis of three randomized trials investigating the efficacy of a homeopathic gel (Spiroflor SRL®) containing *Rhus toxicodendron* as a key ingredient in osteoarthritis of the knee and acute low back pain was conducted (van Haselen, 2020). The prognostic value of a predefined set of 5 typical *Rhus tox* symptoms was investigated by assessing treatment-by-symptom interactions on pain as an outcome measure in a regression model.

The pooled dataset consisted of 284 patients in the Spiroflor SRL group and 275 patients in the control group. Adjusted for pain at baseline, a statistically significant effect modification for the symptoms "numbness or tingling of the affected part" (+2.0 mm VAS; $p = 0.02$), "amelioration by movement" (-5.6 mm VAS; $p = 0.01$), and "amelioration of pain by local heat" (+7.0 mm VAS; $p = 0.02$) was found.

The symptom amelioration by local heat is of possible value as a homeopathic symptom (prognostic factor) predicting an increased likelihood of pain relief following treatment with the homeopathic product.

In 2007, a randomized double-blind placebo-controlled trial was conducted at a University Hospital in Zurich, Switzerland, where they compared the use of ibuprofen and arnica in external gel preparations in the treatment of 204 patients with osteoarthritis in the joints of the hands (Widrig, 2007). The use of topical preparations for symptom relief is common in the treatment of osteoarthritis. The effects of ibuprofen (5%) and *Arnica* (50 g tincture/100 g, DER 1:20), as gel preparations in patients with radiologically confirmed and symptomatically active osteoarthritis of interphalangeal joints of hands, were evaluated in 204 patients, to ascertain differences in pain relief and hand function after 21 days treatment.

Diagnosis was according to established criteria; primary endpoints were pain intensity and hand function; statistical design was as per current regulatory guidelines for testing topical preparations. There were no differences between the two groups in pain and hand function improvements, or in any secondary end points evaluated. Adverse events were reported by six patients (6.1%) on ibuprofen and by five patients (4.8%) on arnica. Our results confirm that this preparation of *Arnica* is not inferior to ibuprofen when treating osteoarthritis of hands.

Another trial that was not a part of the above reviews of research was a randomized, double-blind, placebo-controlled trial on the individualized homeopathic treatment of people with rheumatoid arthritis (Fisher and Scott, 2001). It found no difference over a 6-month period in those given a homeopathic medicine and those given a placebo. The researchers theorized that the negative results may have been because the patients were selected from a conventional clinic's practice, and the patients were regularly self-medicated with over-the-counter non-steroidal anti-inflammatory drugs.

An unblinded clinical trial evaluated the status of oxidative stress in osteoarthritis (OA) by measuring some parameters of oxidant stress and antioxidant defenses in blood, before and after homeopathy treatment, and assessed the role, if any, of homeopathic treatment in modulating free radical toxicity in OA (Pinto, Rao, Rao, 2008). Erythrocyte lipid peroxidation (LP), erythrocyte antioxidants viz., glutathione (GSH), glutathione reductase (GR), superoxide dismutase (SOD), catalase (CT) and plasma antioxidants viz., ceruloplasmin, glutathione-S-transferase (GST), vitamin C, total antioxidant activity (AOA) were evaluated in 81 patients with OA and 53 normal subjects. Of the 81 OA patients, 68 suffered from it in both knees, and the overall mean duration of this condition was 4.14 years. Forty seven patients, who were treated with homeopathic remedies were considered for the follow-up studies after three-months of treatment.

A total of 208 homeopathic prescriptions were given to the patients, or 2.4 medications per patient on average. The most common medicines were: *Rhus tox*, *Natrum mur*, and *Bryonia* in the 30C. Other common medicines included: *Calcarea*

fluorica, Pulsatilla, Thuja, Lycopodium, Kali carb, Arnica, and Sepia, making these top 10 medicines comprising 86% of the prescriptions.

Erythrocyte LP (0 hour, $p < 0.001$; 2 hours, $p < 0.01$; and susceptibility to LP, $p < 0.05$) and SOD ($p < 0.05$) were significantly higher, whereas plasma vitamin C ($p < 0.01$) and AOA ($p < 0.001$) were significantly lower in OA patients when compared to controls. In follow-up patients the erythrocyte LP (0 hour, $p < 0.01$; 2 hours, $p < 0.01$; and susceptibility to LP, $p < 0.01$) and SOD ($p < 0.01$) were significantly lower when compared to their pretreatment values. Plasma vitamin C attained a normal range. The AOA activity after treatment was not significantly different from that observed before treatment.

Oxidative stress increased in OA as indicated by increased LP, SOD, decreased vitamin C and AOA. On homeopathic treatment the LP has decreased in the erythrocytes which shows and reduced oxidative stress. This is further evidenced by returning of plasma vitamin C and erythrocyte SOD to the normal levels, but oxidant stress has not been completely overcome as plasma AOA remained low after treatment.

Hyperuricemia is an elevated uric acid level in the blood that can lead to the diagnosis of gout and to the experience of various joint pains. Researchers investigated the clinical effectiveness of three treatment regimens - individualized homeopathy (IH), *Urtica urens* (stinging nettle) mother tincture (UUMT), and both (IH + UUMT) along with lifestyle modifications in a sample of 90 patients with hyperuricemia (Nayak, Pattanaik, Chattopadhyay, et al, 2020).

An open, randomized (1:1:1), 3 parallel arms (IH, UUMT, and IH + UUMT), pragmatic trial was conducted at National Institute of Homoeopathy, Kolkata. Outcome measures were serum uric acid (primary), Gout Assessment Questionnaire version 2 (GAQ2, secondary), and Measure Yourself Medical Outcome Profile version 2 (MYMOP2, secondary); all measured at baseline, and after 3 and 6 months.

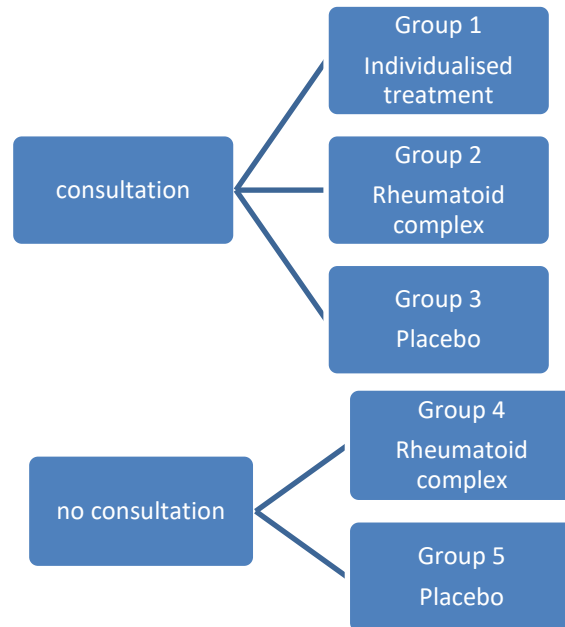
Reductions in serum uric acid over 3 months were comparatively higher ($p=0.057$) in the UUMT group than others, however, the differences were narrowed over 6 months ($p=0.119$). Per protocol analysis of serum uric acid level revealed similar trend of significantly higher reduction in the UUMT group than the other two (3 months: $p=0.001$; 6 months: $p=0.007$). No significant differences existed in reductions of GAQ2 scores among the three groups. Few significant differences were detected in MYMOP scores over 3 months favoring IH against others (symptom 2, $p=0.001$ and wellbeing score, $p=0.002$), and also over 6 months favoring IH + UUMT against others (symptom 1, $p<0.001$).

Although all three therapies showed similar improvements, the IH + UUMT group had more positive direction of effects than IH or UUMT alone; however, no definite conclusion could be arrived at. Further trials are warranted with larger sample size.

A Controversial Study on Homeopathy and Rheumatoid Arthritis (2010)

A double blind, randomized, placebo-controlled trial was conducted in England that compared individualized homeopathic treatment (versus a placebo), homeopathic treatment with a homeopathic complex medicine (versus a placebo), and the homeopathic

consultation (with prescription of a real medicine vs. a placebo) (Brien S, Lachance L, Prescott, 2010). Participants were randomly allocated to consultation or no consultation and then further randomized to treatment type for a total of five arms in the trial.



The following comparisons were made:

For differences due to consultation compare Groups 2 & 3 vs. 4 & 5 (Contrast 1)

For differences due to remedy complex compare Groups 2 & 4 vs. Groups 3 & 5 (Contrast 2)

For differences due to individualized remedy compare Group 1 vs. Group 2 (Contrast 3) and Group 1 vs. Group 3 (Contrast 4)

The trial period spanned 40 weeks with 9 visits to the clinic in total. The homeopaths (non-medical) each had 15 years of experience, prescribed individualized treatment, with LM potencies. Those patients who were prescribed a homeopathic complex medicine were given a product called Rheumaselect Complex (which included Rhus tox, Bryonia, Nux vom, Berberis v, Ledum D4 in liquid, 20 drops, twice a day; “D4” is equivalent to 4X).

83 participants were randomised, but only 77 patients began the study and only 56 completed it.

Ultimately, this study found that the “package of care” from homeopaths provided safe and effective treatment; however, more specifically, the study found that the individualized homeopathic treatment did not have any more effect than that of a placebo and that the “homeopathic interview” provided the primary benefit, not the homeopathic medicine.

The controversial result of this trial was that those patients receiving a homeopathy consultation but who received a placebo significantly improved DAS28

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mean score,⁵ number of swollen joints, and current pain. Other secondary outcomes also detected select differences. This study concluded that homeopathic consultations but not homeopathic remedies are associated with clinically relevant benefits for patients with active but relatively stable rheumatoid arthritis.

Although this study was randomized, double-blind, and placebo controlled, there were some serious limitations to this study and to its results. Most significantly, according to the researchers own calculations, they needed 110 participants (22 in each arm, allowing for dropout of 20%) to detect a significant difference in the primary outcome measure. Only 77 participants actually began the treatment and only 56 completed the treatment.

The trial was thus underpowered to detect any difference between individualized treatment and complex (contrast 3) where only 12 and 10 participants respectively completed follow-up in these arms.

The trial was also underpowered to detect any difference between individualized treatment and placebo (contrast 4) where only 12 and 11 participants, respectively, completed follow-up in these arms.

An intention to treat analysis was undertaken in this study in an attempt to reduce bias, however, the drop-out rate was larger than anticipated (27% as opposed to 20%) and the total numbers of participants at follow-up across the groups was low (56). For those who dropped out, their last known data was carried forward for analysis, which has the potential to introduce bias in the estimate of treatment effect. Loss to follow-up in this manner can result in exactly the same sort of bias that is trying to be avoided and results should be interpreted with caution.

A widely recognized challenge for homeopaths when treating participants in a clinical trial is how to analyse the reaction of the remedy. Participants who appear to be improving will more than likely be kept on the same remedy and those who are not improving may be prescribed an alternative. However, patients can improve for a number of reasons, one of these being the therapeutic encounter, another being the Hawthorne effect, whereby participants improve as a consequence of being the subject of scrutiny. Hence, the potential for improvement that the homeopath attributes to the remedy may have to do with other factors. Since homeopaths are selecting from a vast materia medica the chances of selecting the most appropriate remedy at the first consultation is perhaps quite small. Homeopathic philosophy dictates that a remedy will only be active when it is suitably matched to the patient's symptoms such that an inappropriately matched remedy will be no more effective than a placebo. Participants in the individualized treatment arm of a trial may be kept on an inappropriate remedy for the entirety of the trial with the consequence that placebo is being tested against placebo and not active treatment. Some researchers have of late attempted to build measures into the protocol of homeopathy trials to help minimise this possibility. No such measures appear to have been taken in this trial.

The concurrent use of various conventional drugs for rheumatoid arthritis (DMARDs, steroids and other treatments) may have an impact upon the potential for the

⁵ DAS28 is a widely used measure of disease activity in rheumatoid arthritis. The mean score is calculated by a mathematical formula which includes the number of tender and swollen joints (out of a total of 28), the erythrocyte sedimentation rate (ESR) or C-reactive protein (CPR), and the patient's 'global assessment of global health.

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participants to respond to homeopathic remedies. This is a vast subject, yet to be investigated.

[Thanks to Kate Chatfield for providing me with her analysis and critique of this study.]

Some Interesting Animal Studies

Although this ebook primarily provides information on clinical research on humans, information on select animal studies are worthy of reference when they are well-designed, well-controlled, and well-conducted, including the following trial on treating dogs with osteoarthritis (Hielm-Bjorkman, Tulamo, Salonen, and Raekallio, 2009). A homeopathic combination preparation (HCP) for canine osteoarthritic pain was evaluated in a randomized, double-controlled and double-blinded clinical trial. Forty-four dogs with osteoarthritis (OA) that were randomly allocated into one of three groups completed the study. All dogs were fed test products or placebo for 8 weeks. The dogs were evaluated at the clinic four times, with 4-week intervals. Six different variables were assessed: veterinary-assessed mobility, two force plate variables, an owner-evaluated chronic pain index and pain and locomotion visual analogue scales (VASs). Intake of extra non-steroidal anti-inflammatory drugs was also evaluated. A Chi-squared test and a Mann-Whitney test were used to determine significant improvement between groups. When changed into dichotomous responses of 'improved' or 'not improved' three out of the six variables showed a significant difference ($P = 0.016$, $P = 0.008$, $P = 0.039$) in improved dogs per group, between the HCP group and the placebo group. The odds ratios were over one for the same variables. As extent of improvement in the variables from start to end of treatment, the HCP product was significantly more improved in four ($P = 0.015$, $P = 0.028$, $P = 0.049$, $P = 0.020$) of the six variables, compared with the placebo. The results indicated that the HCP Zeel® was beneficial in alleviating chronic orthopedic pain in dogs.

A second study was conducted comparing Zeel (1-3 tablets per day depending upon body weight) with carprofen (a conventional non-steroidal anti-inflammatory drug, 4 mg/kg body weight) in dogs ($n=68$) aged >1 yr diagnosed with osteoarthritis in a multicenter, prospective, observational open-label cohort study in 12 German veterinary clinics (Neumann, Stolt, Braun, 2011). The active treatment period was 56 days. Symptomatic effectiveness, lameness, stiffness of movements, and pain on palpation were evaluated by treating veterinarians and owners. Clinical signs of osteoarthritis improved significantly ($P<0.05$) at all time points (days 1, 28, and 56) with both therapies. At the end of the treatment period, effectiveness was comparable in both groups. Both treatment regimens were well tolerated with only three treatment-related adverse events, all in the carprofen group.

The following short list is primarily to provide relief of the acute phase of the arthritic inflammation. It is best to obtain professional homeopathic care to obtain deeper and more significant relief and cure.

**** *Rhus toxicodendron* (poison ivy):** This is the most common remedy for acute arthritic pain. It is indicated when a person experiences a "rusty-gate" syndrome of arthritis, that

is, when a person experiences great pains upon initial motion, reduced pain the more he or she moves around, and then becomes stiff again after resting for awhile. Typically, these people are particularly stiff in the morning upon waking and after they sit or lie still for a period of time. People who benefit from this remedy also tend to be very sensitive to cold and wet weather, and they tend to have aggravations of their symptoms at night and in bed. Warm bathing or showers and continued motion provide temporary relief of pain.

* *Bryonia* (white bryony): This remedy is indicated when arthritic pain is aggravated from any type of motion and the more the person moves, the worse pain the person experiences. Usually, this pain is sharp and excruciating. They experience some relief from lying still, heat, direct pressure, and lying on one's painful side, while their symptoms tend to be worse after exposure to cold, from simple jarring, and after eating. These people tend to be irritable, don't like to be examined, tend to be constipated, and want to be alone.

* *Apis* (honeybee): When a person experiences great swelling in the joint(s) with hot, burning, stinging pain, this remedy can be highly effective. Warm or hot applications as well as touch or pressure tend to aggravate their condition, while cool air and cold applications provide some relief.

* *Belladonna* (deadly nightshade): When rapid and violent onset of throbbing arthritic pain arises in red, hot, swollen joints, this is the remedy to consider. The arthritic symptoms are aggravated by touch, jarring, and especially by motion, and warm wraps relieve them.

* *Ruta* (rue): This remedy is sometimes given when the condition develops at the site of an old injury. The symptoms are aggravated by motion or touch, in the morning, and from exposure to cold, wet weather and are relieved by rubbing and warmth. It is also indicated when sensitive nodules develop on the periosteum and tendons after an injury.

* *Rhododendron* (yellow snow rose): Think of this remedy if *Rhus tox* seems indicated but doesn't work. It too is known for arthritic pains that are aggravated during cold and wet weather (especially storms), during night, and during rest (from sitting too long) and which are relieved by continued motion or walking. It is also known for arthritic pain in the small joints, lower back, or shoulder, with pains that wander from one place to another.

* *Kalmia* (mountain laurel): This remedy is useful for a sudden onset of severe acute arthritis, especially when the pain is paralyzing and tends to come and go. The arthritis pains may even move from one joint to another or tend to travel downward. Numbness, weakness, and trembling may also be experienced. A heart condition may alternate with arthritic symptoms. Motion of any sort and exposure to cold aggravates the pain, while hot bathing provides temporary relief.

* *Caulophyllum* (blue cohosh): This remedy is useful when arthritis primarily affects the small joints of the body, specifically those in the hands and/or feet. In particular, closing

one's hands creates a lot of pain. This remedy is more often given to women than men, especially when the woman is pregnant or experiences concurrent menstrual or hormonal disturbances.

* *Pulsatilla* (windflower): Consider this remedy when arthritic pains tend to move from one place to another. The symptoms are worse from initial motion or during rest, in the evening or at night, and definitely from exposure to warmth. The symptoms are relieved by cold applications and by slow motion. This remedy is also invaluable when a person has a *Pulsatilla* constitution: a gentle, mild, yielding, moody, sympathetic person.

* *Arnica* (mountain daisy): In addition to using some of the above medicines taken internally, the use of Arnica externally can be helpful in people suffering from osteoarthritis.

REFERENCES:

Brien S, Lachance L, Prescott P, McDermott C, Lewith G. Homeopathy has clinical benefits in rheumatoid arthritis patients that are attributable to the consultation process but not the homeopathic remedy: a randomized controlled trial. *Rheumatology*, 2010; DOI: [10.1093/rheumatology/keq234](https://doi.org/10.1093/rheumatology/keq234)
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3093927/>

Danno K, Joubert C, Duru G, Vetel JM. Physician practicing preferences for conventional or homeopathic medicines in elderly subjects with musculoskeletal disorders in the EPI3-MSD cohort. *Clin Epidemiol*. 2014 Sep 26;6:333-41. doi: 10.2147/CLEP.S64049. eCollection 2014.
<http://www.ncbi.nlm.nih.gov/pubmed/25298739>

Fisher, P., and Scott, D.L., A Randomized Controlled Trial of Homeopathy in Rheumatoid Arthritis, *Rheumatology*, 2001,40:1052-1055.
<http://rheumatology.oxfordjournals.org/content/40/9/1052.full>

Gibson, RG, Gibson, S, MacNeill, AD, et al., Homeopathic Therapy in Rheumatoid Arthritis: Evaluation by Double-blind Clinical Therapeutic Trial, *British Journal of Clinical Pharmacology*, 9(1980):453-59.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1429952/>

Hielm-Bjorkman A, Tulamo R-M, Salonen H, and Raekallio M. Evaluating Complementary Therapies for Canine Osteoarthritis--Part II: A Homeopathic Combination Preparation (Zeel(R)). *eCAM* 2009 6: 465-471; doi:10.1093/ecam/nem143.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2781775/>

Jonas, WB, Linde, Klaus, and Ramirez, Gilbert, "Homeopathy and Rheumatic Disease," *Rheumatic Disease Clinics of North America*, February 2000,1:117-123.
<http://www.ncbi.nlm.nih.gov/pubmed/10680199>

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Long, L, and Ernst, E., “Homeopathic Remedies for the Treatment of Osteoarthritis: A Systematic Review,” *British Homeopathic Journal*, 2001;90:37-43.

Morris M, Pellow J, Solomon EM, Tsele-Tebakang T. Physiotherapy and a Homeopathic Complex for Chronic Low-back Pain Due to Osteoarthritis: A Randomized, Controlled Pilot Study. *Altern Ther Health Med*. 2016 Jan;22(1):48-56.

<http://www.ncbi.nlm.nih.gov/pubmed/26773321>

Nayak C, Pattanaik N, Chattopadhyay A, Misra P, Bhar K, Michael J, Koley M, Saha S. Individualized homeopathic medicines and *Urtica urens* mother tincture in treatment of hyperuricemia: an open, randomized, pragmatic, pilot trial. *J Complement Integr Med*. 2020 Oct 20;:/j/jcim.ahead-of-print/jcim-2020-0129/jcim-2020-0129.xml. doi: 10.1515/jcim-2020-0129. Epub ahead of print. PMID: 33079705.

<https://pubmed.ncbi.nlm.nih.gov/33079705/>

Neumann S, Stolt P, Braun G, Hellmann K, Reinhart E. Effectiveness of the homeopathic preparation Zeel compared with carprofen in dogs with osteoarthritis. *J Am Anim Hosp Assoc*. 2011 Jan-Feb;47(1):12-20.

Pinto S, Rao AV, and Rao A. Lipid peroxidation, erythrocyte antioxidants and plasma antioxidants in osteoarthritis before and after homeopathic treatment. *Homeopathy* 2008; 97:185-189. doi:10.1016/j.homp.2008.08.004

Rossignol M, Begaud B, Engel P, et al. Impact of physician preferences for homeopathic or conventional medicines on patients with musculoskeletal disorders: results from the EPI3-MSD cohort. *Pharmacoepidemiol Drug Saf*. 2012 Jul 11. doi: 10.1002/pds.3316.

<http://www.ncbi.nlm.nih.gov/pubmed/22782803>

Shealy, CN, Thomlinson, RP, Cox, RH, and Borgmeyer, V, Osteoarthritis Pain: A Comparison of Homeopathy and Acetaminophen, *American Journal of Pain Management*, 8(1998):89-91.

Sharma, Neha. The effects of individualized homeopathy in patients with chronic musculoskeletal pain: A randomized clinical trial. *J Pain Relief* 2017, 6:5(Suppl) DOI: 10.4172/2167-0846-C1-015

<https://www.omicsonline.org/conference-proceedings/2167-0846-C1-015-015.pdf>

Shipley, M., Berry, H, Broster, G, et al., Controlled Trial of Homoeopathic Treatment of Osteoarthritis, *Lancet*, January 15, 1983, 97-98.

<http://www.ncbi.nlm.nih.gov/pubmed/6129459>

van Haselen R. Development of a Prognostic Factor Prediction Model in Patients with Musculoskeletal Pain Treated with Homeopathy: An Individual Patient Data Meta-Analysis of Three Randomized Clinical Trials [published online ahead of print, 2020 Jul

20]. Complement Med Res. 2020;1-9. doi:10.1159/000508716
<https://pubmed.ncbi.nlm.nih.gov/32690853/>

van Haselen, RA, Fisher, PA, “A Randomized Controlled Trial Comparing Topical Piroxicam Gel with a Homeopathic Gel in Osteoarthritis of the Knee, Rheumatology. 2000;39:714-719. <http://rheumatology.oxfordjournals.org/content/39/7/714.long>

Widrig, R., Suter, A., Saller, R., and Melzer, J. Choosing between NSAID and arnica for topical treatment of hand osteoarthritis in a randomised, double-blind study. Rheumatology International. 2007 Apr;27(6):585-91.
<http://www.ncbi.nlm.nih.gov/pubmed/17318618>

RESOURCE:

Asa Hershoff, ND, DC, *Homeopathy for Musculoskeletal Healing*. Berkeley: North Atlantic, 1996.

Asthma

BOTTOMLINE: Asthma is a serious and complex enough condition that it warrants the attention of a professional homeopath, though homeopathic primary care for acute asthma attacks can be effective. There is also some scientific evidence showing efficacy of homeopathic medicines in treating this disease. People with asthma may also benefit, when appropriate, from conventional medical care.

Asthma is a serious and increasingly common disease. There are approximately 15 million people with asthma in the U.S. This disease costs the nation \$7 billion, including \$2 billion in hospital care, over \$1 billion in lost wages for parents who stayed home with sick children, over \$1 billion in medication, and approximately \$850 million in lost wages of adult sufferers.

Sir William Osler, considered the Father of Modern Medicine, was known to say, "Asthmatics don't die, they just pant into old age." However, research on the homeopathic treatment of asthma that has been published in *The Lancet* (December 10, 1994) suggests that relief is in sight for asthma sufferers.

Research

Research conducted by professors at the University of Glasgow, Europe's largest medical school, indicates that those patients given exceedingly small homeopathic doses of whatever substance to which they are most allergic can experience significant relief of their asthma within the first week of treatment (Reilly, 1994). The authors called this unique method of individualizing medicines "homeopathic immunotherapy," and they published this high quality clinical trial in the British Medical Journal (BMJ).

This double-blind, placebo-controlled trial showed that over 80% patients given a homeopathic remedy improved, while only 38% of patients given a placebo experienced a similar degree of relief. A homeopathic physician and a conventional physician assessed the patients. When the patients and doctors were asked if they felt the patient received the homeopathic medicine or the placebo, both the patients and the doctors tended to guess correctly.

The experiment was relatively small, with only 24 patients. In order for statistically significant results, such experiments must demonstrate a very large difference between those treated with a medicine and those given a placebo. Such was the case in this study.

The researchers utilized conventional allergy testing to determine the substances to which the asthmatic patients were most allergic, and then gave a 30th potency of this substance to half of the subjects (neither the experimenters nor the subjects knew who was given the medicine and who was given a placebo).

The most common substance to which asthma sufferers were allergic was housedust mite. Homeopathic doses (30X) of this substance were found to be extremely effective.

A group of British physicians sought to replicate the above-described asthma study, but Dr. Reilly, who served as a consultant to the study, expressed concern during the study design phase that the researchers were not adequately following his protocols (Reilly, 2002). This study of 202 asthma patients found that there was statistically

significant improvements in the two primary outcome measures in subjects given House Dust Mite 30C as well as those given a placebo, but there were no statistically significant differences in those who were given the homeopathic medicine and those given a placebo (Lewith, 2002). There were statistically significant differences between the treatment and the placebo groups in the secondary outcome measures, including the morning peak expiratory flow ($P=0.025$), asthma visual analogue scale ($P=0.017$), and the mood of the subjects ($P=0.035$). There was also reduced use of the conventional bronchodilator usage in the homeopathic patients, though this difference was not statistically significant.

A double-blind, randomized, placebo-controlled trial was conducted in Cuba on patients with bronchial asthma (Riverson-Garrote, 1998). In this study 63 patients (34 children and 28 adults) participated, 39 of whom were given individualized homeopathic treatment and 24 were given a placebo.

In the treated group, 97.4% improved and 2.6% worsened. 87.2% reduced their use of conventional medication. In the placebo group, 12.5% improved, 16.7 stayed the same, and 70.8% worsened. None of the subjects given a placebo reduced their conventional medication.

The individually chosen remedy was prescribed in the 200C in liquid weekly or fortnightly in-between attacks. During attacks, 30C drops were given once daily, as follows:

* *Antimonium tartaricum* or *Ipecacuanha* were prescribed for “moist crises” when there is a moist cough, the presence of mucus that was difficult to expectorate, and with or without nasal discharge.

* *Arsenicum album* or *Grindelia* was prescribed for “dry crises” when there is a dry cough, no expectoration, and wheezes on auscultation. *Dulcarmara* was prescribed if a relapse was likely.

The most frequently prescribed remedies were: *Grindelia* (41.2%), *Arsenicum album* (38%), *Sulphur* (23.8%), *Antimonium tartaricum* (23.8%), *Lycopodium* (22.2%), and *Dulcarmara* (17.4%).

Another study prescribed a homeopathic combination remedy (a mixture of various homeopathic medicines) to asthma patients who were dependent upon corticosteroid drugs. This double-blind, placebo-controlled randomized study treated 40 asthma patients on corticosteroid drugs, and it showed that the 20 patients given the homeopathic medicine experienced greater improvement than those given a placebo and were able to reduce the dosage of their conventional drugs (R. Matusiewicz, 1997).

A study in Norway of 200 patients suffering from hypersensitivity illnesses, including asthma, eczema, urticaria, hay fever and other allergies, showed that homeopathy was at least as effective as conventional medical treatment (Launsø, Kimby, Henningsen, 2006). The study was retrospective and comparative, and it evaluated everyday clinical practice of general practitioners and classical homeopaths. Most patients who were treated by conventional medical doctors experienced an aggravation of their symptoms when stopping conventional drugs, while only 1/3 of patients in the homeopathy group experienced such an aggravation ($P = 0.002$). Only one patient on conventional treatment experienced improvement of symptoms after stopping medication, compared to improvement in 2/3 of homeopathy patients. Patients in the

homeopathic group also reported a larger improvement in their general state of health, with 57% improving, compared to 24% in the conventional group ($P=0.004$). Homeopathic patients also experienced substantially more positive change in their psychological state ($P<0.0001$). For quality of life 53% in the homeopathy group improved, compared to 15 % in the conventional group.

In 2003 the American and European press reported on a study on the homeopathic treatment of children with asthma. Although this study seemed to suggest that homeopathic medicines didn't work, a more detailed analysis of this study showed that there were some clear and statistically significant benefits to children given a homeopathic medicine, and further, it was statistically impossible for this study to have a fully positive result. This was a placebo-controlled, double-blind, randomized study using individually chosen homeopathic medicines in the treatment of children with asthma (White, et al., 2003). This study involved 96 children with mild to moderate asthma as an adjunct to conventional treatment. There was no statistical significance between children given an individually chosen homeopathic medicine and those children given a placebo in the primary outcome measure of "quality of life," though there was a statistically significant difference in the Childhood Asthma Questionnaire which showed that the children given a homeopathic medicine experienced a statistically significant "severity treatment effect" ($P=0.01$). A post-hoc analysis of time lost from school, favored homeopathy, though it is not clear whether this was statistically significant. Other subscales of the Childhood Asthma Questionnaire showed small differences, favoring homeopathy, but this study found no differences in the peak expiratory flow rate (one measure for clear breathing) and use of inhalers.

It should be noted that Quality of Life scores for the children in this study were exactly the same as those reported for normal, healthy children (and indeed these asthmatic children). This measure for Quality of Life was therefore incapable of detecting an effect in this patient group because they already defined their Quality of Life as "normal." Even if every child prescribed a homeopathic medicine improved 100%, the difference would have been not clinically significant!

Eighty-four patients with asthma were randomized to receive conventional treatment alone or conventional treatment with addition of homeopathy or reflexology in a single center, investigator blinded, controlled, one-year trial (Topcu, Ottesen, Eriksen, et al, 2020). During the study period, patients regularly consulted their general practitioner for evaluation and asthma treatment. At randomization, and after 6 and 12 months, methacholine challenge test and measurement of exhaled nitric oxide were performed. Blood samples were collected for eosinophil count and measurement of serum eosinophil cationic protein.

No significant differences between groups for any of the inflammatory markers were demonstrated. Methacholine responsiveness improved in all three groups but improvements were not statistically significant within and between groups.

Originally, the researchers expected to need 150 subjects for this trial, but only 84 were included. A total of 50 patients were expected to be in each treatment group, but at the end of this study only 17 patients completed homeopathic treatment. Clearly, this study was "under-powered." Also, the additional problem with this study was that all patients were allowed to and encouraged to use various conventional medications, and

there was no accounting for patients in any group if they have increased or decreased their conventional medications (the absence of these data is somewhat shocking).

One animal study on asthma is worthy of comment.

Subcutaneous immunotherapy is more effective than sublingual immunotherapy. However, subcutaneous immunotherapy is ineffective at a low dose, whereas at high doses it can result in an unacceptably high frequency of systemic reactions. In the current study, researchers evaluated the efficacy of isopathic immunotherapy with highly diluted ovalbumin (HD OVA) in the treatment of OVA-induced allergic asthma in BALB/c mice (Mazloomi, Ilkhanizadeh, Zare, et al, 2019).

BALB/c mice were sensitized with ovalbumin (OVA) and alum. Two weeks later, the mice received homeopathic doses of OVA on days 21, 22, 32 and 41 (8 hours after the last challenge) of the treatment. The mice were challenged with OVA (5%) aerosols on days 35, 38 and 41 for 20 minutes using an ultrasonic nebulizer and sacrificed the next day.

Isopathic immunotherapy significantly reduced lung tissue inflammation, the number of eosinophils in bronchoalveolar fluid, allergen-specific IgE and interleukin-4 production. It also insignificantly increased the production of transforming growth factor-beta and proliferation of regulatory T cells against the allergen.

The researchers suggested that isopathic immunotherapy may be a good candidate treatment for allergic asthma.

Long History of Success

The authors of this study had previously conducted two other experiments using homeopathic medicine in the treatment of another allergic condition, hay fever. One of these studies was also published in *The Lancet* (October 18, 1986).

Along with their recent asthma study, the authors performed a meta-analysis, reviewing all of the data from the three studies that totaled 202 subjects. The researchers found a similar pattern in the three studies. Improvement begins within the first week and continues through to the end of the trial four weeks later (research has not yet investigated longer time frames).

The results of this meta-analysis were so stunning that the authors concluded that either homeopathic medicines work or controlled clinical trials do not. Because modern science bases itself on controlled clinical trials, it is more likely that homeopathic medicines are effective.

Homeopaths have a long history of successful allergy treatment, and they have made important contributions to our present understanding of allergies. In fact, it was a British homeopath, C.H. Blackely, who in 1871 first noted that seasonal sneezing and nasal discharge were the result of exposure to pollen. An American homeopath, Dr. Grant L. Selfridge, was one of three physicians to start the organization that became the present American Academy of Allergy.

Medical history books must now be rewritten. Instead of describing homeopathy as a quack therapy, it must now be written that homeopathy has been misunderstood, attacked, and suppressed since its inception. While it is too early to determine how much of a role homeopathy will have in the future of health care, physicians and scientists must

now make room for it, for homeopathy now has a clinically proven rightful place in health care.

Specific Homeopathic Medicines for Asthma

The following remedies should be considered for the acute asthma attack, though those who are not medical professionals should seek the concurrent attention of a physician. Also, once the acute attack is over, it is highly recommended to seek the care of a professional for a constitutional remedy that will reduce the frequency and intensity of future asthma attacks.

**** *Arsenicum album* (arsenic)** is one of the most common remedies for an acute asthma attack. Some of its strongest indications are fearfulness, restlessness, weakness, and aggravation of the symptoms at or after midnight. It's not at all surprising that the asthmatic grows frightened when he can't get his breath, and *Arsenicum* suits the restless agitation typical of this state. The patient tosses and turns or may suddenly spring out of bed to relieve the anxiety and to catch a deep breath. In spite of the urge to move around, a profound weakness often develops, and the person may become too weak to continue this restless behavior and may be unable to move much at all. Most *Arsenicum* patients have the worst time with wheezing and shortness of breath between midnight and 3 AM. If other symptoms suggest the medicine, however, don't hesitate to try it just because the asthma is worse at some other time of day or night. Lying down tends to aggravate their condition, and they feel compelled to sit up. Their condition is also aggravated by exposure to cold and is relieved by warmth and warm drinks. There may be accompanying cough, cold or hay fever symptoms. *Arsenicum* patients typically feel quite chilly and are relieved in general by warmth. They tend to be quite thirsty, most commonly for frequent sips of water.

**** *Grindelia* (yellow tarweed; gumweed):** Although this medicine is not at present widely known for its great use in asthma, homeopaths in Mexico and Cuba have found it to be an invaluable remedy in many cases of asthma. It is particularly indicated for suffocative attacks that are worse when falling asleep or during sleep and are partially relieved by sitting or standing. The person is fearful of going back to sleep and may experience heart palpitations. This medicine is particularly indicated in "dry asthma" (no expectoration or nasal discharge).

**** *House dust mite* (house dust mite):** If the patient is allergic to this, a homeopathic dose of it is often effective. More people are allergic to house dust mite than any other substance, making this an important remedy for an acute attack of asthma.

*** *Spongia* (roasted sponge)** also suits certain classic cases of asthma with dry wheezing and little or no phlegm in the chest. Breathing is labored and noisy, sounding like whistling or sawing (typical of asthma but most pronounced when *Spongia* is the remedy). Often the asthma begins after the person has taken a chill or develops a cold. There may be sudden onset of wheezing with a feeling of suffocation just as the person begins to fall asleep, or the wheezing may be worse after sleep. Shortness of breath is made worse by lying down and by every motion, and it gets better when the person leans

the head back. Warm food or drinks may also help relieve the wheezing. A dry barking or croupy cough commonly accompanies the symptoms.

* *Lobelia* (Indian tobacco) is another good medicine for the person with a typical asthma attack with wheezing, a feeling of constriction in the chest, a short, dry coughs. Like *Spongia*, the symptoms may begin after the person gets chilled or after any exertion. However, if breathing cold air definitely makes the wheezing worse, *Lobelia* is a better first choice. The wheezing isn't as loudly raspy as in *Spongia*. Some *Lobelia* patients have their worst symptoms around noon.

* *Sambucus nigra* (elder) can help people who feel like they are suffocating with wheezing, especially when the symptoms are worse at or after midnight, worse when lying down, and worse in the cold air. This remedy is particularly helpful when the person awakens from sleep with this suffocation that may even turn his/her face bluish and lead to great perspiration. Though one might consider *Arsenicum* under these circumstances, the patient who needs *Sambucus* probably won't show extreme fear or marked restlessness of that remedy. However, if those symptoms are present but *Arsenicum* doesn't help immediately, *Sambucus* would be a good medicine to try next.

* *Pulsatilla* (windflower): If the person with asthma is sweet and affectionate or perhaps tearful and clingy, feels oppressed by warm and stuffy rooms, and has little thirst, *Pulsatilla* is the probable remedy, no matter what the respiratory symptoms are. On the other hand, you may consider *Pulsatilla* when it is indicated by specific asthma symptoms, including wheezing that begins or is worse in the evening or at night and in a warm or stuffy room and that is relieved in a cool, breezy room (or by going outside). There is usually an accumulation of phlegm in the chest that must be coughed out. The asthma may be worse after eating, especially eating fatty or rich foods.

* *Ipecacuanha* (ipecac root) is indicated for those whose asthma is accompanied by a great deal of phlegm in the chest. The respiratory distress may be spasmodic and severe, with marked wheezing. You may hear, in addition to the wheezing, much rattling of mucus in the chest as the person breathes. Coughing is common and continual and sounds rattling from mucus deep in the chest. The cough may come in intense spasms that may continue until there is vomiting of food or mucus. The asthma tends to be worse at night and being in a warm room. The patient is often nauseated, and vomiting is common even when there is no coughing. Exhausted by the illness, the person looks pale and quite sick. Many of these symptoms are similar to those of *Pulsatilla*, but with *Ipecac*, the buildup of mucus is even greater and the characteristic mental symptoms of *Pulsatilla* are not prominent.

* *Antimonium tartaricum* (tartar emetic) is useful for children and the elderly who experience a loose, rattling respiration, both on inspiration and expiration. They have difficulty breathing at night, from exposure to heat, and from lying down. They are highly irritable, don't want to be touched or examined, and experience some relief in breathing when being fanned.

* *Bryonia* (white bryony) may be called for if the symptoms are typical of the remedy in general: aggravation caused by motion is pronounced, and the patient is warm, thirsty, and probably irritable. The wheezing is dry in character with little phlegm.

* *Chamomilla* (chamomille) should be considered for people with asthma, especially children, when they strongly display the irritability typical of the medicine. *Chamomilla* is also a good choice if the asthma attack began after anger and no other remedy is clearly indicated.

* *Kali bichromicum* (bichromate of potash) is indicated in asthmatic conditions when the person has sticky, stringy mucus, usually also experienced with sinusitis and postnasal drip. The cough is worse after eating and is relieved after expectoration.

* *Nux vomica* (poison nut) is useful for people who experience asthma attacks after great work stress, loss of sleep, or over-indulgence with alcohol or recreational drugs. Indigestion and gas are commonly also experienced. The person's symptoms are usually worse upon waking, at 4am, and from exposure to cold.

REFERENCES:

Launsø L, Kimby CK, Henningsen I, Fønnebø V. An exploratory retrospective study of people suffering from hypersensitivity illness who attend medical or classical homeopathic treatment. *Homeopathy* (2006) 95, 73-80.

Lewith, GT, Watkins, AD, Hyland, ME, et al., Use of ultramolecular potencies of allergen to treat asthmatic people allergic to house dust mite: double blind randomized controlled clinical trial, *BMJ*. 2002;324:520-523.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC67767/>

Matusiewicz, R, The Effect of a Homeopathic Preparation on the Clinical Condition of Patients with Corticosteroid-dependent Bronchial Asthma,"= *International Journal of Biological Therapy and Integrated Medicine*, 1997,15:70-4.

Mazloomi E, Ilkhanizadeh B, Zare A, Shahabi S. Evaluation of the efficacy of isopathic immunotherapy in the treatment of allergic asthma in BALB/C mice.

J Asthma. 2019 Apr 3;1-10. doi: 10.1080/02770903.2019.1599384.

<https://www.ncbi.nlm.nih.gov/pubmed/30943821>

Reilly, D, Taylor, M, Beattie, N, et al., "Is Evidence for Homoeopathy Reproducible?"

Lancet, December 10, 1994, 344:1601-6. <http://www.ncbi.nlm.nih.gov/pubmed/7983994>

Reilly, D, (online letters to the editor to the March 2, 2002, issue)

<http://www.bmj.com/content/324/7336/520.1/rapid-responses>

Riveron-Garrote, M, “Ensayo clinico aleatorizado controlado del tratamiento homeopatico del asma bronquial,” Boletin Mexicano, 1998,31:54-61.

Topcu A, Løkke Ottesen A, Eriksen L, Nielsen LP, & Dahl R (2020) The impact of reflexology and homeopathy added to conventional asthma treatment on markers of airway inflammation – a randomised study, European Clinical Respiratory Journal, 7:1, DOI: 10.1080/20018525.2020.1726153
<https://www.tandfonline.com/doi/full/10.1080/20018525.2020.1726153>

White A, Slade P, Hunt C, Hart A, Ernst E. Individualised Homeopathy as an Adjunct in the Treatment of Childhood Asthma: A Randomised Placebo Controlled Trial. Thorax 2003;58:217-321. <http://www.ncbi.nlm.nih.gov/pubmed/12668794>

Attention Deficit Disorder (ADD/ADHD)

BOTTOMLINE: Homeopathy is a safe and often effective natural therapy for children (and adults) with ADD/ADHD and its associated symptoms. There have now been several studies that have confirmed significant results from homeopathic treatment, though no single protocol for homeopathic treatment has been replicated and shown to have efficacy. Homeopathic primary care can be effective, though this condition is more appropriate for treatment by a professional homeopath.

In 2004, American physicians wrote over 28 million prescriptions for ADD/ADHD drugs, and by 2008 alone, this number increased substantially to over 39 million. Despite these scary-high numbers of powerful psychiatric drugs prescribed for our children, the *Washington Post* reported on a large multi-center federally funded study that “confirmed there were zero long-term differences between children who were continuously medicated and those who were never medicated” (Vedantam, 2009).

Hyperactivity and its related syndromes (ADD: attention deficit disorder; and ADHD: attention deficit hyperactivity disorder) has become America's #1 childhood psychiatric ailment. One of the common drugs to treat children with ADD and ADHD has been Ritalin, and its used has become so common that some people are calling it "vitamin R."

It is initially surprising and confusing to learn that Ritalin is an amphetamine-like drug. One would think that this type of drug would make hyperactive children even more hyperactive. However, when Ritalin is prescribed to children who are already hyperactive, it tends to slow them down. Ironically, the use of a drug that causes symptoms similar to those that the patient has is actually the basic principle of homeopathic medicine (treating “likes with like”).

Ritalin and a select number of conventional drugs (including digitalis, nitroglycerin, colchicine, allergy shots, and vaccination) are known to cause the various symptoms they are known to treat. Despite this fact, none of these drugs are considered true “homeopathic medicines” because homeopaths use much smaller and safer doses of their medicines, plus each homeopathic medicine is individualized to the patient and his/her unique syndrome of whatever disease the sick person experiences.

Although Ritalin and other psychiatric drugs given to children with ADD or ADHD may provide short-term benefits, research to date has found that these drugs do not provide long-term benefits. However, even scarier is the fact that even *Newsweek* noted, "There are no definitive long-studies to reassure parents that this stimulant isn't causing some hidden havoc to their child." And many people today believe these drugs do create havoc.

The most common side effects of ADD/ADHD medication are restlessness, anxiety, tremors, headaches, allergic reactions, dizziness, abdominal discomfort, heart arrhythmia, increased blood pressure, and psychosis (including hallucination). Children who take these drugs are also known to experience a reduced appetite, and in part as a result of this, some children experience a dramatic reduction in height.

Clearly, it makes sense for parents and doctors to explore and even exhaust safer methods of treating for ADD and ADHD before resorting to conventional drugs. Homeopathic medicines provide one viable alternative, and several double-blind studies published in medical journals have confirmed good results and much safer treatment. That said, it should be readily acknowledged that at present there have only been a handful of studies testing homeopathic medicines and not every study showed efficacy of treatment. However, because some studies have shown benefits of homeopathic care and because these medicines are so safe, it is reasonable to consider homeopathic treatment before resorting to more risky therapeutic measures.

A Metaanalysis of Clinical Trials on the Homeopathic Treatment of ADHD

A metaanalysis of clinical trials of children with attention deficit and hyperactivity disorder (ADHD) was published in 2022 in a respected pediatric journal (Gaertner, Teut, Walach, 2022)

Thirty-seven online sources were searched with a last update in March 2021. Studies investigating the effects of individualized homeopathy against any control in ADHD (ICD-10 category F90.0) were eligible. Data were extracted to a predefined excel sheet independently by two reviewers.

Six studies were analyzed for this metaanalysis. All but one were randomized and showed low-to-moderate risk of bias; two were controlled against standard treatment and four were placebo-controlled and double-blinded. The meta-analysis showed a significant effect size across studies of Hedges' $g = 0.542$ (95% CI 0.311-0.772; $z = 4.61$; $p < 0.001$) against any control and of $g = 0.605$ (95% CI 0.05-1.16; $z = 2.16$, $p = 0.03$) against placebo ($n = 4$). The effect estimations are based on studies with an average sample size of 52 participants.

The researchers concluded that individualized homeopathic treatment revealed a clinically relevant and statistically robust effect in the treatment of ADHD.

A Study Comparing Homeopathic Treatment and Ritalin

Numerous studies testing Ritalin have found it to be effective in the short-term. The question then becomes: how does homeopathic treatment compare with it during this time-frame?

A study in Switzerland evaluated 115 children (92 boys, 23 girls) with an average age of 8.3 years at diagnosis of ADD/ADHD (Frei and Thurneysen, 2001). The children were first treated with an individually chosen homeopathic medicine. Children who did not improve sufficiently on homeopathy were changed to Ritalin and evaluated after 3 months. After an average treatment time of 3.5 months, 75% of the children responded favorably to homeopathy, attaining an improvement rating of 73%. 22% of the children were treated with Ritalin and attained an improvement rating of 65%.

The children were evaluated according to the Conners Global Index (CGI), which is the most respected scale that measures the degree of hyperactivity and attention deficit symptoms. The children who responded to the homeopathic medicine experienced a 55% amelioration of the CGI, while the children who responded to Ritalin experienced a 48%

lowering of the CGI. Three children didn't respond to homeopathy or Ritalin, and one child left the study before completion. The researchers concluded that homeopathic treatment was comparable in its benefits to Ritalin without the side effects.

Because this study was not placebo controlled, one does not know if the good results are from the homeopathic medicine or from the homeopathic interview. In any case, this study showed that 75% of the children with ADD/ADHD benefited from the "package of care" provided by homeopaths.

A Major Study Published in the "European Journal of Pediatrics"

The famed *European Journal of Pediatrics* published an article that included two studies: a clinical observation study followed by a randomized, double-blind trial. These studies concluded that homeopathy has positive effects in children with attention deficit hyperactivity disorder (ADHD) (Frei, Everts, von Ammon, et al, 2005). A total of 83 children aged 6-16 years, with ADHD diagnosed using the Diagnostic and Statistical Manual of Mental Disorders-IV criteria, were recruited.

Prior to the randomized, double-blind, placebo controlled crossover study, they were treated with individually prescribed homeopathic medications. The 62 patients, who achieved an improvement of 50% in the Conners' Global Index (CGI), participated in the trial. Thirteen patients did not fulfill this eligibility criterion (CGI). The responders were split into two groups and received either homeopathy for 6 weeks followed by placebo for 6 weeks (arm A), or vice-versa (arm B).

At the beginning of the trial and after each crossover period, parents reported the CGI and patients underwent neuropsychological testing. The CGI rating was evaluated again at the end of each crossover period and twice in long-term follow-up. At entry to the crossover trial, cognitive performance such as visual global perception, impulsivity and divided attention, had improved significantly under open label treatment ($P < 0.0001$). During the crossover trial, CGI parent-ratings were significantly lower (this means the child was "better") under homeopathic treatment (average 1.67 points) than under placebo ($P = 0.0479$). Ultimately, the CGI and parent ratings showed a 37% and 63% improvement over the long-term observation period of 14 weeks ($P < 0.0001$). The teachers also found an improvement in the homeopathic treated group vs. placebo in the CGI by 28% and in the teachers' rating scale by 37%.

An interesting feature of this study was that the homeopaths only met with each child once and carried out follow-up visits only with the child's parents. This strategy was to minimize the child's contact with the homeopath in order to minimize possible psychological support from the clinician.

In a later paper, the authors of the above study described the steps they took to improve the success rate in the homeopathic treatment of children with ADD/ADHD (Frei, Ammon, Thurneysen, 2006). The clinicians in this study utilized the "Boenninghausen method" which tends to emphasize physical symptoms and the various modalities that aggravate or ameliorate them, rather than emphasizing the emotional or behavioral symptoms that is typical of other styles of selecting homeopathic medicines for individualized treatment. These researchers also prescribed homeopathic potencies called "LM potencies," which were last important contribution to homeopathic practice

by Samuel Hahnemann, MD, the founder of this medical system. The LM potencies generally require more frequency of dosing, and the authors found better compliance from parents when compared to the single-dose regimen that is commonly used by other homeopaths.

The researchers found that the Boenninghausen method and the LM potencies increased the success of their first prescription from 21% to 28% and after five prescriptions from 68% to 78%.

A Single-Blind Study Comparing Individualized Homeopathy and Placebo

A total of 61 patients aged 6-15 (Homoeopathy = 30, placebo = 31) were randomized to receive either individualised homoeopathic medicine in fifty millesimal (LM) potency or placebo for a period of one year (Oberai, Gopinadhan, Varanasi, et al., 2013). All children met the Diagnostic Statistical Manual of mental disorders (DVM-IV) criteria for ADHD.

A total of 54 patients (homoeopathy = 27, placebo = 27) were analysed under modified intention to treat (ITT). All patients in homoeopathy group showed better outcome in baseline adjusted General Linear Model (GLM) repeated measures ANCOVA for oppositional, cognition problems, hyperactivity and ADHD Index (domains of CPRS-R (S)) and CGI-IS at T3, T6, T9 and T12 ($P = 0.0001$). The mean baseline-adjusted treatment difference between groups at month 12 from baseline for all individual outcome measures favoured homoeopathy group; Oppositional (-16.4 , 95% CI -20.5 to -12.2 , $P = 0.0001$), Cognition problems (-15.5 , 95% CI -19.2 to -11.8 , $P = 0.0001$), Hyperactivity (-20.6 , 95% CI -25.6 to -15.4 , $P = 0.0001$), ADHD I (-15.6 , 95% CI -19.5 to -11.6 , $P = 0.0001$), Academic performance 14.4%, 95% CI 8.3 to 20.5, $P = 0.0001$), CGISS (-1.6 , 95% CI -1.9 to -1.2 , $P = 0.0001$), CGIIS (-1.6 , 95% CI -2.3 to -0.9 , $P = 0.0001$).

A Double-Blind Study Using a New Unconventional Style of Homeopathy

A randomized, double-blind, placebo-controlled trial was conducted with 43 children between 6 and 12 years of age who met the DSM-IV criteria for ADHD (Jacobs, Williams, Girard, et al, 2005). The forty-three subjects were randomized to receive a homeopathic consultation and either an individualized homeopathic remedy or placebo. Patients were seen by homeopathic physicians every 6 weeks for 18 weeks. In this pilot study, a new, unconventional style of homeopathy was practiced by the physicians, called “the Bombay method” (aka “the Sensation method”).

Outcome measures included the Conner’s Global Index—Parent, Conner’s Global Index—Teacher, Conner’s Parent Rating Scale—Brief, Continuous Performance Test, and the Clinical Global Impression Scale.

There were no statistically significant differences between homeopathic remedy and placebo groups on the primary or secondary outcome variables. However, there were statistically and clinically significant improvements in both groups on many of the outcome measures.

This pilot study provides no evidence to support a therapeutic effect of individually selected homeopathic remedies in children with ADHD. A therapeutic effect of the homeopathic encounter is suggested and warrants further evaluation. Future studies should be carried out over a longer period of time.

A Double-Blind Study Comparing Homeopathy and Placebo

John Lamont, PhD, a psychologist in Southern California, conducted a trial of 43 children with attention deficit hyperactivity disorder (ADHD) (Lamont, 1997). He randomly assigned half of the children to receiving a placebo and the other half to homeopathic treatment. The researcher, the parents and the children did not know which child was given the homeopathic medicine or the placebo.

The evaluations of improvement were based on parent or caretaker ratings of ADHD behaviors. A simple 5-point scale was used: Much worse (-2); a little worse (-1); no change (0); a little better (+1); much better (+2). Parents or caretakers were contacted by telephone 10 days after remedy/placebo taken and again after 2 months.

To avoid any potential influence from the homeopath, he had no further contact with children except during the initial testing and case-taking interview. Even the medicine was not given directly to the patient by the homeopath but was sent via the mail.

All children in the experiment came from foster homes or from parents under the supervision of social workers. The average age was 10, and there was a mixture of races: 47% Hispanic, 35% black, and 18% Caucasian.

The children were only accepted into the trial if they fit the specific criteria for ADHD, as determined by the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV). Children who were on medication for ADHD could be accepted for the study but only if they had been on this medication for at least six weeks. The latter condition was determined because Dr. Lamont didn't consider it wise to admit children who were new to medication in the trial since it then could not be ascertained if their improvement was the result of their conventional or homeopathic medicine.

Half of the children were given an individualized homeopathic medicine and half were given a placebo that resembled a homeopathic medicine for 10 days. After this, the half that was given a placebo was given an individualized homeopathic medicine. Neither the children nor their parents were told that they might be given a placebo because the researcher did not want to influence the parent or the child with the knowledge that the second round of medicines would be the "real" ones.

Only the 200c potency of an individualized homeopathic medicine was used, based on the homeopath's small pilot study of 15 patients in which a trend was observed that the 200c was more effective than 30c.

The mean improvement scores after 10 days were .35 for the placebo group and 1.00 for the homeopathically treated group ($p=.05$). The greatest improvements were noticed by the third day, while a smaller number showed improvement after 10 days.

Children who were initially given a placebo were given a homeopathic prescription after 10 days and then compared with their earlier score. The mean

improvement scores were .35 for the placebo group and 1.13 after a homeopathic medicine was given ($p=.02$).

When parents reported that improvement from the treatment was not obvious, the homeopath prescribed a second or a third remedy. When comparing the results after these remedies, improvement from the homeopathic group was 1.63 and from the placebo group was .35 ($p=.01$).

Besides the improvement 10 days after the homeopathic medicine, follow-up interviews observed that the majority of children who were treated homeopathically experienced sustained and increased improvement in their condition. In total, after 2 months, 57% of children experienced continued improvement; 24% showed improvement for several days or weeks following homeopathic treatment, but relapsed by the 2-month interview. 19% said that they only observed improvement while taking homeopathic treatment (one could guess that this improvement was primarily from the placebo effect).

A second homeopathic remedy was given to 18 of 43 subjects, and 7 required a third remedy. Phone calls were made 10 days after each remedy, and if it seemed that the remedy was not working, a different medicine would be prescribed.

Only three children were dropped from the trial, and this was the result of changes in dosage of anti-ADHD prescription after homeopathic treatment.

In summary, this study showed that the effects of the homeopathic medicine were relatively rapid (usually within 3 days) and a 2-month follow-up found that 57% of the children experienced sustained and increased improvement.

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The Medicines Used

Dr. Lamont used one of the homeopathic software programs to aid his selection of the individualized homeopathic medicine. These sophisticated software programs are increasingly used to both improve the speed and accuracy of prescribing homeopathic remedies, and they are now used by the majority of full-time practicing homeopaths in the U.S.

The following descriptions of the five most common homeopathic medicines used in this study are not provided to encourage self-diagnosis or prescribing. Because chronic ailments are best treated by a professional homeopath, children with ADHD or its related conditions should be seen by a professional homeopath.

The following descriptions provide insight into the important concept within homeopathy that asserts that people do not simply have "diseases" but have "syndromes" of symptoms of which the disease is a part.

It is remarkable that so many people today incorrectly think that people with the same disease should be given the same medicine. In homeopathy, once a conventional diagnosis is made, the homeopath then evaluates the case in greater detail to see what individualizing and unique symptoms each patient manifests.

The most commonly indicated remedy that Dr. Lamont found for children with ADHD was *Stramonium* (thornapple). It represented 35% of the patients he treated.

Comparative Study of Homeopathic Treatment vs. Usual Care

20 consecutively enrolled children age 5-16 with Attention Deficit Hyperactivity Disorder (ADHD) received treatment by a homeopath (8 consultations and individualized remedies) for one year (Fibert, Relton, Heirs, et al, 2016). Ten subsequently enrolled children received similar time and attention for 4 months. The study explored optimum treatment protocols; the effectiveness, deliverability and acceptability of treatment; and the feasibility of outcome measurement and recruitment. Parents completed Conners' Parent Rating Scale, Revised Long Version (CPRS-R:L) every 4 months, from which DSMIV total scores were extracted; and Measure Your Own Medical Outcome Profile (MYMOP) every consultation.

An interaction between time (baseline/4 months) and group (treatment/non-treatment) was found .756 F (1,28)=9.06, p=0.005. The intervention was associated with statistically significant improvements in treated children over the year:

- CPRS-R:L (t (18)=4.529, p<0.000); MYMOP (t (18)=6.938, p<0.000). Mean DSMIV total t scores decreased at each time point: baseline: 85 (SD 5.1); 4 months 76.2 (SD 10.9); and 12 months 71.5 (SD 12.77). Recruitment of control participants was problematic. Recruitment to treatment was feasible via ADHD support groups, charities, police support agencies and social services, not schools or NHS services. Attending appointments was problematic for some participants, but home visits did not improve uptake. The best venue was a familiar clinic.

Some participants took medicines inappropriately, but generally taking homeopathic remedies was acceptable and well implemented.

- CPRS-R:L (80 items) was problematic for some parents. MYMOP was preferred by parents but not acceptable to stakeholders. In this small consecutive sample the intervention was associated with improvements in criminality, anger, and children with a concomitant diagnosis of Autism Spectrum Disorder ASD. Treatment by a homeopath was associated with sustained, increasing improvements and the intervention was acceptable to participants. More methodically rigorous research is warranted."

The researchers recommend that future research in this area use comparative effectiveness randomised controlled trial designs. They also recommend that these trials measure outcomes of relevance to stakeholder needs - the people and services who care for those with ADHD - parents, teachers and social workers and the criminal justice system."

The EPI3-LASER study, which was conducted in France between March 2007 and July 2008, was a nationwide, observational survey of the patients over 65 years of age who have ADD, and this study evaluated the impact of the GPs' prescribing preferences: homeopathy (GP-Ho), conventional medicines (GP-CM) or mixed prescriptions (GP-Mx) (Danno, Duru, Vetel, 2018). This sub-analysis included 110 patients ≥ 65 years old with ADD from the EPI3 cohort who consulted either a GP-CM or GP-Ho. Socio-demographic and medical data and details of any medications prescribed were collected at inclusion. Information regarding the patients' functional status (Hospital Anxiety and Depression Scale [HADS]) was obtained via a telephone interview 72 hours after inclusion, and at 1, 3 and 12 months post-inclusion. Medication use and outcome were determined over the 12-month period. Differences between the GP-CM and GP-Ho groups were assessed by multivariate logistic regression analysis.

One hundred and ten patients were recruited and 87 (79.1%) with ADD (HADS ≥ 9) at the 72-hour interview were evaluated (age range: 65-93 years, 82.8% female). Patients who consulted a GP-Ho were more likely (odds ratio [OR] = 10.38, 95% confidence interval [CI]: 1.33-81.07) to have clinical improvement (HADS < 9) after 12 months than those in the GP-CM group. Patients who consulted a GP-Ho reported less psychotropic drug use (OR = 22.31 [95% CI: 2.20-226.31]) and benzodiazepine use (OR = 60.63 [95% CI: 5.75-639.5]) than GP-CM patients.

The researchers concluded that ADD patients aged ≥ 65 years by GP-Ho appear to experience effectiveness from homeopathic treatment and lower psychotropic drug use.

The Cochrane Database has reviewed the above research and has asserted, "There is currently little evidence for the efficacy of homeopathy for the treatment of ADHD" (Heirs and Dean, 2007). However, the Cochrane Database maintains a very high standard for their definition of "efficacy." It is important to note that they stated that there was "little evidence" not "no evidence" that homeopathic medicines have been shown to be effective in the treatment of children with ADD/ADHD.

Below is just a short sampling of the leading medicines for children (or adults) will ADD/ADHD. Due to the complexity of this ailment, it is best to seek professional homeopathic care rather than to try self-treatment.

* *Stramonium* (thornapple or datura stramonium): Children who need *Stramonium* are known to experience extreme fears and exhibit violent behaviors. They are especially fearful of the dark, animals, and water. They can become truly terrified of these things. They are easily startled and will automatically, even unconsciously, respond with rage beyond proportion to the initiating event, almost as though it was an animalistic, primordial response. These tantrums may include stammering, cursing, and hitting. These intense children may also become extremely clingy to their parents, do not want to be alone, and may have strong feelings of jealousy.

Most of the time children develop the need for *Stramonium* from unknown events, though homeopaths have also found that certain birth traumas, violent abuse (physical or sexual), or traumatic events may lead to the symptoms that *Stramonium* can effectively cure.

* *Cina* (wormseed): The next most common remedy used in this study was *Cina* (wormseed), representing 19% of the children. Children who need *Cina* are extremely irritable and physically aggressive. They are prone to fighting and arguing and tend to have tantrums when they are disciplined or simply told to do something. They are disposed to biting, kicking, pinching, and screaming. They like and benefit from being rocked but don't like being touched, carried (except over the shoulder), or even looked at. *Cina* is a leading homeopathic medicine for pinworms. If a child has pinworms and ADHD, *Cina* should be seriously considered.

* *Hyoscyamus* (henbane) is also a common remedy for children with ADHD. Like *Cina*, it represented 19% of the children in this experiment. *Hyoscyamus* is typically indicated when children exhibit sexualized symptoms of any type or when they have manic symptoms of various sorts, such as pressured speech, great loquacity, extreme silliness, or very high energy. These children tend to be quarrelsome and obscene. They will curse, expose themselves, play with themselves, or less often, act in a seductive fashion. They are also known to be very jealous, especially when a younger sibling is born. This jealousy may even lead to malicious violence against this younger sibling. Bedwetting may be an additional concurrent complaint.

* *Tarentula hispanica* (tarentula spider) is indicated when children exhibit endless physical activity. These children are always active, always in motion. They are hurried and impatient, and they are soothed and hypnotized by music. They love to hear music and to dance. They tend to have a good sense of rhythm and desire to play various instruments. However, these children have a tendency to be destructive of anything that they get their hands on. They even have a tendency to rip and destroy their own clothes. They need to be watched very carefully, though they can be irritated if they know they are being watched.

* *Veratrum album* (white hellabore) is good for restless children who have difficulty maintaining concentration, following directions, or staying at their desk. These children are constantly busy and hurried and have the unusual desire to touch and/or kiss anything. These children tend to engage in repetitive behaviors, such as stacking blocks or cutting or tearing things. They are "know-it-alls" and can be bossy, self-righteous, and argumentative.

DOSE: Typically, just one or a couple of doses per day of the 12 or 30th potency of a remedy is given, usually for not longer than a couple of days. This cycle of repetition of a remedy may be considered on a monthly or semi-annual basis. It is best to seek professional care for children (or adults) with this condition.

REFERENCES:

Danno K, Duru G, Vetel JM. Management of Anxiety and Depressive Disorders in Patients \geq 65 Years of Age by Homeopath General Practitioners versus Conventional General Practitioners, with Overview of the EPI3-LASER Study Results. Homeopathy. 2018 Mar 20. doi: 10.1055/s-0038-1636536.

<https://www.ncbi.nlm.nih.gov/pubmed/29558779>

Fibert P, Relton C, Heirs M, Bowden D. A comparative consecutive case series of 20 children with a diagnosis of ADHD receiving homeopathic treatment, compared with 10 children receiving usual care. Homeopathy. 2016 May;105(2):194-201. doi: 10.1016/j.homp.2015.09.008. Epub 2016 Feb 14.

<http://www.ncbi.nlm.nih.gov/pubmed/27211327>

Frei, H, Everts R, von Ammon K, Kaufmann F, Walther D, Hsu-Schmitz SF, Collenberg M, Fuhrer K, Hassink R, Steinlin M, Thurneysen A. Homeopathic treatment of children with attention deficit hyperactivity disorder: a randomised, double blind, placebo controlled crossover trial. Eur J Pediatr., July 27,2005,164:758-767.

<http://www.ncbi.nlm.nih.gov/pubmed/16047154>

Frei, H, and Thurneysen, A. Treatment for Hyperactive Children: Homeopathy and Methylphenidate Compared in a Family Setting, British Homeopathic Journal, October 2001,90:183-188. [https://heiner-](https://heiner-frei.squarespace.com/s/ADHDHomeopathyMPDcompared-0yjo.pdf)

[frei.squarespace.com/s/ADHDHomeopathyMPDcompared-0yjo.pdf](https://heiner-frei.squarespace.com/s/ADHDHomeopathyMPDcompared-0yjo.pdf)

Frei, H, von Ammon, K, Thurneysen, A. Treatment of Hyperactive Children: Increased Efficiency Through Modifications of Homeopathic Diagnostic Procedure. Homeopathy, Homeopathy. 2006 Jul;95(3):163-70. <https://www.ncbi.nlm.nih.gov/pubmed/16815520>

Frei H, Everts R, von Ammon K, Kaufmann F, Walther D, Schmitz SF, Collenberg M, Steinlin M, Lim C, Thurneysen A. Randomised controlled trials of homeopathy in hyperactive children: treatment procedure leads to an unconventional study design. Experience with open-label homeopathic treatment preceding the Swiss ADHD placebo

controlled, randomised, double-blind, cross-over trial. *Homeopathy*. 2007 Jan;96(1):35-41. <https://www.ncbi.nlm.nih.gov/pubmed/17227746>

Gaertner K, Teut M, Walach H. Is homeopathy effective for attention deficit and hyperactivity disorder? A meta-analysis. *Pediatr Res*. 2022 Jun 14. doi: 10.1038/s41390-022-02127-3. Epub ahead of print. PMID: 35701608.
<https://pubmed.ncbi.nlm.nih.gov/35701608/>

Heirs M, Dean M. Homeopathy for Attention Deficit/Hyperactivity Disorder or Hyperkinetic Disorder. *Cochrane Database Syst Rev*. 2007 Oct 17;(4).
https://www.cochrane.org/CD005648/BEHAV_homeopathy-for-adhd

Lamont, J., "Homeopathic Treatment of Attention Deficit Hyperactivity Disorder," *British Homeopathic Journal*, Vol. 86, October, 1997, 196-200.
[http://www.homeopathyjournal.net/article/S0007-0785\(97\)80044-0/abstract](http://www.homeopathyjournal.net/article/S0007-0785(97)80044-0/abstract)

Oberai P, Gopinadhan S, Varanasi R, Mishra A, Singh V, Nayak C. Homoeopathic management of attention deficit hyperactivity disorder: A randomised placebo-controlled pilot trial. *Indian Journal of Research in Homoeopathy* / Vol. 7 / Issue 4 / Oct-Dec 2013.
<http://www.ijrh.org/downloadpdf.asp?issn=0974-7168;year=2013;volume=7;issue=4;spage=158;epage=167;aulast=Oberai;type=2>

RESOURCES:

Paul Herscu, ND, *Stramonium*. Amherst: New England School of Homeopathy Press, 1996.

Judyth Reichenberg-Ullman, ND, MSW, and Robert Ullman, ND, *Ritalin Free Kids: Safe and Effective Homeopathic Medicine for ADD and Other Behavioral and Learning Problems*, Edmonds, WA: Picnic Point, 2014.

Judyth Reichenberg-Ullman, ND, MSW, and Robert Ullman, ND. *Homeopathic Treatment of Depression, Anxiety, Biopolar Disorder and other Mental and Emotional Problems* and . Edmonds, WA: Picnic Point, 2012.

Dana Ullman, MPH. *The Consumer's Guide to Homeopathy*, New York: Jeremy Tarcher/Putnam, 1996.

This trial compared a homeopathic gel (Spiroflor SRL: containing tinctures of *Symphytum officinale*, *Rhus tox*, and *Ledum*) with a conventional medication, Cremor Capsica Compositus (CCC) in the treatment of lower back pain. This study used 161 subjects and found a highly significant improvement in pain in both groups, though the homeopathic gel had fewer adverse events (11% vs. 26%) or adverse drug reactions (4% vs. 24%).

A randomized, double-blind, placebo-controlled trial was conducted with 137 patients (72 verum vs. 65 placebo) who suffered from chronic low back pain (Beer, Fey, Zimmer, et al, 2012). They received 10 drops three times daily for 105 days of a placebo or a homeopathic drug combination from Germany called Lymphdiaral Basistropfen, a remedy known for the treatment of edema and swellings.⁶ Additional inpatient complex naturopathic treatment was provided to both groups.

The Hannover Functional Ability questionnaire score (primary outcome measure) tends to increase in the intention-to-treat-analysis (verum: 6.6 vs. placebo: 3.4; $p = 0.11$) and increases significantly in the per-protocol-analysis (verum: 9.4 vs. placebo: 4.1; $p = 0.029$). The treatment was well tolerated (92.9% vs. 95.4%). The incidence of adverse reactions and serious adverse reactions was similar in both treatment groups.

The researchers concluded that this homeopathic drug combination can improve the treatment of chronic low back pain.

Osteoarthritis (OA) is a common cause of chronic low-back pain (CLBP) and can be managed with drug therapy and physiotherapy. A study aimed to investigate the efficacy of a homeopathic complex in combination with physiotherapy in treating CLBP due to OA was conducted (Morris, Pellow, Solomon, et al, 2016). The study was a 6-week, randomized, double-blind, placebo-controlled pilot, taking place in a private physiotherapy practice in Gauteng, South Africa. The participants were 30 males and females, aged 45-75 years, who were receiving physiotherapy treatment for OA of the lumbar spine from a therapist in private practice. The intervention and control groups both received standard physiotherapy treatment-massage, thermal therapy, and joint mobilization-every 2 weeks. In addition, the treatment group received a homeopathic complex-6cH each of *Arnica montana*, *Bryonia alba*, *Causticum*, *Kalmia latifolia*, *Rhus toxicodendron*, and *Calcarea fluorica*. The control group received a placebo.

The primary measure was a visual analogue scale (VAS) for pain. Secondary outcome measures included the Oswestry Disability Index (ODI), an evaluation of each patient's range of motion (ROM) of the lumbar spine, and a determination of each patient's need for pain medication.

Intergroup analysis revealed that the treatment group significantly outperformed the control group with regard to pain, daily functioning, and ROM. No difference existed between the groups in the need for conventional pain medication. The researchers concluded that the study was too small to be conclusive, but the results suggest the homeopathic complex, together with physiotherapy, can significantly improve symptoms associated with CLBP due to OA.

⁶ The formula for this homeopathic combination remedy is: *Taraxacum officinale* (tincture) 80.0 mg, *Calendula officinalis* (tincture) 45.0 mg, *Acidum arsenicosum* D8 10.0 mg, *Chelidonium majus* D8 5.0 mg, *Echinacea* D3 3.0 mg, *Phytolacca americana* D2 5.0 mg, *Hydrastis canadensis* (tincture) 10.0 mg, *Lycopodium clavatum* D2 10.0 mg, *Sanguinaria canadensis* D8.

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One “real world” study that was published in a major pharmacology journal compared the effect of physician practicing preferences (PPP) in primary care for homeopathy (Ho), CAM (Complementary and alternative medicines) with conventional medicine (Mx) or exclusively conventional medicine (CM) on patients with musculoskeletal disorders (MSDs), with reference to clinical progression, drug consumption, side effects and loss of therapeutic opportunity (Rossignol, Begaud, Engel, et al, 2012).

This MSD study was a nationwide observational cohort of a representative sample of general practitioners (GP) and their patients in France.

A total of 1,153 MSD patients were included in the three PPP groups. Patients did not differ between groups except for chronicity of MSDs (>12 weeks), which was higher in the Ho group (62.1%) than in the CM (48.6%) and Mx groups (50.3%). The twelve-month development of specific functional scores was identical across the three groups after controlling for baseline score ($p>0.05$). After adjusting for propensity scores, NSAID use over 12 months was almost half in the Ho group (OR, 0.54; 95%CI, 0.38-0.78) as compared to the CM group; no difference was found in the Mx group (OR, 0.81; 95% CI: 0.59-1.15).

Even though the homeopathic patients with chronic MSD used 49.8% less NSAIDs and patients with acute MDS used 38.4% less NSAIDs than those under conventional medical care, the homeopathic patients showed a similar clinical progression when less exposed to NSAID in comparison to patients seen in CM practice, with fewer NSAID-related adverse events and no loss of therapeutic opportunity. These results are further impressive because a greater number of homeopathic patients had chronic MSD at the beginning of the study.

A prospective multicenter observational study was conducted on consecutive patients beginning homeopathic treatment in primary care practices which were evaluated over 2 years by using standardized questionnaires (Witt, Lüdtke, Baur, 2009). Diagnoses (ICD-9) and symptoms with severity, health-related quality of life (QoL), medical history, consultations, homeopathic and conventional treatments, and other health service use were recorded. A total of 129 adults (64.3% women, mean age 43.6 +/- 12.7 years) were treated by 48 physicians. The patients mainly had chronic low back pain (average duration 9.6 +/- 9.0 years) and other chronic diseases. The initial case-taking took 113 +/- 36, and the case analysis took 31 +/- 38 minutes. The 7.4 +/- 8.1 subsequent consultations (duration: 23.7 +/- 15.2 min) cumulated to 204.5 +/- 184.6 minutes. The patients received an average of 6.8 +/- 6.3 homeopathic prescriptions. The severity of the diagnoses and complaints showed marked and sustained improvements with large effect sizes (Cohen's d from 1.67 to 2.55) and QoL improved accordingly (SF-36 physical component scale $d = 0.33$; mental component scale $d = 0.54$). The use of conventional treatment and health services decreased markedly: the number of patients using low back pain-related drugs was half of the baseline. Based on this study, classic homeopathic treatment represents an effective treatment for low back pain and other diagnoses. It improves health-related quality of life and reduces the use of other healthcare services.

In a randomized controlled partly double blind multicenter trial patients with chronic low back pain from 9 German outpatient clinics were enrolled and randomly

allocated in a 1:1:1 ratio to receive subcutaneous injections (verum or placebo) into painful sites on the lower back over 12 treatment sessions of a homeopathic combination medicine called *Disci/Rhus tox compositum* within eight weeks, or no treatment (rescue pain medication with paracetamol or NSAIDs)(Pach D, Brinkhaus B, Roll, et al, 2011)(see below for a list of ingredients of the homeopathic combination medicine that was tested).

All trial personnel and participants were masked to treatment allocation. The primary outcome measure was the average pain intensity over the last seven days on a visual analogue scale (0–100 mm, 0 = no pain, 100 = worst imaginable pain) after eight weeks. Follow-up was 26 weeks. Primary analysis was by intention to treat. Between August 2007 and June 2008, 150 patients were randomly allocated to three groups (51 verum, 48 placebo and 51 no treatment). The mean baseline-adjusted low back pain intensity at week eight was: verum group 37.0 mm (97.5% CI 25.3;48.8), no treatment group 53.0 (41.8;64.2), and placebo group 41.8 (30.1;53.6). The verum was significantly superior to no treatment ($P = 0.001$), but not to placebo ($P = 0.350$). No significant side effects were reported.

The effect size for the comparison between verum and no treatment group was moderate (0.68). In the no treatment group rescue medication was used on more days during the weeks five to eight (8.2 [5.7;10.7] days) than in the verum group (3.7 [1.2;6.3] days, $P = 0.001$).

The placebo control we used was an isotonic saline solution which could not be distinguished from the verum. Like in the verum group, at every treatment session the isotonic solution was injected subcutaneously into the lower back. One may argue that physiological effects caused by the insertion of the needle and the injection of a solution cannot be ruled out. For example, according to acupuncture research those effects could have been mediated by diffuse noxious inhibitory control. Thus, the injections themselves, even without an active ingredient, can affect pain perception. Consequently, according to Kaptchuk the placebo control we used can be described as very powerful. A recent study on acupuncture shows that pricking the skin without penetration can reduce pain in low back pain patients.

The ingredients of this formula were:

Aconitum napellus e tubere ferm 33c Dil. D4 0.1 g
Argentum metallicum Dil. D18 aquos. 0.1 g
Arnica montana e planta tota ferm 33c Dil. D18 0.1 g
Disci intervertebrales bovis (cervicales, thoracici et lumbales) Gl Dil. D6 0.1 g
Formica rufa ex animale toto Gl Dil. D5 0.1 g
Gelsemium sempervirens e rhizoma ferm 35b Dil. D2 0.1 g
Granit Dil. D8 0.1 g
Leontopodium alpinum e planta tota ferm 36 Dil. D2 0.1 g
Mandragora officinarum e radice ferm 34d Dil. D4 0.1 g
Phyllostachys e nodo ferm 35c Dil. D4 0.1 g
Toxicodendron quercifolium e foliis ferm 33d Dil. D4 0.1 g

Other ingredients: sodium chloride, sodium hydrogen carbonate, and water.

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The researchers concluded that the homeopathic preparation in this study was not superior to placebo. Compared to no treatment injections resulted in significant and clinically relevant chronic back pain relief.

People with a spinal cord injury (SCI) almost always suffer from a neurogenic lower urinary tract dysfunction (NLUTD). For long term care, around 15% of persons with SCI depend on indwelling (suprapubic or transurethral) catheters for bladder management. However, around 50% of these patients suffer from catheter encrustation and blockage, which can be a serious threat for persons with SCI because it can lead to septicemia or autonomic dysreflexia. There is not yet a proven effective prophylaxis of catheter encrustations, though a new case series may provide insight into a possibly effective treatment (Pannek, Pannek-Rademacher, 2021).

Hydrastis, a homeopathic medicine made from the goldenseal root, is used for the treatment of thick, mucous urine sediment. In four patients with tetraplegia (three female, one male) who managed NLUTD by suprapubic catheters, recurrent encrustations and catheter blockage occurred despite irrigation and medical treatment. Surgical urinary diversion was envisioned. Applying Hydrastis C30 once weekly as a long-term medication, in three of the four patients, catheter obstructions ceased, with a follow-up for at least 1 year. One patient is awaiting ileal conduit surgery.

A study was conducted in a rehabilitation center in Switzerland with patients who had a chronic spinal cord injury (SCI) and more than three urinary tract infections (UTI) per year (Pannek, Pannek-Rademacher, Jus, et al, 2018). Patients were treated either with a standardized prophylaxis alone or in combination with homeopathy. The number of UTI, general and specific quality of life (QoL), and satisfaction with homeopathic treatment were assessed prospectively for one year.

Ten patients were in the control group, while 25 patients received adjunctive homeopathic treatment. The median number of self-reported UTI in the homeopathy group decreased significantly, but the number of UTI in the control group remained unchanged. The domain incontinence impact of the King's Health Questionnaire (KHQ) (a diary for frequency of voiding) improved significantly ($P = 0.035$), though the general QoL did not change. The satisfaction with homeopathic care was high. The researchers concluded that adjunctive homeopathic treatment lead to a significant decrease of UTI in SCI patients.

See Chapter on Nerve Injuries for additional information, including a study on the treatment of people with a whiplash of the neck.

The following remedies are to be taken internally, though it is also recommended to place external applications of Arnica and/or Hypericum directly on the painful regions. If you are uncertain as to which remedy to use internally, consider taking one of the homeopathic combination remedies for backache and/or injury.

**** *Rhus toxicodendron* (poison ivy):** When pain is primarily aggravated upon initial motion and relieved by continued motion, consider this remedy. People who benefit from this remedy tend to feel stiff if they sit or lie down for a prolonged period. Because of this, these people tend to be very restless and cannot rest in any position. Their back pain is worse at night and causes them to be very restless and sometimes sleepless in bed. They tend to wake unrefreshed and feeling stiff. Their pain is usually particularly bad in cold and in cold, wet weather.

*** *Bryonia* (white bryony)** is indicated when the person is so stiff that any motion aggravates the pain. Even breathing can cause pain. Firm pressure, rest, and lying on the painful side provide some temporary relief. People who need this remedy tend to experience great irritation and usually prefer being alone since other people aggravate them. These people simply want to lay on a bed motionless and alone. It is indicated for either back pain or sciatica.

*** *Cimicifuga* (bitter cucumber)** is helpful for sharp radiating pain that may even extend to the left arm. It is good for spasms, stiffness, as well as sciatic pains that are aggravated by cold, dampness, drafts, motion, and bending backwards, and it tends to be relieved by pressure and warmth.

*** *Hypericum* (St. Johns wort)** should be used if the person experiences shooting back pain as a result of an injury.

*** *Arnica* (mountain daisy)** is the remedy of choice when back pain is dull and continuous and is the result of injury. People who need this remedy tend to feel that their bed (or anything on which they are lying) is too hard, and they avoid and are aggravated by being touched.

*** *Belladonna* (deadly nightshade)** is indicated when sharp pains (back pain or sciatica) come and go suddenly. There is great stiffness and there may be a sense of a band around the neck, usually worse on the right side.. Longtime sitting, lying on the back or any direct pressure, any motion, and jarring (even coughing) aggravates their pain. The person may also experience restless sleep with colorful and fantastic dreams.

*** *Ruta* (rue)** is helpful strained ligaments, especially in the lower back, in which the person feels bruised pain. Typically, the person has low back pain with stiffness and lameness. Initial motion, stooping, and sitting lead to aggravation of pain, while lying on the back and continued motion tends to reduce it.

*** *Nux vomica* (poison nut)** is good for bruised or stitching back or sciatica pain that leads the person to feel highly irritable. The longer the person stays in bed, the more pain and

discomfort he or she experiences. The pain hurts so much that they must sit up to turn over. In addition to physical pain, they are also very chilly and do what they can to warm themselves. Despite the pain, people who benefit from this remedy tend to push themselves very hard. They also tend to push others, ultimately becoming extremely demanding that people help them.

* *Colocynthis* (bitter cucumber): Cramping or spasmodic pain (sometimes sciatica) that is relieved by heat, firm pressure, or doubling up will be relieved by this remedy. They may have great weakness in the small of the back and may experience concurrent headache pain. People who need this remedy tend to be very irritable, and sometimes, the back pain or sciatica occurs after some type of emotional outburst.

* *Gnaphalium* (eternal flower): This is a leading remedy for sciatica pain and only occasionally given for chronic lumbar pain. Typically, there is intense pain along the sciatic nerve that alternates with numbness. The person may also have burning pains that alternate with numbness and weakness. The pains are relieved by drawing up or flexing the limbs and are aggravated by motion, lying down, and cold damp weather.

* *Gelsemium* (yellow jessamine) is helpful for neck and back pain that is concurrent with pain in the back part of the head (occipital region). People who benefit from this remedy tend to be quite lethargic, even “wiped out.” They feel severe bruising in the back and sometimes all over their body.

* *Calcarea carbonica* (calcium carbonate): This remedy is great for people who fit this constitutional type: fair and pale skinner, flabby muscle tone, overweight, conscientious but stubborn people who prefer the security of a highly structured life and job. These people usually do very little exercise, and they tend to get lower back pain and exhaustion from slight exertion or minor lifting. Their pains are aggravated by exposure to cold and are relieved by heat.

REFERENCE:

Beer AM, Fey S, Zimmer M, Teske W, Schremmer D, Wiebelitz KR. [Effectiveness and safety of a homeopathic drug combination in the treatment of chronic low back pain. A double-blind, randomized, placebo-controlled clinical trial]. *MMW Fortschr Med*. 2012 Jun 28;154 Suppl 2:48-57. [Article in German]
<http://www.ncbi.nlm.nih.gov/pubmed/23424755>

Morris M, Pellow J, Solomon EM, Tsele-Tebakang T. Physiotherapy and a Homeopathic Complex for Chronic Low-back Pain Due to Osteoarthritis: A Randomized, Controlled Pilot Study. *Altern Ther Health Med*. 2016 Jan;22(1):48-56.
<http://www.ncbi.nlm.nih.gov/pubmed/26773321>

Pach D, Brinkhaus B, Roll S, Wegscheider K, Icke K, et al. (2011) Efficacy of Injections with Disci/Rhus Toxicodendron Compositum for Chronic Low Back Pain – A Randomized Placebo-Controlled Trial. PLoS ONE 6(11): e26166.

doi:10.1371/journal.pone.0026166.

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0026166>

Pannek J, Pannek-Rademacher S. Usefulness of Hydrastis for the prevention of encrustation of long-term indwelling catheters in persons with neurogenic bladder dysfunction: a case series. Spinal Cord Ser Cases. 2021 Jul 30;7(1):66. doi: 10.1038/s41394-021-00433-2. PMID: 34326303.

<https://pubmed.ncbi.nlm.nih.gov/34326303/>

Pannek J, Pannek-Rademacher S, Jus MS, Wöllner J, Krebs J. Usefulness of classical homeopathy for the prophylaxis of recurrent urinary tract infections in individuals with chronic neurogenic lower urinary tract dysfunction. J Spinal Cord Med. 2018 Feb 27:1-11. doi: 10.1080/10790268.2018.1440692.

<https://www.ncbi.nlm.nih.gov/pubmed/29485355>

Rossignol M, Begaud B, Engel P, et al. Impact of physician preferences for homeopathic or conventional medicines on patients with musculoskeletal disorders: results from the EPI3-MSD cohort. *Pharmacoepidemiol Drug Saf*. 2012 Jul 11. doi: 10.1002/pds.3316.

<http://www.ncbi.nlm.nih.gov/pubmed/22782803>

Stam, C, Bonnet, MS, van Haselen, RA, The Efficacy and Safety of a Homeopathic Gel in the Treatment of Acute Low Back Pain: A Multi-centre, Randomised, Double-blind Comparative Clinical Trial, British Homeopathic Journal. 2001;90:21-28.

<http://www.ncbi.nlm.nih.gov/pubmed/11212085>

Witt CM, Lüdtke R, Baur R, Willich SN. Homeopathic treatment of patients with chronic low back pain: A prospective observational study with 2 years' follow-up.

Clin J Pain. 2009 May;25(4):334-9. <http://www.ncbi.nlm.nih.gov/pubmed/19590483>

RESOURCES:

Asa Hershoff, ND, DC, *Homeopathy for Musculoskeletal Healing*. Berkeley: North Atlantic, 1997.

been detoxified with homeopathic medicines as their primary method of treatment.

Research, performed at the Navjyoti Drug Demand Reduction Training Institute in New Delhi, sought to ascertain the efficacy of 6 predefined homeopathic medicines versus placebo in the management of the withdrawal symptoms in opium addicts & its alkaloid derivatives dependents (Grover, Bhushan, Goel, et al, 2009). A double-blind, randomised placebo-controlled study design was used. 169 people addicted primarily to opium, its alkaloid derivatives, either natural or synthetic (Morphine, Codeine, Heroin, Pethidine and other narcotics) were enrolled for the study which ran from September 2002 to August 2005. Only male patients within 15 – 50 yrs of age attending the training institute were included in the study. Assessment of progress made in each individual symptom was recorded for both the groups. The clinical progress of each subject was recorded from the 3rd day onward after starting the treatment. An analysis of the results showed a statistically significant superiority of the homeopathic treatment over placebo. The most commonly used medicines were Arsenicum, Nux vomica, Rhus tox and Pulsatilla.

Clinical experience with homeopathic medicines provides additional evidence of the benefits from these natural medicines. Jack Cooper, M.D., a now deceased psychiatrist and homeopath who served as chief psychiatrist for 17 years at New York's Westchester County Prison and Jail, commonly treated inmates who were going through withdrawal. Besides experiencing good results from using homeopathic medicines to treat withdrawal and detoxification, he consistently found better results when the jailed patients did not know they were receiving treatment than when they did know. While such care without consent may not be ethical today, its practice several decades ago suggests that homeopathic medicines offer benefits beyond the placebo effect and even beyond the patients' awareness of being treated.

Loretta Butehorn, PhD, CCH, is a Massachusetts homeopath and psychotherapist who, since 2006, has had the opportunity to use a homeopathic approach to help people newly sober. In three post-detox treatment programs she used one or two doses of Nux vomica 200C as a genus epidemicus remedy for “post-acute withdrawal syndrome” (PAWS) in order to reduce cravings for alcohol and other drugs (Butehorn, 2014).

There were three cohorts of clients, all women ages 18-70, of varied ethnic backgrounds, all with long-term addiction to multiple recreational and prescription drugs. The first two cohorts were women living at a six month residential substance treatment program in Boston. In each of these cohorts, clients self-selected to take or not take a single dose of homeopathic Nux vomica 200C after receiving information as to its benefit to reduce cravings. The third cohort was in another one month long residential treatment center in Boston with similar demographics and exact same procedure. Again, clients self-selected to take or not a single dose of Nux vomica 200C.

In 2006-2008 Dr. Butehorn ran a homeopathic substance abuse clinic at two women's substance abuse treatment centers in Boston MA. This was a post-detoxification residential program for women ages 18-70 who were addicted to multiple drugs (alcohol, heroin, cocaine, meth etc.) It was a six month program for women to stabilize their recovery, develop life skills, reunite with their children and move out to a stable home, job and recovery.

Her rough data with two separate cohort groups (2006 and 2007) showed that women who chose the homeopathic protocol completed the program at a percentage of 66% (for first cohort) and 63% (for second cohort) versus 33% and 37% for those who did not choose homeopathy. Both cohorts were women between 18 and 70, a wide range of ethnicity, and all multiple drug users with long histories.

In December, 2010, Dr. Butehorn was invited to open a similar homeopathic clinic at a large publicly funded treatment center at a Boston area substance abuse treatment program. This was a 28 day program — a much shorter time with extremely high dropout rates. She again instituted the same protocol. This time she was able to have a staff statistician compile the data. Demographics for client population were again similar to previous groups. A full year of clients and analysis (Dec 2010-Dec 2011) showed the same trend of successful completion of treatment. A significant number of clients using homeopathy (n=138), 63%, completed treatment as compared to those who did not select homeopathy (n=130) 42%.

As a result of this work, the Massachusetts Department of Public Health, Bureau of Substance Abuse invited Dr. Butehorn to present our findings at their annual Innovations in Treatment in 2014 and have subsequently funded two statewide seminars in using homeopathy in substance abuse treatment designed specifically for substance abuse counselors and program directors. One was completed in 2014 and a second is scheduled for 2015.

Dr. Butehorn developed a specific protocol for people coming out of conventional medical detoxification with post-acute withdrawal syndrome: symptoms of significant cravings for drugs, as well as mental, emotional, and physical symptoms of protracted withdrawal (Butehorn, 2017). These cravings are often the trigger for relapse. Dr. Butehorn details a protocol of using *Nux vomica*, a homeopathic medicine, with three cohorts in two substance abuse treatment settings, with data indicating a positive impact on both immediate symptoms and stabilization in treatment. The immediate benefit is the reduction of frequency and intensity of cravings consistently in all three treatment groups: all participants reported an immediate reduction in cravings. In the first two cohorts, those who chose to use homeopathy completed a six-month substance abuse treatment program at nearly twice the rate of those who did not, and results in the third cohort were also promising. No adverse events were reported. The author concludes that the role of homeopathy for recovery from addiction merits a large-scale formal research study.

Acute Withdrawal

Acute withdrawal requires acute remedies. Los Angeles homeopath Janet Zand has likened the intensity of the withdrawal experience to the intensity and shock experienced by a woman during labor. Fear, restlessness, delirium, anger, irritability, and even uncontrollable behavior may be experienced during withdrawal as well as birth. She notes that homeopaths use similar remedies to treat both experiences.

Acute withdrawal can often create serious and extreme symptoms that generally require professional attention. Description of the following remedies is provided primarily for informational and not self-care use, except by trained professionals. Homeopathic medicines will not immediately "cure" people's symptoms of withdrawal,

but can ease their emotional and physical symptoms so that they are better able to go through this healing process.

For some, the acute withdrawal phase may require *Aconitum*, as when the person is acutely fearful, restless, anxious, and consciously aware of his heart palpitations. A key feature of people who need *Aconitum* is that they tend to be fearful of death and may think they are going to die. They have great fear that they will be unable to stop their addiction, and they may become highly irritated and angry about having to stop. This remedy is particularly common for cocaine users.

Arnica is indicated when the whole body becomes hypersensitive. These people have a bruised feeling and do not want to be touched. They fear touch and will be fearful of anyone nearby. They want and may demand to be left alone.

Chamomilla is the remedy of choice when the person is hyperirritable, impatient, restless, demands something but then refuses it when it is offered, and is extremely sensitive to light, noise, touch, slight drafts, and the slightest pain. Like *Chamomilla* infants who feel better when rocked, addicts who need this remedy feel compelled to rock themselves back and forth. They may experience stomach pains that cause them to double-over.

Aurum met. is an important medicine when people become extremely despondent. They feel utterly worthless and are very self-condemning. They have a disgust for life and may talk about and even try to commit suicide, and are oversensitive to noise and excitement.

Arsenicum is effective when people become extremely restless and agitated, and despair of recovering. This despair drives them from place to place. They are reluctant to be left alone because they are afraid they will hurt or kill themselves. Despite their great agitation, they are obsessive about order and will insist that wherever they are have some degree of tidiness. *Arsenicum* is commonly given to people withdrawing from marijuana, especially those people who are restless and agitated and feel they need marijuana to relax them.

Stramonium is suggested when a person ceaselessly talks, earnestly beseeching others to stay with them and save them from darkness. They laugh, cry, sing, swear, and experience hallucinations, especially of animals and insects. They are extremely fearful of water and shiny objects, which may cause spasms in various parts of the body. They may become violent or lewd. This state is most common in alcoholics.

Another remedy that is useful during violent stages of withdrawal is *Belladonna*. These people suffer from hallucinations, usually of a fantastic nature, including monsters and hideous faces. They may sing, dance, laugh, and whistle, while frequently moaning. They seem to live in their own world. Physically, they may have a high fever, a flushed face, dilated pupils, and throbbing pains.

DOSE: Due to the intensity of symptoms common during the withdrawal process, homeopathic medicines for this condition generally require frequent repetition, sometimes as often as every hour, though some homeopaths recommend only one to four doses of a high-potency medicine. Some homeopaths will prescribe high potency remedies (200c, 1M, 10M), but only when they are very confident about the accuracy of the prescription. Repetition of these higher potencies is not as frequent as with the lower potencies. Less experienced individuals should consider using 6, 12, or 30th potencies

frequently (every hour or every other hour) during intense symptoms and four times a day toward the end of the withdrawal phase.

Detoxification

Detoxification refers to the time when the person is no longer experiencing the powerful symptoms of withdrawal and no longer has as strong cravings for these addictive substances. The detoxification process is the body's effort to heal itself from the damage caused by the addictive substance. People who take the addictive substance during detoxification will slow down the body's efforts to heal itself. While the addictive substance may temporarily reduce some symptoms of detoxification, it will simply prolong the process of healing.

Homeopathic medicines for detoxification vary depending on the symptoms that the person is experiencing. These symptoms tend to differ based on the addictive substance.

Because alcohol and drugs have damaging effects on the liver, remedies that are known to restore and improve liver function are commonly indicated during alcohol and drug detoxification. Also useful are remedies for healing the nervous system and addressing the physical and psychological symptoms that accompany neurological dysfunction, such as headache, digestive distress, and hyperirritability.

Nux vomica and *Staphysagria*, described earlier, are key remedies for detoxification because of their dramatic healing effects on neurological and liver functions.

Arsenicum, described earlier, is also effective. Physically, these people experience morning vomiting, fruitless retching, chronic gastric irritability with heartburn and various burning pains in the abdominal region, and great weakness. They have a great thirst but for only sips of water at a time.

Lycopodium is indicated when people experience much gas, bloating, and indigestion. Their appetite may vary; at one time they will experience abdominal fullness after only a small amount of food and at other times have a ravenous appetite and feel increasingly hungry while eating. Their worst symptoms occur between 4 and 8pm and after midnight.

Chelidonium is the remedy of choice when people experience pain in the liver region that radiates back to the right scapula. They have abdominal pain which is relieved by eating, by drinking very hot drinks, and by lying on the left side with legs drawn up. They may have jaundice or at least the face will look pale.

Carduus marianus is effective in treating people with liver pains that are aggravated by breathing deeply or by any motion and when they are lying on the left side (note that people who need *Chelidonium* are better lying on their left side). It is thought to be particularly helpful for alcoholics who have a history of heart disease.

Zincum is more useful for nervous symptoms than digestive complaints. These people are restless, have abnormal or involuntary movements, twitches, and sometimes convulsions. During detoxification they may become very irritable and complain intensely or may experience mental dullness, depression, and possibly suicidal thoughts. *Zincum* is also valuable in treating the alcoholic who has an allergy to alcohol, when ingesting even small amounts leads to intoxication, great fatigue, headache, and/or indigestion.

Ignatia successfully treats people, most often women, who experience depression during the detoxification stage. Some type of disappointed love or failed romance is a common precursor. They become easily offended and hurt and usually brood about their emotional pain. Characteristically, they tend to sigh frequently. They may experience contradictory and alternating emotional states. Physically, they may have twitches and spasms and a lump in the throat.

Gambogia is a little known but invaluable medicine for treating the cocaine addict. Characteristically, these people experience a cold sensation at the edge of their teeth. They also tend to have dry mucous membranes and burning and dryness of the mouth and throat. They may have severe diarrhea with a sudden gushing of a stool and concurrent diarrhea and vomiting.

DOSE: Compared with the withdrawal process, the symptoms of detoxification are not nearly as acute. There are different schools of thought on the dose and potency. Some will recommend frequent repetitions of 6, 12, or 30th potencies, ranging from doses every two hours to three times a day for up to seven days, while others will recommend one or two doses of a higher potency.

REFERENCE:

Adler UC, Acorinte AC, Calzavara FO, da Silva AA, de Toledo Cesar A, Adler MS, Martinez EZ, Galduróz JCF. Double-blind evaluation of homeopathy on cocaine craving: a randomized controlled pilot study. *J Integr Med*. 2018 Mar 30. pii: S2095-4964(18)30039-6. doi: 10.1016/j.joim.2018.03.004.
<https://www.ncbi.nlm.nih.gov/pubmed/29625852>

Bakshi, JPS, "Homoeopathy: A New Approach to Detoxification," Indian Foundation for Medical Research and Education and the Delhi Police Foundation for Correction, Deaddiction and Rehabilitation, National Congress on Homoeopathy and Drug Abuse, March 16-18, 1990, New Delhi. Also published in: *Journal of the OMHI (International Homeopathic Medicine Organization)*, 1993, 6(2):24-32.

Butehorn, Loretta. Exploring Using Nux Vomica as a First Step in Treating Drug Abuse Addiction. *Hpathy*. December 2014. <http://hpathy.com/homeopathy-papers/explorations-using-nux-vomica-first-step-treating-substance-abuse-addiction/>

Butehorn Loretta, Post-Acute Withdrawal Syndrome, Relapse Prevention, and Homeopathy. *Alternative and Complementary Therapies*. December 2017, Vol. 23, No. 6: 228-230.
http://online.liebertpub.com/doi/pdf/10.1089/act.2017.29139.lbu#utm_source=ETOC&utm_medium=email&utm_campaign=act

Grover A, Bhushan B, Goel R. Double Blind Placebo Controlled Trial of Homoeopathic Medicines in the Management of Withdrawal Symptoms in Opium Addicts and its Alkaloid Derivatives-Dependents. *Indian Journal of Research in Homoeopathy*, 2009, 3, 1, 41-44. [www.ccrhindia.org/ijrh/3\(1\)/6.pdf](http://www.ccrhindia.org/ijrh/3(1)/6.pdf)

Encephalitis

BOTTOMLINE: A comparative observational study found that adjunctive homeopathic treatment from a professional homeopath provided significant benefits to children. A homeopathic medicine in Russia for tick-borne encephalitis is in the top 20 drugs sold in that country. This condition is not appropriate for self-treatment.

In an exploratory comparative observational study of 151 patients with acute encephalitis syndrome (AES), there was significantly reduced mortality with adjunctive homeopathic treatment when compared to institutional management protocol (IMP) (Oberai, Varanasi, Padmanabhan, et al, 2018).

A study was conducted at a pediatric unit from 2013 to 2015. Children were aged > 6 months and ≤ 18 years, and children who received IMP were randomized to receive adjunctive homeopathy ($n = 325$) or placebo as control ($n = 323$). The primary effectiveness analysis was based on Glasgow Outcome Scale (GOS). Morbidity was assessed using the Liverpool Outcome Score for Assessing Children at Follow-up. Analysis was by intention to treat.

A total of 612 children were analyzed (Homeopathy [H] = 304; Control [C] = 308). The primary outcome, GOS, differed significantly between H and C groups. There was 14.8% death/neuro-vegetative state in the H group compared to 29.8% in the C group. Relative risk was 0.49 (95% confidence interval [CI]: 0.36 to 0.68), with absolute risk reduction of 15.0% (95% CI: 8.6 to 21.6%). The number needed to treat to prevent one additional death/neuro-vegetative state was 6.6 (95% CI: 4.6 to 11.6). Proportional-odds analysis also revealed a greater effect in the H group: odds ratio, 0.40 (95% CI: 0.27 to 0.60).

The most frequently used medicines were Belladonna ($n = 116$), Stramonium ($n = 33$), Arsenicum album ($n = 25$), Sulfur ($n = 18$), Opium ($n = 17$), and Nux vomica ($n = 10$).

This study shows that adjunctive homeopathic medicines improve clinical outcomes associated with AES in a significant way.

Skeptics of homeopathy in Russia complain that homeopathy is not considered a “pseudoscience.” In fact, the Russian Ministry of Health has recommended a homeopathic medicine to treat a form of tick-borne encephalitis and that a similar medicine is among the top 20 drugs in the country, with sales of 3.8 billion rubles in 2017 (\$62M USD) (Retraction Watch).

Reference:

Oberai P, Varanasi R, Padmanabhan M, Upadhyaya A, Singh S, Singh SP, Vikram D, Khan T, Prasad R, Gupta AK, Singh JR, Manchanda RK. Effectiveness of Homeopathic Medicines as Add-on to Institutional Management Protocol for Acute Encephalitis Syndrome in Children: An Open-Label Randomized Placebo-Controlled Trial. Homeopathy. 2018 Jun 5. doi: 10.1055/s-0038-1656715.

<https://www.ncbi.nlm.nih.gov/pubmed/29871023>

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Retraction Watch: <https://retractionwatch.com/2019/03/28/russian-homeopaths-strike-again-twice-in-virology-journal-and-a-skeptic-strikes-right-back/>

Endometriosis

BOTTOMLINE: There have not yet been studies on the homeopathic treatment of endometriosis, but one high quality study was conducted on pelvic pain associated with this disease that showed highly significant results for the use of potentized doses of estrogen.

A group of researchers in Brazil have begun to test using homeopathic potentized doses of modern drugs based on the symptoms that the drug has been found to cause. Because estrogen is known to cause in overdose symptoms very similar to those associated with endometriosis, including endometrial hyperplasia, pelvic pain, depression, anxiety, insomnia and migraine, those women who experienced this syndrome of symptoms with their endometrisos were admitted into this study.

A 24-week, randomized, double-blind, placebo-controlled trial was conducted that included 50 women aged 18–45 years old with diagnosis of deeply infiltrating endometriosis based on magnetic resonance imaging or transvaginal ultrasound after bowel preparation, and score ≥ 5 on a visual analogue scale (VAS: range 0 to 10) for endometriosis-associated pelvic pain (EAPP) (Teixeira, Podgaec, Chada Baracat, 2017). Potentized estrogen (12cH, 18cH and 24cH) or placebo was administered twice daily per oral route (**at the first visit, patients were given 12cH or placebo, @ week 8 patients were given 18cH or placebo, @ week 16 patients were given 24cH or placebo**). The primary outcome measure was change in the severity of EAPP global and partial scores (VAS) from baseline to week 24, determined as the difference in the mean score of five modalities of chronic pelvic pain (dysmenorrhea, deep dyspareunia, non-cyclic pelvic pain, cyclic bowel pain and/or cyclic urinary pain). The secondary outcome measures were mean score difference for quality of life assessed with SF-36 Health Survey Questionnaire, depression symptoms on Beck Depression Inventory (BDI), and anxiety symptoms on Beck Anxiety Inventory (BAI).

The EAPP global score (VAS: range 0 to 50) decreased by 12.82 ($P < 0.001$) in the group treated with potentized estrogen from baseline to week 24. Group that used potentized estrogen also exhibited partial score (VAS: range 0 to 10) reduction in three EAPP modalities: dysmenorrhea (3.28; $P < 0.001$), non-cyclic pelvic pain (2.71; $P = 0.009$), and cyclic bowel pain (3.40; $P < 0.001$). Placebo group did not show any significant changes in EAPP global or partial scores. In addition, the potentized estrogen group showed significant improvement in three of eight SF-36 domains (bodily pain, vitality and mental health) and depression symptoms (BDI). Placebo group showed no significant improvement in this regard. These results demonstrate superiority of potentized estrogen over placebo. Few adverse events were associated with potentized estrogen.

The researchers concluded that potentized estrogen (12cH, 18cH and 24cH) at a dose of 3 drops twice daily for 24 weeks was significantly more effective than placebo for reducing endometriosis-associated pelvic pain.

This Brazilian researcher (Teixeira, 2017) has also published a more comprehensive review of various conventional (allopathic) drugs that they have used and

tested in homeopathic doses based on the known side-effects of these drugs (which are their “provings,” i.e. their toxicological symptom patterns).

A respected conventional medical journal that specializes in reproductive biomedicine published a survey of 574 women with a confirmed diagnosis of endometriosis in which 359 (62.5%) applied some form of complementary and alternative medicine or home remedies (Schwartz, Gross, Geraedts, et al, 2018). Women suffering from fatiguing disease symptoms more often selected alternative therapies (odds ratio [OR] 3.14, 95% confidence interval [CI] 1.39-7.11, $P = 0.006$) compared with women without these characteristics. Furthermore, women dissatisfied with healthcare provided by their treating physician, more frequently (OR 2.30, 95% CI 1.19-4.45, $P = 0.013$) chose the aforementioned alternative strategies. The authors of this survey concluded, “As conventional therapies may not be sufficiently effective, women's needs should be closely examined, and individual treatment options should be discussed and initiated by clinicians to provide the best comprehensive treatment possible for endometriosis.”

References:

Schwartz ASK, Gross E, Geraedts K, Rauchfuss M, Wölfler MM, Häberlin F, von Orelli S, Eberhard M, Imesch P, Imthurn B, Leeners B. The use of home remedies and complementary health approaches in endometriosis. *Reprod Biomed Online*. 2018 Dec 14. pii: S1472-6483(18)30600-X. doi: 10.1016/j.rbmo.2018.10.009.

<https://www.ncbi.nlm.nih.gov/pubmed/30612955>

Teixeira, Marcus Zulian. Therapeutic use of the rebound effect of modern drugs: "New homeopathic medicines". *Rev. Assoc. Med. Bras.* [online]. 2017, vol.63, n.2 [cited 2017-03-27], pp.100-108. Available from:

<http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-42302017000200100&lng=en&nrm=iso>. ISSN 0104-4230.

<http://dx.doi.org/10.1590/1806-9282.63.02.100>.

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-42302017000200100&lng=en&nrm=iso&tlng=en

Teixeira, M.Z., Podgaec S, Chada Baracat E. Potentized estrogen in homeopathic treatment of endometriosis-associated pelvic pain: A 24-week, randomized, double-blind, placebo-controlled study. *European Journal of Obstetrics and Gynecology and Reproductive Biology*, 2017, 211, 48 – 55. [http://www.ejog.org/article/S0301-2115\(17\)30060-X/abstract](http://www.ejog.org/article/S0301-2115(17)30060-X/abstract)

Environmental Exposures

Pollution is turning the earth and earthlings prematurely gray.
What can you do about it with homeopathic medicines?

BOTTOMLINE: There is a significant body of laboratory research that suggests that homeopathic doses of a toxic substance to which a living organism is exposed has the ability to initiate increased elimination of that toxic substance from the body through sweat, urine, and stools. The vast majority of this research has been conducted on animals, usually mice, not on human subjects, though one important study on human subjects suffering from arsenic poisoning found significant benefits from homeopathic doses of arsenic. People who have been or may have been exposed to toxic chemicals should seek the care of medical care that specializes in this treatment.

At first blush, it seems odd to talk about homeopathic medicines or any medicines to treat exposures to environmental poisons. It is much more important to do all that is feasibly possible to prevent such exposures. Without dealing with the underlying problem, any treatment method is akin to bailing out water from an overflowing tub...without first turning off the faucet.

Although prevention is the best medicine to deal with environmental health issues, it is important to also ask what can be done to treat people who have already been exposed. While conventional medicine generally offers little for such conditions other than palliative or suppressive treatment of the various symptoms that manifest, homeopathic medicine offers some potentially valuable and even potentially vital therapeutic benefits...and controlled animal and human trials have confirmed these observations.

Before discussing any specifics about the treatment that a homeopath may provide, it is useful to be reminded of some basic principles of homeopathy in order to understand why homeopathic treatment makes sense.

The Logic of Homeopathy

The underlying premise of homeopathic medicine is that symptoms are not simply something "wrong" with the person, but that symptoms represent adaptive and defensive efforts of the body to deal with infectious disease, environmental poisons, and/or stress. Symptoms are not just the body surrendering to attack but are the body's effort to try to defend and heal itself.

Because homeopathic medicines are individually chosen based on their ability to cause in experimental situations the similar symptoms that the sick person is experiencing, these medicines actually work with, not against, the body's inherent defenses. Treating "like to cure like," called the principle of similars, is the basis of homeopathic medicine, and it is the pharmacological principle behind the old folklore of using the hair of the dog that bit you to heal you of rabies.

Using the principle of similars in treating people exposed to environmental poisons makes sense because such treatment mimics and augments the body's natural defenses. In addition to 200 years of clinical experience, there is also now a body of scientific evidence to support use of homeopathic medicines to treat these conditions.

Homeopathic Research*

In 1994, German physician and researcher Klaus Linde in collaboration with Wayne B. Jonas, MD, the former head of the Office of Alternative Medicine within the National Institutes of Health, performed a review of research on the use of homeopathic medicines to treat exposure to environmental toxins. They published their results in the internationally respected journal, *Human and Experimental Toxicology* (Linde, 1994).

Linde, Jonas, and colleagues discovered over 100 studies evaluating the prophylactic and therapeutic effects of homeopathic doses of normally toxic substances. Besides evaluating the results of the various studies, the researchers evaluated how well each study was designed and conducted. As is common in such reviews, there are inevitably some high quality studies but more low quality studies.

The researchers found that there were 40 high quality studies, of which 27 showed positive results from homeopathic doses (there were 50% more positive results than negative results).

What was particularly intriguing about their evaluation of the research was that those researchers who tested doses in the sub-molecular range were found to have the best designed studies and were found more frequently to have statistically significant results from these microdoses (doses in the sub-molecular range include potencies greater than 24X or 12C because this represents the point beyond Avogadro's number, the point in which in all probability there should be no remaining molecules of the original substance, only some type of template, resonance, hologram, or fractal).

Specifically, several researchers administered (usually to rats) crude doses of arsenic, bismuth, cadmium, mercury chloride, or lead. The research showed that animals who were pretreated with homeopathic doses of these substances and then given repeated homeopathic doses after exposure to the crude substance, excreted more of these toxic substances through urine, feces, and sweat than did those animals given a placebo. Further, nine studies on mice which tested homeopathic doses beyond 15C demonstrated a 40% decrease in mortality compared to mice in the control group.

Several studies noted that pretreatment and treatment with potentized doses of substances different from those to which the animal was being exposed did not provide any benefit. The research suggests that homeopathic medicine may play a significant role in the treatment of toxicological exposure.

More recently, Wayne Jonas, MD, and colleagues at the Walter Reed Army Institute of Research (Jonas, Lin, and Tortella, 2001) studied the protective effects of homeopathic doses of glutamate against glutamate toxicity. They studied the effect of this neurotoxin on rats, and the homeopathic doses used were 18X, 20X, 22X, and 30X. Their data showed that pre-exposure of neuronal cells to homeopathic glutamate protects against subsequent exposure to toxic levels of glutamate.

The researchers note that high doses of glutamate will kill rats even with pre-exposure to homeopathic glutamate. This protective effect only takes place when rats are exposed to moderate or low doses.

A group of university researchers in India have conducted a significant body of laboratory trials testing the effects of heavy metals on mice who were given homeopathic doses of these toxic substances after exposure (Mallick, Chakrabart, Khuda-Bukhsh, 2003; Banerjee, Bhattacharyya, Pathak, 2008). More than any other toxic exposure, they have evaluated using homeopathic *Arsenicum album* to treat arsenic exposure in mice and rats (and later in humans, see below). In using *Arsenicum album* (arsenic oxide) 6C, 30C and/or 200C to treat mice who were exposed to crude doses of this poisonous mineral, the researchers found that the homeopathic medicine significantly reduced the levels of two liver enzymes (ALT and AST) which are indicators of liver toxicity and both of which are increased as a result of arsenic poisoning (Banerjee, Bhattacharyya, Pathak, 2008; Datta, Mallick, Khuda-Bukhsh, 1999; Kundu, Mitra, Khuda-Bukhsh, 2000a; Kundu, Mitra, Khuda-Bukhsh, 2000b; Mitra, Kundu, Khuda-Bukhsh, 1998; Mitra, Kundu, Khuda-Bukhsh, 1999). In these studies, the mice were usually given either a homeopathic medicine or a placebo two hours after exposure to toxic doses of arsenic, and thereafter 2 hourly for a total of 4 times a day, followed by 3 times a day on subsequent days until the animal was sacrificed.

To examine if a potentized homeopathic remedy, *Arsenicum album* 200C, can effectively combat chronic arsenic toxicity induced by repeated injections of Arsenic trioxide in mice, the following experimental design was adopted, and the results were published in a leading veterinary journal (Banerjee, Biswas, Belon, Khuda-Bukhsh, 2007). Mice (*Mus musculus*) were injected subcutaneously with 0.016% arsenic trioxide at the rate of 1ml/100g body weight, at an interval of 7 days until they were killed at day 30, 60, 90 or 120 and were divided into three groups: (i) one receiving a daily dose of *Arsenicum album* 200C through oral administration, (ii) one receiving the same dose of diluted succussed alcohol (Alcohol-200) and (iii) another receiving neither drug, nor succussed alcohol. The remedy or the placebo, as the case may be, was fed from the next day onwards after injection until the day before the next injection, and the cycle was repeated until the mice were killed. Two other control groups were also maintained: one receiving only normal diet, and the other receiving normal diet and succussed alcohol. Several toxicity assays, such as cytogenetical (chromosome aberrations, micronuclei, mitotic index, sperm head anomaly) and biochemical (acid and alkaline phosphatases, lipid peroxidation), were periodically made. Compared with controls, the drug fed mice showed reduced toxicity at statistically significant levels in respect of all the parameters studied, thereby indicating protective potentials of the homeopathic drug against chronic arsenic poisoning.

This similar group of researchers also tested the effects of homeopathic doses of Cadmium sulphuricum 30 and 200 on mice exposed to this poisonous substance (Datta, Mallick, Khuda-Bukhsh, 2001). In this experiment, some groups of mice were given on pre-treatment with the homeopathic medicine, some were given just post-treatment, and some were given pre- and post-treatment. The researchers found the best results when the mice were given both pre- AND post-treatment doses of Cadmium sulphuricum 30 or 200, and those given the 200th potency experienced the best results. In this study, the

researchers measured various genetic markers, including chromosome aberration, mitotic index and micronuclei, and sperm head anomaly.

These researchers have also conducted trials testing *Lycopodium* in homeopathic potencies to prevent and treat liver cancer in mice who were exposed to carcinogens (Pathak, Das, Biswas, Khuda-Bukhsh, 2006; Pathak, Bhattacharjee, Das, et al, 2007). They have also conducted trials in mice using homeopathic medicines to reduce toxicity from exposure to the antiepileptic drug Phenobarbital, finding reduced genotoxic and cytotoxic potential (Biswas, Pathak, Khuda-Bukhsh, 2004).

Homeopathic research has also explored the benefits of homeopathic medicines to protect against radiation (Khuda-Bukhsh, and Banik, 1991a, 1991b). Albino mice were exposed to 100 to 200 rad of X-rays (sublethal doses) and then evaluated after 24, 48, and 72 hours. *Ginseng* 6X, 30X, and 200X and *Ruta graveolens* 30X and 200X were administered before and after exposure. When compared with mice given a placebo as treatment, mice given any of the above homeopathic medicines experienced significantly less chromosomal or cellular damage.

In another study, albino guinea pigs were exposed to small doses of X-ray that cause reddening of the skin. Studies showed that *Apis mellifica* 7C or 9C had a protective effect and a roughly 50% curative effect on X-ray-induced redness of the skin (Bildet, Guyot, Bonini, et al., 1990). *Apis mellifica* (honeybee) is a homeopathic medicine for redness, swelling, and itching, common symptoms of bee venom.

In 2011, French researchers demonstrated that hepatic cell mortality induced by environmentally realistic levels of the widely used herbicide Roundup in vitro can be almost entirely prevented by plant extracts called “Dig1” (Digeodren, a homeopathic remedy made with *Taraxacum officinalis* (Dandelion) D4, *Berberis vulgaris* (Barberry) D5, and *Lappa major* (Burdock) D4 in 70 percent alcohol (Gasnier, Laurant, Decroix-Laporte, 2011).

In 2016, a study was conducted on rats who were exposed to the herbicide Roundup (glyphosate) (Gress, Laurant, Defarge, et al, 2016). The researchers tested the in vivo effects of Dig1 alone (1.2 ml/kg bw/d), but also prior to and during 8 days of Roundup intoxication (at 135 mg/kg bw/d) in a total of 4 groups of 40 adult Sprague-Dawley male rats each. The 4 groups of 40 mature male rats received the following treatments in drinking water: control, Roundup 0.5 %, Dig1 2 %, Dig1 2 % and Roundup 0.5 % (prevention and treatment).

After treatments, horizontal and vertical locomotor activities of the animals were measured by use of actimeters. Brain, liver, kidneys, heart and testes were collected and weighted. Body weights as well as feed and water consumption were recorded. Proteins, creatinine, urea, phosphate, potassium, sodium, calcium, chloride ions, testosterone, estradiol, AST and ALT were measured in serum. In liver S9 fractions, GST, GGT, and CYP450 (1A2, 2C9, 2C19, 2D6, 3A4) were assessed.

Dig1 did not have any physiological or biochemical observable impact alone at 2%. Out of a total of 29 measured parameters, 8 were significantly affected by Roundup absorption within only 8 days. On these 8 parameters, only 2 were not restored by Dig1 (GGT activity and plasmatic phosphate), 5 were totally restored (horizontal and vertical locomotor activities, CYP2D6 activity, plasmatic Na⁺ and estradiol), and the 6th was almost restored (plasmatic K⁺). The specificities of the toxic effects of Roundup and of

the therapeutic effects of Dig1 treatment were thus demonstrated, both at the behavioural and biochemical levels.

Dig1, without any side effect observable in these conditions, presented strong preventive and therapeutic properties in vivo after a short-term intoxication by the widely used pesticide Roundup.

The implications of these studies are quite significant. In this day and age of exposure to various heavy metals, human-made chemicals, radiation, and various poisons, it is worthwhile knowing that homeopathic medicines provide a safe and effective means to protect against these toxic substances.

A limitation of the above research is that these studies were conducted on animals, primarily rats, and were not conducted on humans.

Human Studies

Groundwater arsenic (As) has affected millions of people globally distributed over 20 countries. In parts of West Bengal (India) and Bangladesh alone, over 100 million people are at risk, but supply of As-free water is grossly inadequate. Attempts to remove groundwater arsenic by using orthodox medicines have mostly been unsuccessful. A potentized homeopathic remedy, Arsenicum Album 30, was administered to a group of groundwater arsenic affected people and thereafter the arsenic contents in their urine and blood were periodically determined (Khuda-Bukhsh, AR, Pathak, S, Guha, 2005). The activities of various toxicity marker enzymes and compounds in the blood, namely aspartate amino transferase, alanine amino transferase, acid phosphatase, alkaline phosphatase, lipid peroxidation and reduced glutathione, were also periodically monitored up to 3 months. The results are highly encouraging and suggest that the drug can alleviate arsenic poisoning in humans.

The above study included two groups of people with West Bengal over a two to three month period. One group comprised 55 people (32 men, 23 women) who were entered into a double-blind, placebo-controlled trial (33 in treatment group, 22 in placebo group). Group 2 refused to sign “informed consent” unless they were assured treatment, not placebo (thus, this group was not placebo-controlled).

Group 1 was prescribed Arsenicum album 30C or placebo twice daily for 10 days. Group 2 was prescribed Arsenicum album 30C twice daily for 10 days, wait 15 days, administered the medicine again for 7 days, and then a similar pattern of waiting and treatment.

Group 1 experienced higher excretion amounts of arsenic in their urine for the first 11 days than those given a placebo, with statistical significance on days 1, 2, 3, 4, 6, and 8 (day 8 found the highest significance).

Group 2 experienced strikingly high excretion rates in the urine on day 7 (62.30 ppb), and thereafter it steadily declined to reach almost the lower limit of the normal range by the 45th day (10.78 ppb). In reference to the arsenic levels in the blood, Group 2 experienced a significant decline on day 30, returning to the normal range on the 60th day.

Of additional interest is that various laboratory tests confirmed detoxification as determined by the steady decline in the toxicity denoting enzymes in the blood in those patients given the homeopathic medicine, as compared with those given a placebo.

The researchers conducted a follow-up of this study two years later (Khuda-Bukhsh, Roy-Karmakar, Banerjee, 2011). Out of the 130 “verum”-fed volunteers of pilot study, 96 continued to take the remedy till 6 months, 65 till 1 year and 15 continued till 2 years. They provided samples of their urine and blood at 6 months, 1 year, and finally at 2 years. None out of 17 who received “placebo” turned up for providing blood or urine at these longer intervals. Standard methodologies were used for determination of arsenic content in blood and urine, and for measurement of toxicity biomarkers like acid and alkaline phosphatases, alanine and aspartate amino transferases, lipid peroxidation and reduced glutathione and anti-nuclear antibody titers. Most of the volunteers reported status quo maintained after the improvement they achieved within the first 3 months of homeopathic treatment, in respect of their general health and spirit, and appetite and sleep. A few with skin symptoms and burning sensation, however, improved further. This was supported by the data of toxicity biomarkers, levels of all of which remained fairly within normal range.

The researchers concluded that administration of *Arsenicum album* 200C considerably ameliorates symptoms of arsenic toxicity on a long-term basis, and can be recommended for interim use, particularly in high risk remote villages lacking modern medical and arsenic free drinking water facilities. Similar studies by others are encouraged.

Another study was conducted on 20 males and 19 females in the Indian village of Dasdiya (arsenic contaminated) who initially agreed to act as volunteers; but as many as 14, mostly placebo-fed subjects, later dropped out. 18 volunteers, 14 males and 4 females, from a distant village, Padumbasan (arsenic-free), served as negative controls. In a double blind placebo-controlled study, a potentized remedy of homeopathic *Arsenicum Album* 30 and its placebo (Succussed Alcohol 30) were given randomly to volunteers (Belon P, Banerjee A, Karmakar, 2007). Arsenic contents in urine and blood and several widely accepted toxicity biomarkers and pathological parameters in blood were analyzed before and after 2 months of administration of either verum or placebo. Elevated levels of ESR, creatinine and eosinophils and increased activities of AST, ALT, LPO and GGT were recorded in arsenic exposed subjects. Decreased levels of hemoglobin, PCV, neutrophil percentages, and GSH content and low G-6-PD activity were also observed in the arsenic exposed people. The administration of “verum” appeared to make positive modulations of these parameters, suggestive of its ameliorative potentials. Most of the subjects reported better appetite and improvement in general health, thereby indicating possibility of its use in remote arsenic-contaminated areas as an interim health support measure to a large population at risk.

In Brazil, a double-blind randomized and placebo-controlled clinical trial was conducted on 52 subjects who were occupationally exposed to mercury (48 dentists and 4 miners) (Beringhs-Bueno and Paschalichio, 2006). The treatment group was given *Mercurius* 7C or 12C (7 drops three times a day during 7 days, stopping for 14 days, and then repeating this process over a total of 60 days). Patients submitted their blood, urine, and hair for analysis prior to treatment and at 30 and 60 days after treatment. The level of mercury reduction in the hair sample was statistically significant. The treatment group experienced a greater increase in mercury excretion through the urine than the placebo at

30 days, though this was not significant. There was no significant difference in results from subjects given Mercurius 7C vs. Mercurius 12C.

A double-blind randomized trial was conducted with 131 workers who were exposed to lead poisoning at the Ajax battery plant in Bauru, São Paulo State, Brazil. Subjects were prescribed Plumbum metallicum 15 cH or placebo, orally for 35 days (Padilha, Riera, Átallah, 2011).

Measuring serum concentration is the primary method for diagnosing and monitoring exposed workers. The percentage of workers who demonstrated a reduction in lead counts by a percentage greater than or equal to 25% following treatment was the same for both groups: 20.3% in the homeopathic groups versus 21% in the control group [Relative Risk (RR) = 0.95, confidential interval (CI) 95%: 0.47-1.92]. Analysis by intention-to-treat also did not show any difference between the groups: 18.2% in the treated group versus 20% in the placebo group (RR = 0.91, CI 95%: 0.45-1.84).

The researchers concluded that the homeopathic preparation Plumbum metallicum had no effect, in this study, in terms of reducing serum lead in workers exposed to lead.

The Mustard Gas Experiments of 1941-1942

One of the first double-blind and placebo-controlled trials ever conducted for a governmental agency (England's Ministry of Home Security) tested homeopathic treatments during World War II and was conducted in 1941-42 on volunteers whose skin was burned with mustard gas. The Glasgow trial included 40 volunteers, and the London trial included 240 volunteers. A more recent analysis of the data further substantiated the statistical significance of this study (Owen and Ives, 1982), and even more recently, it was described in detail in the famed Journal of the Royal Society of Medicine (Dean, 2014). □

In the Glasgow experiments, only Mustard Gas 30C was used, given moments before getting exposed to mustard gas. The first experiment found that none of the first 12 patients receiving homeopathic treatment experienced deep lesions after exposure to mustard gas, while all (!) of those volunteers who received a placebo experienced deep lesions. Of the next 28 volunteers who received the homeopathic medicine, 12 had superficial wounds and two had deep lesions after the homeopathic treatment. In comparison, those volunteers who were given a placebo, two experienced superficial lesions and 12 had deep lesions.

In London, two experiments were conducted. The first experiment included 139 volunteers who were assigned to take one of several homeopathic medicines known to treat burns, including Rhus tox, Kali bich, Opium, Cantharis, and Mustard Gas (all in 30C). A second experiment was conducted with 101 volunteers, in which they were either given a placebo or a specific protocol of Variolinum 30C and Rhus tox 30C, taken after exposure, as well as Mustard Gas 30C and Rhus tox 30C given 14 days before exposure.

The results of the London experiments were sent for "independent analysis. A report determined that "there is certainly an indication of beneficial effects of the drugs in general."

A recent review of this study acknowledged that despite the remarkable results at two locations, the Ministry of Home Security still rejected the results on the grounds that

the experimental technique must have been flawed, despite the fact that the Ministry helped in the design of the trial that included the use of placebo controls, blind outcome assessment, and independent statistical testing. The Ministry of Home Security never provided any evidence that these studies were flawed, but considering the positive outcome of the studies, they simply assumed that something was wrong with them.

Dean, Michael Emmans. The Mustard Gas Experiments Done by the British Homoeopathic Society for the Ministry of Home Security, 1941-1942. JRSM, 2014 107(11)453-455. DOI: 10.1177/0141076814521937.

Paterson, J. Report on Mustard Gas Experiments, Journal of the American Institute of Homeopathy, 1944, 37:47-50, 88-92. □

Owen, RMM, and Ives, G. The Mustard Gas Experiments of the British Homeopathic Society: 1941-1942, Proceedings of the 35th International Homeopathic Congress, 1982, 258-59. □

What You Can Do With Homeopathic Medicines

For People with Chronic Symptoms and Syndromes

Seeking professional homeopathic care is highly recommended for people who have been exposed to or think they have been exposed to potentially toxic substances. At first, many classical homeopaths will prescribe a "constitutional medicine" to strengthen a person's overall health status. This medicine has the capacity to not only help the body eliminate the individual toxic substance about which the person is most concerned but also to other toxic substances that the person has previously been exposed.

In some cases a constitutional medicine will not work deeply or effectively enough until the patient receives a homeopathically potentized dose of the specific toxic substance to which the person was exposed or of a substance that causes similar symptoms (homeopathy, as we know, is based on "similars," not necessarily on "sames").

The actual potency that the homeopath will use depends on many factors which are too long to discuss in this short article, though the 30th potency is one of the most common. Some homeopaths will recommend a single dose given just once, some will recommend a single dose repeated once a month for several months, and some will recommend several doses a day for a week or two, perhaps repeated a couple months later if some but not full benefit had been received.

If you do not have access to professional homeopathic care, one can consider obtaining a homeopathic dose (30X or 30C) of the substance to which the person was exposed. Full-service homeopathic manufacturers often make and sell thousands of substances that are derived from environmental toxins.

When self-prescribing, it is generally best to be cautious in taking homeopathic medicines. Take a single dose and observe any changes over a couple of weeks. If there are no changes, you might try taking a couple doses a day for a couple of days. If there

are still no changes after an additional couple of weeks, seek high and low for professional homeopathic care. Your health may depend upon it.

For People Suffering from a Recent Exposure

If your symptoms are serious or potentially serious, see a professional homeopath and/or physician. While it is most common for the homeopath to prescribe a homeopathic dose of the substance to which the sick person was exposed, the homeopath may instead prescribe a dose of a different substance that closely matches the patient's unique symptoms.

For Prevention

If you know that you may get exposed to a specific toxin in the near future, it may be wise to consider taking a couple of doses of the 30th potency of that substance prior to exposure. One should consider taking a dose the night before, in the morning of the next day, just prior to exposure, and twice a day for four days.

The above research suggests that it helps organisms excrete the toxin more effectively. However, homeopathic medicines cannot be expected to have significant effects if a person is exposed to high doses of a poison.

*It must be candidly noted that the research discussed in this section was damaging and sometimes lethal to the animals involved, though the results of these studies can and should be of significant benefit to all living creatures. Making reference to this work is not meant to condone such experimentation.

For access to additional references on homeopathic research, see

* Dana Ullman, *The Consumer's Guide to Homeopathy*, New York: Tarcher/Putnam, 1996.

* Paolo Bellavite, MD, and Andrea Signorini, *The Emerging Science of Homeopathy*. Berkeley: North Atlantic, 2002.

REFERENCES:

Banerjee P, Bhattacharyya SS, Pathak S, Naoual B, Belon P, Khuda-Bukhsh AR. Comparative Efficacy of Two Microdoses of a Potentized Homeopathic Drug, Arsenicum Album, to Ameliorate Toxicity Induced by Repeated Sublethal Injections of Arsenic Trioxide in Mice. *Pathobiology* 2008;75:156–170. DOI: 10.1159/000124976.
<http://www.ncbi.nlm.nih.gov/pubmed/18550913>

Banerjee, P.; Biswas, S. J.; Belon, P.; Khuda-Bukhsh, A. R. A Potentized Homeopathic Drug, Arsenicum Album 200, Can Ameliorate Genotoxicity Induced by Repeated Injections of Arsenic Trioxide in Mice. *Journal of Veterinary Medicine, Series A*, Volume 54, Number 7, September 2007, pp. 370-376(7).

DOI: 10.1111/j.1439-0442.2007.00945.x

<http://www.ncbi.nlm.nih.gov/pubmed/17718811>

Banerjee P, Bhattacharyya SS, Pathak S, Boujedaini N, Belon P, Khuda-Bukhsh AR. Evidences of protective potentials of microdoses of ultra-high diluted arsenic trioxide in mice receiving repeated injections of arsenic trioxide. *Evid Based Complement Alternat Med*. 2011;2011:391752. doi: 10.1093/ecam/nen090. Epub 2011 Feb 14.

<https://www.ncbi.nlm.nih.gov/pubmed/19244296>

Belon P, Banerjee A, Karmakar SR, Biswas SJ, Choudhury SC, Banerjee P, Das JK, Pathak S, Guha B, Paul S, Bhattacharjee N, Khuda-Bukhsh AR. Homeopathic remedy for arsenic toxicity?: Evidence-based findings from a randomized placebo-controlled double blind human trial. *Sci Total Environ*. 2007 Jul 10.

<http://www.ncbi.nlm.nih.gov/pubmed/17628642>

Beringhs-Bueno, LA, Paschalicchio, AE (2006), Homeopathic Medication as Mercury's Cheating Agent, Improving the Success of Homeopathy 5: A Global Perspective (conference), London, January 26-27, 2006. www.rlhh.org.uk

Bildet, J., Guyot, M., Bonini, F., et al. (1990) "Demonstrating the Effects of Apis mellifica and Apium virus Dilutions on Erythema Induced by U.V. Radiation on Guinea Pigs," *Berlin Journal of Research in Homeopathy*, 1:28.

Biswas SJ, Pathak S, Khuda-Bukhsh AR: Assessment of the genotoxic and cytotoxic potential of an antiepileptic drug phenobarbital, in mice: a time course study. *Mutat Res* 2004; 563: 1–11. <http://www.ncbi.nlm.nih.gov/pubmed/15324744>

Datta, SS, Mallick, PP, Khuda-Bukhsh, AR, Comparative Efficacy of Two Microdoses of a Potentized Homeopathic Drug, Cadmium Sulphoricum, in Reducing Genotoxic Effects Produced by Cadmium Chloride in Mice: A Time Course Study, *BMC Complementary and Alternative Medicine*, 2001;1:9.

<http://link.springer.com/article/10.1186/1472-6882-1-9>

Datta S, Mallick P, Khuda-Bukhsh AR: Efficacy of a potentized homeopathic drug (arsenicum album-30) in reducing genotoxic effects produced by arsenic trioxide in mice: comparative studies of pre-, post- and combined pre- and post-oral administration and comparative efficacy of two microdoses. *Complement Ther Med* 1999; 7: 62–75.

<http://www.ncbi.nlm.nih.gov/pubmed/10444909>

Dean, Michael Emmans. The Mustard Gas Experiments Done by the British Homoeopathic Society for the Ministry of Home Security, 1941-1942. *Journal of the Royal Society of Medicine*, 2014 107(11)453-455. DOI: 10.1177/0141076814521937.

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<http://www.jameslindlibrary.org/articles/the-mustard-gas-experiments-done-by-the-british-homoeopathic-society-for-the-ministry-of-home-security-1941-42/>

Gasnier C, Laurant C, Decroix-Laporte C, Mesnage R, Clair E, Travert C, et al. Defined plant extracts can protect human cells against combined xenobiotic effects. *J Occup Med Toxicol*. 2011;6(1):3–12.

https://www.researchgate.net/publication/208595277_Defined_plant_extract_can_protect_human_cells_against_combined_xenobiotic_effects

Gress S, Laurant C, Defarge N, Travert C, and S  ralini GE. Dig1 protects against locomotor and biochemical dysfunctions provoked by Roundup. *BMC Complementary and Alternative Medicine*. 2016;16:234. DOI: 10.1186/s12906-016-1226-6
<http://bmccomplementalalternmed.biomedcentral.com/articles/10.1186/s12906-016-1226-6>

Jonas, W., Lin, Y., Tortella, F. (2001) Neuroprotection from glutamate toxicity with ultra-low dose glutamate. *NeuroReport*, Feb 12;12(2):335-9.
<http://www.ncbi.nlm.nih.gov/pubmed/11209946>

Khuda-Bukhsh, A.R., Banik, S. (1991a) "Assessment of Cytogenetic Damage in X-irradiated Mice and its Alteration by Oral Administration of Potentized Homeopathic Drug, Ginseng D200," *Berlin Journal of Research in Homeopathy*, 1,4/5:254.

Khuda-Bukhsh, A.R. Maity, S. (1991b) "Alteration of Cytogenetic Effects by Oral Administration of Potentized Homeopathic Drug, Ruta graveolens in Mice Exposed to Sub-lethal X-radiation," *Berlin Journal of Research in Homeopathy*, 1, 4/5:264.

Khuda-Bukhsh, AR, Pathak, S, Guha, B. Can Homeopathic Arsenic Remedy Combat Arsenic Poisoning in Humans Exposed to Groundwater Arsenic Contamination?: A Preliminary Report on First Human Trial, *eCAM*, (October 27, 2005).
doi:10.1093/ecam/neh124 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1297497/>

Khuda-Bukhsh AR, Roy-Karmakar S, Banerjee A, et al., A Follow-Up Study on the Efficacy of the Homeopathic Remedy Arsenicum album in Volunteers Living in High Risk Arsenic Contaminated Areas. *Evidence-Based Complementary and Alternative Medicine*. 2011, 9 pages. doi:10.1093/ecam/nep122
<http://www.hindawi.com/journals/ecam/2011/129214/>

Kundu SN, Mitra K, Khuda-Bukhsh AR: Efficacy of a potentized homeopathic drug (arsenicum album-30) in reducing cytotoxic effects produced by arsenic trioxide in mice: III. Enzymatic changes and recovery of tissue damage in liver. *Complement Ther Med* 2000a; 8: 76–81. <http://www.ncbi.nlm.nih.gov/pubmed/10859599>

Kundu SN, Mitra K, Khuda-Bukhsh AR: Efficacy of a potentized homeopathic drug (arsenicum album-30) in reducing cytotoxic effects produced by arsenic trioxide in mice: IV. Pathological changes, protein profiles and content of DNA and RNA. *Complement Ther Med* 2000b; 8: 157–175. <http://www.ncbi.nlm.nih.gov/pubmed/11068345>

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Linde, K., Jonas, W.B., Melchart, D., et al. (1994) "Critical Review and Meta-Analysis of Serial Agitated Dilutions in Experimental Toxicology," Human and Experimental Toxicology, 13:481-92. <http://www.ncbi.nlm.nih.gov/pubmed/7917505>

Mallick, P, Chakrabarti (Mallick), J, Bibhas, G, Khuda-Bukhsh, AR. Ameliorating Effect of Microdoses of a Potentized Homeopathic Durg, Arsencium Album, on Arsenic-Induced Toxicity in Mice. BMC Complementary and Alternative Medicine, 2003,3:7. <http://bmccomplementaltemed.biomedcentral.com/articles/10.1186/1472-6882-3-7>

Mitra K, Kundu SN, Khuda-Bukhsh AR: Efficacy of a potentized homeopathic drug (arsenicum album-30) in reducing toxic effects produced by arsenic trioxide in mice: I. On the rate of accumulation of arsenic in certain vital organs. Complement Ther Med 1998; 6:178–184.

Mitra K, Kundu SN, Khuda-Bukhsh AR: Efficacy of a potentized homeopathic drug (arsenicum album-30) in reducing toxic effects produced by arsenic trioxide in mice: II. On alterations of body weight, tissue weight and total protein. Complement Ther Med 1999; 7: 24–34. <http://www.ncbi.nlm.nih.gov/pubmed/10361568>

Owen, RMM, and Ives, G. The Mustard Gas Experiments of the British Homeopathic Society: 1941-1942, Proceedings of the 35th International Homeopathic Congress, 1982, 258-59. □

Padilha RQ, Riera R, Átallah AN: Homeopathic Plumbum metallicum for lead poisoning: a randomized clinical trial. Homeopathy; 2011 Jul;100(3):116-21. <https://www.ncbi.nlm.nih.gov/pubmed/21784327>

Paterson, J. Report on Mustard Gas Experiments, Journal of the American Institute of Homeopathy, 1944, 37:47-50, 88-92. □

Pathak S, Das JK, Biswas SJ, Khuda-Bukhsh AR: Protective potentials of a potentized homeopathic drug, Lycopodium-30, in ameliorating azo dye induced hepatocarcinogenesis in mice. Mol Cell Biochem 2006; 258:121–131. <http://www.ncbi.nlm.nih.gov/pubmed/16538399>

Pathak S, Bhattacharjee N, Das JK, Choudhury SC, Karmakar SR, Banerjee P, Paul S, Banerjee A, Khuda-Bukhsh AR. Supportive evidence for the anticancerous potential of alternative medicine against hepatocarcinogenesis in mice. Forsch Komplement Med (2006) 2007; 14: 148–156. <http://www.ncbi.nlm.nih.gov/pubmed/17596695>

Epilepsy

BOTTLELINE: Epilepsy is a serious condition for which self-care is not recommended. There have not been clinical trials on epilepsy, though there has been one well-designed study that showed significant benefits from a specific homeopathic medicine reducing epilepsy in mice after a drug that causes this condition was given.

Conventional antiepileptic drugs (AEDs) have been the mainstay option for treatment and control; however, symptomatic control and potential to exacerbate the seizure condition calls for viable alternative to these chemical agents. *Cicuta virosa* (CV) is an herbal remedy that is used in traditional systems of medicine against a myriad of disorders including epilepsy. Homeopathic medicinal preparations (HMPs) of CV were assessed for their efficacy in pentylenetetrazole (PTZ)-induced acute and kindling models of epilepsy in male Swiss albino mice (Mishra, Sinha, Rajput, 2020). CV HMPs increased the latency and reduced the duration of tonicclonic phase in acute model while lowering the kindling score in the kindling model that signified their role in modulating GABAergic neurotransmission and potassium conductance. The impairment of cognition, memory, and motor coordination was ameliorated by pre-treatment with homeopathic doses of *Cicuta virosa* in the 6C, 12C, and 30C doses. The 30C doses were found to have the most dramatic beneficial effects.

In the present study, higher potency formulations of CV were found efficacious against PTZ-induced seizures and hence, CV HMPs are advocated for further molecular and epigenomic studies for unraveling the mechanisms and targets involved.

A 6-month double-blind, randomized, placebo-controlled trial (n = 60) conducted at the pediatric outpatient department of a homeopathic hospital in West Bengal, India (Gupta, Misra, Karuppusamy, et al, 2022). Patients were randomized to receive either Individualized Homeopathic Medicines (IHMs) plus Standard Care (SC) using anti-epileptic drugs (SC) (n = 30) or identical-looking placebos plus SC (n = 30). The primary outcome measure was the Hague Seizure Severity Scale (HASS); secondary outcomes were the Quality of Life in Childhood Epilepsy (QOLCE-16) and the Pediatric Quality of Life inventory (PedsQL) questionnaires; all were measured at baseline and after the 3rd and 6th month of intervention. The intention-to-treat sample was analyzed to detect group differences and effect sizes.

Recruitment and retention rates were 65.2% and 91.7% respectively. Improvements were greater in the IHMs group than with placebos, with small to medium effect sizes, but the inter-group differences were statistically non-significant - for HASS (F 1, 58 = 0.000, p = 1.000, two-way repeated measures analysis of variance), QOLCE-16 (F 1, 58 = 1.428, p = 0.237), PedsQL (2-4 years) (F 1, 8 = 0.685, p = 0.432) and PedsQL (5-18 years) (F 1, 47 = 0.000, p = 0.995). *Calcarea carbonica*, *Ignatia amara*, *Natrum muriaticum* and *Phosphorus* were the most frequently prescribed medicines. No serious adverse events were reported from either of the two groups.

Improvements in the outcome measures were statistically non-significantly greater in the IHMs group than in the placebos group, with small effect sizes. The

researchers determined that a different trial design and prescribing approach might work better in future trials.

Reference:

Gupta B, Misra P, Karuppusamy A, Balamurugan D, Parewa M, Tomar M, Rai S, Vashishth H, Sadhukhan S, Singh NK, Koley M, Saha S. Individualized Homeopathic Medicines as Adjunctive Treatment of Pediatric Epilepsy: A Double-Blind, Randomized, Placebo-Controlled Trial. *Homeopathy*. 2022 Dec 13. doi: 10.1055/s-0042-1755361. Epub ahead of print. PMID: 36513330. <https://pubmed.ncbi.nlm.nih.gov/36513330/>

Mishra P, Sinha JK, Rajput SK. Efficacy of *Cicuta virosa* medicinal preparations against pentylenetetrazole-induced seizures. *Epilepsy Behav*. 2020 Dec 24:107653. doi: 10.1016/j.yebeh.2020.107653. Epub ahead of print. PMID: 33358679. <https://pubmed.ncbi.nlm.nih.gov/33358679/>

Fatigue

BOTTOMLINE: Chronic fatigue syndrome is a complex ailment, and people who suffer with it develop their own syndrome from a multi-factorial set of causes. Due to its complex nature, chronic fatigue syndrome is best treated by a professional homeopath rather than through self-care. Because homeopathy is a system that is unique oriented towards strengthening a person's overall constitution, it makes sense to consider this system of natural medicine as a primary method of treatment. Two studies have found modest efficacy of treatment for this condition. Chronic states of fatigue may be a symptom of a more serious ailment, and people with this symptom may benefit from some type of medical supervision of their health.

Chronic fatigue syndrome is the latest term for an ancient disease that has been called various names over time, including asthenia, adynamia, and debility. Whatever its name, its cause is similarly varied. It could result from physical or psychological causes. It could be the result of a viral infection or even a “cocktail” of several viruses or from thyroid disease, anemia, and select chronic illnesses. Some physicians assert that chronic fatigue syndrome is usually an immune disorder, though some assume it is the result of an under-active immune system and others says it results from an overly active one (an autoimmune disorder).

Whatever you call this disease or whatever its cause or causes, fatigue or chronic fatigue turns life into a chore. Worse still, fatigue not only affects the body but one's emotional and mental life too. Conventional medicine offers little for this condition, except time (not the herb!).

Homeopathy does offer an effective alternative, and one study has suggested this to be true. A randomized, placebo-controlled, double-blinded study of 105 patients tested individualized homeopathic treatment over a 6-month period and found a modest efficacy of homeopathic treatment as compared to placebo (Weatherley-Jones, 2002).

Another study used a triple-blind design in the treatment of people with chronic fatigue syndrome (CFS) (the patients and the homeopaths were blind to group assignment and data analyst blind to group until after initial analyses to reduce the possibility of bias due to data analyst) (Weatherley-Jones, Nicholl, Thomas, 2004). Patients were randomly assigned to homeopathic medicine or identical placebo. One hundred and three patients meeting the Oxford criteria for CFS were recruited from two specialist hospital out-patient departments. Patients had monthly consultations with a professional homeopath for 6 months. Main outcome measures were scores on the subscales of the Multidimensional Fatigue Inventory (MFI) and proportions of each group attaining clinically significant improvements on each subscale. Secondary outcome measures were the Fatigue Impact Scale (FIS) and the Functional Limitations Profile (FLP). Ninety-two patients completed treatment in the trial (47 homeopathic treatment, 45 placebo). Eighty-six patients returned fully or partially completed post-treatment outcome measures (41 homeopathic treatment group who completed treatment, 2 homeopathic treatment group who did not complete treatment, 38 placebo group who completed treatment, and 5 placebo group who did not complete treatment).

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Seventeen of 103 patients withdrew from treatment or were lost to follow-up. Patients in the homeopathic medicine group showed significantly more improvement on the MFI general fatigue subscale (the primary outcome measure) and the FLP physical subscale (one of two secondary outcome measures) but not on other subscales. Although group differences were not statistically significant on four out of the five MFI subscales (the primary outcome measures), more people in the homeopathic medicine group showed clinically significant improvement. More people in the homeopathic medicine group showed clinical improvement on all primary outcomes (relative risk=2.75, P=.09).

Conclusions of this study: There is weak but equivocal evidence that the effects of homeopathic medicine are superior to placebo. Results also suggest that there may be nonspecific benefits from the homeopathic consultation. Further studies are needed to determine whether these differences hold in larger samples.

A leading psychiatric medical journal published an independent review of clinical research testing homeopathic medicines in the treatment of psychiatric conditions (Davidson, Crawford, Ives, Jonas, 2011).

Clinical trials were included if they met 7 criteria and were assessed for possible bias using the Scottish Intercollegiate Guidelines Network (SIGN) 50 guidelines. Overall assessments were made using the Grading of Recommendations Assessment, Development and Evaluation procedure. Identified studies were grouped into anxiety or stress, sleep or circadian rhythm complaints, premenstrual problems, attention-deficit/hyperactivity disorder, mild traumatic brain injury, and functional somatic syndromes.

A total of 25 eligible studies were identified from an initial pool of 1,431. Study quality according to SIGN 50 criteria varied, with 6 assessed as good, 9 as fair, and 10 as poor. Outcome was unrelated to SIGN quality. Effect size could be calculated in 16 studies, and number needed to treat, in 10 studies. Efficacy was found for the functional somatic syndromes group (fibromyalgia and chronic fatigue syndrome), but not for anxiety or stress. For other disorders, homeopathy produced mixed effects. No placebo-controlled studies of depression were identified. Meaningful safety data were lacking in the reports, but the superficial findings suggested good tolerability of homeopathy. A funnel plot in 13 studies did not support publication bias ($\chi^2(1) = 1.923$, $P = .166$).

The database on studies of homeopathy and placebo in psychiatry is very limited, but results do not preclude the possibility of some benefit.

Homeopathy is in some ways an ideal type of treatment for people with chronic fatigue because its remedies are primarily prescribed to strengthen a person's overall constitution, which is an important goal in treating a fatigued person.

Except in simple cases of anemia or malnourishment, fatigue is usually a complex syndrome that requires the attention of a professional homeopath. Homeopaths generally focus their attention on prescribing a "constitutional remedy," a medicine that will strengthen a person's overall state of health.

MENTAL FATIGUE:

An important but inadequately appreciated feature of good research is called “external validity.” External validity is that important determination on whether a specific medicine is an appropriate medicine for a sick person. Most scientists are familiar with “internal validity,” and this refers to whether the study was well-conducted, such as was it blinded or double-blind, was it randomized, what was the drop-out rate, and could the drug treatment be easily differentiated by subjects from that of placebo. In contrast, external validity evaluates whether the drug was the right treatment to be provided for the treatment subjects or not.

This next trial had seemingly excellent internal validity, but very poor external validity.

Some homeopathic trials are very foolishly designed when they select one remedy to be given to each subject without adequate individualization of treatment. In the below study, a group of British researchers identified one trial reporting a benefit in patients’ attention using a homeopathic formula preparation. However, rather than test this formula with good controls, this group of researchers instead choose to test only one component of the preparation, potassium phosphate, that is widely available as Kali phos 6X, that is known to help people with cognitive problems (Dean, Karsandas, Bland, et al, 2012). The aim of this exploratory trial was to assess the effectiveness of Kali phos 6x for attention problems associated with mental fatigue.

Student volunteers with self-reported mental fatigue were entered into a triple blind, cross-over, placebo-controlled clinical trial. The 86 volunteers were randomized to receive Kali phos 6x or identical placebo 10 minutes before taking a psychological test of attention (Stroop Colour-Word Test). One week later they were crossed over and took the other preparation before repeating the test.

No evidence of a treatment effect in a comparison of Kali phos 6X with placebo (Kali phos minus placebo = -1.1 (95% CI -3.0 to 0.9, $P = 0.3$) Stroop score units, Cohen effect size = -0.17) even when allowing for a weak period effect with accuracy scores in the second period being higher than those in the first ($P = 0.05$). Predictably enough, the researchers observed a ceiling effect in the Stroop test which undermined our ability to interpret this result (this ceiling effect refers to the phenomenon in which a drug reaches a maximum effect, and increasing the drug dosage does not increase its effectiveness).

The researchers concluded that Kali phos 6x was not found to be effective in reducing mental fatigue, but they acknowledged a ceiling effect in the primary outcome measure meant so that they could not rule out a type II error.

No individual homeopathic medicines are discussed here because people suffering from fatigue are generally best treated with homeopathic medicines by a professional homeopath.

REFERENCES:

Davidson JR, Crawford C, Ives JA, Jonas WB. Homeopathic treatments in psychiatry: a systematic review of randomized placebo-controlled studies. *J Clin Psychiatry*. 2011 Jun;72(6):795-805. <http://www.ncbi.nlm.nih.gov/pubmed/21733480>

Dean ME, Karsandas J, Bland JM, Gooch D, and MacPherson H. Homeopathy for mental fatigue: lessons from a randomized, triple blind, placebo-controlled cross-over clinical trial. *BMC Complementary and Alternative Medicine* 2012, 12:167
doi:10.1186/1472-6882-12-167
<http://bmccomplementaltermmed.biomedcentral.com/articles/10.1186/1472-6882-12-167>

Weatherley-Jones, E., A Randomized, Controlled Trial of Homoeopathic Treatment for Chronic Fatigue Syndrome, *Focus on Alternative and Complementary Therapies*, March, 2002,7,1:114-115.

Weatherley-Jones, E., Nicholl, JP, Thomas,KJ, et al, A randomised, controlled, triple-blind trial of the efficacy of homeopathic treatment for chronic fatigue syndrome. *J Psychosom Res* 2004 Feb;56(2):189-197.
<http://www.ncbi.nlm.nih.gov/pubmed/15016577>

Fears and Phobias

BOTTOMLINE: Homeopathic medicines can be successfully prescribed for certain acute stages of fear, though people with chronic or severe fears need to see a professional homeopath.

Homeopathy has an impressive history of effective treatment for people with various fears and phobias. Because of the diversity and complexity of fears and phobias, they require professional homeopathic care rather than self-care.

There are, however, a couple of simple homeopathic medicines to consider for specific situations related to fear.

* *Aconitum* (monkshood): When a person experiences fear after an accident, injury, or traumatic event of nature (earthquake, tornado, hurricane, fire, etc.) and feels like they may die or that they are in real trouble, this remedy can help them regain a sense of calm.

* *Arnica* (mountain daisy): People who experience fear after an injury and who want to be left alone will benefit from this remedy.

* *Gelsemium* (yellow jessamine): People who develop stage fright or anticipatory anxiety and whose mind goes blank prior to a performance or an examination can benefit from taking this remedy.

* *Argentum nitricum* (nitrate of silver): People who develop stage fright or anticipatory anxiety prior to a performance or an examination and who experience diarrhea and/or flatulence with it.

* *Stramonium* (datura stramonium): When people have a combined fear of animals (even dogs), a fear of water, and a fear of the dark, this remedy should be considered. These people also tend to have a fear of mirrors and other reflective objects. Their fears may create a hyperactive state, even uncontrollable states of rage.

Fever

BOTTOMLINE: Fever is an important defense of the body, and therefore, using conventional medications to suppress a fever is not always wise, especially in children. Some studies have found that homeopathic combination medicines can be as or more effective than conventional drugs and are much better tolerated by patients. People with prolonged fevers, people with high fevers (higher than 103.5 degrees), and infants with fever will benefit from seek professional medical attention.

Conventional physicians have finally recognized that fever is an important defense of the body. Fevers are the way the body tries to heat up and burn out bacterial and viral infection. If one takes an aspirin or other drug that suppresses the fever, it can lead to unpleasant, sometimes serious side effects, especially in children and in people who are immuno-compromised.

Despite the real and serious problems that fever-suppressing drug can cause in the treatment of fevers, the average parent tends to be ignorant of these problems, and the media has been virtually silent on this important issue. In a 2007 survey of Australian parents published in a pediatrics journal, a shocking 91% of parents used fever-suppressing drugs in the treatment of their children's fever (Walsh, 2007). Even more startling is the fact that this survey found that the medications were refused or spat out by the child in 44% of the cases, and yet, 62.4 of the parents actually used force to get their child to take these drugs, using different methods of ingestion (29.5%) or by using a suppository (20.8%).

According to this study, only 3.7% of Australian parents used homeopathic medicines to treat their children with a fever.

The effectiveness of homeopathic combination remedy, called Gripp-Heel*, was compared with that of conventional treatments in a prospective, observational cohort study in 485 patients with mild viral infections and symptoms such as fever, headache, muscle pain, cough or sore throat (Rabe, Weiser, and Klein, 2004). Practitioners specialized in homeopathy or conventional treatment, or practiced both to similar extents. As evaluated by the practitioners, the homeopathic treatment was effective to similar or greater degree than the conventional therapies: 67.9% of patients were considered asymptomatic at the end of Gripp-Heel therapy vs. 47.9% of patients in the control group. Practitioners judged homeopathic treatments as 'successful' in 78.1% of cases vs. 52.2% for conventional therapies. Tolerability and compliance were good in both treatment groups, with the verdict 'very good' given for 88.9% of patients in the homeopathic group vs. 38.8% in the conventional treatment group.

[* Ingredients of Gripp-Heel: Aconitum napellus 4x 120 mg; Bryonia alba 4x, Lachesis mutus 12x 60 mg; Eupatorium perfoliatum 3x, Phosphorus 5x]

The effectiveness of another homeopathic combination remedy, called Viburcol*, was compared with that of acetaminophen in the symptomatic treatment of acute febrile infection in children (Derasse, Klein, Weiser, 2005). This non-randomized observational study uses 38 Belgian centers where both conventional and homeopathic medicine was

practiced. Up to six children (under 12 years of age) from each center was entered into this trial, and either Viburcol or acetaminophen was prescribed for a maximum of 2 weeks. The children were allowed to take other medicines too as needed. There was no significant difference in symptomatic improvement between the two treatment groups, though the children prescribed the homeopathic medicine experienced significantly better tolerability to the medicine than those given acetaminophen ($P=0.04$). Also, the children given the homeopathic medicine were less likely to need “additional treatments” than those given the conventional drug (52.3% vs. 65.9%).

[* Ingredients of Viburcol: Chamomilla 4X 25 mg; Belladonna 6X 11 mg; Dulcamara 6X 25 mg; Plantago major 4X, 25 mg; Pulsatilla pratensis 6X 50 mg, Calcarea carbonica 8X 75 mg]

Homeopathic medicines help strengthen the body so that it can fight infection more effectively. Use the 6, 12, or 30th potency every other hour in fevers of 102 or higher and every four hours in lower fevers. It is rarely necessary to take a homeopathic remedy for longer than 36 hours. If a person has a fever of 102 or higher, the remedy will usually provide a benefit within two hours. If it doesn't, consider using another remedy or seek professional attention. See the section on Influenza for additional fever remedies, as well as for additional clinical research in treating people with fever.

**** *Aconitum* (monkshood):** This remedy is primarily useful during the first 24 hours of a fever. It is helpful when a fever begins after exposure to cold or cold, dry winds. Chilliness and a cold sweat may also be experienced.

**** *Belladonna* (deadly nightshade):** When a person has a rapid onset of a high fever with a flushed face, reddened mucous membranes, glassy eyes, and cold limbs, consider this remedy. Typically, the person tends to have wild dreams at night.

**** *Oscillocochinum*TM (the heart and liver of a duck):** This is a wonderful remedy for fevers when you're unsure which other remedy to use. This remedy is most effective when you use it within the first 48 hours of onset of a fever (see the section on Influenza for more information about this medicine and for research on it).

*** Ferrum phos (phosphate of iron):** Useful in people at the very beginning stages of the fever, often without significant or detailed symptoms. The person who benefits from this remedy does not have intense symptoms as Aconitum or Belladonna.

*** *Nux vomica* (poison nut):** When a fever with chills begin after an overindulgence of food, drink (alcohol), or drug use, consider this remedy.

REFERENCES:

Derasse, M. Klein, P. Weiser, M. The Effects of a Complex Homeopathic Medicine Compared with Acetaminophen in the Symptomatic Treatment of Acute Febrile Infections in Children: An Observational Study, *Explore*, January 2005, 1,1:33-39.

Rabe, A. Weiser, M. Klein, P. Effectiveness and tolerability of a homoeopathic remedy compared with conventional therapy for mild viral infections. *Int J Clin Pract*. 2004 Sep;58(9):827-32. <http://www.ncbi.nlm.nih.gov/pubmed/15529515>

Walsh A, Edwards H, Fraser J. Over-the-counter medication use for childhood fever: A cross-sectional study of Australian parents. *J Paediatr Child Health*. 2007 June 29. <http://www.ncbi.nlm.nih.gov/pubmed/17608647>

Fibromyalgia

BOTTOMLINE: Fibromyalgia is a chronic and complex ailment that requires the care of a professional homeopath. Two well-designed studies published in leading medical journals have found substantially significant results in using individualized homeopathic medicines to reduce the pain and tender spots and to improve the sleep of patients with fibromyalgia. No other studies have found this degree of significant improvement and this degree of drug safety.

Fibromyalgia (previously called fibrositis) is a recently defined ailment which being increasingly diagnosed. At present, between three to six million Americans suffer with it. Fibromyalgia is actually not considered a “disease” as much as it is considered a “syndrome.” There are no specific blood tests, X-rays, or any other type of technology that can objectively diagnose this condition.

The syndrome of fibromyalgia includes a disparate group of physical and psychological symptoms, including pain and tenderness in a dozen or so sites, stiffness, fatigue, headaches, dizziness, abdominal or pelvic pain, diarrhea, memory and concentration problems, and various states of anxiety and depression.

The fact that this ailment is recognized as a syndrome is unusual for conventional medicine. In homeopathy, it is believed that ALL ailments are syndromes, that is, all disease is a constellation of physical and psychological symptoms and each patient has their own subtly different version of the disease. The fact that people with fibromyalgia tend to have sometimes slightly and sometimes overtly differing symptoms from each other is no significant problem for homeopaths because each person is observed to have his/her own syndrome of symptoms, no matter what disease doctors diagnose them to have.

Because people with fibromyalgia tend to have distinct and unusual symptoms, this actually makes it easier for homeopaths to treat them successfully. However, homeopaths have also observed that a small percentage of people with fibromyalgia are so ill and their immune system is so compromised that it is difficult for homeopaths to provide effective treatment.

Despite the various newspaper and magazine articles and even books on fibromyalgia, it is unfortunate that very few of these reports make reference to an important study published in a major medical journal showing the efficacy of a homeopathic medicine in the treatment of certain people with this syndrome.

Scientific Evidence

A meta-analysis of evidence was published in 2014 in which 10 case-reports, 3 observational studies, 1 non-randomized and 4 randomized controlled trials (RCTs) on homeopathy for fibromyalgia were evaluated (Boehm, Raak, Cramer, et al, 2014). The case reports and observational studies are naturally predominated by the use of qualitative and not validated outcome measures. Meta-analyses of CCTs revealed effects of homeopathy on tender point count (SMD=-0.42; 95%CI -0.78, -0.05; P=0.03), pain intensity (SMD=-0.54; 95%CI -0.97, -0.10; P=0.02), and fatigue (SMD=-0.47; 95%CI -0.90, -0.05; P=0.03) compared to placebo.

The researchers concluded: “The results of the studies as well as the case reports define a sufficient basis for discussing the possible benefits of homeopathy for patients suffering from fibromyalgia syndrome although any conclusions based on the results of this review have to be regarded as preliminary.”

Today, the best scientific studies are conducted with a double-blind methodology, that is, neither the patient nor the doctor knows which subjects are given the real medicine and which are given a placebo. The additional trick to doing a good double-blind study is to make certain that those subjects who are given the treatment and those given a placebo are well matched in terms of their age, sex, the length and intensity of the disease, and various other factors. However, even the best matching of groups will have its flaws.

There is one way out of this research design problem, and it is called a double-blind study with “crossover.” Such a study has half of the subjects start by taking the real medicine and the other half start by taking a placebo. Halfway through the study, the group that initially took the medicine is given the placebo, and those who initially took the placebo now begin taking the real medicine. Instead of comparing two groups against each other, this crossover methodology compares each person under one treatment with him or herself under a placebo. This type of study is considered the most sophisticated type of research design, though it is not always appropriate because some medications have long-term effects, thus once a subject stops taking a medicine and starts taking the placebo, the subject may still experience the benefits of the medicine.

With these issues in mind, researchers in England found that patients with fibromyalgia were (obviously) a varied group with differing symptoms but that there was one homeopathic medicine, more than any other, that seemed to be indicated (Fisher,

1986). This medicine, *Rhus toxicodendron* (also called *Rhus tox*) was found to be indicated in 42% of fibromyalgia patients.

The researchers found 30 patients who seemed to fit the symptoms of *Rhus tox*, and they were given a homeopathic dose of this medicine, 6C (this dose is considered a “low potency,” that is, it is a dose that generally does not have long-term effects). The researchers found that there was a significant degree of improvement in the reduction of pain and tender points and improved sleep when the subjects were taking the homeopathic medicine, as compared to when the subjects were taking a placebo.

Researchers consider a study to have statistical significance if calculations show that there is a better than 5 in 100 possibility (written: $P < .05$) of the result to occur simply through chance. However, the results of this experiment were so significant that the researchers found that there was a 5 in 10,000 chance ($P < .005$) of this occurring from chance.

This study, therefore, strongly suggests that homeopathic medicines can be effective in reducing the pain and tender spots and in improving sleep in patients suffering from fibromyalgia.

In addition to this study, a more recent study published in the highly respected journal, *Rheumatology* (published by the British Society for Rheumatology) also found statistically significant results from homeopathic treatment. Researchers from the University of Arizona in collaboration with homeopaths conducted a double-blind, randomized, placebo-controlled trial with 62 fibromyalgia patients (Bell, Lewis, Brooks, et al., 2004). Patients were randomized to receive an oral daily dose of an individually chosen homeopathic medicine in LM potency (or a placebo). Patients were evaluated at baseline, 2 months, and 4 months.

The study found that 50% of patients given a homeopathic medicine experienced a 25% or greater improvement in tender point pain on examination, as compared to only 15% of those who were given a placebo experienced a similar degree of improvement ($P = 0.008$). After 4 months, the homeopathic patients also rated the “helpfulness of the treatment” significantly greater than did those who were given a placebo ($P = 0.004$). It is therefore not surprising that the study also showed that the average number of remedies recommended by the homeopaths was substantially higher to those in the placebo group as compared with the real treatment group.

An independent group of researchers has evaluated this study and deemed it to be of the “highest quality” (De Silva, El-Metwally, Ernst, et al 2010).

One special additional feature of this trial was that the first dose of medicine was given by olfaction (by smell) and that both groups were monitored with EEG. The researchers found that there was a significant and identifiable difference in the EEG readings in patients who were given the real homeopathic medicine as compared to those given the placebo (Bell, Lewis, Schwartz, et al, 2004a). Each patient had three laboratory sessions, including at baseline, at 3 months, and at 6 months after initial treatment. The researchers found that the active treatment group experienced significant increases in the EEG relative alpha magnitude, while patients given a placebo experienced a decrease in this measurement ($P = 0.003$).

Another unique feature of this study was that it included an optional crossover design, allowing patients who had initially been prescribed one treatment (placebo or medication) to switch to the “other” treatment (Bell et al, 2004d). The researchers found

that 31% of those patients who had been prescribed the medication chose to switch, while 41% of those patients who had been prescribed the placebo chose to switch.

The combined evidence of clinical improvement along with objective physiological response from the homeopathic medicine makes the results of this trial of additional significance.

One other study conducted by this group of researchers (not on fibromyalgia patients) also showed significant differences in EEG readings when subject were exposed by olfactory exposure to specific homeopathic medicines (Bell, Brooks, Howerter, et al., 2011).

A randomized controlled trial (RCT) was conducted comparing “usual care” compared with usual medical care plus adjunctive care by a homeopath for patients with fibromyalgia syndrome (FMS) (Relton, Smith, Raw, 2009). Adjunctive care consisted of five in depth interviews and individualized homeopathic medicines. The primary outcome measure was the difference in Fibromyalgia Impact Questionnaire (FIQ) total score at 22 weeks. (“Usual care” refers to one or more of the following: physiotherapy, aerobic exercise, analgesics, non-steroidal anti-inflammatory drugs, antidepressants.)

A total of 47 patients were recruited. Drop-out rate in the usual care group was higher than the homeopathic care group (8/24 vs 3/23). Adjusted for baseline, there was a significantly greater mean reduction in the FIQ total score (function) in the homeopathic care group than the usual care group (-7.62 vs 3.63). There were significantly greater reductions in the homeopathic care group in the McGill pain score, FIQ fatigue and tiredness upon waking scores. The study also found a small effect on pain score (0.21, 95% CI -1.42 to 1.84); but a large effect on function (0.81, 95% CI -8.17 to 9.79). There were no reported adverse events.

In contrast, the usual care group did not experience improvements in various measurements, and in fact, they experience some increases in the McGill pain score despite treatment prescribed by a rheumatologist.

A leading psychiatric medical journal published a review of clinical research testing homeopathic medicines in the treatment of psychiatric conditions (Davidson, Crawford, Ives, Jonas, 2011).

Clinical trials were included if they met 7 criteria and were assessed for possible bias using the Scottish Intercollegiate Guidelines Network (SIGN) 50 guidelines. Overall assessments were made using the Grading of Recommendations Assessment, Development and Evaluation procedure. Identified studies were grouped into anxiety or stress, sleep or circadian rhythm complaints, premenstrual problems, attention-deficit/hyperactivity disorder, mild traumatic brain injury, and functional somatic syndromes.

A total of 25 eligible studies were identified from an initial pool of 1,431. Study quality according to SIGN 50 criteria varied, with 6 assessed as good, 9 as fair, and 10 as poor. Outcome was unrelated to SIGN quality. Effect size could be calculated in 16 studies, and number needed to treat, in 10 studies. Efficacy was found for the functional somatic syndromes group (fibromyalgia and chronic fatigue syndrome), but not for anxiety or stress. For other disorders, homeopathy produced mixed effects. No placebo-controlled studies of depression were identified. Meaningful safety data were lacking in

the reports, but the superficial findings suggested good tolerability of homeopathy. A funnel plot in 13 studies did not support publication bias ($\chi^2(2) = 1.923$, $P = .166$).

The database on studies of homeopathy and placebo in psychiatry is very limited, but results do not preclude the possibility of some benefit.

Here are some common remedies for fibromyalgia, though it is highly recommended to seek professional homeopathic care for this condition rather than to apply self-treatment.

**** *Rhus toxicodendron* (poison ivy):** This remedy is indicated when the person has symptoms like a rusty gate, that is, the pain is worse upon initial motion but is relieved by continued motion. Pain is also worse during rest after prolonged motion, at night in bed, and in cold or cold, wet weather.

*** *Bryonia* (wild bryony):** This medicine is valuable when the person experiences pain from any type of motion. They feel some temporary relief by firm pressure upon the painful area. Psychologically, they are very irritable and insist upon being alone.

*** *Pulsatilla* (windflower):** When the person experiences pain in areas of the body that constantly change from one place to another, this remedy should be considered. Typically, there is some relief when the person is exposed to cold and some aggravation of symptoms when exposed to warmth or heat and at night.

*** *Kalmia* (mountain laurel):** This remedy is useful for a sudden onset of severe acute joint pain, especially when the pain is paralyzing and tends to come and go. The joint pains may even move from one joint to another or tend to travel downward. Numbness, weakness, and trembling may also be experienced. Motion of any sort and exposure to cold aggravates the pain, while hot bathing and rest provide temporary relief.

REFERENCES:

Bell IR, Brooks AJ, Howerter A, Jackson N, Schwartz GE. Short-term effects of repeated olfactory administration of homeopathic sulphur or pulsatilla on electroencephalographic alpha power in healthy young adults. *Homeopathy*. 2011 Oct;100(4):203-11. <http://www.ncbi.nlm.nih.gov/pubmed/21962194>

Bell, IR, Lewis, DA, Brooks, DJ, Schwartz, GE, Leis, SE, Walsh, BT, and Baldwin, DM, Improved Clinical Status in Fibromyalgia Patients Treated with Individualized Homeopathic Remedies Versus Placebo, *Rheumatology*, January 20, 2004:1111-7. <http://www.ncbi.nlm.nih.gov/pubmed/14734789>

Bell IR, Lewis Ii DA, Lewis SE, Schwartz GE, Brooks AJ, Scott A, Baldwin CM. EEG Alpha Sensitization in Individualized Homeopathic Treatment of Fibromyalgia. *Int J Neurosci*. 2004;114(9):1195-1220. <http://www.ncbi.nlm.nih.gov/pubmed/15370183>

Bell IR, et al: Electroencephalographic cordance patterns distinguish exception clinical responders with fibromyalgia to individualized homeopathic medicines. J Alt Comp Med 10,2:285-299, 2004c. <http://www.ncbi.nlm.nih.gov/pubmed/15165409>

Bell et al, Individual differences in response to randomly assigned active individualized homeopathic and placebo treatment in fibromyalgia: implications of a double-blinded optional crossover design. J Alt Comp Med, 10(2):269-283, 2004d. <http://www.ncbi.nlm.nih.gov/pubmed/15165408>

Boehm K, Raak C, Cramer H, Lauche R, Ostermann T., Homeopathy in the treatment of fibromyalgia--a comprehensive literature-review and meta-analysis. Complement Ther Med. 2014 Aug;22(4):731-42. doi: 10.1016/j.ctim.2014.06.005. Epub 2014 Jun 28. <http://www.ncbi.nlm.nih.gov/pubmed/25146079>

Davidson JR, Crawford C, Ives JA, Jonas WB. Homeopathic treatments in psychiatry: a systematic review of randomized placebo-controlled studies. J Clin Psychiatry. 2011 Jun;72(6):795-805. <http://www.ncbi.nlm.nih.gov/pubmed/21733480>

De Silva V, El-Metwally A, Ernst E, et al. Evidence for the efficacy of complementary and alternative medicines in the management of fibromyalgia: a systemic review. Rheumatology. March 3, 2010. <http://www.ncbi.nlm.nih.gov/pubmed/20202927>

Fisher P, Greenwood A, Huskisson EC, et al., "Effect of Homoeopathic Treatment on Fibrositis (Primary Fibromyalgia)," BMJ, 299(August 5, 1989):365-6. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1837734/>

Relton C, Smith C, Raw J, Walters C, Adebajo AO, Thomas KJ, Young TA. Healthcare provided by a homeopath as an adjunct to usual care for Fibromyalgia (FMS): results of a pilot Randomised Controlled Trial. Homeopathy. 2009 Apr;98(2):77-82. <http://www.ncbi.nlm.nih.gov/pubmed/19358959>

Food Disorders

Frequent binge eating is often a symptom of an underlying eating disorder, such as bulimia nervosa (BN) or binge eating disorder (BED). The role of homeopathy in the treatment of binge eating remains poorly explored. Therefore, a study intended to measure the efficacy of individualized homeopathic treatment for binge eating in adult males was conducted (van Heerden, Razlog, Pellow, 2016).

This case study was a 9-week pilot using an embedded, mixed-methods design. A 3-week baseline period was followed by a 6-week treatment period. The setting was the Homeopathic Health Clinic at the University of Johannesburg in Johannesburg, South Africa. Through purposive sampling, the research team recruited 15 Caucasian, male participants, aged 18-45 years of age, who were exhibiting binge eating. Individualized homeopathic remedies were prescribed to each participant.

Participants were assessed by means of (1) a self-assessment calendar (SAC), recording the frequency and intensity of bingeing; (2) the Binge Eating Scale (BES), a psychometric evaluation of severity; and (3) case analysis evaluating changes with time. Ten of the 15 participants completed the study. The study found a statistically significant improvement with regard to the BES ($P = .003$) and the SAC ($P = .006$), with a large effect size, indicating that a decrease occurred in the severity and frequency of bingeing behavior during the study period. This small study showed the potential benefits of individualized homeopathic treatment of binge eating in males, decreasing both the frequency and severity of bingeing episodes. Follow-up studies are recommended to explore this treatment modality as a complementary therapeutic option in eating disorders characterized by binge eating.

Reference:

van Heerden HJ, Razlog R, Pellow J. Pilot Study on the Homeopathic Treatment of Binge Eating in Males. *Altern Ther Health Med*. 2016 Apr;22(S1):8-13.
<https://www.ncbi.nlm.nih.gov/pubmed/27089525>

Foot Problems

BOTTOMLINE: A preliminary study has suggested beneficial results in the homeopathic treatment of plantar fasciitis.

NOTE: See the sections on Blisters and Boils/Carbuncles for remedies for these problems.

The plantar fascia refers to the fibrous tissue that attaches at the heel bone and extends to the toes. The plantar fascia covers much of the bottom of your feet. This fibrous tissue can get injured or stressed, causing microscopic bleeding and pain. This condition is called plantar fasciitis.

During the early stages of plantar fasciitis is treated with Ultrasound therapy, electro-galvanic stimulation, and/or a foot orthotic. If the problem continues and worsens, surgery may be necessary.

A recent preliminary study has found that a homeopathic medicine, *Ruta graveolens*, can be effective in treating plantar fasciitis (Clark and Percival, 2000). A study of 14 patients with plantar fasciitis was conducted in which the subjects were given either *Ruta graveolens* 30C (2 tablets three times a day for 14 days) or a placebo. The results showed a significant improvement ($P < 0.05$) in patients given the homeopathic medicine, when compared with those patients given a placebo, as early as the 4th day of treatment and lasted throughout the 14 days of the trial.

Plantar fasciitis (PF) is a chronic degenerative condition causing marked thickening and fibrosis of the plantar fascia on the bottom of feet, along with collagen necrosis, chondroid metaplasia and calcification. To date, there is little convincing evidence for the efficacy of various approaches, including homeopathy, for treating PF.

Later, a randomized, double-blind, placebo-controlled trial was conducted at the outpatient departments of Mahesh Bhattacharyya Homoeopathic Medical College and Hospital, West Bengal, India (Shahid S, Ghosh S, Chakraborty, et al, 2021). Patients were randomized to receive either individualized homeopathic medicines (IHMs) or identical-looking placebo in the mutual context of conservative non-medicinal management. The Foot Function Index (FFI) questionnaire, as an outcome measure, was evaluated at baseline, every month, and up to 3 months. Group differences (unpaired t-tests) and effect sizes (Cohen's d) were calculated on an intention-to-treat sample.

The target sample size was 128; however, only 75 were enrolled (IHMs: 37; Placebo: 38). Attrition rate was 9.3% (IHMs: 4, Placebo: 3). Differences between groups in total FFI% score favored IHMs against placebo at all the time points, with large effect sizes: month 1 (mean difference, -10.0; 95% confidence interval [CI], -15.7 to -4.2; $p = 0.001$; $d = 0.8$); month 2 (mean difference, -14.3; 95% CI, -20.4 to -8.2; $p < 0.001$; $d = 1.1$); and month 3 (mean difference, -23.3; 95% CI, -30.5 to -16.2; $p < 0.001$; $d = 1.5$). Similar significant results were also observed on three FFI sub-scales (pain%, disability%, and activity limitation%). *Natrum muriaticum* ($n = 14$; 18.7%) and *Rhus toxicodendron* and *Ruta graveolens* ($n = 11$ each; 14.7%) were the most frequently prescribed medicines. No harms, serious adverse events, or intercurrent illnesses were recorded in either of the groups.

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The researchers concluded that IHMs acted significantly better than placebo in the treatment of PF. However, because the trial was underpowered, the results should be interpreted as preliminary only.

The remedies listed below are some of the most common remedies for plantar fasciitis:

**** *Ruta graveolens* (rue):** If you don't know which remedy to give for people with this condition, start with this one. It is particularly indicated when movement creates pain as well as irritability, and the symptoms are particularly worse with stepping.

*** *Rhus toxicodendron* (poison ivy):** This remedy is useful when the pain is worse after (rather than during) movement or worse during rest or in the morning. The pain may actually be reduced the more the person moves, though the pain will be more once the person rests.

*** *Stellaria* (chickweed):** When the pain is shooting or darting (sharp!) and is worse from exposure to warmth and there's reduced pain from exposure to cold, consider this remedy.

*** *Rhododendron* (snow rose):** Consider this remedy when the pain is associated with exposure to cold, damp weather.

*** *Natrum carbonicum* (sodium carbonate):** This remedy is useful when the person experiences a pulsating pain on the bottom of their foot (or feet).

*** *Causticum* (Hahnemann's calcium sulphide):** Consider this remedy if the person notices a reduction in pain during rainy days and/or when the person is known to be extremely sympathetic and have a strong sense of social justice.

DOSE: Use the 6, 12, or 30th potency three times a day for up to one week (experienced homeopaths may want to use higher potencies when they are confident on their prescription). After this, take it once a day for another week if necessary, and if there is still pain or discomfort, see a podiatrist or a physician.

REFERENCE:

Clark, J, and Percival, A, A Preliminary Investigation into the Effectiveness of the Homeopathic Remedy, *Ruta Graveolens*, in the Treatment of Plantar Fasciitis, *British Journal of Podiatry*, 3,3: August 2000,81-85.

Shahid S, Ghosh S, Chakraborty AS, Maiti S, Sadhukhan S, Koley M, Saha S. Efficacy of Individualized Homeopathic Medicines in Plantar Fasciitis: Double-blind, Randomized, Placebo-Controlled Clinical Trial. *Homeopathy*. 2021 Sep 7. doi:

10.1055/s-0041-1731383. Epub ahead of print. PMID: 34492725.
<https://pubmed.ncbi.nlm.nih.gov/34492725/>

Fractures

BOTTOMLINE: Homeopathic medicines can help the healing of fractures when medical care is provided to set the bones correctly, and one study has confirmed this long-time clinical observation.

Fractures require medical attention to set the bones, but they can benefit from the concurrent use of homeopathic medicines to help speed bone healing. Homeopathic medicines sometimes act so fast that it is recommended to have the fracture set prior to taking any doses.

In addition to using the below remedies for bone healing, it is important to take *Arnica* 6, 12, or 30th potency during the first day to help deal with the shock and trauma of the injury. Also, *Hypericum* 6, 12, or 30th potency should be used concurrently if there is any nerve injury, as exhibited with any shooting pains.

A study was conducted as a double blind randomized controlled study with 67 patients with acute non-displaced lateral malleolar fracture (Sharma, Sharma, Sharma, 2012). Patients were recruited from the Emergency Orthopaedic department, SMS Hospital, Jaipur, India during May 2007 to May 2009. Patients were randomized to either a homeopathy treatment (n=34) or a control group (n=33). All the patients received standard orthopaedic care through 12 weeks following injury. The treatment group received homeopathic medicine on the basis of totality of symptoms and individualisation. Outcome measures include radiological assessments and functional tests for healing. Assessments were taken on 3, 6, 9 and 12 weeks.

Faster healing was reported in the homeopathy group by week 9 following injury, including significant improvement in fracture line ($p < 0.0001$), fracture edge ($p < 0.0001$), callous formation ($p < 0.05$) and fracture union ($p < 0.0001$) in comparison to placebo. There was also lower use of analgesics and less self-reported pain in the homeopathy group.

**** *Symphytum* (comfrey):** This is the most important remedy to help heal fractures. It is also useful for fractures that are slow to heal or when the bone (knee cap, shin bone, elbow) has been bluntly traumatized but not broken. This medicine is also a well-known herbal remedy for fractures, though this herb is not available commercially in herbal doses because it has been linked to liver cancer (this suggests that this remedy, when prepared homeopathically, is one to consider for this type of cancer).

*** *Ruta* (rue):** When the bone is extremely sore, this remedy helps to reduce the pain and heal the bone.

*** *Calcarea phosphorica* (calcium phosphate):** When bones do not heal after a long time, this remedy should be considered.

References:

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Sharma S, Sharma N, and Sharma R. Accelerating the healing of bone fracture using homeopathy: a prospective, randomized double-blind controlled study BMC Complementary and Alternative Medicine 2012, 12(Suppl 1):O61 doi:10.1186/1472-6882-12-S1-061.
<http://bmccomplementaltemed.biomedcentral.com/articles/10.1186/1472-6882-12-S1-O61>

Headaches

BOTTOMLINE: Clinical experience suggests beneficial results using homeopathic medicines, though controlled studies have shown mixed results, especially in treating patients who have had headaches for 20+ years. A study of children with migraines showed a statistically significant improvement from homeopathic treatment. People with severe and/or long-term headaches should seek some type of medical supervision.

Conventional medicine is relatively effective in providing short-term relief from the pain of headaches; however, there is the price of short-term and long-term side-effects attendant to these conventional drugs. Homeopathic medicines provide a safer alternative.

The scientific evidence for the efficacy of homeopathic medicines in the treatment of headaches is mixed. Two studies have shown beneficial results (Brigo, 1987; Stramsheim, 2000), but two other studies have shown that homeopathic medicines were no better than placebo (Walach, 1997; Whitmarsh, 1997). Despite these confusing results, it makes sense to try homeopathy due to homeopathic medicine's history of safety. It should be noted that although the two studies that showed negative results were well conducted, they primarily tested the treatment of patients who had experienced headaches for 20+ years. While some homeopaths have claimed clinical successes in treating patients with long-term headaches, the scientific evidence for treating people with 20+ years of headache pain does not verify this clinical experience.

A randomized double-blind and placebo-controlled trial was conducted on 63 patients with migraine headaches over a four-month period (Whitmarsh, 1997). Although the researchers found that there was no statistical difference in the overall incidence of migraines, the data actually showed that those patients given a placebo had a reduction in their mildest forms of headaches (-39.3% vs. -18.5%), while the patients given an individually selected homeopathic medicine had reductions in their moderate and severe headaches (moderate: -38.2% vs -13.2%; severe: -20.0% vs. -13.2%). In this light, the researchers concluded that “we cannot recommend homeopathy for migraine prophylaxis, but cannot concluded that it is without effect.”

A prospective multicenter observational study was conducted with 212 consecutive adult migraine patients (89.2% women) beginning homeopathic treatment in primary care practices were evaluated over 2 years using standardized questionnaires (Witt, , Lüdtke, Willich, 2010). The data recorded included diagnoses (International Classification of Diseases, Ninth Revision) and current complaints, including their severity (numeric rating scale 0–10), health-related quality of life (QoL, 36-item Short-Form Health Survey), medical history, consultations, homeopathic and conventional treatments, as well as other health service use.

The mean age of the patients was 39.4 years, and they were treated by 67 physicians. Patients had suffered from migraine for a period of 15.2 ± 10.9 years. Most patients (90.0%) were conventionally pretreated. The physician workload included taking the initial patient history (120 ± 45 minutes), case analysis (40 minutes), and follow-ups (7.3 minutes, totaling 165.6 minutes). Patients received an average of 6.2 homeopathic prescriptions. Migraine severity showed marked improvement with a large effect size (Cohen's $d = 1.48$ after 3 months and 2.28 after 24 months. QoL improved accordingly

(Mental Component Score and Physical Component Score after 24 months: 0.42 and 0.45). The use of conventional treatment and health services decreased markedly.

More than half of all prescriptions were covered by 10 homeopathic remedies, but in total, 138 remedies were applied. The most frequently used potencies were: C200, 32.5%; C1000, 24.4%; C30, 10.6%; C10000, 8.4%; Q3(LM3), 3.7%; Q1 (LM1), 3.3%. Mee-Chua tests for the SF-36 confirmed a treatment effect after 3, 12, and 24 months for the physical component score ($p=0.0002$, 0.0001 , and 0.0001 respectively), but not for the mental component score ($p=0.4309$, 0.2501 , and 0.1238).

The greatest improvement in the severity of diagnoses and medical complaints was seen in the first 3 months, and it generally continued during the full observation period. Large reductions in the use of conventional medicines and health care services were also observed. Fully cured 19.8% (42); better by greater than 50% baseline 28.3% (60)(combined better by 50% to 100% = 48%). Patients using conventional drugs decreased considerably: at 3 months, there was a 29% decrease in all pain medication, at 12 months, a 25% decrease, and at 24 months, at 17.5% decrease.

In this observational study, patients seeking homeopathic treatment for migraine showed relevant improvements that persisted for the observed 24 month period. Due to the design of this study, however, it does not answer the question as to whether the effects are treatment specific or not.

An observational, prospective, open, nonrandomized, noncomparative, multicenter study was conducted in 12 countries worldwide (Danno, Colas, Masson, et al, 2013). Fifty-nine (59) physicians trained in the prescription of homeopathic medicines provided treatment to 168 children, aged 5-15 years, with definite or probable migraine diagnosed using International Headache Society 2004 criteria. Physicians were given complete freedom in terms of treatment prescription; thus, prescriptions were individualized for each patient.

The frequency, intensity, and duration of migraine attacks in the 3 months prior to inclusion were compared with those during the 3-month follow-up period. Pertinent data were collected using questionnaires completed by the doctor and the patient or his/her parent/guardian. The secondary outcome measure was the impact of homeopathic medicines on education, measured as absence from school.

The frequency, severity, and duration of migraine attacks decreased significantly during the 3-month follow-up period (all $p<0.001$). Preventive treatment during this time consisted of homeopathic medicines in 98% of cases (mean=2.6 medicines/patient). Children spent significantly less time off school during follow-up than before inclusion (2.0 versus 5.5 days, respectively; $p<0.001$). The most common preventive medicines used were Ignatia amara (25%; mainly 9C), Lycopodium clavatum (22%), Natrum muriaticum (21%), Gelsemium (20%), and Pulsatilla (12%; mainly 15C). Homeopathy alone was used for the treatment of migraine attacks in 38% of cases. The most commonly used medicines were Belladonna (32%; mainly 9C), Ignatia amara (11%; mainly 15C), Iris versicolor (10%; mainly 9C), Kalium phosphoricum (10%; mainly 9C), and Gelsemium (9%; mainly 15C and 30C).

The results of this study demonstrate a significant decrease in the frequency, severity, and duration of migraine attacks was observed and, consequently, reduced absenteeism from school. However, a limitation of this study is that there was no

comparison group who were treated with a placebo or another treatment. Still, this research shows the significant benefits that the overall “package of care” that homeopathic physicians bring to children with migraine headaches.

**** *Natrum muriaticum* (salt):** This is an important remedy for bursting headaches, headaches with a sense of a vise around the head, and/or headaches with a sensation of a hammer at a specific place on the head. It is for headaches that are worse at 10 am or from 10 am to 3 pm and those that are aggravated by sun, heat, reading, or straining the eyes. Such headaches tend to be relieved by cold applications, pressure, after perspiring, while lying down in a dark room, or when closing the eyes. This remedy is indicated when the person has a specific time pattern or periodicity to the head pain, as in every day, every other day, every week, every month, etc. It is also for headaches in girls who are serious and intense or in anyone whose headache begins after an experience of grief.

**** *Belladonna* (deadly nightshade):** This is a leading remedy for intense throbbing headaches (throbbing pains may also be experienced in the throat) that are aggravated by light, noise, touch, motion, simple jarring (even the person's hair is sensitive to touch), lying down, or during menstruation or menopause. Typically, these people experience headaches at 3 pm or at night. The head pains tend to be relieved by sitting in a semi-erect position or lying in dark quiet room. The symptoms are also relieved when using cold applications or applying firm pressure. It is indicated for headaches, especially right-sided ones, which come and go and then return suddenly. Typically, the person experiences a pressing outward sensation as though one's eyes were going to pop out. Commonly, the person's face is flushed or hot, their eyes are glassy, their pupils are dilated, and their hands and feet are icy cold.

*** *Bryonia* (wild bryony):** When a person has such bursting and splitting pain that simple motion of any kind, even moving the eyes, aggravates the headache, consider this medicine. The pains are typically in the front part of the head or may begin at the occiput and extend over the entire head, especially the left eye. The pain is aggravated by any type of jarring, from coughing, and in the morning until mid-day. The pain tends to be relieved by firm pressure, by lying motionless in a dark room, by washing with cold water. The head pains tend to be accompanied by indigestion and/or constipation. People who need this remedy tend to be irritable and insist upon being alone. These people also tend to have dry lips and mouth and a great thirst for cold liquids.

*** *Nux vomica* (poison nut):** Headaches associated with overeating, over-drinking (alcohol), coffee consumption, drug use, and a stressful work environment are often effectively treated with this remedy. The headache is typically worse upon waking, from exposure to cold or wind, and any type of noise or light. The headache is relieved by being in a warm room, applying warm applications, sitting quietly, and lying down. Great irritability and constipation with a headache is common for people who need this remedy.

* *Gelsemium* (yellow jessamine): Head pains in the back of the head and headaches associated with heaviness of the head, dimness of vision, or other types of visual disturbance are often treated with this remedy. The head pains are aggravated from lying with the head low, from exposure to the heat of the sun, and from mental exertion, while the pains tend to be relieved after profuse urination or while lying in a reclined position. People who benefit from this medicine tend to be extremely fatigued (even the head feels too heavy to hold up, their eyelids tend to remain only half-open, and various parts of the body may tremble), have apathetic feelings, and are usually without thirst. Also, this remedy is useful for people who get a headache prior to or after some type of performance or test.

* *Sanguinaria* (bloodroot): This remedy often relieves people with right-sided migraines, usually over the right eye, especially when they also suffer from indigestion, sometimes with vomiting, with a burning pain in the abdomen. This is a common remedy for headache in women experiencing a hot flash during menopause. People who benefit from this remedy tend to have their symptoms aggravated by light, noise, and getting jarred and tend to have some relief from sleep, after vomiting, and from firm pressure.

* *Iris versicolor* (blue flag): This is a remedy for right-sided migraines that tend to be experienced weekly, typically on weekends, and that begin with a visual aura and end with vomiting. These people tend to experience blurred vision with their headache. Cold air, relaxing, or coughing aggravates head pain, while open air, constant gentle motion, walking, or standing provide some relief.

* *Spigelia* (demerata pinkroot): People with left-sided headaches, even affecting their face, benefit from this remedy. They may feel a lot of pain in their left eye socket and are aggravated by motion, jarring, noise, wind, smoke, and stooping, and some relief is provided from keeping the eyes closed, lying down, or a hot bath. Typically, the pain is stitching or shooting. People who need this remedy may experience heart palpitations or have some heart problems.

* *Lachesis* (venom of the bushmaster): This remedy is indicated for primarily left-sided headaches (or that start on the left and move to the right) that are worse upon waking in the morning. The pain is aggravated when they wear tight collars or other tight clothing and tend to be commonly experienced by women going through menopause. The head pain tends to be relieved from cold applications, cold air, pressure, or during menstruation. Emotionally, people who need this remedy tend to be emotionally intense, jealous, and very talkative.

* *Coffea* (crude coffee): Headache concurrent with insomnia is typical of people who need this remedy. The head pains may be aggravated by noise or any excitement, even good news. Also, use this remedy for headaches related to coffee consumption.

* *Pulsatilla* (windflower): This remedy is useful in people who experience extremely changeable headaches that are generally aggravated by heat, by warm or stuffy rooms, and from overeating, especially fats or rich foods. The head pain may be relieved by

being in the open air or by cold applications. This remedy is also useful for women who occasionally experience a headache at the end of their menstrual bleeding. Typically, this remedy is indicated in gentle, mild, yielding people (especially women and children) who tend to be weepy, moody, clingy to others, and highly desirous of sympathy and attention.

REFERENCES:

Brigo, B, “Le Traitement Homeopathique de la Migraine: Une Etude de 60 cas, controllee en Double-aveugle,” Journal of LMHI, 1987.

Danno K, Colas A, Masson JL, and Bordet MF. Homeopathic Treatment of Migraine in Children: Results of a Prospective, Multicenter, Observational Study. The Journal of Alternative and Complementary Medicine, 19, 2, February 2013: 119-123.

Straumsheim, P, Borchgrevink, C, Mowinckel, P, et al., “Homeopathic Treatment of Migraine: A Double-blind, Placebo Controlled Trial of 68 Patients,” British Homeopathic Journal, January, 2000,89:4-7.

Walach, H, Haeusler, W, Lowes, T, et al, Classical Homeopathic Treatment of Chronic Headaches, Cephalalgia, 1997,17:119-26.

<http://www.ncbi.nlm.nih.gov/pubmed/9137850>

Whitmarsh, TE, Coleston-Shields, DM, Steiner, TJ, “Double-blind Randomized Placebo-Controlled Study of Homoeopathic Prophylaxis of Migraine,” Cephalalgia, 1997,17:600-4. <https://www.ncbi.nlm.nih.gov/pubmed/9251877>

Witt, Claudia M., Lüdtke, Rainer, Willich, Stefan N. Homeopathic Treatment of Patients with Migraine: A Prospective Observational Study with a 2-Year Follow-Up Period. The Journal of Alternative and Complementary Medicine. April 2010, 16(4): 347-355. doi:10.1089/acm.2009.0376. <https://www.ncbi.nlm.nih.gov/pubmed/20423206>

Head Injury

BOTTOMLINE: Homeopathic medicines can be used preventively to avoid complications from acute head injury or they can be used to treat people when complications from head injury are experienced. One study showed the benefits of homeopathy in treating people with the latter chronic effects of head injury. It is best to seek professional homeopathic care if a patient is experiencing serious or long-term symptoms after a head injury, and it is recommended to seek some type of medical supervision after a head injury.

Ailments after a head injury can be either minor or major. Homeopaths have affirmed good results using homeopathic medicines for various ailments after head injuries, and some research has confirmed these good clinical experiences (Chapman, 1999). A randomized, double-blind, placebo-controlled trial of 60 patients, with a four-month follow-up (N = 50), was conducted at Spaulding Rehabilitation Hospital (SRH), a teaching hospital for Harvard Medical School. Patients with persistent mild traumatic brain injury (MTBI) (mean 2.93 years since injury, SD 3.1) were randomly assigned to receive a homeopathic medicine or placebo. The primary outcome measure was the subject-rated SRH-MBTI Functional Assessment, composed of three subtests: a Difficulty with Situations Scale (DSS), a Symptom Rating Scale (SRS), and a Participation in Daily Activities Scale (PDAS). The SRH Cognitive-Linguistic Test Battery was used as the secondary measure.

Analysis of covariance demonstrated that the homeopathic treatment was the only significant or near-significant predictor of improvement on DSS subtests (P = .009; 95% CI -.895 to -.15), SRS (P = .058; 95% CI -.548 to .01) and the Ten Most Common Symptoms of MTBI (P = .027; 95% CI -.766 to -.048). These results indicate a significant improvement from the homeopathic treatment versus the control and translate into clinically significant outcomes. This study suggests that homeopathy may have a role in treating persistent MTBI. These findings require large-scale, independent replication.

Below are the eight homeopathic medicines that were a part of this clinical trial.

*****Arnica*** (mountain daisy): This is the first remedy to consider help to deal with the shock and trauma of a head injury and to prevent long-term problems from it. Even if the person experiences trauma to the head and doesn't think that there's a problem, it is still worthwhile to take this remedy because people with head injury commonly experience shock and don't realize the extent of the problem. This remedy can also significantly reduce swelling, pain, and complications from a head injury. This remedy is indicated if significant bruising has already occurred.

*** *Belladonna*** (deadly nightshade): When there is much heat, redness, throbbing, and fullness in the head after an injury, consider this remedy. The person may become delirious, frantic, and may bite or strike at those around him or her.

*** *Hypericum*** (St. John's wort): Consider this remedy if there are sharp and shooting pains or if there are spasms or seizures after a head injury or spinal cord injury.

* *Cicuta* (water hemlock): If the person experiences seizures after a head injury or if the head injury is severe enough to suggest mental retardation, consider this remedy.

* *Natrum sulphuricum* (sodium sulphate): This remedy is useful when a person has long-term symptoms after a head injury, even when the symptoms may not be in the head. This remedy is also indicated when the person becomes depressed and develops suicidal thoughts after a head injury or when the person's personality significantly changes after the injury (i.e., the person becomes noticeably more irritable or confused).

* *Hellaborus* (white hellebore): If a person develops severe mental dullness and very slow talking after a head injury, think of this remedy. People who can only respond slowly to questions, who have difficulty understanding others, and have difficulty communicating may benefit from this remedy. These people have a tendency to stare into thin air and become indifferent to their surroundings and even to loved ones.

REFERENCE:

Chapman, E, Weintraub, R, Milburn, M, et al., Homeopathic Treatment of Mild Traumatic Brain Injury: A Randomized, Double-blind, Placebo-controlled Trial, Journal of Head Trauma Rehabilitation, 14,6, Dec, 1999, 521-542.
<http://www.ncbi.nlm.nih.gov/pubmed/10671699>

Heart Disease

BOTTOMLINE: Heart disease is serious enough to warrant the attention of a professional homeopath as well as a cardiologist. Homeopathy should be considered in conjunction with various lifestyle changes, exercise, herbal remedies, nutritional supplements, group support, and medical monitoring. There is no simple treatment or small number of common homeopathic medicines for people with heart disease. There are literally hundreds of possible remedies that can be beneficial. There is a small body of research that suggests that homeopathic medicine may be beneficial in the treatment of heart disease, though as yet, there are not replications of the positive studies to verify and confirm these positive results. One important study found that a homeopathic medicine for mild cardiac insufficiency was as effective as conventional drugs and was considerably safer.

One of the classic drugs for heart pain used in conventional medicine for over a century has been nitroglycerine. This drug was actually discovered by a homeopath (Foster and Heindel, 1981). Constantine Hering, MD, the father of American homeopathy, was the first physician to use nitroglycerine in medicine. He conducted a proving of it to see what symptoms it caused in overdose in order to determine what it could treat in homeopathic microdoses. Hering conducted these experiments on himself and his colleagues between 1847 and 1851. He discovered that nitroglycerine caused powerful symptoms, including palpitation of the heart, stabbing pain in the heart region, labored action of the heart with a sense of oppression, violent throbbing of the head, and a confused state. Glonoine (nitroglycerine) has been used in homeopathic doses for these symptoms ever since.

Contemporary editions of the *Merck Index* and the *Physicians Desk Reference* list similar symptoms. Modern texts also note that alcohol use further aggravates the symptoms that nitroglycerine causes (that's why doctors discourage alcohol use by patients who are taking it). Hering also made this observation 1849. It wasn't until 1858 that nitroglycerine was first mentioned in conventional medical journals.

Physicians note that over 50% of patients who take nitroglycerine experience headaches as a "side effect"; typically, they arbitrarily differentiate between the main effect of a drug and its side effects. Conventional physicians commonly emphasize the value of knowing the mechanism of action of their drugs, and they describe the benefits of nitroglycerine as its ability to dilate the heart's blood vessels and reduce the heart's demand for oxygen. Homeopaths go one step farther and explain the underlying reason why it has these effects: nitroglycerine reduces heart pain because it causes heart pain in overdose. Homeopaths' perspective of pharmacological action will soon play a significant role in helping physicians and pharmacologists understand their own drugs.

A study of 212 men and women between 50-75 years of age who were diagnosed with mild cardiac insufficiency were given either conventional medical treatment (ACE inhibitors and/or diuretics) or were given a unique homeopathic formulation called Cralonin, consisting of *Crataegus mother tincture* (hawthorn berry), *Spigelia anthelmia* D2* (wormbush or pinkroot), and *Kalium carbonicum* D3 (potassium carbonate) (Schroder, Weiser, Klein, 2003).

[*D2 is the same as 2X, which means that the tincture of this herb was diluted 1:10 twice, with vigorous shaken in-between in dilution. Please note that this product, Cralonin, is not available in the U.S. Clinicians interested in this product might consider getting the individual ingredients from homeopathic sources.]

The subjects in this experiment who were given this homeopathic formula were given it three times a day for 8 weeks. The subjects given conventional medical treatment were prescribed ACE inhibitors and/or diuretics, of which the dosage schedule was at the physician's discretion.

The study found that both treatment regimens improved scores on most variables studied. The global assessments of treatment found that 28.2% of the homeopathic patients judged their results as "very good" and 58.2% as "good," compared with only 15.7% and 52.0% of the conventionally treated group ($P=0.002$).

The study found both treatments to be well tolerated, but 82.7% of the patients who were given the homeopathic formula evaluated the tolerability of the remedy as "very good," while only 46.1% of patients undergoing conventional medical treatment assessed that similar level of tolerability ($P<0.0001$). Also, patients using the homeopathic medicine demonstrated a higher degree of compliance in taking their medicine (57.3% were judged by practitioners as "very good," while only 37.3% of patients using conventional treatments were judged to have a similar level of compliance) ($P=0.007$).

A prospective, double-blind, randomized, placebo-controlled, parallel-arm clinical trial was conducted at the Outpatient Clinic of the Mahesh Bhattacharyya Homoeopathy Medical College and Hospital, West Bengal (Saha, Koley, Hossain, et al., 2013).

Out of 233 hypertensives assessed for eligibility, 150 were enrolled and randomized (verum/homeopathy 70, control/placebo 80). A total of 18 dropped out and 132 were regular (verum 64, control 68). The outcome measures were assessed after three months and six months. The intention-to-treat population was subjected to statistical analysis. Group differences were tested using the χ^2 test and independent t test. Repeated measure (ANOVA) was performed to compare the data of two groups obtained longitudinally at baseline, three months and six months.

The baseline data were not significantly different between the groups. After six months, the mean Systolic Blood Pressure (SBP) reduction was 26.6 mm Hg (95% CI 21.5, 31.7) in the homeopathy group, while the SBP increased by 3.6 mm Hg (95% CI -8.7, 1.5) in the placebo group. Similarly, the mean Diastolic Blood Pressure (DBP) in the homeopathy group reduced by 11.8 mm Hg (95% CI 9.2, 14.4) and increased by 1.6 mm Hg (95% CI -3.6, 0.4) in the placebo group. Repeated measures ANOVA also showed significant difference ($P=0.0001$) between the groups.

The researchers concluded that individualized homeopathy produced a significantly different hypotensive effect than placebo. *Natrum muriaticum*, *Calcarea carbonica*, *Sulphur*, *Thuja occidentalis*, *Nitric acid* and *Medorrhinum* were the most frequently prescribed homeopathic medicines.

A double-blind, randomized (IH: 34, placebo: 34), placebo-controlled, parallel arms, pilot trial was conducted in efforts to replicate the above clinical trial. The researchers sought to assess the feasibility of a definitive placebo-controlled trial for evaluating individualized homeopathy (IH) in stage I hypertension (HTN) (Dey, Hashmi,

Saha, et al, 2021). The study provided individualized homeopathic treatment versus an identical-looking placebo.

The outcome measures included feasibility issues, blood pressure (BP) and Measure Yourself Medical Outcome Profile-2 (MYMOP-2) which were assessed for 6 months.

The recruitment and retention rates were 44.4% and 85.3%, respectively. Group differences were seemingly higher in the IH group than in the placebo group.

The researchers concluded that despite challenges in recruitment, an adequately powered efficacy trial appears feasible in the future.

A study investigated the homeopathic medicine Lachesis Muta 30C and its effect in reducing blood pressure levels in essential hypertensive patients (Sharma, Bhargav Jadhav, Patil, 2020). This was a monocentric, phase II clinical trial, and single arm, single blind study conducted at outpatient department of Bharati Vidyapeeth Deemed University- Homeopathic College & Research Centre, Pune.

A total 34 patients (men and women in between the age from 20 yrs to 75 yrs.) were enrolled in this study. From this initial group, four patients were dropped out. Blood pressure was measured in sitting position. The final outcome was decrease in blood pressure after 10-12 weeks of outpatient care. A significant reduction observed in blood pressure levels of hypertensive patients before and after treatment and patients symptomatically relieved as well. The mean reduction in systolic blood pressure (SBP) was 8.80 mm of Hg (95% CI 9.9, 7.7) and diastolic blood pressure (DBP) was 9.86mm of Hg (95% CI 10.2, 9.72) after completion of study which lasted 10-12 weeks. The homeopathic medicine Lachesis Muta 30C produced significant effect in reduction of the blood pressure level on essential hypertensive patients, though because this study didn't have a placebo group, it is difficult to make definitive conclusions.

There is the possibility that blood pressure (BP) may be positively correlated with anger variables that can lead to essential hypertension (EHT). Correctly prescribed homeopathic medicines work systemically and can help the patient to change his/her behavior and emotional responses. The study aims to demonstrate the efficacy of an individually prescribed homeopathic medicine on mild to moderate essential hypertension by modifying the underlying anger state, trait, and expressions, that then can reduce rates of hypertension.

A total of 172 patients (108 males and 64 females) between 18-65 years were enrolled in this study after consent was provided. These patients were allocated to the placebo and intervention groups by simple randomization (Bagadia, 2022). Homeopathic case-taking was done, and the STAXI-2 scale was applied at the beginning and after a 6-months study period to measure the change in anger. Follow-up was provided every two weeks to evaluate the subjective and objective parameters.

After six months, 16% of patients in the control group had to be prescribed standard anti-hypertensive treatment (AHT). In comparison, the blood pressure (BP) of all patients in the homeopathic treatment group were maintained on the individually selected homeopathic medicine for them. In the control group, 98% continued to use the same dose of their medicines. However, standard AHT stopped in 33% of patients in the

treatment group, and in 28% of cases, the ACH dose was reduced. Reduction in blood pressure and anger variables at the end of the study period was statistically significant ($p = 0.001$) in both arms. However, the difference was significantly more in all variables in the treatment group than in the control group.

The researchers concluded that individualized homeopathic treatment reduces anger and also reduces blood pressure.

A study of 50 people diagnosed with mild hypertension or borderline hypertension and 50 people with moderate to severe hypertension (uncontrolled hypertension who remained uncontrolled with standard medical pharmacological intervention) was undertaken in a specialized cardiac hospital in India (Singh and Kasliwal, 2003). The patients were treated with two homeopathic drugs, one of which was a “constitutional homeopathic medicine” and one of which was a remedy that is considered a specific for the heart symptoms the patients were exhibiting. This study was not double-blinded or placebo-controlled.

The study found a significant reduction in the systolic blood pressure and the diastolic blood pressure in both the borderline hypertension group ($P < 0.001$) and the uncontrolled hypertension group ($P < 0.001$). No side effects were reported.

A clinical trial attempted to study the efficacy of individualized homeopathic medicines (IHMs) in comparison with identical-looking placebos in treatment of post-stroke hemiparesis (PSH) in the mutual context of standard physiotherapy (SP) (Dutta, Singh, Saha, et al, 2022). A 3-month, open-label, randomized, placebo-controlled trial ($n = 60$) was conducted at the Organon of Medicine outpatient departments of National Institute of Homoeopathy, in West Bengal, India. Patients were randomized to receive IHMs plus SP ($n = 30$) or identical-looking placebos plus SP ($n = 30$).

The primary outcome measure was Medical Research Council (MRC) muscle strength grading scale; secondary outcomes were Stroke Impact Scale (SIS) version 2.0, Modified Ashworth Scale (MAS), and stroke recovery 0-100 visual analogue scale (VAS) scores; all measured at baseline and 3 months after intervention. Group differences and effect sizes (Cohen's d) were calculated on intention-to-treat sample.

There were overall improvements in the IHMs group than placebo group with small to medium effect sizes, but the group differences were statistically non-significant (all $P > 0.05$, unpaired t -tests). In the secondary outcomes, improvement in SIS physical problems was significantly higher in IHMs than placebos (mean difference 2.0, 95% confidence interval 0.3 to 3.8, $P = 0.025$, unpaired t -test). Causticum, Lachesis mutus, and Nux vomica were the most frequently prescribed homeopathic medicines. No harms, unintended effects, homeopathic aggravations or any serious adverse events were reported from either group.

This study found statistically significant improvement in the secondary outcome measures as determined by the Stroke Impact Scale.

A double-blind, randomized, two parallel arms, placebo-controlled trial was conducted at a homeopathic hospital in West Bengal, India, with 92 patients suffering from pre-hypertension; randomized to receive either IH ($n=46$) or identical-looking placebo ($n=46$) (Dutta, Ganguly, Kumar Mukherjee, et al, 2021). IH or placebo in the

mutual context of lifestyle modification (LSM) advices including dietary approaches to stop hypertension (DASH) and brisk exercises.

The primary outcome measure was systolic and diastolic blood pressure (SBP and DBP); The secondary measure was Measure Yourself Medical Outcome Profile version 2.0 (MYMOP-2) scores; all measured at baseline, and every month, up to 3 months.

After 3 months of intervention, the number of patients having progression from pre-hypertension to hypertension between groups were similar without any significant differences in between (all $P > 0.05$). Reduction in BP and MYMOP-2 scores were non-significantly higher (all $P > 0.05$) in the IH group than placebo with small effect sizes. *Lycopodium clavatum*, *Thuja occidentalis* and *Natrum muriaticum* were the most frequently prescribed medicines. No harms or serious adverse events were reported from either group. Thus, there was a small, but non-significant direction of effect favoring homeopathy, which ultimately rendered the trial as inconclusive.

One double-blind study tested a specific homeopathic medicine in the treatment of 34 hypertensive subjects of both sexes, aged between 52 and 93 years who were confined to bed in two old people's homes in Italy (Bignamini, 1987). Half of the patients who participated in the study were given *Baryta carbonica* 15c and half were given a placebo. For medico-legal reasons, conventional medical treatment was continued throughout the trial.

There were no statistically significant differences between the two groups. However, prior to the start of the study, it was determined that only eight of the subjects fit the symptomological picture of *Baryta carbonica*. After the completion of the trial, it was noted that four of these patients were given the homeopathic medicine and four were given a placebo. The four patients given the placebo experienced no observable changes. Of the four patients who were given the homeopathic medicine, three experienced a considerable drop in both systolic and diastolic blood pressure, and one experienced a complete regression of a distressing symptom that had troubled him for half a century.

Although the number of patients involved in this trial, especially those who fit the symptoms of the medicine being tested, was very small, this experiment suggests that homeopathic medicines may be effective in treating hypertensive patients, but only if the medicines are individually suited to their unique symptoms. The results of this investigation also suggest that it is critical for studies to be sensitive to the proper homeopathic approach in order to best evaluate efficacy of treatment.

Another study of interest regarding heart disease was performed at a veterinary medical school in the Netherlands to test the ability of a specific homeopathic medicine to lower cholesterol in rabbits (Baumans, 1987). Rabbits were first given increased amounts of cholesterol in their diets. Then one group of rabbits were given *Chelidonium* 3x, while the other group of rabbits were given a placebo. After 34 days the results showed that the rabbits given the homeopathic medicine had about 25% less serum cholesterol than those given the placebo.

One remedy that homeopaths and herbalists alike have found to be effective in both preventing and treating many kinds of heart disease is *Crataegus oxyacantha* (commonly known as hawthorn berries). Research has shown that extracts of hawthorn berries help to reduce angina attacks and lower blood pressure and cholesterol levels (Murray, 1994). This herb is best taken in non-potentized extract doses. In America, it

requires a doctor's prescription and is not available to non-physicians as a homeopathic medicine. However, it is available in herb and health food stores as an herbal remedy.

Myxomatous mitral valve disease (MMVD) is the most common cardiopathy in middle-aged dogs. When dogs are asymptomatic and have an enlarged left atrium, conventional medical treatment can be beneficial; however, some allopathic drugs are both very costly and may produce side effects. Herbal therapy with an extract of *Crataegus oxyacantha* can be beneficial, but there is a risk of adverse reactions-unlike with homeopathy, where the risk is minimized with the administration of ultra-diluted doses.

A randomized and double-blind study evaluated the efficacy of *Crataegus oxyacantha*, as mother tincture (MT) and in 6CH homeopathic formulation, in treating the initial phase of heart failure due to MMVD in a veterinary clinic setting (Balbueno, Peixoto, Junior, et al., 2020).

A total of 30 dogs with MMVD, 7 years or older and weighing up to 10 kg, were randomized into three groups as follows: *Crataegus* 6CH, *Crataegus* MT, and hydroalcoholic solution (placebo). Animals were evaluated through echocardiography parameters, laboratory blood tests, and systolic blood pressure (SBP) measurements at 30, 60, 90, and 120 days after initiation of therapy, for statistical analysis and monitoring of the blinded study.

The dogs who received *Crataegus* 6CH showed a reduction in SBP 60 days after treatment, while those receiving *Crataegus* MT exhibited a reduction 90 days after the therapy was initiated. There was a significant linear regression when evaluating the effect of treatment with *Crataegus* 6CH on SBP measurements over the evaluation intervals (linear equation: $SBP = 176.57 \text{ mm Hg} - 0.21x$, where x represents days of treatment). There was an increase in both fractional shortening and isovolumetric relaxation time for those patients receiving the homeopathic formulation.

The researchers concluded that treatment with *Crataegus* was beneficial for hypertensive and cardiopathic dogs with MMVD, extending the duration of the asymptomatic phase. The reduction in SBP occurred more swiftly in the 6CH group than in the MT-treated dogs.

Heart symptoms and heart disease require the attention of a professional homeopath. Considering the vast sums of money presently being spent on heart disease research, it is sad that no moneys are devoted to studying potentially useful but inadequately tested treatments for heart disease including homeopathic medicines. Such research requires individualized care. Individualizing a medicine to a person's unique symptoms is the homeopath's way to get to the heart of heart disease.

The following are select medicines to be used as soon as possible and prior to seeking professional homeopathic care.

* *Aconitum* (monkshood): This remedy is almost always indicated during a person's first heart attack, especially when the prominent symptoms include significant panic and profound fear of death. These people become extremely restless, and yet any motion tends to cause further distress. They experience a burning thirst and a hypersensitivity to noise along with rapid heartbeat and full, hard, bounding pulse.

* *Cactus* (night-blooming cactus): This remedy is reflective of the substance from which it is made, and it is known to benefit people who experience prickly pains in and around the heart and feel great constriction, as though there were an iron band around the heart. These people tend to experience their heart symptoms at 11pm or 10-11am and feel worse when lying on the left side. People who need Cactus may also experience great fear and anxiety, though not to the degree of those who need Aconitum. Cactus is more indicated for fear of having an incurable condition than for fear of death.

* *Arsenicum* (arsenic): This medicine is useful when the person experiences burning sensations in the chest along with pain, constriction, and fear. This person is very chilly, and his symptoms usually begin at or after midnight.

* *Glonoine* (nitroglycerin): This medicine is indicated when people have throbbing pains in the chest, rapid pulse with great force, and alternating congestive feelings in the heart and the head. These people tend to hold their chest and head due to the pain they experience. Their pains are aggravated by the sun, stooping, and heat.

* *Arnica* (mountain daisy): This is an important medicine for heart pain and is also an extremely common and important remedy for treating shock and trauma after a heart attack or stroke. Some homeopaths consider it a routine prescription at those times. It is useful for angina pain when there is concurrent severe pain in the left elbow. There also may be a sense of bruised soreness and aching all over, with an aversion to being touched. When in shock, people who need this remedy may deny that they are ill, despite being in grave condition.

* *Crataegus oxyacantha* (Hawthorn berries): This remedy is known in herbal and homeopathic medicine as an important heart tonic. It has been found to open (dilate) the coronary arteries and improve blood supply to the heart. Prescribed primarily in mother tincture form, this remedy is not a quick fix for heart failure, angina, or cardiac arrhythmias, but it has generally been found to provide benefits for these conditions after a long-term usage. However, due to the seriousness of these ailments, it is best prescribed by physicians.

DOSE: Because time is of the essence, it is more important that the correct remedy be given than the perfect potency. Whatever potency you have of the above remedies will generally be adequate. If you do have a choice, use the highest potency available if you are confident in the selection of the remedy. Give it every 15-30 minutes until there is significant improvement. The time between doses can be lengthened as pain decreases.

REFERENCES:

Bagadia L. A Randomized Controlled Trial of Individualized Homoeopathic Treatment to Reduce Anger and Thereby Reducing Hypertension. J Hypertens. 2022 Jun 1;40(Suppl 1):e304-e305. doi: 10.1097/01.hjh.0000838700.19313.e3. PMID: 36027444. <https://pubmed.ncbi.nlm.nih.gov/36027444/>

Balbuena MCS, Peixoto KDC Junior, Coelho CP. Evaluation of the Efficacy of *Crataegus oxyacantha* in Dogs with Early-Stage Heart Failure [published online ahead of print, 2020 Jul 17]. *Homeopathy*. 2020;10.1055/s-0040-1710021. doi:10.1055/s-0040-1710021 <https://pubmed.ncbi.nlm.nih.gov/32679591/>

Baumans, V, et.al., Does Chelidonium 3x Lower Serum Cholesterol? *British Homoeopathic Journal*, January 1987, 76, 1:14-15.
<http://www.sciencedirect.com/science/article/pii/S0007078587800340>

Bignamini, M, et.al., Controlled Double-blind Trial with *Baryta carbonica* 15CH versus Placebo in a Group of Hypertensive Subjects Confined to Bed in Two Old People's Homes, *British Homoeopathic Journal*, July 1987, 76, 3:114-19.

Dey S, Hashmi S, Saha S, Mandal M, Shaikh AR, Agrawal E, Ghosh P, Sehrawat N, Koley M, Saha S. A Randomized, Double-Blind, Placebo-Controlled, Pilot Trial of Individualized Homeopathic Medicines for Cutaneous Warts. *Homeopathy*. 2021 Mar 24. doi: 10.1055/s-0040-1722232. Epub ahead of print. PMID: 33761570.
<https://pubmed.ncbi.nlm.nih.gov/33761570/>

Dutta S, Ganguly S, Kumar Mukherjee S, et al. Efficacy of individualized homeopathic medicines in intervening the progression of pre-hypertension to hypertension: A double-blind, randomized, placebo-controlled trial: Homeopathic treatment of pre-hypertension, *Explore*, 2021, ISSN 1550-8307, <https://doi.org/10.1016/j.explore.2021.05.007>

Dutta A, Singh S, Saha S, Rath P, Sehrawat N, Singh NK. Efficacy of individualized homeopathic medicines in treatment of post-stroke hemiparesis: A randomized trial. *Explore (NY)*. 2022 Aug 29;S1550-8307(22)00160-4. doi: 10.1016/j.explore.2022.08.017. Epub ahead of print. PMID: 36115790.
<https://pubmed.ncbi.nlm.nih.gov/36115790/>

Foster, NI, and Heindel, ND, The Discovery of Nitroglycerine: Its Preparation and Therapeutic Utility, *Journal of Chemical Education*, April 1981, 58, 4:364-65.

Murray, M, *Natural Alternatives to Over-the-Counter and Prescription Drugs*. New York: Morrow, 1994, 53-4.

Saha S, Koley M, Hossain SI, Mundle M, Ghosh S, Nag G, Datta AK, Rath P. Individualized homoeopathy versus placebo in essential hypertension: A double-blind randomized controlled trial. *Indian J Res Homoeopathy*. 2013;7:62-71. Available from: <http://www.ijrh.org/text.asp?2013/7/2/62/116629>

Schroder, D, Weiser, M, Klein, P, Efficacy of Homeopathic *Crataegus* Preparation Compared with Usual Therapy for Mild (NYHA II) Cardiac Insufficiency: Results of an Observation Cohort Study, *European Journal of Heart Failure*, 2003; 5(3)319-326.
[http://onlinelibrary.wiley.com/doi/10.1016/S1388-9842\(02\)00237-4/abstract](http://onlinelibrary.wiley.com/doi/10.1016/S1388-9842(02)00237-4/abstract)

Sharma N, Bhargav Jadhav A, Patil V. Study the Effectiveness of Lachesis muta 30C in Patients with Essential Hypertension in the Age Group of 20-75 Years. International Journal of Health Sciences and Research. January 2020; 10,1: 216-220.

https://www.ijhsr.org/IJHSR_Vol.10_Issue.1_Jan2020/IJHSR_Abstract.035.html

Singh, RK, and Kasliwal, RR, Efficacy of Homoeopathic Drugs in the Treatment of Essential Hypertension: A Study in a Specialised Cardiac Hospital, 10th Annual Symposium on Complementary Health Care, Royal College of Physicians, London, November 21-22, 2003, published in FACT, December, 2003, p. 539.

Hemophilia

BOTTOMLINE: Hemophilia is a condition that requires the treatment of a professional homeopath who can provide individualized treatment. People with this condition will also need to have their medical needs covered by medical personnel. One study described below showed some tangible benefits to people with hemophilia.

In a single blind placebo controlled cross over trial 28 consecutive persons with hemophilia (PWH) with severe (24) or moderately severe disease received standard management with placebo homeopathy for 1 year and active homeopathic treatment in the subsequent year with the same conventional management (Kundu, Shaik, Kutty, et al, 2012). The patients received standard managements for any acute emergency during the study period. Development of inhibitor during the study period was a withdrawal criterion. Sample size for the trial was calculated as 24 PWH. Transfusion requirements, bleeding scores, and pain scores were evaluated blind by independent experts. Homeopathic medicines were selected by experienced homeopathic physicians depending on clinical condition of the patient. Chi-squared and paired t-tests were used in statistical analysis.

28 patients were recruited. Homeopathic medicines improved frequency of bleeding, extent of bleeding, blood products consumed, and pain scores ($P < 0.0001$). There was also significant improvement in well-being. Plasma levels of clotting factors did not change. No patients developed inhibitors during the study, and there were no drop-outs.

Individualized homeopathic medicines may have an important supportive role in the management of PWH, where blood products and factor concentrates are not easily available. Larger, perhaps multicentric trials are warranted.

Kundu T, Shaikh A, Kutty A, Nalvade A, Kulkarni S, Kulkarni R, Ghosh K. Homeopathic medicines substantially reduce the need for clotting factor concentrates in haemophilia patients: results of a blinded placebo controlled cross over trial. Homeopathy. 2012 Jan;101(1):38-43. doi: 10.1016/j.homp.2011.10.004. PMID: 22226313. <https://pubmed.ncbi.nlm.nih.gov/22226313/>

Hemorrhoids

BOTTOMLINE: Homeopathic medicines complement basic nutrition and lifestyle factors to help in the treatment of hemorrhoids. One randomized double-blind and placebo controlled trial found efficacy of individualized homeopathic treatment of acute hemorrhoids.

Homeopathic medicines are wonderful treatments for hemorrhoids, though it is also recommended that the person add more fiber to their diet and more exercise to their lifestyle.

In a multicenter randomized controlled single-blind parallel group trial conducted at six centers under the India's Central Council for Research in Homoeopathy, patients who presented with any symptom such as bleeding, pain, discharge, heaviness, and itching were included (Chakraborty, Varanasi, Majumdar, et al., 2013). The patients were randomized to receive either individualized homeopathic medicine (in LM potencies) or placebo for a period of 90 days. Changes in hemorrhoidal symptoms were the main outcome measures.

All the participants, irrespective of the medicine or placebo group, were encouraged to correct constipation and unhealthy defaecation habits such as ignoring the need to pass stools, irregular meals, spending a long time in the lavatory, straining, and lack of exercise. They were also advised about the importance of a fiber-rich diet in health and encouraged to consume food rich in natural fiber such as unpeeled fruits, vegetables, and whole-grain bread, and so on, and discouraged from eating a high consumption of spices.

The homeopathic medicine was given in LM potencies every two to six hours, or even more often: six hourly in mild cases, four hourly in moderate cases, two hourly in severe cases, and less than two hourly for very intense conditions. Each patient was advised to give 10 uniformly forceful downward strokes to the bottle with the hand on a hard surface and to take three teaspoonfuls (15 mL) of this solution and mix it in eight teaspoonfuls (40 mL) of water in a clean glass after stirring the solution for each dose of medicine taken. One teaspoonful (5 mL) of this solution constituted one dose. If any change was triggered after administration (improvement/deterioration), change of remedy followed homeopathic principles. The investigator was aware of the intervention given to enrolled patients. Only the patients were blinded to the intervention.

Two hundred and seventy-eight patients (Homeopathy: n = 140, placebo: n = 138) were analyzed. After 90 days of treatment, a significant difference ($P = 0.0001$) was found in the median area under the curve (AUC) for bleeding {difference: -64.0 [95% confidence interval (CI): $-90.0, -31.4$]}, pain [-243.0 ($-280.9, -202.4$)], heaviness [-208.0 (95% CI: $-245.5, -174.9$)], and itching [-198.5 ($-246.4, -158.5$)] between the Homeopathy and placebo groups. The proportion of patients with bleeding improvement was higher in the homeopathy group (94.3%) versus placebo (43.5%). Similarly for status quo, it was 8 (5.7) for the Homeopathy group versus 65 (47.1) for the Placebo group and for worsened status, 0 (0) versus 13 (9.4%) which is statistically significant ($\chi^2 = 84.5$, $P = 0.0001$).

Significant differences ($P < 0.001$) were also found in the World Health Organization Quality of Life-BREF (WHOQOL-BREF) physical domain [difference 7.0 (95% CI: 6.0, 12.0)], psychological domain [7.0 (6.0, 12.0)], and environmental domain [6.0 (−0.001, 11.9)]. However, no difference was found in discharge [0.0 (−21.0, −0.0); $P = 0.1386$] and social domain of the WHOQOL-BREF [0.0 (−0.001, 5.9; $P = 0.0803$)].

In this study, homeopathic intervention relieved acute haemorrhoidal symptoms early compared to the placebo group. Randomized controlled trials with double blinding are suggested further.

19 medicines were used to treat 140 patients randomized homeopathic group. They are mentioned in the descending order of their prescription: Phosphorus ($n = 30$), Sulphur ($n = 25$), Nux vomica ($n = 22$), Nitric acid ($n = 17$), Lycopodium clavatum ($n = 9$), Arsenicum album ($n = 7$), Pulsatilla pratensis ($n = 6$), Ignatia ($n = 5$), Aesculus hippocastanum ($n = 4$), Carbo vegetabilis ($n = 2$), Calcarea carbonica ($n = 2$), Chamomilla ($n = 2$), Fluoric acid ($n = 2$), Natrum muriaticum ($n = 2$), Aloes socotrina ($n = 1$), Graphites ($n = 1$), Kalium carbonicum ($n = 1$), Lachesis ($n = 1$) and Mercurius solubilis ($n = 1$).

In 2016, a prospective, open, observational trial, hemorrhoids patients were treated using five standardized scales measuring complaints severity and anoscopic score (Das, Ghosh, Das, et al, 2016). It was conducted at two homeopathic hospitals in India, during from mid-July 2014 to mid-July 2015. Patients were intervened as per individualized homeopathic principles and followed up every month up to 6 months.

A total of 73 patients with hemorrhoids were screened, 52 enrolled, 38 completed, 14 dropped out. Intention to treat population ($n = 52$) was analyzed in the end. Statistically significant reductions in numerous measure were found, including mean bleeding (month 3: −21.8, 95% confidence interval [CI]: −30.3, −13.3, $P < 0.00001$, $d = 0.787$; month 6: −25.5, 95% CI −35.4, −15.6, $P < 0.00001$, $d = 0.775$), pain (month 3: −21.3, 95% CI −28.6, −14.0, $P < 0.00001$, $d = 0.851$; month 6: −27.6, 95% CI −35.6, −19.6, $P < 0.00001$, $d = 1.003$), heaviness visual analog scales (VASs) (month 3: −8.1, 95% CI −13.9, −2.3, $P = 0.008$, $d = 0.609$; month 6: −12.1, 95% CI −19.1, −5.1, $P = 0.001$, $d = 0.693$), and anoscopic score (month 3: −0.4, 95% CI −0.6, −0.2, $P < 0.0001$, $d = 0.760$; month 6: −0.5, 95% CI −0.7, −0.3, $P < 0.0001$, $d = 0.703$) were achieved. Itching VASs reduced significantly only after 6 months (−8.1, 95% CI −14.6, −1.6, $P = 0.017$, $d = 0.586$). No significant lowering of discharge VASs was achieved after 3 and 6 months.

Under classical homeopathic treatment, hemorrhoids patients improved considerably in symptoms severity and anoscopic scores. However, being observational trial, this study cannot provide efficacy data.

In addition to the below remedies, it is sometimes helpful to concurrently use one of the external homeopathic hemorrhoidal applications that are available at select health food stores.

**** *Aesculus* (horse chestnut):** This is the leading homeopathic remedy for hemorrhoids, especially when the hemorrhoids feel like a splinter or a stick, and it feels as though the rectum is protruding outside the anus. Typically, there is considerable pain after expelling a stool. The person may also have dryness in the rectum with a gritty sensation on

passing a stool, a sense of fullness after a stool, and an aching in the lower back or base of the spine. Pain from the hemorrhoid is usually worse from touch, standing, and after a bowel movement, and some relief is felt while taking a warm bath or by kneeling. This is an important remedy for women with hemorrhoids during menopause.

* *Aloe socotrina* (socotrine aloes): Consider this remedy when a person feels a sense of insecurity as though a stool will be released by accident, or it is after passing gas. The hemorrhoids look like a bunch of grapes, and the person's stools may contain gelatinous lumps of mucus. People who need this remedy tend to have rectal discomfort that may awaken them in the morning with a gushing stool. The person tends to experience an open or uncomfortably loose sensation in the rectum, as well as itching and heat there. Cold applications and cold bathing provide short-term relief.

* *Hamamelis* (witch hazel): This is a remedy for bleeding hemorrhoids with much soreness, rawness, and itching of the rectum. People who benefit from this remedy tend to have weak veins that lead to various bleeding disorders, including frequent nosebleeds. Generally, the person's stools are hard and tend to be coated with mucus.

* *Belladonna* (deadly nightshade): During the early onset of hemorrhoids, consider this remedy when there is acute inflammation, much redness, swelling, throbbing (with each heartbeat), tenderness, and bright, red blood.

* *Collinsonia* (stone root): This remedy is indicated when the person has chronic constipation that alternates with diarrhea. It is also indicated when the person has swelling in the face or lips concurrently with the hemorrhoids. The hemorrhoids may also be experienced concurrently with heart palpitations or a sense of constriction around the heart.

* *Nux vomica* (poison nut): This remedy is useful in people who have a tendency to overeat, over-drink (alcohol), and overindulge in drugs (recreational or therapeutic, especially laxatives). The person who needs this remedy tends to be chronically constipated with frequent, ineffectual urges for a bowel movement, despite much straining. These people are usually very irritable. This is also a key remedy for people who suffer from various symptoms after using conventional hemorrhoidal treatments that tend to suppress the disease.

* *Sulphur* (sulfur): This is a useful remedy for chronic hemorrhoids that burn, itch, and have stitching pains, all of which are worse when the person scratches. The hemorrhoids are moist, are temporarily relieved by cold applications and are aggravated when standing, from exposure to heat, being touched, and at night.

DOSE: Use the 6, 12, or 30th potency three times a day for up to three days (experienced homeopaths may want to use higher potencies when they are confident on their prescription). Apply the homeopathic external application at least once a day after washing.

Reference:

Chakraborty P S, Varanasi R, Majumdar A K, Banoth K, Prasad S, Ghosh M S, Sinha M N, Reddy G R, Singh V, Nayak C. Effect of homoeopathic LM potencies in acute attacks of hemorrhoidal disease: A multicentric randomized single-blind placebo-controlled trial. Indian J Res Homoeopathy [serial online] 2013 [cited 2014 May 2];7:72-80. Available from: <http://www.ijrh.org/text.asp?2013/7/2/72/116630>

Das KD, Ghosh S, Das AK, Ghosh A, Mondal R, Banerjee T, Ali SS, Ali SS, Koley M, Saha S. Treatment of hemorrhoids with individualized homeopathy: An open observational pilot study. J Intercult Ethnopharmacol. 2016 Jun 25;5(4):335-342. <https://www.ncbi.nlm.nih.gov/pubmed/27757262>

Hepatitis (acute)

BOTTOMLINE: Hepatitis, especially Hepatitis C, is best treated by a professional homeopath and, when appropriate, by a conventional physician. There have not been any studies to evaluate the homeopathic treatment of these conditions, except a pilot study of people with Hepatitis C.

There is little that conventional medicine offers for the treatment of hepatitis. Although there is little formal research showing the efficacy of homeopathy in the treatment of this disease, 200 years of clinical experience suggests therapeutic benefits from this natural medicine.

A pilot clinical study was conducted in a major French hospital (Hotel-Dieu Hospital, Lyon) in the treatment of 53 patients with Hepatitis C (Bordet and Masson, 2000). Two physicians who specialized in homeopathic treatment evaluated these patients over 21-months, and they found that 67% improved, 16.5% did not improve, and 16.5% were not seen again and were lost to follow-up.

Two people suffering from viral hepatitis that had failed conventional therapy were treated by a specific protocol using homeopathic medicines, as detailed below, in a non-blinded case reports (Sarter, Banerji, Banerji, 2012). Both patients experienced sustained remissions for 2 years after taking ultradilute natural medicines during which time their conventional treatment had been discontinued.

The treatment protocol included Chelidonium majus 6X and Thuja 30C. Other homeopathic medicines were used as detailed in the article. Cases were confirmed with standard hepatitis antibody and viral measurements. Patients were followed for more than 2 years with measurements of viral counts, liver enzymes, and other relevant biomarkers of liver disease. Both patients are alive and functioning normally in their home environments more than 2 years after treatment initiation.

The authors reviewed the literature related to the chief medicines used in these cases and find that these homeopathic drugs have known and demonstrated therapeutic effects suggesting plausible mechanisms of action in these cases. The authors recommended clinical trials of this homeopathic treatment protocol to explore the therapeutic potential of these medicines for treatment of viral hepatitis.

A laboratory study was conducted in Russia in which rats were induced to experience acute and chronic toxic hepatitis by exposure to carbon tetrachloride. These rats were found to benefit from ultralow doses of antibodies to Phenobarbital and their mixture (1:1) with ultralow doses of antibodies to cholecystokinin (a hormone made by the upper part of the small intestine). This study found that this mixture reduced the severity of structural and metabolic disturbances in the liver of rats (Vetoshkina and Tomina, 2003).

People with chronic or severe hepatitis should seek professional homeopathic care. Most people with acute hepatitis can often benefit from one of the below listed homeopathic medicines.

**** *Chelidonium* (greater celandine):** This is the most common remedy for people with acute hepatitis. The person's liver is enlarged and sensitive to touch, and there may be pain in the liver extending backwards to the scapula. This person may have nausea and vomiting that are reduced from drinking warm liquids. The person feels generally lethargic, heavy-headed, and chilly.

*** *Lycopodium* (club moss):** When a person with hepatitis experiences so much bloating that they can't tolerate tight clothing around their abdomen, consider this remedy. This person tends to experience pain in the liver area under the rib cage, and sometimes they have pain on the right side of the body that extends to the left side. The person's symptoms are typically worse between 4-8pm and after eating (they tend to feel full or bloated after just small amounts), and some relief is provided when drinking warm liquids.

*** *Nux vomica* (poison nut):** This is a leading remedy for hepatitis and other liver problems that are in part the result of alcoholism or drug abuse (recreational or therapeutic drugs). These people tend to have chronic constipation and are usually hard-driving, type A people who are easily irritated.

*** *Mercurius* (mercury):** When a person has offensive, profuse sweating, bad breath, and a coated, swollen tongue that easily takes the imprint from one's teeth, consider this remedy. Typically, they are sensitive to both hot and cold and are worse at night.

*** *Phosphorus* (phosphorus):** Think of this remedy if and when a person with hepatitis has a large thirst and craves ice or carbonated drinks. This remedy is particularly indicated in extroverted, sympathetic, radiant people who love to be the center of attention.

*** *Natrum sulphuricum* (sodium sulphate):** This remedy should be considered in people who can't stand tight clothing around the waist, who pass gas frequently, and whose liver is sore and sensitive to touch. These people tend to be depressed and may even be suicidal.

REFERENCE:

Bordet, M, and Masson, J, Individualizing Homeopathic Treatment in Chronic Viral Diseases: Experience in Treating HIV and HCV Patients in a Hospital Setting, Improving the Success of Homeopathy Conference, Sponsored by the Royal London Homoeopathic Hospital, February 22-23, 2000, 22-26.

Sarter B, Banerji P, Banerji P. Successful Treatment of Chronic Viral Hepatitis With High-dilution Medicine. Glob Adv Health Med. 2012 Mar;1(1):26-29.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3833483/>

Vetoshkina, TV, and Fomina, TI, Effects of Homeopathic Preparations on the Liver in Rats with Acute and Chronic Hepatitis, Bulletin of Experimental Biology and Medicine, 2003;135 Supplement 1:85-7.

Herpes

BOTTOMLINE: Homeopathic medicines can help speed up the healing of herpes (oral or genital). People with recurrent herpes should seek professional homeopathic care for constitutional treatment. No research has yet been conducted testing the efficacy of homeopathic medicines for this condition. People with herpes should also talk with health care professionals to understand the importance of preventing the spread of herpes.

Homeopathic medicines have an impressive history of successful treatment of viral conditions. Although homeopathic self-care may reduce the intensity of a herpes eruption, professional homeopathic care is necessary if a person wants to reduce the frequency of these eruptions.

**** *Natrum muriaticum* (salt):** This is the most commonly given homeopathic medicine for herpes. It is particularly indicated for people with dry and cracked lips and for people who experience cold sores during or after an experience of grief or during various acute infections (the common cold, influenza, sore throat, etc.). Also, when an eruption occurs after prolonged exposure to the sun, this remedy is commonly indicated. If there is any fluid in the blister, it is a clear fluid. This remedy is also helpful for people with herpes whose feelings are easily hurt, who suffer from grief, and who are adverse to consolation.

**** *Rhus toxicodendron* (poison ivy):** This is another commonly given remedy for the acute phase of herpes. It is indicated when there is small inflamed blisters that appear in a cluster, usually with yellow, watery fluid. An outbreak is sometimes accompanied by general achiness that is aggravated by cold and/or wet weather and is relieved by warmth and moving around.

*** *Hepar sulphuris* (Hahnemann's calcium sulphide):** When the herpes is extremely sensitive to touch and to extremes of temperature (especially to cold) and when the person also becomes hypersensitive and irritable, consider this remedy.

*** *Arsenicum* (arsenic):** This remedy is indicated when the eruption burns but feels relief from application of warmth. This remedy is also useful in people who are restless and anxious, fastidious and demanding, and chilly and thirsty (but for only sips at a time).

*** *Sepia* (cuttlefish):** This remedy is primarily useful for genital herpes, especially when the eruption extends up into the vagina. The outbreaks tend to be worse during menstruation.

*** *Graphites* (graphite):** When herpes vesicles exude a sticky, honey-colored fluid, consider this remedy.

*** *Petroleum* (coal oil):** Consider this remedy for genital or anal herpes in people who tend to have extremely dry skin, are usually very chilly, and tend to be quite anxious.

* *Thuja* (arbor vitae): If a person has a history of gonorrhea or chlamydia and if the person's symptoms do not fit any other remedy or if no other seemingly indicated remedy is working well, consider this medicine.

Hives

BOTTOMLINE: Hives, like all allergic conditions, respond rapidly to homeopathic treatment. Although there have not been formal studies on the homeopathic treatment of hives, there is a relatively strong body of research showing good results in treating various allergic disorders (see the section on Allergies for details). If hives are recurrently experienced, professional homeopathic care is recommended.

Hives (also called urticaria) are red, raised swellings that appear suddenly and may itch intensely. A person may have individual welts that are a half-inch or so, or they may clump together and form large patches of raised and puffy skin. Hives are an allergic condition that commonly results from a reaction to food, food additives, wool, medicines, insect venom, pollen, or housedust mites. It can also result from psychological stress, contact with cold objects, or simply rubbing or scratching the skin.

Hives can last several hours or as long as a day or two, often leaving as quickly as they came. Hives are usually a minor nuisance, except when they are part of a severe allergic reaction that includes impeded breathing. Such instances require immediate medical attention.

Hives respond very rapidly to homeopathic medicines. Recurrent attacks of hives are best treated by a professional homeopath.

**** *Apis* (honeybee):** This is the most common remedy for hives. It is especially indicated when the hives include swelling, redness, and heat, are aggravated by exposure to warmth, and are relieved by exposure to cold. Typically, people who benefit from this remedy develop hives at night, during or after exercise, and when the body becomes heated. When hives affect the eyes, this remedy is strongly indicated.

*** *Urtica urens* (stinging nettle):** This is another common remedy for hives. Its characteristic symptoms include hives that are burning and itching with a constant desire to scratch. The symptoms are aggravated by bathing, warmth, or exercise and are relieved by lying down or rubbing the affected parts. The hives may be related to a concurrent rheumatic condition.

*** *Rhus toxicodendron* (poison ivy):** When hives itch and are aggravated by scratching, especially when the hives are very red and in large patches, consider this remedy. The symptoms tend to be worse when the person gets wet or is exposed to cold air, and they experience temporary relief when bathing in extremely hot water.

*** *Chloralum* (chloral hydrate):** Consider this remedy when the person experiences severe hives concurrently with insomnia.

*** *Histaminium* (histamine):** If you don't know which remedy to use or if the seemingly indicated remedy isn't work, consider this medicine.

Hospital Care

Bottomline: Below is but one study, though there are many others in this ebook, such as under Chronic Obstructive Pulmonary Disease.

The usage of homeopathic medicine as an integral part of healthcare programs of the Region of Tuscany (Italy) began in 1996. The Homeopathic Clinic of Lucca was opened in 1998, followed by the Homeopathic Clinic for Women in 2003, and the Clinic for CM and Diet in Oncology in 2013.

Observational longitudinal studies conducted on 5,877 patients (3,937 in the general clinic, 1,606 in the women's clinic and 334 in oncology) were consecutively examined from 2003 to 2016. The Outcome in Relation to Impact on Daily Living (ORIDL) was generally used to assess outcomes.

Comparing the clinical conditions before and after homeopathic treatment, improvement was observed in 88.8% of general medicine patients with follow-up (45.1%); more specifically, 68.1% of the patients had a major improvement in or resolution (ORIDL +2, +3, +4) of their condition. In women, an improvement was obtained in 74.1% cases and a major improvement in 61.2%. In cancer patients with homeopathic and integrative treatment, a significant improvement was observed for all the symptoms during anti-cancer therapy, particularly for hot flashes, nausea, depression, asthenia, and anxiety.

The researchers concluded that homeopathy can effectively be integrated with allopathic medicine and that the Tuscan experience could provide a useful reference for developing national and European regulations on the use of CM and homeopathy in public healthcare.

References:

Rossi E, Di Stefano M, Picchi M, Panozzo MA, Noberasco C, Nurra L, Baccetti S. Integration of Homeopathy and Complementary Medicine in the Tuscan Public Health System and the Experience of the Homeopathic Clinic of the Lucca Hospital. Homeopathy. 2018.
<https://www.ncbi.nlm.nih.gov/m/pubmed/29549880/>

Human Papillomavirus Virus

This study tested Thuja homeopathic mother tincture (MT) and its bioactive component in the treatment of human papillomavirus (HPV)-16-infected SiHa cervical cancer cells and its HPV-mediated warts (Pal A, Das S, Basu, et al, 2022).

Thuja MT showed significant antiproliferative and antimigratory potential in SiHa cells at a 50% inhibitory concentration (IC₅₀) of 17.3 µL/mL.

This research found robust "multi-targeting" anticancer potential of Thuja drug and thujone for HPV-infected cervical cancer ascertained its therapeutic efficacy for HPV infections.

Pal A, Das S, Basu S, Kundu R. Apoptotic and autophagic death union by Thuja occidentalis homeopathic drug in cervical cancer cells with thujone as the bioactive principle. J Integr Med. 2022 Jun 15:S2095-4964(22)00070-X. doi: 10.1016/j.joim.2022.06.004. Epub ahead of print. PMID: 35752587.
<https://pubmed.ncbi.nlm.nih.gov/35752587/>

Indigestion

BOTTOMLINE: Treatment with homeopathic medicines can be effective in treating acute indigestion, though people with chronic indigestion should seek the care of a professional homeopath. No studies have yet evaluated the results of homeopathic treatment in the treatment of this condition.

Indigestion refers to a wide variety of digestive complaints, including heartburn, abdominal bloating, gas, eructation (burping), nausea, and vomiting. Many people incorrectly assume that such symptoms are the result of nutritional problems. While this is certainly true some of the time, indigestion can also be the result of various disease processes that reduce the ability of a person to digest and assimilate their foods. Indigestion can also be influenced by strong emotions that are felt during or shortly after eating.

There is also a tendency for some people to think they are allergic to a specific food that is causing their indigestion. A simple way to evaluate if this is true is to take that food out of one's diet and to carefully monitor one's symptoms. Some foods, like corn, soy, or wheat, are difficult to eliminate from the diet because many processed foods include by-products of these foods.

Homeopathic medicines can help improve a person's digestive process in the short-term and long-term. However, long-term improvement generally requires professional homeopathic care, while the following remedies tend to provide short-term relief.

See also the section on "[Nausea and Vomiting](#)" for additional information and more medicines.

* *Arsenicum album* (arsenic): This is a leading remedy for indigestion when there are burning pains in the stomach or rectum, a great thirst but for only sips at a time (usually for warm drinks), chilliness with an aggravation from exposure to cold, a general restlessness, great exhaustion, and anxiety about one's health. These people experience an aggravation of their symptoms at midnight and afterwards. They tend to vomit soon after eating or drinking, especially cold things. This is a leading remedy for indigestion from food poisoning.

* *Pulsatilla* (windflower): Commonly given to children and women, this remedy is known for indigestion or heartburn after fatty food (ice cream, fried food) or pork, a lack of thirst, an aversion to stuffy rooms, and a desire for open air. Typically, these people are highly emotional and desire sympathy and attention.

* *Ipecacuanha* (ipecac root): This is a leading remedy for nausea and vomiting, especially when the nausea is persistent, even after vomiting. Other characteristic symptoms include a lack of thirst, nausea from the smell of food, increased salivation, and an uncoated tongue (this unusual symptom for people with indigestion is characteristic of this remedy).

* *Nux vomica* (poison nut): Digestive problems that start after overeating, over-consumption of alcohol, coffee, or drugs (therapeutic or recreational), or mental stress are commonly relieved by this remedy. Heartburn, nausea, and gas are usually accompanied with increased irritability and impatience and usually a headache, all of which tend to be worse in the morning upon waking and after eating. This is the leading homeopathic remedy for people with a hangover.

* *Bryonia* (white bryony): People who feel digestive discomfort after any type of motion suggest this remedy. People who need this remedy tend to be constipated, irritable, desire to be alone, and have a great thirst for cold liquids. Typically, they have a feeling of pressure in their stomach, as though there was a stone there, and they feel nauseous, dizzy, and faint upon sitting up or standing.

* *Lycopodium* (club moss): This is a leading remedy for people who experience bloating, gas, and belching. People who need this medicine have an abdomen that is sensitive to any pressure, whether it is from a belt or elastic waistband. Typically, their symptoms are worse between 4-8pm and at 2am. People who benefit from this remedy tend to crave sweets and tend to feel full after eating only a small amount of food, though this doesn't always stop them from eating.

* *Ignatia* (St. Ignatius bean): Consider this remedy for people, usually women, who develop indigestion after an experience of grief.

* *Sulphur* (sulfur): People with heartburn from overeating or eating the wrong foods and who may also suffer from early morning diarrhea often benefit from this remedy. Typically, these people tend to feel a generalized heat from their body that makes exposure to cool or cold air feel good and leads to an aggravation of symptoms from warmth or heat.

Infertility

BOTTOMLINE: Fertility in men and women is a complex process, and the treatment of infertility requires treatment by a professional homeopath. Although no studies have yet been conducted on women, one pilot study of subfertile men found good results from professional homeopathic treatment.

A prospective non-blinded pilot study was conducted on 45 subfertile men who were treated with individually chosen homeopathic medicines based on the psychophysical symptom syndrome each experienced. The main outcome measures were improved sperm density, improved percentage of sperm with good propulsive motility, density of sperm with good motility. Other outcome measures included sperm vitality, morphology, and the ratio of sperm with global motility.

This study was conducted at the Outpatient Clinic for Complementary Medicine at the University Women's Hospital of Heidelberg (Germany). The men admitted into the study had to have two or more years of unwanted childlessness, two pathological sperm counts not influenced by therapy, at least 3 months without andrological therapy, and patient consent.

The men average age was 35.5 years (range 28-47). The couples suffered from unwanted childlessness for an average of 4.5 years (range: 2-11 years). Thirty of the men reported some type of genital disease: 20 suffered from varicocele, 5 from undescended testes, 15 from urogenital inflammation, 1 from coital impotence, and 5 sustain a previous genital trauma.

[The individualized homeopathic treatment included a detailed interview in which the patient was queried about his unique symptoms. The homeopath ranked in a hierarchy those symptoms that were in the emotional and mental realm and those that affected his entire body, as distinct from those that were local symptoms. The symptoms were ordered by intensity and prominence.]

All men were prescribed a single homeopathic medicine in the LM 18 potency, and each man shook the bottle before taking three drops once daily. The patients were asked to keep a diary of any symptoms, and they were asked to avoid any other therapy, except in emergencies. The men were asked to abstain from caffeine, but if this was not possible, they were asked to avoid taking it within 1-2 hours of taking the homeopathic medicine.

The patients attended the clinic every six weeks for review. If the medicine was still indicated, the drug was re-prescribed at a one-step higher potency. If not, a different homeopathic medicine was prescribed.

Homeopathic treatment lasted on average 10.3 months (range: 6-21.5). Seven patients dropped out after 2-5 months. A total of 26 homeopathic medicines were prescribed, the most common ones were (in order of the number of prescriptions): Natrum muriaticum, Lycopodium, Calcarea carbonicum, Pulsatilla, Phosphorus, Silicea, and Thuja.

Results

Various primary and secondary measures showed significant improvement after 6, 9, and 12 months of homeopathic treatment.

- Sperm density improved by a median of 26.4 after 3 months, by 12.6% after 6 months, and 37.1 after 12 months ($P=0.011$).
- The ratio of sperm with good propulsive motility was initially pathologically low in all patients, but after 3, 6, and 9 months of therapy, it improved by 20% ($P=0.0037$) and after 12 months, it improved by 43% ($P=0.0009$).
- The density of sperm with good propulsive motility increased above the baseline of 1.8 million. After 3 months, there was improvement by 27.6% ($P=0.02$), 6 months by 40% ($P=0.003$), 9 months by 55.2% ($P=0.01$), and 12 months by 81.5% ($P=0.02$).
- An improvement in global sperm motility improved during the first three intervals, especially at 6 months ($P=0.045$), but after 12 months, the median improvement decreased and was no longer significant.
- A total of 8 pregnancies occurred in 7 couples, with one having twins. Five pregnancies produced a healthy child or twins, while three ended in spontaneous abortion and two miscarriages (to the same couple). These numbers represent a baby-take-home rate of 11.1%.
- There were various improvements in the men's general health, especially those suffering from abdominal disorders ($P=0.0004$) after 6 months and ($P=0.052$) after 9 months. In general, the men observed greater improvement in various local symptoms than in their psychological state or more general symptoms. This experience runs counter to homeopathic theory that predicts greater improvement in general health prior to local symptoms.
- Ironically, 5 of 7 drop-out patients experienced significant improvement after 3 months, including a 55% increase in sperm density, 63% increase in progressive motility, and 196% increase in the density of sperm with good motility.

Positive Predictors to Therapeutic Success

The following factors were observed to be predictors of therapeutic success with homeopathic medicines:

- Men with longer (4 years or more) unwanted childlessness.
- There were improvements in the density of sperm with good motility in men who didn't smoke at 3 and 6 months, but these changes were not significant in men who smoked.
- Men who drank little or alcohol (<30 gram alcohol/day; $n=20$) experienced an increase in sperm density with good propulsive motility of 72.2% ($P=0.04$) after 3 months and 51.8% ($P=0.04$) after 6 months, but the increase for men who drank more alcohol was only 14.2% after 6 months and was not significant.
- The density of sperm with good propulsive motility improved by 50% after 3 months in the high-caffeine group ($n=20$, $P=0.04$), and was only increased by 13.4% in the low-caffeine group. However, after 6 months the low-caffeine group of men's sperm density improved by 70.2% ($P=0.04$), while the high-caffeine group increased 37.3% ($P=0.04$).

- The men with few amalgam fillings (n=18) experienced greater improvement in sperm density with good propulsive motility at 72.2% after 3 months (P=0.022) and 97% after 6 months (P=0.017), as compared to the amalgam-rich group (n=27) with 11.4 and 19%.
- Men who were exposed to noxious factors in the workplace (n=11) experienced a less rapid increase and a smaller overall improvement.
- Men who self-described themselves as more stressed (n=21) experienced greater improvement in density of sperm with good propulsive motility than those men in the “no-stress” group (n=24).

The positive results from this study suggest the need to conduct a more rigorous placebo-controlled trial.

In addition to the above research, there are also case study reports on the homeopathic treatment of sub-fertility in women. With this study, the authors present five cases of female infertility treated successfully with the use of homeopathic treatment in a large obstetrics-gynecology Hospital in Athens (Kalampokas, Botis, Kedikgianni-Antoniou, et al, 2014).

Although this eBook focuses primarily on clinical research, the below described laboratory study provides some findings of interest to those people concerned about infertility issues.

Mitochondrial activity is an important viability parameter of spermatozoa and is linked to sperm motility. Monensin (a broad spectrum antibiotic used in cattle feed) is commonly used as an inhibitor for sperm mitochondrial activity in the laboratory. This study was conducted to evaluate the influence of some homeopathic dilutions of monensin on sperm mitochondrial activity (Aziz and Enbergs, 2005). Fresh ejaculates from 6 mature bulls were used in the study. Samples of the semen were tested using a flow cytometer for mitochondrial activity and sperm viability using Rhodamine 123 and SYBR-14, respectively. The 9x dilution of monensin resulted in very highly significant (P<0.001) stimulation of mitochondrial activity. Monensin 5x, 7x, 8x and 13x caused highly significant (P<0.01) stimulation of the sperm mitochondrial activity. Other homeopathic dilutions of monensin (6x, 10x, 11x, 12x and 14x) also had a significant (P<0.05) stimulatory effect. The use of monensin did not have any negative effect on sperm viability. We conclude that some homeopathic dilutions of monensin increase mitochondrial activity of bovine spermatozoa without negative effect on sperm viability, the 9x dilution was the most effective. Further in vivo studies are required to estimate the effect of homeopathic dilutions of monensin on semen quality.

REFERENCE:

Aziz D, Enbergs H., Stimulation of bovine sperm mitochondrial activity by homeopathic dilutions of monensin. *Homeopathy*. 2005 Oct;94(4):229-32.
<https://www.ncbi.nlm.nih.gov/pubmed/16226200>

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Gerhard, I, Wallis, E, Individualized homeopathic therapy for male infertility, Homeopathy (2002)91,133-144. <http://www.ncbi.nlm.nih.gov/pubmed/12322866>

Kalampokas T, Botis S, Kedikgianni-Antoniou A, Papamethodiou D, Kivellos S, Papadimitriou V, Salvanos G, Paparistidis N, Gavaris I, Sofoudis C, Kalampokas E, Farmakides G, Vithoulkas G. Homeopathy for infertility treatment: a case series. Clin Exp Obstet Gynecol. 2014;41(2):158-9. <http://www.ncbi.nlm.nih.gov/pubmed/24779242>

Infectious Disease

(For information on specific infectious disease, go to specific chapters, such as Common cold, Earaches, Influenza, Sore Throat, and the like.)

The homeopathic approach to treating infectious diseases is to strengthen a person's immune and defense system rather than to attack the microbe.

It is important, even vitally important, to know that homeopathy's founder, Samuel Hahnemann, MD, wrote his first article about his discovery of the principle of similars BEFORE any writing by Edward Jenner. Hahnemann's article, "Essay on a New Principle for Ascertaining the Curative Powers of Drugs," for example, was published in 1796 (Hahnemann, 1796), while Jenner's first publication on vaccination in English is in 1798 (the German one is from 1799).

For the record, it is also important to note that Hahnemann spoke in positive terms of vaccination practice since the first edition of the Organon (1810), in part because he believed that this discovery supported his observations about homeopathy.

More specifically, Hahnemann wrote in the Organon, "A weak dynamic affection is permanently canceled in the living organism by a stronger affection if this, differing in quality, is very similar in manifestation" (Hahnemann, §26).

Hahnemann considered vaccination to be a form of "homeopathic healing" and considered it to be irrefutable proof of *Vis Medicatrix Naturae* (§46): "The human smallpox that arrives at the vaccine truncates it completely (homeopathically) both for its greater strength and for its great affinity and not he lets it continue until the end." This is why "... human smallpox... due to the great similarity it is greatly attenuated and made more benign." As further confirmation, in footnote 3, he writes that "this seems to be the reason for the beneficial and wonderful phenomenon of Jenner's vaccination, for, which smallpox has no longer appeared epidemically so malignant" (§46).

However, to differentiate Hahnemann's contribution as distinct from Jenner's, in footnote 1 of §102, Hahnemann affirms that only on the basis of the totality of symptoms will it be possible to choose the most suitable homeopathic medicine.

Hahnemann not only provided revolutionary thinking and practice into medicine, he provided solid futuristic thinking and advice for public health. He invited communities and administrators to take a series of preventive measures (Negro and Marino, 2021), such as:

- attention to prisoners whose gathering could cause epidemic outbreaks.
- social distancing in environmental conditions of closure or constraint (prisons, hospitals, religious communities, and schools), and he suggested prison sentences in case of disobedience.
- the displacement of polluting factories outside the cities.
- the disposable clothes must be washed with boiled water.
- the ventilation of the houses and the hygiene of the floors must be maintained.
- avoid drinking water whose origin is unknown.
- avoid the common use of furnishings, metal, or paper coins because they can be a source of contagion. In particular, metal coins must be boiled and fumigated with sulfur.

Resistance to antibiotics is a major public health concern worldwide. New treatment options are needed, and homeopathy is one such option. A group of researchers in Brazil sought to assess the effect of the homeopathic medicine Belladonna (Bell) and a nosode (biotherapy) prepared from a multi-drug resistant bacterial species, methicillin-resistant *Staphylococcus aureus* (MRSA), on the same bacterium (Passeti, Bissoli, Macedo, et al, 2017).

Bell and MRSA nosode were prepared in 6cH and 30cH potencies in 30% alcohol and sterile water, according to the Brazilian Homeopathic Pharmacopeia and tested on MRSA National Collection of Type Cultures (NCTC) 10442. The researchers assessed in vitro bacterial growth, deoxyribonuclease (DNAase) and hemolysin activity, and in vitro bacterial growth in combination with oxacillin (minimum inhibitory concentration - MIC). All values were compared to control: 30% alcohol and water.

In vitro growth of MRSA was statistically significantly inhibited in the presence of Bell and nosode 6cH and 30cH compared to controls ($p < 0.0001$); and with combination of Bell or nosode 6cH and 30cH and oxacillin ($p < 0.001$). Bell 30cH and nosode 6cH and 30cH significantly decreased bacterial DNAse production ($p < 0.001$) and reduced red blood cell lysis.

Cultures of MRSA treated with Belladonna or MRSA nosode exhibited reduced growth in vitro, reduced enzymatic activity and became more vulnerable to the action of the antibiotic oxacillin. Further studies are needed on the biomolecular basis of these effects.

In an exploratory comparative observational study of 151 patients with acute encephalitis syndrome (AES), there was significantly reduced mortality with adjunctive homeopathic treatment when compared to institutional management protocol (IMP) (Oberai, Varanasi, Padmanabhan, et al, 2018).

A study was conducted at a pediatric unit from 2013 to 2015. Children were aged > 6 months and ≤ 18 years, and children who received IMP were randomized to receive adjunctive homeopathy ($n = 325$) or placebo as control ($n = 323$). The primary effectiveness analysis was based on Glasgow Outcome Scale (GOS). Morbidity was assessed using the Liverpool Outcome Score for Assessing Children at Follow-up. Analysis was by intention to treat.

A total of 612 children were analyzed (Homeopathy [H] = 304; Control [C] = 308). The primary outcome, GOS, differed significantly between H and C groups. There was 14.8% death/neuro-vegetative state in the H group compared to 29.8% in the C group. Relative risk was 0.49 (95% confidence interval [CI]: 0.36 to 0.68), with absolute risk reduction of 15.0% (95% CI: 8.6 to 21.6%). The number needed to treat to prevent one additional death/neuro-vegetative state was 6.6 (95% CI: 4.6 to 11.6). Proportional-odds analysis also revealed a greater effect in the H group: odds ratio, 0.40 (95% CI: 0.27 to 0.60).

The most frequently used medicines were Belladonna ($n = 116$), Stramonium ($n = 33$), Arsenicum album ($n = 25$), Sulfur ($n = 18$), Opium ($n = 17$), and Nux vomica ($n = 10$).

This study shows that adjunctive homeopathic medicines improve clinical outcomes associated with AES in a significant way.

A cluster- randomized, double- blind, placebo -controlled trial was conducted in Kerala for prevention of chikungunya during the epidemic outbreak in August-September 2007 in three villages in two districts ((Janardanan, Gopinadhan, Sreedhara, et al, 2014). Bryonia alba 30C/placebo was randomly administered to 167 clusters (Bryonia alba 30C = 84 clusters; placebo= 83 clusters) out of which data of 158 clusters was analyzed (Bryonia alba 30C = 82 clusters; placebo = 76 clusters). Healthy participants (absence of fever and arthralgia) were eligible for the study (Bryonia alba 30C n = 19750; placebo n = 18479). Weekly follow-up was done for 35 days. Infection rate in the study groups was analysed and compared by use of cluster analysis.

The results showed that 2,525 out of 19,750 persons of Bryonia alba 30 C group suffered from chikungunya, compared to 2,919 out of 18,479 in placebo group. Cluster analysis showed significant difference between the two groups [rate ratio = 0.76 (95% CI 0.14 - 5.57), P value = 0.03]. The result reflects a 19.76% relative risk reduction by Bryonia alba 30C as compared to placebo.

The researchers concluded that Bryonia alba 30C worked as a genus epidemicus better than placebo in decreasing the incidence of chikungunya in Kerala. The efficacy of genus epidemicus needs to be replicated in different epidemic settings.

References:

Hahnemann, Samuel, “Essay on a New Principle for Ascertaining the Curative Powers of Drugs” 1796. <https://mmpp-saine.org/wp-content/uploads/2020/05/61.Hahnemann-Essay-new-principle.pdf>

Hahnemann, Samuel. Organon of the Medical Art. Palo Alto: Birdcage, 1996 (new translation).

Janardanan Nair K R, Gopinadhan S, Sreedhara Kurup T N, Kumar Bonthu Sundara Jaya Raja, Aggarwal Abha, Varanasi Roja, Nayak Debadatta, Padmanabhan Maya, Oberai Praveen, Singh Hari, Singh Vijay Pratap, Nayak Chaturbhuja. Homoeopathic Genus Epidemicus 'Bryonia alba' as a prophylactic during an outbreak of Chikungunya in India: A cluster -randomised, double -blind, placebo- controlled trial. Indian Journal of Research in Homeopathy, 2014;8,3, 160-165. <http://www.ijrh.org/article.asp?issn=0974-7168;year=2014;volume=8;issue=3;spage=160;epage=165;aulast=Janardanan>

Negro FE, Marino FV. Homeopathy in Epidemics: Birth and Evolution of Hahnemann’s Thought (Part 1). *OBM Integrative and Complementary Medicine* 2021;6(4):6; doi:10.21926/obm.icm.2104044. <https://www.lidsen.com/journals/icm/icm-06-04-044>

Oberai P, Varanasi R, Padmanabhan M, Upadhyaya A, Singh S, Singh SP, Vikram D, Khan T, Prasad R, Gupta AK, Singh JR, Manchanda RK. Effectiveness of Homeopathic Medicines as Add-on to Institutional Management Protocol for Acute Encephalitis

Syndrome in Children: An Open-Label Randomized Placebo-Controlled Trial.
Homeopathy. 2018 Jun 5. doi: 10.1055/s-0038-1656715.
<https://www.ncbi.nlm.nih.gov/pubmed/29871023>

Passeti TA, Bissoli LR, Macedo AP, Libame RB, Diniz S, Waisse S. Action of antibiotic oxacillin on in vitro growth of methicillin-resistant *Staphylococcus aureus* (MRSA) previously treated with homeopathic medicines. Homeopathy. 2017 Feb;106(1):27-31. doi: 10.1016/j.homp.2016.10.002. Epub 2016 Dec 3.
<https://www.ncbi.nlm.nih.gov/pubmed/28325220>

--Use of Complementary Methods is Reducing Antibiotic Use, Vet Costs on UK and Irish Farms

By Lawrence Woodward*

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Lawrence Woodward, Chairperson of Whole Health Agriculture, reports on a survey of farmers who use complementary health methods, including homeopathy, with livestock.

A survey of over 220 livestock farms (80% commercial) in the UK and Ireland has reported up to 69% reduction in antibiotic use, up to 70% reduction in vet costs, significant reduction in disease frequency and severity, and 84% overall improvement in livestock health through the use of Complementary and Alternative Methods (CAMs).

24% of farmers report they have achieved and are maintaining ZERO antibiotic usage.

The survey was conducted by Whole Health Agriculture (WHAg), a not-for-profit organisation dedicated to programmes which develop and promote a whole health approach to farming and food.

WHAg's Head of Livestock Health Programmes, Chris Aukland, MRCVS, said, "We now know that a CAMs approach can work really well; the farmers' experiences cannot be ignored. Given the current global environmental challenges, wholistic methodologies and practices are where the future lies for the sake of our collective health".

Award winning organic poultry farmer Pammy Riggs stresses "It is worth looking at all alternatives to antibiotic use as we are fast heading towards the nightmare scenario of antibiotic resistance in human disease treatment. This is too important to ignore".

MAIN CAMs USED BY FARMERS:

88% of farmers surveyed use homeopathy

68% use herbs and medicinal plants (including herbal leys)

63% are using essential/plant oils

DAIRY

67% of dairy farmers say their herds have lower disease frequency and reduced disease severity. As well as achieving significant reductions in antibiotic use, 69% of dairy farmers report significant improvement in the general health and wellbeing of their

livestock. This has major potential for an industry increasingly moving towards ‘Produced Without Antibiotics’ and deserves to be treated seriously.

Dairy farmer Chris Gosling, who has successfully used alternative methods for years with significant reduction in antibiotic use, expressed frustration that previous researchers have ignored what she has been doing: “I was invited to take part in a mastitis study, but they wanted to discount my use of Homeopathy and Obsalim, so I declined”.

WHAg chairperson, Lawrence Woodward, commented, “This survey highlights the value of these alternative approaches, and the voices of these experienced farmers should not be ignored”.

Figures on Antibiotic and Anthelmintic use in the UK:

- £290 million is spent annually on veterinary medicines for livestock.

(National Office of Animal Health)

- £116 million of this (40%) is spent on wormers alone.
- 30% of all antibiotics used in the UK are for farm animals.

(The Veterinary Medicines Directorate)

The survey was carried out between May 2020 and January 2021 through a questionnaire designed to capture quantitative data and the authentic ‘Voice of the Farmer’. 221 livestock farmers, 80% commercial, responded. The full survey report, including a comprehensive literature review is available: <https://wholehealthag.org/survey/>

WHAg’s recent presentation at the Oxford Real Farming Conference, showcasing the results and detailing CAM approaches:

<https://www.youtube.com/watch?v=rDOL8Bt6XDo&t=8s>

Whole Health Agriculture is a not-for-profit company limited by guarantee, developing, promoting and educating farmers, health professionals and citizens in whole health approaches to food and farming. It was established in 2018 and has just launched a new Learning Centre for progressive farm education:

<https://wholehealthag.org>

<https://learning.wholehealthag.org>

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All information given in the survey was anonymous and confidential. Permission from the quoted farmers has been granted.

- [1] <https://wholehealthag.org/>
- [2] <https://learning.wholehealthag.org/>
- [3] <https://wholehealthag.org>
- [4] <https://learning.wholehealthag.org>

--The Austrian Government's National Action Plan on Antimicrobial Resistance

The latest version of the Austrian Government's National Action Plan on Antimicrobial Resistance (NAP-AMR) confirms the potential of homeopathy and other complementary medicines in addressing antimicrobial resistance.

Antimicrobial resistance has been identified as one of the greatest health threats worldwide. The World Health Organization (WHO), the United Nations Food and Agriculture Organization (FAO), the World Organization for Animal Health (OIE) and the United Nations Environment Program (UNEP), in collaboration with the European Union, use the “One Health” Approach to introduce and intensify measures to reduce antibiotic resistance.

The current version of the Austrian plan was published on 25 March by the Bundesministerium Soziales, Gesundheit, Pflege und Konsumentenschutz (Ministry of Social, Health, Welfare and Consumer Protection - BMSGPK). In line with international organizations, it describes the projects and procedures envisaged in Austria to prevent infections and reduce the use of antibiotics in all sectors.

The One Health approach is cross - sectoral and therefore the plan includes measures in the fields of medical and veterinary activity, agriculture, food production and the environment, as well as education with training, higher education and training, science and research in all sectors. **This holistic approach is considered essential to sustainably reduce the development and spread of resistance.**

The plan identifies a series of actions to reduce and optimize the use of antibiotics in animals. **One such measure is to explore the possible uses of complementary medical methods, such as homeopathy and herbal medicine, to maintain or restore animal health** (see section 5.3.2). Such methods are suggested both as a supplement to conventional care and as a prophylaxis.

In this, the Action Plan aligns with EU Regulation 2018/848 on organic production and labeling of organic products, in force since 17 June 2018. This attributes importance to the optimal use of antibiotics and **requires the use of homeopathy and phytotherapy** in organic farms compared to treatment with chemically synthesized allopathic veterinary medicinal products, including antibiotics, provided that their therapeutic effect is effective for the animal species and for the condition for which the treatment is intended.

According to the regulation, integrative medicine (conventional medicine supplemented by complementary medicine) should be privileged wherever possible. **If necessary, the use of conventional medicines, including antibiotics, is also allowed to avoid animal suffering and should be administered under the responsibility of a veterinarian when treatment with herbal, homeopathic and other remedies is inappropriate.**

The Austrian AMR Action Plan further identifies the lack of veterinarians trained in integrative medicine and emphasizes the importance of such training at both undergraduate and postgraduate levels, including acupuncture, neurotherapy,

chiropractic, homeopathy and herbal medicine, so that they can work in line with the preferential use of homeopathy and herbal medicine specified by the EU Regulation. It includes plans to organize additional training events in homeopathy and phytotherapy for veterinary professionals in order to increase skills and meet demand.

Reference:

<https://echamp.eu/news-and-events/news/austrian-amr-action-plan-confirms-the-potential-of-homeopathy>

Influenza

BOTTOMLINE: There is a long history of success in treating influenza with homeopathic medicine, and there have been several scientific studies by independent groups of researchers that verify good results with homeopathic medicines. There has been research showing that homeopathic treatment can reduce the rate of influenza in patients suffering from COPD, a serious and sometime fatal condition that can be exacerbated by influenza episodes.

When a fever is accompanied by headache, aching muscles, sore throat, cough, nasal congestion, fever and chills, and generalized fatigue, it is most likely that the person is infected with one of the many influenza viruses. In addition to these symptoms, some people may also experience various digestive complaints, including nausea, vomiting, diarrhea, and gas.

Several studies have confirmed the efficacy of homeopathic medicines in the treatment of influenza, primarily success from the use of *Oscillococcinum*.TM (Cassanova and Gerard, 1988; Ferley, Zmirou, D'Adhemar, et al, 1989; Cassanova, 1992; Papp, 1998). Each of these trials was relatively large in the number of subjects (487, 300, 372), and all were multi-centered placebo-controlled and double-blind (two of the three trials were also randomized). Each of these trials showed statistically significant results.

Casanova and Gerard (1988) conducted a randomized double-blind study involving 27 general practitioners distributed across France, who evaluated 300 patients of both sexes (ranging in age from 25 to 65 years), presenting symptoms of influenza such as body temperature $\geq 38^{\circ}\text{C}$, shivering, and muscle-skeletal pain. The patients received one tube of *Oscillococcinum* or placebo in the morning and one at night for one week of treatment. Body temperature was significantly decreased in the *Oscillococcinum*-treated group (compared to the placebo group) as early as day 2 (evening body temperature in: 38.7°C $\{0.52\}$ vs 39.2°C $\{0.96\}$, $p < 0.0001$), with the greatest reduction observed on day 4 (evening body temperature in $^{\circ}\text{C}$: 37.2°C $\{0.42\}$ vs 38.1°C $\{1.01\}$, $p < 0.0001$). Furthermore, shivering and myalgia were also significantly reduced in patients treated with *Oscillococcinum*. Myalgia (muscle pain) disappeared on the 4th day in 70% of patients treated with *Oscillococcinum*, compared to 48% of patients in the control group ($p < 0.0001$).

The study by Ferley, Zmirou, D'Adhemar, et al, (1989) was the largest clinical trial and was published in the respected journal, The British Journal of Clinical Pharmacology. The study found that almost twice as many patients who were given *Oscillococcinum* recovered from the flu within 48 hours as those given a placebo (17% vs. 10%).

The Lancet was so impressed with this study that the editors wrote a clever editorial entitled "Quadruple-Blind," in which they asked what the readers thought about randomized, double-blind and placebo-controlled study with 487 patients (Anonymous, 1989). The editors further asserted that "criteria for recovery were strict: rectal temperature below 37.5 degrees Centigrade and resolution of the cardinal symptoms within 48 hours of the start of treatment." Then, after providing further details about the

study as well as the results (17% vs. 10% within 48 hours), the editors then admitted that the study utilized a homeopathic medicine, *Oscillococcinum*. The editors wondered what effect the blinding of the reader to the type of medicine used in the study would have on their analysis. In other words, because the editors KNEW (!) that readers would be biased against homeopathic treatment, this editorial hid the results of the study until the very end of their editorial. Sadly, the *Lancet* has largely chosen to revert to its previous anti-homeopathy biases since then.

Papp et al. (1998) conducted a randomized, double blind study involving 372 patients (188 treated with *Oscillococcinum* and 187 with placebo) of both sexes, ranging in age from 12 to 60, who presented rectal temperature $\geq 38^{\circ}\text{C}$, muscle pains, headache, or at least one of the following symptoms: shivering, chest or periarticular pain, spine pain, coughing, irritation of nasal mucosa, feeling of malaise. Patients received 3 tubes of *Oscillococcinum* or placebo each day (morning, noon and night) for 3 days. The results of this trial show a highly statistically significant difference between the two groups, for what concerns disappearance of symptoms after 48 hours (19.2% in the *Oscillococcinum* group vs 17.1% in the placebo group) and improvement in symptoms (43.7% vs 38.6% for placebo) (Krauth test, $p = 0.0028$). Moreover, the frequency of use of concomitant medicines was slightly higher for the placebo group, as was also the use of multiple medicines. Only 13.8% of the *Oscillococcinum* group used two or three drugs (analgesics and antirheumatics), against 19.6% in the placebo group. Another parameter considered was the percentage of patients able to return to work, which was higher in the *Oscillococcinum* group, both 2 days after the onset of the illness (16.3% against 9.3%) and after 4 days, with highly significant differences.

Further, the frequency of use of concomitant conventional medicines and the use of multiple medicines was slightly higher for the placebo group. Only 13.8% of the *Oscillococcinum* group used two or three drugs (analgesics and antirheumatics), against 19.6% in the placebo group. Another parameter considered was the percentage of patients able to return to work, which was higher in the *Oscillococcinum* group, both 2 days after the onset of the illness (16.3% against 9.3%) and after 4 days, with highly significant differences.

A new 2021 controlled clinical trial with 106 patients (mean \pm standard deviation age: 66.0 ± 10.3 years; 89.6% men) were randomized into two groups: "group V" was given influenza vaccination only and "group OV" was given influenza vaccination plus *Oscillococcinum*® (one oral dose per week from inclusion in the study until the end of follow-up, with a maximum of 6 months follow-up over the winter season)(Aouina H, Bamri A, Vesin, et al, 2021). The primary endpoint was the incidence rate of URTIs (number of URTIs/1000 patient-treatment exposure days) during follow-up compared between the two groups.

This study found that the URTI incidence rate was significantly higher in group V than in group OV (2.9 versus 1.2 episodes/1000 treatment days, difference OV-V = -1.7; $p=0.0312$). There was also a significant delay in the occurrence of an URTI episode in the OV group versus the V group (mean \pm standard error: 48.7 ± 3.0 versus 67.0 ± 2.8 days, respectively; $p=0.0158$). Some limitations to this study is the inclusion of a relatively small population size and the self-recording by patients of the number and duration of URTIs and exacerbations, though both groups self-reported.

The “Cochrane Collaboration” is an internationally respected group of researchers who evaluate scientific studies. In 2005, they reviewed seven studies using Oscillocochinum in the prevention or treatment of influenza. Three prevention trials (n = 2,265) and four treatment trials (n = 1,194) were evaluated. Only for two studies were there sufficient information to complete data extraction fully, and both of these studies only evaluated the use of this medicine in the treatment of influenza or influenza-like conditions. Oscillocochinum treatment reduced length of influenza illness by 0.28 days (95% confidence interval 0.50 to 0.06). Oscillocochinum also increased the chance of a patient considering treatment effective (relative risk 1.08; 95% CI 1.17, 1).

This review also concluded that the number of days needed to return to work was significantly reduced by 0.49 days less (95% CI 0.89-0.08) compared to the control (average of 4.1 days). The relative risk from treatment was 0.60 (0.37-0.98), meaning that the proportion of patients treated with Oscillocochinum who considered the treatment to be useless was 0.6, relative to 1.0 for the placebo (a significant difference of 40%).

The authors of this research review considered these results “promising,” though not strong enough to warrant a general recommendation to use Oscillocochinum for first-line treatment of influenza or influenza-like syndromes.

There was, however, no evidence that homoeopathic treatment can prevent influenza-like syndrome (relative risk 0.64, 95% confidence interval 0.28 to 1.43).

In 2012, a new analysis of research on Oscillocochinum in the treatment of influenza was conducted by the Cochrane Collaboration, and their conclusion was more conservative than previous analyses by this organization (Mathie, Frye, Fisher, 2012). The new analysis concluded, “Although the results from four other clinical trials (total of 1196 participants) suggested that Oscillocochinum® relieved flu symptoms at 48 hours, this might be due to bias in the trial methods.” The authors further concluded, “There is insufficient good evidence to enable robust conclusions to be made about Oscillocochinum® in the prevention or treatment of influenza and influenza-like illness. Our findings do not rule out the possibility that Oscillocochinum® could have a clinically useful treatment effect but, given the low quality of the eligible studies, the evidence is not compelling.”

A 2015 study reviewed six trials ((Mathie, Frye, Fisher, 2015). Two trials assessed the use of Oscillocochinum for prevention of influenza and four trials assessed its use for treatment. The two prevention trials, with a total of 327 people, found a 52 percent decrease in influenza risk among those who used Oscillocochinum.

Out of the four treatment trials, two of the trials — with a total of 796 participants — found an 86 percent greater chance that symptoms would resolve after 48 hours among those who took Oscillocochinum compared to those who didn't. (This isn't a dramatic difference when you consider the absolute numbers. To be precise, this difference amounts to a 16.7% chance of resolution in the Oscillocochinum group and a 9% chance of resolution in the placebo group.) This research discovered that patients ages 12 to 29 were much more likely to report a positive effect than those over 30.

These studies also discovered that there was a 39% reduction in the use of other influenza medications in the group that took Oscillocochinum.

It is both interesting and important to note that Oscillocochinum is made from the heart and liver of a duck. Biologists and epidemiologists have confirmed that most ducks

carry a variety of influenza viruses in their digestive tracts. In 2005, the “bird flu” has become a major media event, and it is becoming more common knowledge that various birds are reservoirs and carriers of flu viruses.

The fact that homeopaths have used internal organs of ducks since 1925 shows again that homeopaths have been on the forefront of drug discovery.

A 2012 review of research to date on *Oscillococcinum* has concluded that this medicine has been “generally proven” to be effective and further, they asserted, “There are some doubts as to whether the particular procedure or intervention should always be recommended, but it is believed that its use should be carefully considered” (Marrari LA, Terzan L, Chaufferin, 2012).

A pragmatic clinical trial on preventing influenza was conducted in the Brazilian Public Health System in Petrópolis (a major city in Brazil) with children aged from 1 to 5 years old (Siqueira CM, Homsani F, Féo da Veiga, et al, 2016). The medications used were mainly selected based on in vitro experiments (InfluBio, which is a homeopathic dose, 30X, of influenza virus [A/Victoria/3/75 (H3N2)]), and in successful qualitative clinical experiences (Homeopathic Complex composed of *Streptococcus* and *Staphylococcus* and inactivated influenza virus in a 30X dilution). Following informed parental consent, subjects were randomly distributed, in a blind manner, to three experimental groups: Homeopathic Complex, Placebo, and InfluBio. Brazil public health officials collected flu and acute respiratory infection symptomatic episodes monthly following the established protocol. The number of these episodes was registered in one year (2009–2010).

Out of the 600 children recruited, 445 (74.17%) completed the study (149: Homeopathic complex; 151: Placebo; 145: InfluBio). The number of flu and acute respiratory infection symptomatic episodes detected in this clinical trial was low; however, it was different between homeopathic groups and placebo ($p < 0.001$). In the first year post-intervention, 46/151 (30.5%) of children in the placebo group developed 3 or more flu and acute respiratory infection episodes, while there was no episode in the group of 149 children who used Homeopathic Complex, and only 1 episode in the group of 145 (1%) children who received InfluBio.

The researchers concluded that the use of homeopathic medicines minimized the number of flu and acute respiratory infection symptomatic episodes in children, signaling that the homeopathic prophylactic potential should be investigated in further studies.

A multicenter, prospective, randomized, triple arm placebo controlled trial was conducted at nine Institutes and Units of Central Council for Research in Homoeopathy (CCRH) in India from June 2009 to December 2010 (Chakraborty, Lamba, Nayak, et al, 2013). The patients fulfilling the inclusion criteria were randomized to LM, Centesimal and Placebo groups. Homoeopathic interventions were given as per the principles of homoeopathy. Symptoms of influenza-like illness (ILI) were assessed as per validated scales. Each symptom was compared for 10 days among the allocated groups by using Kruskal wallis test and bonferroni correction for the multiple comparisons.

Out of 739 screened cases, 447 cases were eligible for enrollment comprising of LM (n=152), (n=147) and placebo (n=148) cases. There was a significant difference in

temperature from 2nd day onwards in LM and Centesimal groups. The significant improvement was observed in headache and myalgia on 1st day in both the treatment groups. Likewise, significant improvement was noted in malaise on 2nd day in both the groups; sore throat on 1st day in LM and 2nd day in Centesimal; fatigue on 2nd day in LM and on 3rd day in Centesimal group; nasal complaints on 2nd day in LM and 1st day in Centesimal group; chill on 3rd day in LM group and 1st day in Centesimal group and in sweat on 1st day in the treatment groups. Cough improved significantly from 3rd day in both the groups.

The study revealed the significant effect of individualized homeopathic treatment in the patients suffering from ILI with no significant difference between LM and Centesimal groups. The complication/sequel rate was also significantly less in the intervention groups.

Gripp-Heel(R) is a homeopathic formula preparation frequently used in the treatment of respiratory viral infections such as various types of influenza and the common cold. The antiviral activity of Gripp-Heel was studied in vitro on human pathogenic enveloped and nonenveloped RNA and DNA viruses (Glatthaar-Saalmuller, 2007). Before the antiviral assays, in vitro cytotoxicity of Gripp-Heel was determined with cells used for the infection experiments (HeLa, HEp-2, MDCK, BGM) as well as with mitogen-stimulated peripheral blood mononuclear leukocytes. A concentration of 0.5 of the commercially available product slightly reduced cell viability and proliferative capacity, and experiments on antiviral activity were determined starting with a dilution of 0.2 of the commercially available product. The antiviral activity was determined against a broad panel of enveloped and nonenveloped DNA and RNA viruses with plaque reduction assay, cytopathogenic assays, virus titrations, analysis of the viral proteins in virus-specific enzyme immunoassays, and haemagglutination tests. Control substances were acyclovir (10 mug/mL), ribavirin (6 mug/mL), and amantadine hydrochloride (5 mug/mL), depending on the virus type. Gripp-Heel demonstrated dose-dependent in vitro activity (significant reductions of infectivity by 20% to 40%) against Human herpesvirus 1, Human adenovirus C serotype 5, Influenza A virus, Human respiratory syncytial virus, Human parainfluenza virus 3, Human rhinovirus B serotype 14, and Human coxsackie virus serotype A9. The mechanisms of this antiviral activity are still unclear, but type I interferon induction might be a possible explanation. Further research on this homeopathic preparation seems warranted.

Some basic science research has confirmed results from the above clinical trials by showing immunomodulating effects from homeopathic medicines. Two homeopathic formula products, Phase 6 and Flu Terminator, were found to have immunomodulatory effects as determined by a study that evaluated these two preparations in normal human leukocyte cultures in vitro (Ramachandran, Nair, Clement, Melnick, 2007). Both Phase 6 and Flu Terminator stimulated the production of pro-and anti-inflammatory cytokines by human leukocytes, although higher doses often produced a weaker response than lower doses. The carrier solvent in a higher concentration (20% ethanol) failed to elicit any cytokine synthesis, suggesting that this effect was not due to the solvent carrier. Phase 6 induced the production of TNF- α and IFN- γ at doses of Phase 6 at 10 μ L to 100 μ L, with a decrease in production at 200 μ L ($p < 0.01$). Flu Terminator induced production of IL-10 and TNF- α apparently in a dose-dependent manner.

One other basic sciences trial worthy of discussion was an in vitro study of Influenzinum 30C (Siqueira, Costa, Amorim, et al, 2013). In this study, the cellular alterations induced by Influenzinum 30C were analyzed by optical and electron microscopy, MTT and neutral red assays. Glycolytic metabolism (PFK-1) was studied by spectrophotometric assay. Additionally, the production of tumor necrosis factor- α (TNF- α) by J774.G8 macrophage cells was quantified by ELISA before and after infection with H3N2 influenza virus and treatment.

Influenzinum was not found to cause cytotoxic effects but induced morphological alterations in Madin-Darby canine kidney (MDCK) cells. After 30 days, a significant increase ($p < 0.05$) in mitosis rate was detected compared to control. MDCK mitochondrial activity was changed after treatment for 10 and 30 days. Treatment significantly diminished ($p < 0.05$) PFK-1 activity. TNF- α in biotherapy-stimulated J774.G8 macrophages indicated a significant ($p < 0.05$) increase in this cytokine when the cell supernatant was analyzed.

The researchers concluded that Influenzinum 30C altered cellular and biochemical features of MDCK and J774G8 cells.

In France, a common protocol to defend against getting the flu is using Influenzinum 9C, taking one dose per week for four week, then waiting one month after the 4th dose to take the 5th and last dose. The best results seem to be using Influenzinum that is made from the most recent versions of flu viruses.

Viral or bacterial upper respiratory tract infections (URTIs) may lead to exacerbations of COPD symptoms. Researchers recently sought to explore if homeopathic medicines to COPD patients during the influenza-exposure period may help to reduce the frequency of common URTIs.

A prospective, observational, multicenter study was carried out in Cantabria, Spain. Patients with COPD were divided into two groups: group 1 received conventional treatment plus homeopathic medicines (diluted and dynamized extract of duck liver and heart; AKA, Oscilloccinum, Boiron) (OG); group 2 received conventional treatment only (CG) (Conde Diez, Viejo Casas, Garcia Rivero, et al, 2019). The primary endpoint was the number of URTIs (upper respiratory tract infections) between the 4-5 months follow up (mean 4.72 ± 0.96) from basal to last visit. Secondary endpoints included the duration of URTIs, number and duration of COPD exacerbations, use of COPD drugs, changes in quality of life (QoL), compliance, and adverse events (AEs).

A total of 219 patients were analyzed (OG = 109, CG = 110). There was a significant reduction in mean number of URTIs during the follow-up period in OG compared to CG (0.514 ± 0.722 vs. 1.037 ± 1.519 , respectively; $p = 0.014$). Logistic regression analysis showed a 3.3-times higher probability of suffering ≥ 2 URTI episodes in CG ($p = 0.003$, $n = 72$). OG patients having ≥ 1 URTI also had a significant reduction in mean URTI duration per episode (3.57 ± 2.44 days OG vs. 5.22 ± 4.17 days CG; $p = 0.012$). There was no significant difference in mean number of exacerbations, mean duration of exacerbations, or QoL between OG and CG. There was a greater decrease in proportion of patients using corticosteroids for exacerbations between baseline and visit 2 in OG compared to CG (22.1% vs. 7.5% fewer respectively, $p = 0.005$). Exacerbator phenotype patients had a significant decrease in number of URTIs (0.54 ± 0.72 vs.

1.31 ± 1.81 ; $p = 0.011$), and fewer COPD exacerbations (0.9 ± 1.3 vs. 1.5 ± 1.7 ; $p = 0.037$) in OG vs. CG, respectively.

In total, patients given homeopathic treatment during the influenza-exposure period had a significantly beneficial impact at reducing URTIs' number and duration in COPD patients and at reducing the number of COPD exacerbations in patients with the exacerbator phenotype.

See the section on Fevers for other remedies to consider.

**** *Oscillococcinum*TM** (the heart and liver of a duck): This remedy is effective during the first 48 hours of the flu (it is not usually effective after this time), and it should be used unless another remedy is obviously indicated.

**** *Gelsemium*** (yellow jessamine): When fatigue and a generalized heavy, weak feeling pervades the person, even leading to trembling of individual parts and to having heavy, half-open eyelids, this remedy should be considered. These people tend to have little or no thirst, can experience chills up and down their spine, and have a headache in the back part of their head.

*** *Bryonia*** (white bryony): People who have marked body aches during the flu that are aggravated by any type of motion suggest the need for this remedy. Generally, these people also have a headache in the front part of their head that is also aggravated by motion. They have dry, even chapped lips, a dry cough, and a great thirst for cold water. Despite being warm, they are averse to warm rooms. People with the flu who are very irritable and insist upon being left alone tend to benefit from this remedy.

*** *Eupatorium perfoliatum*** (boneset): People with the flu who experience aches in the muscles and pains in the bones and/or in their eyes often benefit from this remedy. Another characteristic symptom of people who need this remedy is chills that occur in the morning, especially 7-9am. These people desire cold drinks, even during a chill and even though it may elicit a chill response, and they feel better lying on whatever part of their body is aching.

*** *Rhus toxicodendron*** (poison ivy): This remedy is effective for people with muscle aches that are aggravated by initial motion but relieved by continued motion. These people are often very restless, especially at night in bed, tend to have a sore throat, and are very thirsty but only for sips of water at a time. If a cold sore develops during the flu, consider this medicine.

*** *Arsenicum album*** (arsenic): This is an important medicine for people with the stomach flu who experience nausea and vomiting along with a fever. These people are sensitive to and worse by exposure to cold. They experience a great thirst, but only for sips of water at a time. They feel restless and anxious, usually worrying if they might actually be sicker than they are, and they may seek several professionals' opinion on their condition. They feel better with company around, and they feel the worse at or near midnight.

* *Influenzinum* (influenza virus): If a person develops long lasting symptoms after a bout of the flu, give a single dose of this remedy in the 30th or 200th potency. Some people are known to use this remedy to defend against getting the flu. The most popular protocol for using this remedy to defend against the flu is to take Influenzinum 9C once a week for four weeks, and then, take the 5th dose one month after the last dose. This protocol works best if you obtain the most recent version of Influenzinum (which usually contains the same three viruses that are placed in vaccines, but without any of the adjunctive agents, such as mercury, aluminum, and formeldahyde). Usually, the newest version of this remedy becomes available in late October or early November of each year.

REFERENCES:

Anonymous. Quadruple-Blind. Lancet, April 22, 1989, p. 914.

Aouina H, Bamri A, Vesin A, Danno K, Aubry E, Faure C, Boujedaini N. Oscillocoquinum® for upper respiratory tract infections and exacerbations in COPD: an observational, prospective study (OXITUNIS). *Drugs Context*. 2021 Jul 29;10:2021-4-2. doi: 10.7573/dic.2021-4-2. PMID: 34349821; PMCID: PMC8328054.
<https://pubmed.ncbi.nlm.nih.gov/34349821/>

Casanova, P, Gerard R. Bilan de 3 annees d'estudes randomisees multicentriques Oscillocoquinum/placebo. *Oscillocoquinum—rassegna della letteratura internazionale*. Milan: Laboratoires Boiron; 1992:11-16.

Casanova P, Gerard R. Bilan de 3 annees d'estudes randomisees multicentriques *Oscillocoquinum*/placebo. *Proposta Omeopatica* 1988;6:14-7.

Chakraborty PS, Lamba CD, Nayak D, John MD, Sarkar DB, Poddar A, Arya JS, Raju K, Vivekanand K, Singh HB, Baig H, Prusty AK, Singh V, Nayak C. Effect of individualized homeopathic treatment in influenza like illness: A multicenter, single blind, randomized, placebo controlled study. *Indian J Res Homoeopathy* 2013;7:22-30. ([Click here](#) to access this study)

Conde Diez S, Viejo Casas A, Garcia Rivero JL, Lopez Caro JC, Ortiz Portal F, Diaz Saez G. Impact of a homeopathic medication on upper respiratory tract infections in COPD patients: Results of an observational, prospective study (EPOXILO). *Respir Med*. 2019 Jan;146:96-105. doi: 10.1016/j.rmed.2018.11.011. Epub 2018 Nov 16.
<https://www.ncbi.nlm.nih.gov/pubmed/30665525>

Ferley, JP, Zmirou, D, D'Admehar, D, et al., A Controlled Evaluation of a Homoeopathic Preparation in the Treatment of Influenza-like Syndrome, *British Journal of Clinical Pharmacology*, March, 1989,27:329-35. <http://www.ncbi.nlm.nih.gov/pubmed/2655683>

Glatthaar-Sallmuller, B. In vitro Evaluation of the Antiviral Effects of the Homeopathic Preparation Gripp-Heel on Selected Respiratory Viruses, Can J Phyiol Pharmacol. 2007 Nov;85(11):1084-90. <http://www.ncbi.nlm.nih.gov/pubmed/18066110>

Marrari LA, Terzan L, Chaufferin G. Oscillococcinum for influenza treatment. Ann Ist Super Sanita. 2012;48(1):105-109. www.scielo.org/pdf/aiss/v48n1/a17v48n1.pdf

Mathie RT, Frye J, Fisher P. Homeopathic Oscillococcinum® for preventing and treating influenza and influenza-like illness. Cochrane Database of Systematic Reviews 2012, Issue 12. Art. No.: CD001957. <http://summaries.cochrane.org/CD001957/homeopathic-oscillococcinumr-for-preventing-and-treating-influenza-and-influenza-like-illness>

Mathie RT, Frye J, Fisher P. Homeopathic Oscillococcinum® for preventing and treating influenza and influenza-like illness. Cochrane Database of Systematic Reviews. January 28, 2015. http://www.cochrane.org/CD001957/ARI_homeopathic-oscillococcinumr-for-preventing-and-treating-influenza-and-influenza-like-illness

Papp, R. Schuback, G. Beck, E, et al, Oscillococcinum in Patients with Influenza-like Syndromes: A Placebo Controlled Double-blind Evaluation, British Homeopathic Journal, April, 1998,87:69-76.

Ramachandra C, Raveendran Nair PK, Clement RT, Melnick SJ. Investigation of cytokine expression in human leukocyte cultures with two immune-modulatory homeopathic preparations. J Complement Altern Med. 2007 May;13(4):403-7. <http://www.ncbi.nlm.nih.gov/pubmed/17532732>

Siqueira CM, Costa B, Amorim AM, Gonçalves M, Féo da Veiga V, Castelo-Branco M, Takyia C, Zancan P, Câmara FP, Couceiro JN, Holandino C.. H3N2 homeopathic influenza virus solution modifies cellular and biochemical aspects of MDCK and J774G8 cell lines. Homeopathy. 2013 Jan;102(1):31-40. doi: 10.1016/j.homp.2012.10.003. <http://www.ncbi.nlm.nih.gov/pubmed/23290877>

Siqueira CM, Homsani F, Féo da Veiga V, et al. Homeopathic medicines for prevention of influenza and acute respiratory tract infections in children: blind, randomized, placebo-controlled clinical trial. Homeopathy. 2016 Feb;105(1):71-7. <http://www.pubfacts.com/detail/26828000/Homeopathic-medicines-for-prevention-of-influenza-and-acute-respiratory-tract-infections-in-children>

Vickers A, Smith C. Homeopathic Oscillococcinum for preventing and treating influenza and influenza-like syndromes. Cochrane Database Syst Rev. 2004;(1):CD001957. <http://www.ncbi.nlm.nih.gov/pubmed/14973976>

Insomnia and Sleep Disorders

BOTTOMLINE: Treatment for acute insomnia is possible with individual remedies or with homeopathic formula products. People with chronic insomnia are best treated by a professional homeopath. Numerous single- and double-blind studies using either individually chosen homeopathic medicines or generically prescribed homeopathic formula products have now been found to provide sleep benefits when compared with those patients given a placebo. One study even compared the sleep benefits from homeopathic treatment with that of conventional treatment, and there was no difference in benefits, except there were no reported side effects in the homeopathic treated group. Other studies conducted on the homeopathic treatment of anxiety and another on reducing mild nervous disorders has shown improvement in insomnia from homeopathic treatment. Another study found that a commercial product for snoring exhibited positive results.

Everyone experiences insomnia at some time in his or her life. Sometimes this is because of a particularly exciting or particularly depressing event. At other times it is a side effect of a drug you are taking or the intake of caffeine or some type of stimulant (caffeine is in certain sodas, aspirin compounds, asthma medications, decongestants, and pain-relievers). And sometimes, insomnia occurs for unexplained reasons.

Conventional drugs for insomnia tend to help a person fall asleep but ultimately lead them to wake not refreshed. To make things worse, these drugs tend to be addictive and tend to make falling asleep on one's own more difficult. Homeopathic medicines offer a safer alternative, though insomnia is usually best understood and treated as one symptom of an overall bodymind syndrome that receives “constitutional care” from a professional homeopath.

In this double-blind, randomized, placebo-controlled, two parallel arms trial, 60 patients were randomized to receive either IH/verum (individualized homeopathy) or control/placebo (1:1) (Michael, Singh, Sadhukhan, et al, 2019). Patient-administered sleep diary (6 items; 1: latency to fall asleep, 2: minutes awake in middle of night, 3: minutes awake too early, 4: hours spent in bed, 5: total sleep time in hours, and 6: sleep efficiency) and Insomnia Severity Index (ISI) were taken as the primary and secondary outcomes respectively, measured at baseline, and after 3 months.

Five patients dropped out (verum: 2, control: 3). Intention to treat sample (n = 60) was analyzed. Trial arms were comparable at baseline. In the verum group, except sleep diary item 3 ($P = 0.371$), the rest of the outcomes improved significantly (all $P < 0.01$). In the control group, there were significant improvements in diary item 6 and ISI score ($P < 0.01$) and just significant improvement in item 5 ($P = 0.018$). Group differences were significant for items 4, 5 and 6 ($P < 0.01$) and just significant ($P = 0.014$) for ISI score with moderate to large effect sizes; but non-significant ($P > 0.01$) for rest of the outcomes.

IH seemed to produce significantly better effect than placebo.

It is interesting to note that a website that is devoted to skeptics who attack homeopathy regularly have admitted that this study is of “high quality” and that they cannot find any significant flaws in it (Ernst, 2019)

A double-blind randomized and placebo controlled trial was conducted with 30 patients with primary insomnia, in accordance with DSM-IV TR (2000) criterion 307.42 Primary Insomnia (Naudé, Marcelline, Couchman, et al., 2010). The measurement tools used were a Sleep Diary (SD) and the Sleep Impairment Index (SII).

After an initial consultation, 2 follow-up consultations at 2-week intervals took place. Homeopathic medication was prescribed at the first and second consultations. The SII was completed at each consultation and participants were instructed at the first consultation to start the SD.

Sleep Diary data revealed that verum treatment resulted in a significant increase in duration of sleep throughout the study, compared to the placebo treatment which resulted in no significant increase in duration of sleep. A significant improvement in SII summary scores and number of improved individual questions was found in the verum group, responses to all 11 questions having improved significantly upon completion of the study. An initial improvement occurred in the placebo group, but was not sustained. Comparison of results between the groups revealed a statistically significant difference.

The researchers concluded that the homeopathic simillimum treatment of primary insomnia was effective when compared to placebo. Homeopathy is a viable treatment modality for this condition and further research is justified.

A single-blind and double-blind study was conducted for a month with 54 young adults of both sexes (ages 18-31) with above-average scores on standardized personality scales for either cynical hostility or anxiety sensitivity (but not both) and a history of coffee-induced insomnia (Bell, Howerter, Jackson, 2010). At-home polysomnographic recordings⁷ were obtained on successive pairs of nights once per week for a total of eight recordings (nights 1, 2, 8, 9, 15, 16, 22, 23). All subjects received placebo pellets on night #8 (single-blind) and verum pellets on night #22 (double-blind) in 30C doses of one of two homeopathic remedies, Nux Vomica or Coffea Cruda. Subjects completed daily morning sleep diaries and weekly Pittsburgh sleep quality index scales, as well as profile of mood states scales at bedtime on polysomnography nights.

The study found that those patients who received either of the homeopathic medicines had significantly increased PSG total sleep time and NREM, as well as awakenings and stage changes. Changes in actigraphic⁸ and self-rated scale effects were not significant.

These findings were similar though not identical to those reported in animals with the same remedies (Ruiz-Vega, Pérez-Ordaz, León-Huéramo, 2002).

In 2012, a randomized, double-blind, placebo-controlled single center study was conducted over a 15 day period (Hellhammer and Schubert, 2013). A study included 40

⁷ Polysomnographic recordings refer to various sleep study measurements, including monitors many body functions including brainwaves (EEG), eye movements (EOG), muscle activity or skeletal muscle activation (EMG) and heart rhythm (ECG).

⁸ Actigraphy is a non-invasive method of monitoring human rest/activity cycles. A small actigraph unit, also called an actimetry sensor, is worn by a patient to measure gross motor activity.

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women aged 30-50 years who regularly experienced impaired well-being when feeling stressed. Participants took three tablets daily of “Dysto-loges S” for 14 days, half of whom were blindly given a placebo (the formula of this product is: *Passiflora incarnata* tincture, *Gelsemium* D4, *Reserpinum* D6, *Coffea* D6, *Veratrum* D6⁹). On the final study day, participants took three pills in the morning and upon arrival at the study site. Thereafter, the Trier Social Stress Test (TSST) was performed.

Primary endpoints were saliva cortisol responses to the stress test. Secondary biological endpoints were plasma cortisol, adrenocorticotrophic hormone, epinephrine, and norepinephrine (NE) and heart rates. Psychological secondary endpoints were well-being, anxiety, stress, and insecurity during the stress test as well as sleep and quality of life.

Stress-induced cortisol levels did not differ between groups, but homeopathic-treated participants were characterized by lower NE levels. Two weeks of treatment with the homeopathic substance resulted in a better sleep quality. Sleep improvement was associated with a higher hormonal response to the TSST in both groups. In addition, individuals with impaired sleep in the placebo group had higher unstimulated NE levels.

This study provides preliminary evidence for beneficial effects of Dysto-loges S on sleep quality. Improvement of sleep quality was positively associated with a normalized neuroendocrine stress response during acute stress, whereas an altered hormonal response was observed in participants with impaired sleep. The researchers hypothesized that the test product may possibly reduce NE release.

A randomized, double-blind, placebo-controlled, 4-wk pilot study, using matched pairs was conducted on 46 males aged between 18 and 40 years with “psychophysiological onset insomnia” (PI), as defined as sleeplessness exceeding 30 minutes due to learned, sleep-preventing behaviors and hyperarousal at bedtime, a common condition that significantly impacts sufferers' health, occupational performance, and interpersonal relationships (Harrison, Solomon, Pellow, 2013).

The study took place at the Homeopathy Health Clinic at the University of Johannesburg in Johannesburg, South Africa. Of the 46 subjects with chronic PI, 28 completed the study- placebo group (n = 14) and experimental group (n = 14). The treatment consisted of a homeopathic complex that was made in 20% alcohol. The placebo consisted of the unmedicated vehicle only.

The study used the Pre-sleep Arousal Scale (PSAS) and the Sleep Diary (SD), which assessed sleep-onset latency. The experimental group showed a statistically significant improvement in presleep arousal as well as sleep onset latency over the 4 weeks of the study. The Wilcoxon signed-rank test revealed that the improvement occurred gradually. Intergroup analysis showed through both the PSAS and the SD that the experimental group had outperformed the placebo group by day 28 of the study.

Findings suggest that daily use of the homeopathic complex does have an effect over a 4-week period on physiological and cognitive arousal at bedtime as well as on sleep onset latency in PI sufferers.

An experimental study was conducted with 100 children of both sexes between one and four years of age who attended the Department of Neurophysiology at the

⁹ “D” potencies make reference to “decimal potencies,” that is, those homeopathic medicines that are diluted 1:10. Another name for “D” potencies are “X” potencies, as in 6X or 30X.

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Provincial Pediatric Teaching Hospital "Pepe Portilla" of Pinar del Rio, Brazil, during 2014, to undergo EEG under sedation (Ramos Padilla, Echeverria, Charity, et al, 2015). A systematic random sampling was conducted and led to the formation of two treatment groups (conventional and homeopathic) with 50 patients in each group. Passiflora (passion flower) 6CH sedation was found to be as effective as that obtained with conventional treatment with chloral hydrate and diphenhydramine (Benadryl) syrup.

In group treated with conventional medications, 98% of patients fell asleep before 20 minutes, while in the group treated with homeopathic Passiflora, 96% of patients feel asleep within 20 minutes. Homeopathic Passiflora was found to be an effective and safe therapeutic alternative for sedation of young children, in which electroencephalogram for diagnosis of diseases of the central nervous system is performed.

A prospective, multicenter, randomized, open-label, controlled clinical trial was performed to evaluate the effectiveness and safety of the homeopathic formula product called "ZinCyp-3-02" in children with sleep disorders for \geq one month compared to glycine (Jong, Ilyenko, Kholodov, 2016). Children \leq six years old received either ZinCyp-3-02 or comparator glycine. After treatment for 28 days, total sleep-disorder-associated complaints severity scores decreased in both groups from median 7.0 (out of maximum 11.0) points to 2.0 (ZinCyp-3-02) and 4.0 (glycine) points, respectively, with overall higher odds of showing improvement for ZinCyp-3-02 (odds ratio: 4.45 (95% CI: 2.77–7.14), , POM overall treatment related effect). Absence of individual complaints (time to sleep onset, difficulties maintaining sleep, sleep duration, troubled sleep (somniloquism), physical inactivity after awakening, restlessness for unknown reason, and sleep disorders frequency) at study end were significantly higher with ZinCyp-3-02 (all values < 0.05). More children with ZinCyp-3-02 were totally free of complaints. Treatment effectiveness and satisfaction assessments were more favorable for ZinCyp-3-02. Few nonserious adverse drug reactions were reported (ZinCyp-3-02: , glycine:) and both treatments were well tolerated. Treatment with the homeopathic product ZinCyp-3-02 was found to be safe and superior to the comparator glycine in the treatment of sleep disorders in children.

ZinCyp-3-02 is a homeopathic formula product made with Cypridium pubescens D4, Magnesium carbonicum D10, and Zincum valerianicum D12 ("D" potencies are the same as "X" potencies).

An open-label observational study was conducted with 639 patients who had a high rate of anxiety and sleep disorders (Villet, Vacher, Colas, et al, 2016). Anxiety was present in 85.4% (according to Hamilton anxiety rating scale) and 93.3% (according to Spielberger self-assessment questionnaire), and 74% were found to have a sleep disorder (SDS). Patients were prescribed "Passiflora Compose" (PC), which consists to Passiflora incarnate 3DH, Ignatia amara 4CH, Coffea cruda 5CH, Nyckterinia 4CH, Tellurium metallicum 5CH, Phosphoricum acidum 7CH, Palladium metallicum 5CH, and Magnesium metallicum 5CH.

After four weeks, the researchers compared those patients who were given the homeopathic medicine alone and those given the homeopathic medicine and psychotropics. After four weeks, the patients given only the homeopathic medicine experience substantially significant reductions in anxiety (HAM)(18.7% in the

homeopathic group had no anxiety, vs only 6% of the conventional Rx plus the homeopathic drug had no anxiety), while 17.2% of the homeopathic group had “severe” anxiety and 28.7% of the conventional Rx group had “severe” anxiety.

The “anxiety trait” was evaluated with 12.2% of the homeopathic group having “no anxiety” and 31.2% with “severe or very severe” anxiety, while the conventional Rx group had only 4.4% with “no anxiety” and 51.3% with “severe or very severe” anxiety.

An impressive 29.8% of the homeopathic group had no more sleep disorder and 46.2% had “severe” sleep disorder, while the conventional group had 17.9% with no sleep disorder and 60.3% with “severe sleep problems.

Because the above study was open-label and not placebo controlled, one cannot rule out the placebo effect.

Utilization of sedative hypnotic drugs for sleeping disorders (SD) raises concerns, particularly among older people. A 2015 study compared the utilization of conventional psychotropic drugs for SD among patients seeking care from general practitioners (GPs) who strictly prescribe conventional medications (GP-CM), regularly prescribe homeopathy in a mixed practice (GP-Mx), or are certified homeopathic GPs (GP-Ho)(Grimaldi-Bensouda, Abenhaim , Massol, et al, 2015).

This was a French population-based cohort study of GPs and their patients consulting for SD, informed through the Pittsburgh sleep quality index (PSQI) questionnaire. Information on psychotropic drugs utilization was obtained from a standardized telephone interview at inclusion, one, three and 12 months.

A total of 346 patients consulting for SD were included in this study. Patients in the GP-Ho group experienced more often severe SD (41.3%) than patients in the GP-CM group (24.3%). Adjusted multivariate analyses showed that patients who chose to be managed by GP-Ho were less likely to use psychotropic drugs over 12 months as opposed to the GP-CM group, with Odds ratio (OR) = 0.25; 95% confidence interval (CI): 0.14 to 0.42. Patients in the GP-Mx group also used less psychotropic drugs but the result was not statistically significant (OR = 0.67; 95% CI: 0.39-1.16). Rates of clinical improvement of the SD did not differ between groups.

This study confirmed that patients with SD who chose to consult GPs certified in homeopathy consumed less psychotropic drugs and had a similar evolution of their condition to patients treated with conventional medical management. This study concluded the results may translate in a net advantage to and for homeopathic patients due to the reduction of adverse events related to psychotropic drugs.

In an open-label, prospective non-randomized cohort study, the effectiveness and tolerability profiles of the homeopathic combination remedy, *Nervoheel N*,¹⁰ with those of the benzodiazepine, lorazepam (in the U.S., it is called Ativan), in 248 patients with insomnia, distress, anxieties, restlessness or burnout and similar nervous conditions (‘mild nervous disorders’) (van den Meerschaut and Sunder, 2009). Patients were treated with *Nervoheel N* or lorazepam at the recommended doses for a maximum of 4 weeks. Dose variations were allowed if in the patient’s best interest. Treatment effects were evaluated by the practitioner in a dialogue with the patient at the start of treatment, after 2

¹⁰ The Formula of *Nervoheel N*: Acidum phosphoricum D4, Kali bromatum D4, Zincum valerianicum D4, Strychnos ignatii D4, Sepia officinalis D4.

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weeks and after maximally 4 weeks of treatment. Tolerability data were recorded as adverse events. At baseline, lorazepam patients were on average slightly older, and there were a somewhat greater percentage of men in this group than in the Nervoheel group. Both treatment groups reported significant symptomatic improvements of similar magnitude during the course of the study.

A total of 72.1% in the homeopathic group rated the results as “excellent” or “good,” while 73.7% reported similar results from lorazepam. The sum of symptom scores improved by 4.4 points with Nervoheel N and improved by 4.2 points with lorazepam. The differences between the treatment groups were not significant. The researchers also found that the use of additional medications was low in both groups: 6.8% in the homeopathic group and 8.1% in the lorazepam group. All differences between treatments were within 10% of the maximum score ranges, demonstrating non-inferiority of Nervoheel N. Both treatments were well tolerated, with few adverse events and very good self-assessed tolerability ratings by the patients. However, 81.9% of patients using the homeopathic medicine rates the tolerability as “excellent, while only 45.5% in the lorazepam group gave it this rating ($P < 0.001$). The researchers concluded that the effects of Nervoheel N are non-inferior to those of lorazepam in the treatment of mild nervous disorders. Finally, because the long-term use of benzodiazepine drugs is known to have serious side effects, the use of this safer homeopathic medicine may make sense, though research on this subject is necessary.

What is particularly impressive about the above study is that one of homeopathy’s more severe critics, Edzard Ernst, actually said when reviewing this study that “homeopathy may help insomnia” (Ernst, 2010).

A double-blind placebo-controlled trial was conducted in France with patients suffering from anxiety in which half were given a homeopathic formula marketed as “L.72” in France and “Anti-anxiety” in the USA (McCutcheon, 1996). What is interesting about this study is that it did not find that this homeopathic formula product was effective in treating anxiety, but it was found to have statistically significant beneficial effects in the treatment of insomnia ($p = 0.05$). This study suggests that this product is not being marketed for the condition that it seems to be more effective in treating. (The formula consists of: Sumbucus 3DH; Gaulther 4DH; Cicuta virosa 4DH; Asafoetida 3DH; Corydalis form. 3DH; Ignatia 4DH; Valeriana 3DH; Staphysagria 4DH; Avena sativa TM; Hyoscyamus 2DH – note: “DH” is a similar potency as “X”)

An open-label, prospective cohort study in 89 German centers offering both conventional and complementary therapies test a homeopathic formula product, Neurexan, and sought to compare the results from an herbal product, valerian, for 28 days (Waldschütz and Klein, 2008). Doses were at each physician’s judgments. Sleep duration and latency were evaluated based on patients’ sleep diaries over 14 days; sleep quality was evaluated at 28 \pm 1 days. A total of 409 subjects were enrolled. The groups were balanced at baseline for age, sex, weight, and sleep disturbances. At day 14, both groups reported improved sleep latency and duration; latency was reduced from baseline by 37.3 \pm 36.3 min with Neurexan and by 38.2 \pm 38.5 min with valerian. The duration of sleep increased by 2.2 (\pm 1.6) h in the Neurexan group and by 2.0 (\pm 1.5) hours in the valerian group. Differences between the groups in improvement on sleep duration were significantly in favor of Neurexan therapy at days 8, 12, and 14. At day 28, quality of sleep was improved in both groups with no significant differences between the

treatments. Significantly more patients reported lack of daytime fatigue with Neurexan than with valerian therapies (49% vs. 32%; $p < 0.05$ for the comparison). The researchers concluded that for patients favorable towards a CAM-based therapy, Neurexan might be an effective and well-tolerated alternative to conventional valerian-based therapies for the treatment of mild to moderate insomnia.

It should also be noted that at least one study showed the efficacy of a homeopathic formula in the treatment of snoring (Lipman, 1999). A randomized double-blind and placebo controlled study was conducted by an ear, nose, and throat doctor who was writing a book about snoring. This physician wanted to scientifically test select products, and because he had no conflict of interest in this homeopathic medicine, this well-controlled trial's results are important. A total of 100 subjects were entered into the study to evaluate the efficacy of "SnoreStop," a homeopathic formula product.

This study found that SnoreStop provided benefits to 79.5% of those patients who were prescribed this homeopathic medicine, while only 45.6% of the patient who were prescribed a placebo experienced a similar degree of relief. Further, only 4.4% of the placebo subjects said that their snoring was "completely reduced," while over three times as many homeopathic subject (15.9%) said that their snoring was "completely reduced."

A study in Israel examined the adverse behavioral and hormonal effects of sleep deprivation (SD) and a potential treatment with plant-derived nanoparticle treatment – *Cocculus 30C* (Zubedat, Freed, Eshed, et al, 2013). The study was a 4-arm trial with randomization and double-blinding of verum and placebo treatments. SD was induced by using the Multiple Platform Method for 48 hours. The effects of SD were evaluated behaviorally (pre-pulse inhibition (PPI), startle response and rotor-rod) at baseline as well as at 6, 12, 24 h, and 14 days post deprivation. *Cocculus 30C* treatment was administered orally every three hours starting immediately after baseline tests and for a period of 24 hours. On day 14, blood samples were taken and serum levels of corticosterone, testosterone, serotonin and leptin were tested.

The study found that *Cocculus 30C* improved PPI at both 12 and 24 hour post deprivation, likewise, *Cocculus 30C* improved motor learning. On day 14 SD led to increased startle response that was ameliorated by *Cocculus 30C*. Likewise, SD led to increased levels of corticosterone and serotonin while decreasing testosterone and leptin. Interestingly, *Cocculus 30C* treatment has moderated these hormonal alterations. The researchers concluded that the treatment with *Cocculus 30C* recovers both short-term behavioral and the long-term hormonal modulations following SD.

**** *Coffea* (crude coffee):** When a person feels overactive mentally and physically (these are the symptoms that non-homeopathic ingestion of coffee is well known to cause!), consider this remedy. This remedy is also known for insomnia in people who are anticipating something exciting that will be occurring in the near future and in people who have a constant flow of ideas that keep them awake. This remedy is also good for people who have taken a caffeinated product.

* *Ignatia* (St. Ignatius bean): People with insomnia who have suffered from a recent grieving experience often benefit from this remedy. Another characteristic symptom of people who need this remedy is that they tend to sigh or yawn frequently.

* *Nux vomica* (poison nut): This remedy is indicated when insomnia results from consumption of alcohol, coffee, or drugs (therapeutic or recreational). This remedy is also useful for people with insomnia as a result of mental strain or excessive study. People who benefit from this remedy tend to be very irritable and tend to wake up from the slightest noise. They may have difficulty falling asleep due to minor distractions.

* *Arsenicum album* (arsenic): People with insomnia who suffer from various anxieties and fears often benefit from this remedy. Typically, such people are very anxious and restless, usually needing to get out of bed to walk around. They feel too tired and anxious to go to sleep.

* *Gelsemium* (yellow jessamine): People who feel anticipatory anxiety about an upcoming event tend to benefit from this remedy. People with this type of anxiety tend to develop a dull and fatigued mind in which thinking is an effort.

* *Passiflora* (passion flower): This remedy has a long history of success in homeopathy and herbalism. If no other remedy is obviously indicated, try this one. It is most effective in lower potencies, such as 3X.

REFERENCE:

Bell IR, Howerter A, Jackson N, Aickin M, Baldwin CM, Bootzin RR. Effects of homeopathic medicines on polysomnographic sleep of young adults with histories of coffee-related insomnia. *Sleep Med.* 12(2011):505-511.

<http://www.ncbi.nlm.nih.gov/pubmed/20673648>

Ernst E. Homeopathy. *Focus on Alternative and Complementary Therapies.* 15,2, June 2010: 157–158.

Ernst, <https://edzardernst.com/2019/02/a-new-study-of-homeopathy-suggests-that-highly-diluted-remedies-are-better-than-placebos-and-i-cannot-fault-it/#>

Grimaldi-Bensouda L, Abenhaim L, Massol J, Guillemot D, Avouac B, Duru G, Lert F, Magnier AM, Rossignol M, Rouillon F, Begaud B; EPI3-LA-SER Group. Utilization of psychotropic drugs by patients consulting for sleeping disorders in homeopathic and conventional primary care settings: the EPI3 cohort study. *Homeopathy.* 2015 Jul;104(3):170-5. doi: 10.1016/j.homp.2015.05.002. Epub 2015 Jun 10.

<http://www.ncbi.nlm.nih.gov/pubmed/24646513>

Harrison CC, Solomon EM, Pellow J. The effect of a homeopathic complex on psychophysiological onset insomnia in males: a randomized pilot study. *Altern Ther Health Med*. 2013 Sep-Oct;19(5):38-43. <http://www.ncbi.nlm.nih.gov/pubmed/23981403>

Hellhammer J and Schubert M. Effects of a Homeopathic Combination Remedy on the Acute Stress Response, Well-Being, and Sleep: A Double-Blind, Randomized Clinical Trial *The Journal of Alternative and Complementary Medicine*. 19, 2, 2013: 161–169. DOI: 10.1089/acm.2010.0636 <http://www.ncbi.nlm.nih.gov/pubmed/22963271>

Lipman, D, Sexton, G, Schlessner, J, A Randomized Double-Blind Placebo-Controlled Evaluation of the Safety and Efficacy of a Natural Over-the-Counter Medication in the Management of Snoring, Sleep and Breathing, 3,2(1999):53-56. <http://www.ncbi.nlm.nih.gov/pubmed/11898106>

McCutcheon L. Treatment of anxiety with a homeopathic remedy. *J Appl Nutr* 1996; 48: 2–6.

Michael J, Singh S, Sadhukhan S, Nath A, Kundu N, Magotra N, Dutta S, Parewa M, Koley M, Saha S. Efficacy of individualized homeopathic treatment of insomnia: Double-blind, randomized, placebo-controlled clinical trial. *Complementary Therapies in Medicine*. 43, April 2019:53-59. <https://www.sciencedirect.com/science/article/pii/S096522991830829X>

Miek C. Jong, Lydia Ilyenko, Irina Kholodova, et al., A Comparative Randomized Controlled Clinical Trial on the Effectiveness, Safety, and Tolerability of a Homeopathic Medicinal Product in Children with Sleep Disorders and Restlessness, *Evidence-Based Complementary and Alternative Medicine*, vol. 2016, Article ID 9539030, 11 pages, 2016. doi:10.1155/2016/9539030 <http://www.hindawi.com/journals/ecam/2016/9539030/>

Naudé DF, Marcelline I, Couchman S, and Maharaj A. Chronic primary insomnia: Efficacy of homeopathic simillimum. *Homeopathy*. Volume 99, Issue 1, January 2010, 63-68.

Ramos Padilla, Echeverria, Charity, et al . Sedación con medicamentos y homeopatía para estudio electroencefalográfico en niños. *Rev Ciencias Médicas*, Pinar del Río, 19, 5, Oct. 2015 http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1561-31942015000500005

Ruiz-Vega G, Pérez-Ordaz L, León-Huéramo O, Cruz-Vázquez E, Sánchez-Díaz N. Comparative effect of *Coffea cruda* potencies on rats. *Homeopathy*. 2002 Apr;91(2):80-4. <http://www.ncbi.nlm.nih.gov/pubmed/12371461>

van den Meerschaut, Lodewijk and Sunder, Andrea. The Homeopathic Preparation Nervoheel N can Offer an Alternative to Lorazepam Therapy for Mild Nervous Disorders. *eCAM* 2009 6: 507-515; doi:10.1093/ecam/nem144. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2781768/>

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Villet S, Vacher V, Colas A, et al., Open-label observational study of the homeopathic medicine Passiflora Compose for anxiety and sleep disorders. Homeopathy. 2016,105:84-91. <http://www.ncbi.nlm.nih.gov/pubmed/26828002>

Waldschütz R, Klein P. The homeopathic preparation Neurexan vs. valerian for the treatment of insomnia: an observational study. Scientific World Journal. 2008 Apr 20;8:411-20. <http://www.ncbi.nlm.nih.gov/pubmed/18454251>

Zubedat S, Freed Y, Eshed Y, et al. Plant-derived nanoparticle treatment with Cocc 30C ameliorates attention and motor abilities in sleep-deprived rats. Neuroscience. 253(2013)1-8. https://www.researchgate.net/publication/256099991_Plant-derived_nanoparticle_treatment_with_cocc_30c_ameliorates_attention_and_motor_abilities_in_sleep-deprived_rats

Inflammatory Bowel Syndrome and Disease

BOTTOMLINE: Inflammatory bowel syndrome and disease is a chronic condition that requires the attention of a professional homeopath as well as a conventional physician. A surprisingly high percentage of patients with this condition utilize alternative and complementary treatments, with homeopathic medicines being the most popular in Germany and Italy. Many patients with this condition have reported significant improvement under homeopathic care, and some studies have confirmed these benefits.

Inflammatory bowel syndrome refers to colitis, spastic colon, irritable bowel, or simply nervous stomach, while inflammatory bowel disease refers to Crohn's disease and ulcerative colitis. Both of these ailments are chronic conditions that require the attention of a professional homeopath.

A survey of German patients with inflammatory bowel syndrome found that 55% of them sought homeopathic treatment (homeopathy was the most popular alternative medical treatment)(Joos, et al, 2006). This survey also found that 39% of these patients who sought homeopathic treatment were satisfied with the results, while 35% were not satisfied. When one considers that this condition has no known effective conventional medical treatment, it is impressive that 39% of these patients were pleased with the care that they received.

A similar survey was conducted in Italy of patients with inflammatory bowel disease (D'Inca, 2007). Five hundred and fifty-two patients who had IBD and who were under treatment at a tertiary medical referral center completed the questionnaire; 156 (28%) reported using alternative and complementary therapies, which mainly involved homeopathy (43.6%), followed by controlled diets or dietary supplements (35.5%), herbs (28.2%), exercise (25.6%) and prayer (14.7%). Alternative and complementary therapies were used to ameliorate intestinal symptoms (52.5%), in the hope of being cured (41%) and to reduce the intake of drugs (39.7%). An improvement in well-being (45.5%) and inflammatory bowel disease symptoms (40.3%) were the most commonly reported benefits. A higher education ($p=0.027$), a more frequently relapsing disease ($p=0.001$) and dissatisfaction with the doctor's communication ($p=0.001$) correlated with alternative and complementary therapy use. Non-compliance with conventional drugs, disease severity and curiosity regarding novel therapies were predictors of alternative and complementary therapy use.

These researchers concluded that Italian patients with inflammatory bowel disease frequently use alternative and complementary therapies. Doctors should improve their empathy and their understanding about possible benefits of alternative and complementary therapies.

The famed and respected Cochrane Collaboration conducted a systematic review of clinical research on the homeopathic treatment of irritable bowel syndrome (Peckham, Nelson, Greenhalgh, et al, 2019). Two types of homeopathic treatment were evaluated in this systematic review. In what is called clinical homeopathy a specific remedy is prescribed for a specific condition. This approach differs from individualized

homeopathic treatment, where a homeopathic remedy is selected based on a person's individual symptoms is prescribed after a detailed consultation.

Four RCTs (with a total of 307 participants) were included in this metaanalysis. Two studies compared clinical homeopathy (homeopathic remedy, *asafoetida* or *asafoetida* plus *nux vomica*) to placebo for IBS with constipation (IBS-C). One study compared individualized homeopathic treatment (consultation plus remedy) to usual care for the treatment of IBS in female patients. One study was a three armed randomized controlled trial (RCT) comparing individualized homeopathic treatment to supportive listening or usual care. The risk of bias in three studies (the two studies assessing clinical homeopathy and the study comparing individualised homeopathic treatment to usual care) was unclear on most criteria and high for selective reporting in one of the clinical homeopathy studies. The three armed study comparing individualized homeopathic treatment to usual care and supportive listening was at low risk of bias in four of the domains and high risk of bias in two (performance bias and detection bias)(in other words, although this study wasn't "perfect," it is still considered a relatively high quality study with a low or uncertain risk of bias).

A meta-analysis of the studies assessing clinical homeopathy, (171 participants with IBS-C) was conducted. At short-term follow-up of two weeks, global improvement in symptoms was experienced by 73% (46/63) of *asafoetida* participants compared to 45% (30/66) of placebo participants (RR 1.61, 95% CI 1.18 to 2.18; 2 studies, very low certainty evidence). In the other clinical homeopathy study at two weeks, 68% (13/19) of those in the *Asafoetida* plus *Nux vomica* arm and 52% (12/23) of those in the placebo arm experienced a global improvement in symptoms (RR 1.31, 95% CI 0.80 to 2.15; very low certainty evidence). In the study comparing individualized homeopathic treatment to usual care (N = 20), the mean global improvement score (feeling unwell) at 12 weeks was 1.44 + 4.55 (n = 9) in the individualized homeopathic treatment arm compared to 1.41 + 1.97 (n=11) in the usual care arm (MD 0.03; 95% CI -3.16 to 3.22; very low certainty evidence).

In the study comparing individualized homeopathic treatment to usual care, the mean IBS symptom severity score at 6 months was 210.44 + 112.4 (n = 16) in the individualized homeopathic treatment arm compared to 237.3 + 110.22 (n = 60) in the usual care arm (MD -26.86, 95% CI -88.59 to 34.87; low certainty evidence). The mean quality of life score (EQ-5D) at 6 months in homeopathy participants was 69.07 (SD 17.35) compared to 63.41 (SD 23.31) in usual care participants (MD 5.66, 95% CI -4.69 to 16.01; low certainty evidence).

One double-blind and randomized study with 91 patients that simply tested a single homeopathic medicine, *Asafoetida* 3X, was found to have highly statistically significant results in patients who have colitis (Rahlf, 1978).

A clinical outcome study of interest involved 14 physicians of the UK Faculty of Homeopathy (13 NHS GPs and 3 private practitioners) (Mathie and Robinson, 2006—this study was not included in the above "systematic review"). The outcome scores from 958 individual patient conditions having two or more appointments found that 75.9% experienced a "positive outcome," 14.7% had no change, and 4.6% experienced deterioration in health. Patients with the highest positive scores (over 50% of patients who self-scored a +2 or +3 on a 7 point Likert scale from -3 to +3) were achieved in the

treatment of anxiety, catarrh, colic, cystitis, depression, eczema, irritable bowel syndrome, and PMS. A total of 73.9% of patients with irritable bowel syndrome self-scored a +2 or +3 result from homeopathic treatment.

Usually, patients with the various bowel syndromes experience additional symptoms. Typically, homeopathic medicines improve a person's overall health, not just bowel symptoms.

REFERENCE:

D'Inca R, Garribba AT, Vettorato MG, Martin A, Martines D, Di Leo V, Buda A, Sturniolo GC, Use of alternative and complementary therapies by inflammatory bowel disease patients in an Italian tertiary referral centre, *Dig Liver Dis.* 2007 Apr 10.
<http://www.ncbi.nlm.nih.gov/pubmed/17433794>

Joos SS, Rosemann TT, Szecsenyi JJ, Hahn EE, Willich SS, Brinkhaus BB. Use of complementary and alternative medicine in Germany - a survey of patients with inflammatory bowel disease. *BMC Complement Altern Med.* 2006 May 22;6(1):19.
<http://www.ncbi.nlm.nih.gov/pubmed/16716218>

Mathie, RT, Robinson, TW. Outcomes from Homeopathic Practice in Medical Practice: A Prospective, Research-Tarageted, Pilot Study, *Homeopathy* (2006) 95, 199-205.
<http://www.ncbi.nlm.nih.gov/pubmed/17015190>

Peckham EJ, Cooper K, Roberts ER, Agrawal A, Brabyn S, Tew G. Homeopathy for treatment of irritable bowel syndrome. *Cochrane Database of Systematic Reviews* 2019, Issue 9. Art. No.: CD009710. DOI: 10.1002/14651858.CD009710.pub3.
<https://doi.org/10.1002/14651858.CD009710.pub3>

Rahlfs, VW, Mossinger, P. Asafoetida bei Colon Irritabile," *Deutsche Medizinische Wochens.*, 1978,104:140-43.

Kidney Disease

BOTTOMLINE: An observational study showed impressive results using individually chosen homeopathic medicines in conjunction with specific drainage medicine in mother tincture for people with kidney stones. A single small study showed benefit from homeopathic treatment of people with kidney failure. People with kidney disease need some type of medical supervision for their health.

A medical doctor/homeopath in India and two homeopathic doctors conducted a retrospective study of 75 cases of urolithiasis (kidney stones) in 2006 and 2007 (Nigam, Ingam, Jain, 2009). Diagnosis was made by the medical doctor using ultrasonography. The doctors found that 57 of the 75 people (76%) got cured by homeopathic treatment alone, that 15 people (20%) showed partial recovery, and only 3 people (4%) experienced treatment failures. Of the 57 people who were cured with homeopathic treatment, 80% recovered within 6 months and 60% recovered in 4 months.

The doctors noted that a total of 153 kidney stones were diagnosed in the 75 people, with 102 less than 6mm in size and 51 that were 6mm or larger in size. There were 30 stones in the upper calyx, 51 in the middle calyx, and 37 and lower calyx.

The doctors note that it has been generally assumed that lower calyx kidney stones are not effectively treated with homeopathy, but their study showed that 70% success rate in people with such kidney stones. The researchers also noted that the following homeopathic medicines were prescribed most often: Lycopodium (54.88%), Cantharis (25.61%), Berberis (18.41%) Nux vomica (18.29%), Sarsaparilla (16.46%), and Oscimum (14.63%).

The doctors also choose to prescribe “drainage remedies” in mother tinctures in 87.56% of the cases. For instance, they prescribed *Prunus spinosa* when migraine symptoms were concurrent, *Fabina* for people with gallstones, *Thalapsi bursa* for uterine/ovarian disorders, *Chelidonium* and *Berberis* for evidence of a fatty liver, and *Epigea* for gout. The doctors prescribed 10 drops of the tincture of these medicines in 50ml of water to be taken orally twice a day.

Chronic renal failure is known to be associated with concurrent skin problems, particularly itching. In a double-blind placebo-controlled randomized trial of 28 patients they found there was a statistically significant reduction in itching at each of the four dates that were pre-set, including after 15, 30, 45, and 60 days of follow-up ($P < .05$). Each patient was instructed to rate his/her degree of itching.

Each patient underwent a detailed interview, and an individually chosen medicine was given, though only half of the subjects were given the real medicine and half were given a look-alike placebo. The homeopathic medicine was prescribed based on the symptomatic syndrome caused by the chronic disease and the characteristics of the itching. The homeopath was able to continue or change his or her choice of medicines, depending upon the patient’s symptoms. Over 40 different medicines were prescribed to at least one patient.

Pruritus is a frequent and difficult to treat problem in haemodialysis. A double-blind placebo-controlled randomised clinical trial assessed the role of homeopathic

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treatment in this situation (Cavalcanti, Rocha, Carillo, et al, 2003). The code was held by the pharmacist who dispensed the medications. Pruritus was evaluated using a previously published scale. Only patients with initial values above 25% of maximum pruritus score were entered. Data were analysed after partial code break, separating the two groups of patients, but with no awareness of which one received verum or placebo. Patients were classified as responders if they had >50% reduction of pruritus score. Twenty-eight patients (16M/12F, 51 +/- 11 years of age) were entered and 20 (12M/8F, 52 +/- 8 years of age) remained for final analysis: 11 in the verum group, 9 in placebo. At entry, the mean pruritus score was 65 +/- 25% for the treated patients and 70 +/- 27% for placebo. After 15, 30, 45, and 60 days of follow-up, pruritus score were respectively: 46 +/- 29, 41 +/- 30, 42 +/- 29, and 38 +/- 33 for the treated patients and 61 +/- 29, 67 +/- 31, 64 +/- 35, and 57 +/- 39 for placebo. Reduction was statistically significant ($P < 0.05$) at every point of observation. According to the patients' own assessment, at the end of the study period, the homeopathic treatment reduced the pruritus score by approximately 49%. Responders were more frequent in the treated group with statistical significance at 30 days (0% vs 45%, $P = 0.038$). Homeopathic treatment may represent a worthwhile alternative to relieve pruritus in patients undergoing haemodialysis.

REFERENCE:

Cavalcanti, AMS, Rocha, LM, Carillo, R, Lima, LUO, and Lugon, JR, Effects of Homeopathic Treatment on Pruritus in Haemodialysis Patients: A Randomised Placebo-controlled Double-blind Trial, *Homeopathy* (2003)92:177-181.

<http://www.ncbi.nlm.nih.gov/pubmed/14587682>

Nigar H, Nigam G, Jain S. Observational Study of Homeopathic Management of Urolithiasis Assessed by Ultrasonography. *Homeopathic Heritage International*. 34,9,2009:11-15.

Knee Injuries

BOTTOMLINE: Many knee injuries can be aided with homeopathic medicines, though some people may require some type of physical therapy and massage or may require surgery. Some recent research has shown some benefits of using Arnica for postoperative swelling after knee surgery.

Knee injuries can be very painful, but what's worse is that they sometimes occur in people whose knee, for unknown reasons, cannot seem to heal. Homeopathic medicines can help people more completely heal a knee injury so that recurrence is less probable.

A study investigated the effectiveness of homeopathic Arnica montana on postoperative swelling and pain after arthroscopy (ART), artificial knee joint implantation (AKJ), and cruciate ligament reconstruction (CLR). Three randomised, placebo-controlled, double-blind, sequential clinical trials were conducted in a single primary care unit specialised in arthroscopic knee surgery (Brinkhaus, Wilkens, Ludtke, 2006). Prior to surgery, patients were given 1x5 globules of the homeopathic dilution 30X (a homeopathic dilution of 1:10(30)) of arnica or placebo. Following surgery, 3x5 globules were administered daily.

The primary outcome parameter was difference in knee circumference, defined as the ratio of circumference on day 1 (ART) or day 2 (CLR and AKJ) after surgery to baseline circumference. A total of 227 patients were enrolled in the ART (33% female, mean age 43.2 years), 35 in the AKJ (71% female, 67.0 years), and 57 in the CLR trial (26% female; 33.4 years). The percentage of change in knee circumference was similar between the treatment groups for ART (group difference Delta=-0.25%, 95% CI: -0.85 to 0.41, p=0.204) and AKJ (Delta=-1.68%, -4.24 to 0.77, p=0.184) and showed homeopathic Arnica to have a beneficial effect compared to placebo in CLR (Delta=-1.80%, -3.30 to -0.30, p=0.019). In all three trials, patients receiving homeopathic Arnica showed a trend towards less postoperative swelling compared to patients receiving placebo. However, a significant difference in favor of homeopathic Arnica was only found in the CLR trial.

The above study showed that Arnica was more effective than placebo in all three conditions tested, though it was only significantly more effective than placebo in treating people undergoing cruciate ligament reconstruction. This result make sense from a homeopathic perspective too, especially in the light of the fact that there are other better homeopathic medicines to use in the treatment of bone surgeries, such as Ruta, Symphytum, or Calcarea phosphorica.

In addition to various remedies to be taken internally, there are also homeopathic external remedies. One can also consider taking a homeopathic combination remedy both internally and externally. Generally, the sooner a homeopathic medicine is taken after the injury, the better the results.

**** Ruta (rue):** This is the leading remedy for knee injuries, including chronic knee problems from an injury. It is known for knee pain that is aggravated by any type of motion.

* *Rhus toxicodendron* (poison ivy): This remedy is indicated when the person feels pain upon initial motion but relief upon continued motion.

* *Arnica* (mountain daisy): This remedy can be taken concurrently with the others above, and it is indicated when there is much swelling and bruising around the knee.

NOTE: Some people take the following three homeopathic remedies together to help strengthen the knee: *Silicea* (silica) 6x, *Calcarea fluorica* (calcium fluoride) 6x, *Calcarea phosphorica* (calcium phosphate) 6x. Take three times a day for two weeks. Consider repeating in a month if necessary.

REFERENCE:

Brinkhaus B, Wilkens JM, Ludtke R, Hunger J, Witt CM, Willich SN. Homeopathic arnica therapy in patients receiving knee surgery: Results of three randomised double-blind trials. *Complement Ther Med*. 2006 Dec;14(4):237-246.
<http://www.ncbi.nlm.nih.gov/pubmed/17105693>

Lactation (Breastfeeding)

BOTTOMLINE: Treatment of lactation problems generally require the care of a professional homeopath, though one study on the treatment of women who were unable or not wanting to breastfeed found benefits in using two homeopathic medicines used concurrently.

Conventional physicians sometimes prescribe certain drugs to women are unable or not wanting to breastfeed. However, many physicians do not like to prescribe these drugs due to their serious side effects. A double-blind placebo controlled study was conducted in France with 71 women who had recently given birth but were either unwilling or unable to breastfeed, half of whom were given Apis mellifica 9C and Bryonia 9C and half of whom were given a similar looking and tasting placebo (Berrebi, et al, 2001). All women were given naproxen and fluid restriction. A significant improvement of lactation pain (main criterion of the study) was observed in parturients treated with homeopathy ($p < 0.02$ on D2 and $p < 0.01$ on D4). A similar effect ($p < 0.05$ on D4) was observed for breast tension and spontaneous milk flow. No significant difference was observed for the other criteria of the study. The homeopathic combination studied was therefore effective on the pain of lactation and should be integrated into the therapeutic armamentarium.

Three groups of 100 women who were deemed to present a risk of delay in lactation were given either Lac caninum 5CH, a combination of Agnus castus 5CH plus Ricinus communis 4CH, or no treatment at all (Kynigos, Bertrand, Gubser, et al., 2015). There was no effect from the homeopathic medicines in women who had given birth at least two times previously. Yet, for those women who had given birth for the first time (except those women who had a scheduled caesarean section), the combination of Agnus castus 5CH and Ricinus communis 4CH had a very significant reduction in the delay of lactation, as compared with the group treated with Lac caninum and to the no treatment group ($p = 0.009$). The researchers also noticed that those women who had a spontaneous onset of labor and a vaginal birth experienced.

REFERENCE:

Berrebi, A, Parant, O, Ferval, F, Thene, M, Ayoubi, JM, Connan, L, Belon, P, Traitement de la douleur de la Montee Laiteuse Non Souhaitee par Homeopathie dans le Post-Partum Immediat, J Gynecol Obstet Biol Reprod 2001;30:353-357.

<http://www.ncbi.nlm.nih.gov/pubmed/11431615>

Kynogos I, Bertrand M, Gubser MP, et al., Contribution of homeopathy in situations at risk for delayed onset of lactation: A pilot study. Rev. Med. Perinat. (2015)7:38-45.

Leg Cramps

BOTTOMLINE: Leg cramps can be treated easily and quickly with homeopathic medicines, either with single remedies or formula products, though no studies have verified this clinical observation.

Leg cramps are a minor complaint that can be a real pain in the...leg. No one will die from leg cramps, but those who experience them regularly feel temporarily crippled. Some people experience benefit from the application of heat, some feel relief from massage or pressure, and some benefit from taking calcium tablets.

In addition to the remedies listed below, consider using one of the homeopathic formula products for cramps or leg cramps.

**** *Cuprum metallicum* (copper):** This is the leading homeopathic remedy for cramps in the calves and/or soles of the feet. The person may also feel some twitching or spasms in the leg muscle.

*** *Magnesium phosphorica* (phosphate of magnesia):** When a person with leg cramps feels relief from warm applications, consider this remedy.

*** *Calcarea carbonia* (calcium carbonate):** Good for leg cramps at night in bed or when stretching the foot or the leg or simply after putting on a shoe or a boot.

*** *Rhus tox* (poison ivy):** Good for leg cramps in bed or during sitting or AFTER walking.

Leprosy

BOTTOMLINE: Leprosy is a serious condition that requires the treatment of a professional homeopath and/or a medical doctor. A large randomized double-blind clinical trial found significant efficacy.

In a study that was deemed to be of a higher quality scientific study (Mathie, Fok, Viksveen, et al, 2019), this study sought to compare homeopathic Sulphur with the conventional medical treatment using Multidrug treatment of Paucibacillary leprosy according to WHO guidelines (Chakraborty, Das, Dinda, et al, 2015).

From a total of 90 patients enlisted, 60 were confirmed to have Borderline Tuberculoid (BT) leprosy patients of the age 14 years to less than 60 years were registered under this trial. All the patients were allotted a precoded number, randomly and equally divided in two groups. One group was treated with Sulphur 200 potency in liquid orally once in week for two years and the other group received Paucibacillary (PB) regimen as recommended by WHO. At the end of two years findings were corroborated.

The study showed that the conventional medical treatment (PB regimen) and homeopathic medicine were found equally effective as histopathology of skin showed no granulomatous lesion. The most significant clinical sign observed in all cases treated with Sulphur was reappearance of normal skin colour and regain of loss of sensation of the skin lesion.

A total of 160 leprosy patients who were released from conventional medical treatment (RFT) and were suffering from either trophic ulcer and/or peripheral anaesthesia participated in a randomized double-blind clinical trial (Chakraborty, Chakraborty, Das, Sengupta, 2009). All the patients in study groups were given Mercurius solubilis 200C orally (one dose per week) for a period of two years or till recovery, whichever was earlier, while control group received placebo.

Prior to the start of this clinical trial, the patients received WHO-recommended “Multi-Drug Therapy” (MDT), a treatment that kills the pathogens known to cause leprosy, but such patients often suffer for the rest of their life from neuropathy, loss of pigmentation, ulcers, and other secondary complications. This study sought to raise the question: can homeopathic treatment help resolve the lingering symptoms of leprosy.

If a patient experienced deep and complicated ulcer symptoms, along with a fever, swelling, and pain due to secondary infection, the patients were also given Kali mur 12X and Calcarea sulph 12X, four tabs, four times a day until the ulcer became free of discharge.

To maintain full blinding, the paramedical staff, physiotherapist, clinician and surgeon were never informed who received the homeopathic medicine and who received the placebo.

This study separated patients into four groups:

- 1) Group #1 (40 patients) had various ulcers AND loss of sensation of the hands and feet and were prescribed homeopathic medicines
- 2) Group #2 (90 patients) suffered from loss of sensation of the hands and feet but did not ulcers...and were prescribed homeopathic medicines

- 3) Group #3 (10 patients) had the same symptoms as Group #1 but were given a placebo.
- 4) Group #4 (20 patients) had the same symptoms as Group #2 but were given a placebo.

The researchers found a substantially statistically significant improvement in the healing of ulcers and regaining of nerve sensation. The biopsy from the treated cases showed almost normal dermis containing new nerve twigs and sweat glands and blood vessels with no evidence of perivascular or perineural inflammatory reaction. Radiographs of the patients with ulcer showed absence of osteomyelitic changes of phalanges with bony remodeling of metatarsal bone.

More specifically, the researchers did not simply measure the number of patients who experienced improvement but actually counted and measured all of the ulcers of their bodies. Group #1 experienced a 94.79% cure rate by the end of three months, a 99.63% cure rate at the end of six months, and a 100% cure rate by nine months. In comparison, the control group experienced an increase in the mean volume of ulcer of 10.79% after three months, a 32.47% increase at the end of six months, and a 50.24% increase at the end of nine months.

In Group 3, 35 of the 90 patients showed a complete reestablishment of touch and pressure sensation, 35 patients showed a 80% relief of symptoms, 11 more patients were relieved by 60% , 5 patient were relieved by 40%, and 1 patient was relieved by only 20% (3 patients were not available for the last assessment). In comparison, none of the patients in the placebo group regained 20% or more improvement in sensation (this result is commonly observed in former leprosy patients).

Reference:

Chakraborty D, Chakraborty T, Das S, Sengupta J. A Randomized Double Blind Clinical Trial of a Homoeopathic Medicine in the Treatment of Trophic Ulcer and Neuropathy in Leprosy. Indian Journal of Research in Homoeopathy. 3,4, October, 2009: 54-58.
<http://ccrhindia.blogspot.com/2013/04/indian-journal-of-research-in.html> (scroll down to download a copy of this article)

Chakraborty D, Das P, Dinda A K, Sengupta U, Chakraborty T, Sengupta J. A comparative study of homoeopathic medicine - Sulphur with the Multidrug therapy in the treatment of paucibacillary leprosy. Indian J Res Homoeopathy 2015;9:158-66.
<http://www.ijrh.org/article.asp?issn=0974-7168;year=2015;volume=9;issue=3;spage=158;epage=166;aualast=Chakraborty>

Leptospirosis

Leptospirosis (also known as Weil's Disease) is an infectious disease carried by rats and caused by bacteria called spirochetes. People contract the disease through contact with contaminated water. Leptospirosis occurs worldwide, but it is most common in the tropics during periods of heavy rain.

The Cuban Health Ministry has been studying incidence rates of Leptospirosis since 1981. They have observed that incidence rates go up with increased rainfall and at times of flooding or natural disasters, at which time public water sources may be contaminated. The Finlay Institute (in Cuba) developed a conventional vaccine for Leptospirosis, but despite its use for the past 10 years, disease incidence has remained the same. In late 2007, in response to a developing epidemic, and with only enough vaccine to treat 15,000 high-risk people, the government decided to treat the entire population of the region over one year of age with a homeopathic medicine (Bracho, Varela, Fernández, 2010). This was prepared from the inactivated causative organism provided by the Cuban National Vaccine Institute.

In 2007, the Finlay Institute developed a homeopathic nosode, called “**nosolep**” from different strains of *Leptospira* from sick people. Each strain was isolated and cultured for viability. Each strain was potentized to the 29C individually and then combined all together for the 30C. Subsequent potencies were derived from this combination. The remedy was then potentized to 200c.

In the fall of 2007, Cuba was hit with two hurricanes, Dean and Felix. As with most hurricanes that pass over Cuba, most of the damage occurred in the eastern provinces. The Finlay Institute decided to introduce the nosode into the population in the provinces of Las Tunas and Holguin for preventative measures. In early fall of 2007 in the midst of the hurricane impact, the 200C was delivered to local health clinics. Patients received a dose of the mixture orally; this treatment was then repeated seven days later.

The homeopathic medicine was given to the 2.3 million population in the provinces usually worst affected. Within a few weeks the number of cases had fallen from 38 to 4 cases per 100,000 per week, significantly fewer than the historically-based forecast for those weeks of the year. The 8.8 million population of the other provinces did not receive homeopathic treatment and the incidence was as forecast. The effect appeared to be sustained: there was an 84% reduction in infection in the treated region in the following year (2008) when, for the first time, incidence did not correlate with rainfall. In the same period, incidence in the untreated region increased by 22%.

The process was repeated in 2008 prior to hurricanes Gustav and Ike that devastated the region in September of that year. In 2007, 99.1 percent of the population in these provinces was given the nosode. At the end of a 40 week study period there were found to be only 379 suspected cases and 49 confirmed cases of Leptospirosis (numbers are lower than expected for the amount of rainfall). When the procedure was repeated in 2008 with the 10M, 98.1% of the population received the nosode and there were 251 cases suspected, with only 2 confirmed cases. Though the incidence of Leptospirosis was expected to increase in 2007 and 2008, the incidence of disease in the two provinces of Las Tunas and Holguin, where the nosode had been administered, dropped to nearly 0 cases.

In comparison in the other provinces in the same vicinity where the nosode was not used, disease incidence in 2007 and 2008 increased as predicted. The cost of the production, storage, and administration of the vaccine runs about \$3,876,126 Cuban pesos (CUP) whereas the relative cost of the vaccine nosoLep from manufacturing to application is \$22,207 CUP (Eight Cuban pesos (CUP) equal twenty USA pennies. Therefore, the cost of the conventional vaccine was \$484,516, while the cost of the homeopathic nosode was \$2,776).

Dr. Peter Fisher, Editor of the journal, *Homeopathy*, notes “This is a very large study and its results, if confirmed, have huge potential impact. We need more research into the effectiveness of homeopathic preparations in preventing infectious diseases, complications, and the economic viability of a homeopathic approach.”

A homeoprophylactic formulation was prepared with homeopathic potencies made from dilutions of four circulating strains of Leptospirosis.

The researchers concluded that the homeoprophylactic approach was associated with a large reduction of disease incidence and control of the epidemic. The results suggest the use of HP as a feasible tool for epidemic control, further research is warranted.

The results of this study, as well as the work the Cubans have done stopping Hepatitis A outbreaks in schools with Phosphorus, and the treatment of hemorrhagic viral conjunctivitis with Euphrasia will soon be published and presented to the international community. Cuba’s health care system has long been extolled as a model for the developing world by the World Health Organization, particularly in the area of primary and preventive care. We can only hope that international acceptance of Homeopathy for the treatment and prevention of infectious disease will soon follow.

Reference:

Bracho G, Varela E, Fernández R, et al. Large-scale application of highly-diluted bacteria for Leptospirosis epidemic control. *Homeopathy* 2010; 99: 156–166.
<http://www.ncbi.nlm.nih.gov/pubmed/20674839>

Lichen Planus

BOTTOMLINE: One single-blind randomized clinical trial showed benefit from using homeopathic Ignatia 30C vs. placebo.

Lichen planus is an inflammatory skin condition, characterized by an itchy, non-infectious rash of small, flat-topped, pink or purple bumps on the arms and legs and in the skin, hair, nails and mucous membranes.

A case series of four patients with generalized lichen planus were treated successfully with individually selected homeopathic medicines (Nwabudike, Miulescu, Tatu, 2019).

Oral lichen planus (OLP) is a chronic autoimmune inflammatory condition that affects the lining of your mouth, usually resulting in characteristic lacy white patches. Oral lichen planus tends to occur most often on the inside of your cheeks, but it also can affect your gums, tongue, lips and other parts of the mouth. It sometimes involves your throat or esophagus.

A single blind randomized control clinical trial was conducted with 30 consecutive patients who suffered from oral lesions consistent clinically and histologically with erosive and/or atrophic OLP (Mousavi, Sherafati, Mojaver, 2009). The patients were randomly divided into two groups to receive Ignatia 30C or placebo. They were treated for 4 months. The mean lesion sizes and mean pain measures differed between control and treatment groups favouring Ignatia ($p < 0.05$).

References:

Mousavi F, Sherafati S, Mojaver YN. Ignatia in the treatment of oral lichen planus. Homeopathy. 2009 Jan;98(1):40-4. <http://www.ncbi.nlm.nih.gov/pubmed/19135958>

Nwabudike LC, Miulescu M, Tatu AL. Case series of an alternative therapy for generalised lichen planus: Four case studies. Exp Ther Med. 2019;18(2):943–948. doi:10.3892/etm.2019.7677 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6639946/>

Malaria

BOTTOMLINE: Malaria is a very serious infectious disease that kills more than one million people per year, and because there is increasing resistance to conventional drugs that are prescribed for this disease, experts expect the death rate from malaria to grow in coming decades. However, a new study has confirmed that individually chosen homeopathic medicines can be as either effective or more effective than the present standard drug, chloroquine, in the treatment of malaria. Further, several animal studies have confirmed benefits from homeopathy in the prevention and treatment of malaria. It is best to seek professional homeopathic treatment and/or conventional medical treatment for people with malaria.

Malaria is an infectious disease that results in about 350–500 million infections in humans and approximately 1.3–3 million deaths annually. The sub-Saharan Africa region accounts for 85–90% of these fatalities, the vast majority of which occur in children under the age of 5 years. The death rate from malaria is expected to double in the next 20 years.

Malaria is a significant health problem in most developing countries. Resistance against chloroquine, a rather cheap and easy available drug, has become widespread (<http://en.wikipedia.org/wiki/Chloroquine>). Further, the side effects to chloroquine are serious enough that America's Center for Disease Control no longer recommends its use alone. Although some other drugs are being used today in conjunction with chloroquine to provide greater efficacy, it is only a matter of time when resistance will develop to these drugs, making alternatives to conventional malarial treatment desirable. One of the other more commonly used drugs to prevent malaria is Mefloquine (better known as Lariam), but this drug is known to cause serious psychosis and suicide, amongst many other serious symptoms and behaviors. Clearly, a more safer alternative to conventional drugs is needed, and there is now reasonable evidence that homeopathic medicines may be a viable alternative treatment.

An initial open-study of 75 patients with malaria was conducted in the northern region of Ghana, of whom 90.7% showed clinical improvement (Erp and Brands, 1996).

A randomized double-blind study was conducted in this same region, in which some of the patients were prescribed an individually chosen homeopathic medicine, while the other group underwent the same homeopathic interview process but instead were prescribed the leading conventional drug for malaria, chloroquine (Erp and Brands, 1996). Both groups were given two drugs (one of which was the real drug and one of which was a placebo). Every patient was given the same number of drugs that looked and tasted the same.

In this double blind study, 74 patients were treated: 41 in group I (= homeopathy verum and chloroquine placebo) and 33 in group II (= homeopathy placebo and chloroquine verum). 11 patients of group I and 8 patients of group II didn't return on their follow-up visit. Twenty five out of 30 (83.3%) patients in group I showed improvement of at least three symptoms of the listed symptoms. The 95% reliability-interval is 65.3–94.4%. In group II were 18 patients out of 25 (72%), who showed an improvement. The 95% reliability-interval is 50.6%–87.9%. The difference between the homeopathic

treatment and the chloroquine treatment is 11% in favor of the homeopathic-treatment. The χ^2 -test is 1.03 with a p-value of 0.31 (non-significant).

In this research the following remedies have been prescribed most often: *Arsenicum album*, *Cinchona off.*, *Eupatorium perfoliatum*, *Natrum muriaticum*, *Pulsatilla*, *Rhus toxicodendron*, *Nux vomica* and *Sulphur* (each of them has been used in > 5% of the cases).

Ultimately, this study found that homeopathic medicines had a comparable with and slightly (non-significantly) better result than the conventional drug, chloroquine. The effect of chloroquine might be difficult to calibrate as the level of resistance against chloroquine is not known in the population studied.

A second prospective and open label study was conducted by one of the original researchers to the previous study (Brands and van Berkel, 2016). This study was conducted during the 2013-2014 rain season with 86 malaria patients, 69 of whom completed follow-up. All but one who returned for follow-up were found to be negative for parasites.

Researchers at National Homeopathic Medical School in Mexico City investigated the effect of homeopathic preparations of *Eupatorium perfoliatum* 30CH and *Arsenicum album* 6CH on parasitemia using a rodent malaria model (Lira-Salazar, Marines-Montiel, Torres-Monzón, 2006). They found significant inhibitory effect on parasite multiplication with both medications with a level of 60% for *Eupatorium perfoliatum* at a 30CH potency. *Arsenicum album* 0/6 gave 70% inhibition but this was less stable than *Eupatorium perfoliatum*. The number of schizonts was higher in animals treated with homeopathic medications. Although the mechanism of action is unknown, these agents would be good candidates as alternative or complementary medications in the treatment of malaria.

In addition to clinical trials, there have also been several animal studies testing homeopathic medicines.

In numerous studies, mice (*Mus musculus*) were used because they share a high degree of homology with humans. *Cinchona officinalis*¹¹ (China or Peruvian bark) in mother tincture has been reported to be an efficient antimalarial treatment, both as a monotherapy and as a partner drug for artesunate-based combination therapy against *P. berghei* infection in BALB/c mice (Rajan and Bagai, 2011).

Cinchona officinalis 30C has been found to have 100% chemosuppression with enhanced mean survival time (MST) of mice. Further, this homeopathic medicine showed hepatoprotective and nephroprotective activity in mice infected with *P. berghei* (Rajan and Bagai, 2012a).

A study was undertaken to screen in vivo antimalarial activity of Malaria Nosode 30 and Malaria Nosode 200 against *Plasmodium berghei* infection in BALB/c mice (Bagai, Rajan, Kaur, 2012). Peter's 4-day test was used to evaluate the in vivo schizontocidal effect of Nosode 30 and Nosode 200. One month follow-up study was

¹¹ *Cinchona officinalis* is the famed evergreen that was the original source of quinine. It was also the first remedy ever made into a homeopathic medicine.

done to calculate the mean survival time of mice in each group. Biochemical analysis was carried out to assess the liver and kidney function tests using diagnostic kits.

This study found that Nosode 30 and 200 exhibited 87.02 and 37.97% chemosuppression on Day 7 and mean survival time (MST) of 18.5 ± 2.16 and 16.5 ± 1.37 days respectively, which were extremely statistically significant when compared to MST of infected control (8.55 ± 0.83 days). The safety of Nosode 30 was also confirmed by the comparable levels of ALP, SGOT, SGPT activities, concentration of bilirubin, urea and creatinine to CQ treated group. The researchers concluded that Nosode 30 possesses considerable in vivo antiplasmodial activity against *P. berghei* infection as compared to Nosode 200 as evident from the chemosuppression obtained using Peter's 4-day test. Further, studies on the drug can be carried out to establish its antimalarial potential in monotherapy or in combination with other homeopathic drug formulations.

Another research project investigated the antiplasmodial activity of the mother tincture (ϕ) and various potencies (6 cH, 30 cH, 200 cH) of homeopathic medicines China officinalis, Chelidonium majus and Arsenicum album by means of the in vitro schizont maturation inhibition assay (Rajan and Bagai, 2012). Significant reduction of the growth of intra-erythrocyte stages of *P. berghei* was observed with decreasing dilutions of the tincture (ϕ) and the various potencies of Chin, Chel and Ars with dose-dependent effect. Maximum schizont maturation inhibition (80%) was observed with Chin ϕ (1:1), Chin 30 cH (1:1, 1:2) and Chel 30 cH (1:1). The standard drug chloroquine (CQ) at $10\text{-}\mu\text{M}$ concentration exhibited $95.4 \pm 1.6\%$ inhibition of schizont maturation. Ars 30 (1:1) also exhibited strong antiplasmodial efficacy, with $75.5 \pm 2.6\%$ of schizont inhibition. Although the homeopathic medicine was not as effective as the conventional drug, chloroquine, the safety benefits from the homeopathic medicines provide distinct advantages to many people. The presence of free merozoites with Ars 200 cH and weak schizont inhibition activity (40-45%) points to the ability of the parasite to survive in the given drug pressure.

Another animal study was designed to evaluate the efficacy of Cinchona officinalis (Chin.) 30C and Chelidonium majus (Chel.) 30C in combination therapy against lethal murine malaria (Aswathy and Upma, 2013). Five groups having twelve BALB/c mice were administered orally with 0.2 ml/mouse/day of different drugs, and their antimalarial potential was evaluated by Peter's 4-day test. The combination of Chin. 30 and Chel. 30 exhibited complete parasite clearance by the 28th day post-inoculation which was similar to the positive control [artesunate (4 mg/kg)+sulphadoxine-primethamine (1.2 mg/kg)] group. Both the groups exhibited enhanced mean survival time (MST) 28 ± 0 days, whereas, the mice of infected control group survived only to 7.6 ± 0.4 days. The combination of homeopathic medicines had a significant preventive activity ($p < 0.0005$), with 89.2% chemosuppression which was higher than the standard drug, pyrimethamine (83.8%). Further, these homeopathic medicines were found to have substantially significant effects on liver and kidney function tests as compared to the infected control ($p < 0.0005$). It also showed a moderate curative activity with complete clearance of parasite in 50% of surviving mice, and enhancing the MST of mice up to 26.8 ± 2.8 days. These findings point to the significant antiplasmodial efficacy of the combination of these homeopathic drugs against *Plasmodium berghei*.

The antimalarial efficacy of combination of two homeopathic drugs (Chelidonium 30 and the Malaria nosode 30) was evaluated in vivo against *Plasmodium berghei* (P.

berghei) infection using Peters 4-day test (Bagai and Walter, 2014). Biochemical assays have been performed to assess the levels of hepatic and renal function biomarkers upon drug treatment using diagnostic kits.

The combination of the drugs demonstrated considerable in vivo antimalarial activity with chemosuppression of 91.45% on day 7. The combination also significantly ($p < 0.0005$) enhanced the mean survival time of mice which was calculated to be 22.5 ± 6.31 days, whereas it was 8.55 ± 0.83 days in infected control. The increase in levels of the liver function marker enzymes tested in serum of treated mice were significantly less ($p < 0.0005$) than those observed in infected control on day 10. The serum urea and creatinine used for assessment of renal sufficiency were slightly elevated above normal, but were statistically significant ($p < 0.0005$) as compared to infected control.

This study establishes the effectiveness of the combination against *P. berghei* in vivo along with the safety of the drugs to the liver and kidney functions of the host.

This new study sought to evaluate the in vitro and in vivo antimalarial efficacy of a homeopathic drug, *Chininum sulphuricum* 30C (Suri, Katnoria, Walter, et al, 2021).

In vitro antiplasmodial activity was screened against the *P. falciparum* chloroquine-sensitive (3D7) strain, and cell viability was assessed against normal human dermal fibroblasts and HepG2 cells. Suppressive, preventive and curative studies were carried out against *P. berghei*-infected mice in vivo.

Chininum sulphuricum (30C) was shown to have good antiplasmodial activity in vitro, with $92.79 \pm 6.93\%$ inhibition against the 3D7 strain. The cell viability was $83.6 \pm 0.6\%$ against normal human dermal fibroblasts and $95.22 \pm 5.1\%$ against HepG2 cells. The homeopathic medicine was found to have suppressive efficacy with 95.56% chemosuppression on day 7 with no mortality throughout the follow-up period of 28 days. This homeopathic medicine also showed preventive activity against the disease. Drug treatment was found to be safe to the liver and kidney function of the host as evidenced by biochemical studies.

The researchers concluded that *Chininum sulphuricum* 30C had considerable antimalarial activity along with safety to the liver and kidney function of the host.

In a new study, novel homeopathic nosodes were prepared from *Plasmodium falciparum* and also assessed for their in vitro and in vivo anti-plasmodial activity (Suri, Walter, Katnoria, et al, 2021).

Three nosodes were combined into a single formula medicine and prepared from *P. falciparum* (chloroquine [CQ]-sensitive [3D7] and CQ-resistant [RKL-9] strains) as per the Homeopathic Pharmacopoeia of India, viz. cell-free parasite nosode, infected RBCs nosode, mixture nosode. In vitro anti-malarial activity was assessed by schizont maturation inhibition assay. The in vitro cytotoxicity was evaluated by MTT assay. Knight and Peter's method was used to determine in vivo suppressive activity. Mice were inoculated with *P. berghei*-infected erythrocytes on day 1 and treatment was initiated on the same day.

The In vitro studies found that the nosodes exhibited considerable activity against *P. falciparum* with maximum 71.42% (3D7) and 68.57% (RKL-9) inhibition by mixture nosode followed by cell-free parasite nosode (62.85% 3D7 and 60% RKL-9) and infected

RBCs nosode (60.61% 3D7 and 57.14% RKL-9). The nosodes were non-toxic to RAW macrophage cell line with >70% cell viability.

The In vivo studies found considerable suppressive efficacy was observed in mixture nosode-treated mice, with $0.005 \pm 0.001\%$ parasitemia on day 35. Levels of liver and kidney function biomarkers were within the normal range in the mixture nosode-treated groups. Cytokine analysis revealed increased levels of IL-4 and IL-10, whilst a decline in IL-17 and IFN- γ was evident in the mixture nosode-treated mice.

The researchers concluded that the mixture nosode exhibited promising anti-malarial activity against *P. falciparum* and *P. berghei*. Biochemical and histopathological studies also highlighted the safety of the nosode for the rodent host. The study provides valuable insight into a novel medicament that has potential for use in the treatment of malaria.

The potential antimalarial activity of the Malaria nosode, *Malaria officinalis* and *China officinalis* was evaluated by β -Hematin Formation Assay (Joshi, Munshi, Talele, Shah, 2017). The hemozoin content was determined by measuring the absorbance at 400 nm. The results were recorded as % inhibition of heme crystallization compared to negative control (DMSO)

Malaria nosode, *Malaria officinalis*, and *China officinalis* exhibited inhibition of hemozoin and the inhibition was greater than the positive control Chloroquine diphosphate used in the study.

The study has shown anti-disease activity of an ultra-dilute (potentized) homeopathic preparation. The Malaria nosode prepared by potentizing *Plasmodium falciparum* organisms has demonstrated antimalarial activity, which supports the basic principle behind homeopathy, the law of similars.

According to a 2017 study published in *Phytomedicine*, tablets made from dried leaves of the *Artemisia annua* plant (sweet wormwood) cured 18 critically ill patients in a Congo clinic. The results suggest a new and inexpensive treatment option for the mosquito-borne disease that affects 212 million people worldwide. *Artemisia annua* is a homeopathic medicine that is well-known to have an affinity in the treatment of people with malaria.

In her lab at Worcester Polytechnic Institute (WPI), Pamela Weathers, professor of biology and biotechnology, has developed several high-producing cultivars of the plant *Artemisia annua*, which she propagates using tissue culture. The plants are used in research that has shown that a therapy using dried, powdered leaves of *Artemisia annua* is an effective and low-cost cure for malaria.

REFERENCES:

Bagai U, Rajan A, Kaur S. Antimalarial potential of Nosode 30 and 200 against *Plasmodium berghei* infection in BALB/c mice. J Vector Borne

Dis. 2012 Jun;49(2):72-7.

<http://www.ncbi.nlm.nih.gov/pubmed/22898477>

Bagai U, Walter NS. Antiplasmodial potential of homeopathic drugs Chelidonium and nosode against Plasmodium berghei infection. J Complement Integr Med. 2014 Jul 19. doi: 10.1515/jcim-2013-0006.

Brands M, van Berkel S. Three malaria studies in Kenya : a retrospective and prospective open label study and a comparison between homeopathy and coartem. Homeopathy. 2016, 105 :9.

[http://www.homeopathyjournal.net/article/S1475-4916\(15\)00108-3/abstract](http://www.homeopathyjournal.net/article/S1475-4916(15)00108-3/abstract)

Daddy NB, Kalisya LM, Bagire PG, Watt RL, Towler MJ, Weathers PJ. Artemisia annua dried leaf tablets treated malaria resistant to ACT and i.v. artesunate: case reports. Phytomedicine, 2017; DOI: 10.1016/j.phymed.2017.04.006

<https://www.sciencedaily.com/releases/2017/04/170424141222.htm>

Joshi S, Munshi R, Talele G, Shah R. An experimental in vitro study to evaluate the antimalarial activity of select homeopathy preparations. International Journal of Medical and Health Research. 3,7 : July 2017, 65-68.

<http://www.medicalsciencejournal.com/archives/2017/vol3/issue7/3-7-19>

Lira-Salazar G, Marines-Montiel E, Torres-Monzón J, et al. Effects of homeopathic medications Eupatorium perfoliatum and Arsenicum album on parasitemia of Plasmodium berghei-infected mice. Homeopathy. 2006 Oct ;95 (4):223-8.

<http://www.ncbi.nlm.nih.gov/pubmed/17015193>

Rajan A, and Bagai U. SEM studies on blood cells of Plasmodium berghei infected Balb/c mice treated with artesunate and homeopathic medicine China. Journal of Parasitic Disease 2011;35:134-9. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3235391/>

Rajan A, and Bagai U. Antimalarial potential of homeopathic medicines against schizont maturation of Plasmodium berghei in short-term in vitro culture. Int J High Dilution Res 2012; 11(41): 224-236. <http://www.highdilution.org/index.php/ijhdr/article/view/620>

Rajan A and Bagai U. Evaluation of antiplasmodial efficacy and safety of Cinchona officinalis against lethal murine malaria parasite. American Journal of Homeopathic Medicine. 2012a;105:76-83.

Rajan A, and Bagai U. Antimalarial potential of China 30 and Chelidonium 30 in combination therapy against lethal rodent malaria parasite: Plasmodium berghei. Journal of Complementary and Integrative Medicine. 10,1 : 89–96, June 2013. DOI: 10.1515/jcim-2012-0016 <http://www.degruyter.com/view/j/jcim.2013.10.issue-1/jcim-2012-0016/jcim-2012-0016.xml?format=INT>

Suri M, Katnoria S, Walter NS, Manchanda RK, Khurana A, Nayak D, Bagai U, Kaur S. Efficacy of Chininum Sulphuricum 30C against Malaria: An in vitro and in vivo Study. Complement Med Res. 2021 Jul 27;1-10. English. doi: 10.1159/000517509. Epub ahead of print. PMID: 34315160. <https://pubmed.ncbi.nlm.nih.gov/34315160/>

van Erp, V.M.A. and Brand, M. Homeopathic treatment of malaria in Ghana, British Homeopathic Journal, April 1996, 85 :66-70. Available online as: Malaria and Homeopathic Remedies in Ghana : An Open Study and a Double-blind Randomized Clinical Trial. <http://homeopathyplus.com.au/malaria3.pdf>

Malnourished Children

A study was conducted to assess the results of homeopathic treatment in malnourished children aged 1-19 years old below the 3th percentile in the weight-height ratio at San Juan Polyclinic, Ranchuelo County, Cuba, between November 2004 and December 2005 (Villanueva, Rodríguez, González García, et al, 2012).

A total of 99 children were randomly allocated by Mathcad in two groups, one (n=50) was given homeopathic treatment (a homeopathic complex including *Calcarea fluorica* 30 cH, *Calcarea carbonica* 30 cH and *Calcarea phosphorica* 30 cH), and the control group (n=49) that did not. Administration of medication was defined by clinical criteria. Inclusion, exclusion and exit criteria were defined. Variables were identified and operationalized, and the information collected from both groups was interpreted. After one-year follow-up, 42 out of 50 children (84%) treated with homeopathy attained normal weight, whereas only 15 out of 49 (30%) of the children in the control group attained normal weight.

According to classic sources, including Boericke's *Pocket Manual of Materia Medica with Repertory*, such medications improve the assimilation of nutrients without increasing appetite.

Patients in both groups were prescribed a diet adjusted to their age and gender, and a multi-vitamin, 1 tablet/day to children older than 9, and half tablet/day to children younger than 9 years old. The homeopathic formula was supplied to patients in liquid form at a rate of 5 drops three times daily for 2 to 3 months.

This effect was highly significant and significant in age ranges 1-4, 5-9, and 10-14 years old. Although the difference was not statistically significant in age-range 15-19 years old, the trend for shift to normal was maintained compared to the control group.

Reference:

Domitila Francisca Díaz Villanueva, Anolys Piña Rodríguez, Lucio Ramón González García, Carlos A. Machado Osés. Use of homeopathic formula in malnourished children. *Int J High Dilution Res* 2012; 11(38): 25-32.

<http://www.feg.unesp.br/~ojs/index.php/ijhdr/article/view/551/559>

Mastitis (Breast Infection)

BOTTOMLINE: Self-treatment with homeopathic medicines can provide rapid resolution to this condition, but if it doesn't, professional homeopathic care can usually provide it. Studies on the homeopathic treatment of animals with mastitis have shown positive results, though no human trials have yet been conducted.

Commonly experienced by nursing mothers, this complaint is quite painful for the physical discomfort that it creates and for the emotional dramas that it leads to, since it may prevent a mother from easily breast-feeding her infant.

Although a mother might consider conventional medical treatment for this condition, she creates a risk to her infant since such drugs pass into breast milk.

Cow herds treating sub-clinical mastitis cases with intramammary homeopathic substances were found to consume fewer antimicrobials than herds not applying such homeopathic treatments (Stevens, Piepers, De Vlieghe, 2016).

The use of homeopathic drugs for intramammary treatment of CM (clinical mastitis) and SCM (subclinical mastitis) cases was associated with a lower total ATI (antimicrobial treatment incidences).

In conventional veterinary and dairy journals, homeopathic treatment of clinical mastitis cases resulted in lower clinical and bacteriological cure rates compared with antimicrobial treatment in one study (Williamson and Lacy-Hulbert, 2014) but not in others (Hektoen et al., 2004; Werner et al., 2010). Two clinical trials have been conducted on cows with mastitis and published in homeopathic journals (Day, 1986; Searcy, Reyes, Guajardo, 1995).

**** *Belladonna* (deadly nightshade):** This remedy is indicated during the first stage of mastitis when the breast is very red, inflamed, and hypersensitive to touch and when the woman has a high fever, flushed face, and a throbbing headache. Women who need this remedy tend to experience a very rapid onset of symptoms.

*** *Bryonia* (white bryony):** This remedy is another common remedy for mastitis and is valuable when the woman feels breast pain from any type of motion, including deep breathing. The woman may even lie on her painful breast as a way to reduce its motion from breathing. The pain tends to be sharp and stitching. Women who need this remedy tend to experience a slower onset of symptoms than those who need *Belladonna*. The woman may experience some relief from cool applications or by applying soft but firm pressure.

*** *Phytolacca* (poke root):** For the second stage of mastitis when the breast becomes lumpy, stony hard, tender in spots, and pain radiates to the whole body, this is the remedy to consider. The woman may also have swollen lymph nodes in her armpit.

* *Hepar sulphuris* (Hahnemann's calcium sulphide): Women who experience sharp, splinter-like pains in the breast, who experience a sour smelling discharge from the breast, and who are extremely sensitive to cold air or cold applications should consider this remedy.

* *Castor equi* (rudimentary thumbnail of the horse): Women with sore, deeply cracked nipples often benefit from this remedy. These women experience great sensitivity of their nipples to even light touch or to clothing.

REFERENCES:

Day, C, Clinical Trials in Bovine Mastitis Using Nosodes for Prevention, International Journal of Veterinary Homeopathy, 1:15, 1986. www.scholarsresearchlibrary.com/ABR-vol2-iss5/ABR-2011-2-5-552-562.pdf

Hektoen, L., S. Larsen, S. A. Odegaard, and T. Loken. 2004. Comparison of homeopathy, placebo and antibiotic treatment of clinical mastitis in dairy cows—Methodological issues and results from a randomized-clinical trial. J. Vet. Med. A Physiol. Pathol. Clin. Med. 51:439–446. <http://www.ncbi.nlm.nih.gov/pubmed/15610489>

Searcy, R, Reyes, O, Guajardo, G, Control of Subclinical Bovine Mastitis: Utilization of a Homeopathic Combination, British Homeopathic Journal, 84:67, 1995. [http://www.homeopathyjournal.net/article/S0007-0785\(95\)80033-6/abstract](http://www.homeopathyjournal.net/article/S0007-0785(95)80033-6/abstract)

Stevens M, Piepers S, De Vlieghe S. Mastitis prevention and control practices and mastitis treatment strategies associated with the consumption of (critically important) antimicrobials on dairy herds in Flanders, Belgium. J Dairy Sci. 2016 Feb 10. pii: S0022-0302(16)00148-X. doi: 10.3168/jds.2015-10496 <https://www.ncbi.nlm.nih.gov/pubmed/26874421>

Werner, C., A. Sobiraj, and A. Sundrum. 2010. Efficacy of homeopathic and antibiotic treatment strategies in cases of mild and moderate bovine clinical mastitis. J. Dairy Res. 77:460–467. <http://www.ncbi.nlm.nih.gov/pubmed/20822562>

Williamson, J. H., and S. J. Lacy-Hulbert. 2014. Lack of efficacy of homeopathic therapy against post-calving clinical mastitis in dairy herds in the Waikato region of New Zealand. N. Z. Vet. J. 62:8–14. <http://www.ncbi.nlm.nih.gov/pubmed/23701404>

Measles

BOTTOMLINE: Homeopathic care for measles can help reduce the discomfort of this disease and speed up the healing process, though no studies have yet verified this clinical observation. Measles can be dangerous for infants and for children who are malnourished without adequate Vitamin A from fresh vegetables and fruits.

Recent research in a conventional medical journal showed that children who experienced the measles had significantly less allergies than those given a measles vaccination. There may be something immunologically beneficial for children to experience this (and other) childhood infectious diseases.

Measles is usually a relatively mild disease, but it can be dangerous in malnourished children. In addition to giving homeopathic medicine, it is recommended to give vitamin A to children with the measles.

* *Aconitum* (monkshood): This remedy is indicated during the first stage of the measles when there is sudden onset of fever, a skin rash, nasal discharge, reddened eyes, dry cough, and restless sleep. People who need this remedy usually have a great thirst for cold water.

* *Euphrasia* (eyebright): This remedy is recommended when, along with the skin rash, the predominant symptoms are a nasal discharge that does not irritate the nostrils and frequent tears that burn and irritate the cheeks. The child may experience a dry cough, hoarseness, and a throbbing headache.

* *Gelsemium* (yellow jessamine): When great fatigue and bodily muscle aches are the leading symptoms consider this remedy. Typically, the child feels very heavy and tired, physically and emotionally listless, and has little thirst.

* *Pulsatilla* (windflower): This remedy is indicated after the beginning stages of measles are complete. The child may have a yellow or greenish nasal discharge and feel emotionally clingy and weepy. They feel badly in stuffy or warm rooms and demand to have an open window and fresh air. Usually, people who need this remedy have little or no thirst.

* *Sulphur* (sulfur): When the skin rash is purplish in color and is aggravated and becomes itchy by exposure to heat, by being in bed, or while taking a warm bath, consider this remedy. Typically, the child's eyelids are inflamed, and they feel burning in their eyes.

Menopause

BOTTOMLINE: Clinical experience by homeopaths suggests generally good results in treating women going through menopause. Two well-controlled studies have shown some statistically significant benefits from homeopathic medicines in menopausal women with breast cancer, though one of these studies found improved general health but no significant improvement in hot flashes. One well-controlled trial using a low-potency homeopathic formula found significant relief of hot flashes in menopausal women, as compared with those women given a placebo. One can try to use homeopathic medicines for the various symptoms of menopause, but due the large number of possible remedies for this stage in life, menopause is best treated constitutionally by a professional homeopath.

“Too many wives of conventional physicians are going to homeopathic physicians,” complained one doctor at the 1883 meeting of the American Medical Association. “And to make matters worse, he added, they are taking their children to homeopaths too” (Coulter, 1973)!

Like the women of the 1800s, many of today's women have discovered that conventional medical treatment for numerous common health problems creates more harm than benefit. Since women visit medical doctors considerably more often than do men, they experience much greater risk associated with receiving more drugs, more surgery, and more other medical interventions.

Now that new research has seriously questioned the safety and efficacy of hormone replacement therapy, it is understandable that women are looking for alternatives to these conventional drugs.

Menopause itself is not a disease, though women commonly experience disease-like symptoms during this change of life. Hot flashes, vaginal dryness, osteoporosis, and various emotional changes are the most common complaints that women experience. In fact, recent surveys have found that 70% of women experience hot flushes and night sweats during menopause, and 20-25% of women experience symptoms such as fatigue, mood disturbances, and joint pains that can persist for at least five years (Thompson and Relton, 2009).

Malagueta peppers are known to cause a generalized hot flushing of the body, similar to the symptoms that menopausal women experience in their "hot flashes." A randomized, placebo-controlled, double-blind, phase-2 clinical trial with 40 women was designed to test the hypothesis that, in menopausal women, the homeopathic medicine Malagueta (30CH), compared with placebo, will significantly reduce the intensity of hot flashes, after 4 weeks of treatment (Andrade, Carmona, Angelucci, et al, 2019). The primary outcome was the intensity of hot flashes, measured by the Measure Yourself Medical Outcome Profile (MYMOP) instrument.

The effect of Malagueta 30CH on the primary outcome, the intensity of hot flashes, assessed by MYMOP, was superior to that of placebo over the 4 weeks of treatment, with worsening in both groups after treatment was interrupted (after week 4, $p < 0.001$ in ordinal logistic regression). The odds ratio for treatment response (reduction

of at least three MYMOP categories) was 2.78 (95% confidence interval, 0.77 to 10.05). Treatment with Malagueta 30CH, compared with placebo, also reduced the intensity of the secondary symptoms ($p = 0.001$) and improved level of activity ($p = 0.025$) and well-being ($p = 0.008$).

The researchers concluded that the homeopathic medicine made from the red pepper, *Capsicum frutescens* (Malagueta), was superior to placebo in reducing the intensity of hot flashes in menopausal women after 4 weeks of treatment.

An impressive randomized, double-dummy, double-blind, and placebo-controlled trial was conducted with 133 women over a six-week period in which subjects were either prescribed an individually-chosen homeopathic remedy, Fluoxetine (a well-known and commonly prescribed antidepressant), or a placebo (Macías-Cortés, Llanes-González, Aguilar-Faisal, et al, 2015). The study was conducted at academic and research hospital in Mexico City that belongs to the Ministry of Health.

Double-dummy refers to the process by which subjects were given two drugs concurrently (a homeopathic Rx and an antidepressant), and subjects were given placebos of one and/or the other depending on what group they were selected to be in. Those subjects given homeopathic treatment were prescribed a 30C or 200C to be taken in a 60ml bottle of 30% alcohol-distilled water, with 10 drops two times per day followed by agitation. The severity of symptoms was evaluated by a blinded clinical psychologist from the hospital.

Ultimately, this high-quality study found that individualized homeopathic treatment was found to be as effective as Fluoxetine in the treatment of depressed women during the menopause, and this individualized homeopathic treatment was more effective than Fluoxetine and placebo in treating the variety of menopause symptoms. The specifics of these results are described below.

Subjects given individualized homeopathic treatment (IHT) decreased in the Hamilton Rating Scale of Depression (HRSD) from 21.2 to 9.9 points ($P < 0.082$) vs. the Fluoxetine subject group that decreased from 25 to 14.2, vs. the Placebo group that decreased from 20.7 to 15.0 ($P = 0.001$).

54.5% of the IHT subjects had a 50% or greater response to treatment. 41.3% of the Fluoxetine subjects had a 50% or greater response to treatment. 11.6% of the Placebo subjects had a 50% or greater response to treatment.

Ultimately, only two IHT patients needed to be treated for one to benefit.

The individualized homeopathic treatment was deemed to be protective for depression ($P = 0.0001$). Homeopathic treatment was found to decrease the Hamilton Scale by FIVE points, and a previous meta-analysis found that a 3-point difference in HRSD scores was deemed to be “clinically significant.” Also, originally, this study was expecting to require a larger number of subjects. However, because the researchers discovered a higher “effect size” from the homeopathic treatment than they had expected, they realized that they didn’t need to add more subjects to the study.

The study also evaluated a wide variety of peri- and postmenopausal symptoms as has been validated by the Greene Climacteric Scale. The Homeopathic treatment group had -8.65 points after 6 weeks, while the Fluoxetine had 3.62 points higher than IHT ($P = 0.005$), and the Placebo group had 3.28 points higher than IHT ($P = 0.03$).

One randomized, double-blinded, placebo-controlled study evaluated the menopausal symptoms in 45 breast cancer survivors (Thompson, Douglas, Reilly, 2002; Thompson and Reilly, 2003). Conventional medical treatment with hormone replacement therapy is contraindicated in survivors of breast cancer due to the fear that this treatment will stimulate tumor growth.

The study found that 75% of women experienced a major improvement or complete resolution of symptoms using homeopathy. Although there was no statistically significant difference in the treatment and placebo groups, the “helpfulness” and “satisfaction” scores approached significance for the treatment group (90% of women rated their satisfaction with treatment as 7 or above on a ten-point scale).

This study also found that there was a significant improvement in the anxiety and borderline anxiety levels ($P=0.013$) as well as depression and borderline depression levels in women who received a homeopathic medicine ($P=0.039$).

Another preliminary trial was conducted to evaluate the effectiveness of two types of homeopathy for the treatment of menopausal symptoms in breast cancer survivors (Jacobs J, Herman P, Heron, 2005). This randomized, double-blinded, placebo-controlled was conducted in a private medical clinic in Seattle, WA. The subjects were 83 women with a history of breast cancer who had completed all surgery, chemotherapy, and radiation treatment and who had an average of at least three hot flashes per day for the previous month. Subjects were randomized to receive an individualized homeopathic single remedy, a homeopathic combination medicine, or placebo. Patients were seen by homeopathic providers every 2 months for 1 year, and they were evaluated for hot flash frequency and severity, Kupperman Menopausal Index (KMI), and Short Form 36 (SF-36—this is a quality of life questionnaire).

There was no significant difference found in the primary outcome measure (the hot flash severity score), although there was a positive trend in the single remedy group during the first 3 months of the study ($p = 0.1$). It is important to report that there was a statistically significant improvement in general health score in both homeopathy groups ($p < 0.05$) on the quality of life questionnaire (SF-36) after 1 year.

The researchers also compared the results in the 60% of women in the study who had previously taken tamoxifen (a conventional drug for breast cancer) with the results of the remaining women who had not taken this drug. There was a statistically significant increase in the hot flash severity score in the non-tamoxifen women who were given the homeopathic formula when compared with the placebo group ($P=0.01$), and there was a highly significant difference for the non-tamoxifen women who were given the individualized single remedy as compared with the homeopathic formula group ($P<0.001$). There was a similar increase in the total number of hot flashes in the combination medicine group compared to the placebo group ($P=0.006$) and a significant decreased in hot flashes compared to the single remedy group ($P=0.002$).

It may be initially startling to learn that there were increased hot flash severity and frequency in the homeopathic formula group, but this observation makes sense for two reasons. First, the homeopathic formula product included three remedies, two of which were in relatively strong crude doses -- Amyl nitrate 3x and Sanguinaria canadensis (the bloodroot plant). Secondly, the women were instructed to take this remedy (or placebo) three times a day over a full year. Typically, homeopathic medicines are taken either on an as-needed basis or given in a single dose or small number of doses. In this trial, the

women who were prescribed the single remedy were given one dose of one medicine every month or every other month. The researchers theorized that the long-term repetition of the homeopathic formula created a homeopathic "drug proving" in the subjects. The fact that women who took the homeopathic formula experienced a higher incidence of headaches is further evidence that a "drug proving"¹² was experienced because all of the remedies in the homeopathic formula are known to cause headaches when taken in overdose AND to cure them in less frequently taken homeopathic doses. It is also interesting to note that women who had not taken tamoxifen were more likely to experience this drug proving. From a homeopathic point of view, it would be assumed that the conventional drug might have antidoted the effects of the homeopathic medicine and reduced the symptoms of the drug proving.

Although one might be initially concerned about the health of those women who experienced a drug proving, the researchers found that both groups who were given either the homeopathic formula or the single remedy experienced an improvement in their general health test scores than those given a placebo. Homeopaths have long asserted that those people who undergo a drug proving tend to experience an overall improvement in one's well-being. This study confirmed this past experience.

In conclusion, the small sample size of this study precludes definitive answers, but results from this preliminary trial suggest that homeopathy may be of value in the treatment of menopausal symptoms and improving quality of life, especially in those women not on tamoxifen. Larger studies should be carried out that also include healthy women who want to avoid hormone replacement therapy.

A multicenter, randomized, double-blind, placebo-controlled study was carried out between June 2010 and July 2011 in 35 active centers in France (gynecologists in private practice) (Colau, Vincent, Marijnen, et al, 2012). One hundred and eight menopausal women, ≥ 50 years of age, were enrolled in the study. The eligibility criteria included menopause for < 24 months and ≥ 5 hot flashes per day with a significant negative effect on the women's professional and/or personal life.

Treatment was either BRN-01 tablets, a registered homeopathic medicine containing *Actaea racemosa* (4CH), *Arnica montana* (4CH), *Glonoinum* (4CH), *Lachesis mutus* (5CH), and *Sanguinaria canadensis* (4CH), or identical placebo tablets, prepared by Laboratoires Boiron according to European Pharmacopoeia standards. Oral treatment (2 to 4 tablets per day) was started on day 3 after study enrollment and was continued for 12 weeks.

The main outcome measure was the hot flash score (HFS) compared before, during, and after treatment. Secondary outcome criteria were the quality of life (QoL) [measured using the Hot Flash Related Daily Interference Scale (HFRDIS)], severity of symptoms (measured using the Menopause Rating Scale), evolution of the mean dosage, and compliance. All adverse events (AEs) were recorded.

¹² A "drug proving" is an experiment, unique to homeopathy, in which subjects are given repeated doses, in crude dose or in potentized dose, of a substance in order to determine what symptoms it causes in overdose. Homeopathic textbooks then catalogue what each substance has been found to CAUSE, and thus, homeopaths use this information to prescribe this medicine in potentized dose to treat the syndrome of symptoms it causes.

One hundred and one women were included in the final analysis (intent-to-treat population: BRN-01, $n = 50$; placebo, $n = 51$). The global HFS over the 12 weeks, assessed as the area under the curve (AUC) adjusted for baseline values, was significantly lower in the BRN-01 group than in the placebo group (mean \pm SD 88.2 ± 6.5 versus 107.2 ± 6.4 ; $p = 0.0411$). BRN-01 was well tolerated; the frequency of AEs was similar in the two treatment groups, and no serious AEs were attributable to BRN-01.

The mean reduction in hot flashes in the homeopathic treatment group was 56.7%. Although 75-79% of women during menopause who take hormone replacement therapy (HRT) experience a similar degree of relief from hot flashes, many women (and their physicians) wish to avoid taking these conventional drugs due to the mild and serious side effects they are known to cause.

BRN-01 seemed to have a significant effect on the HFS, compared with placebo. According to the results of this clinical trial, BRN-01 may be considered a new therapeutic option with a safe profile for hot flashes in menopausal women who do not want or are not able to take hormone replacement therapy or other recognized treatments for this indication.

A randomised double-blind placebo-controlled clinical study was conducted from April 2012 to September 2014 at four research centers in India that were a part of the Central Council for Research in Homeopathy (Gupta, Kulshreshtha, Lamba, et al, 2019). Perimenopausal cases were screened ($n = 471$), and those fulfilling the eligibility criteria ($n = 88$) were enrolled and randomised to receive either homeopathic intervention, i.e., Sepia ($n = 44$) or an identical placebo ($n = 44$) with a followed up 6 months later to assess predefined clinical parameters. The primary outcome was the change in the menopausal complaints assessed using the Greene Climacteric Scale (GCS) and the secondary outcome measure was change in the Utian Quality of Life scale (UQOL).

In total, 88 patients were considered for primary outcome analysis. The primary outcome measure, i.e., total score of GCS, when compared after 6 months, was reduced from 30.23 ± 8.1 to 7.86 ± 4.6 in Sepia group (an improvement of 73.9%) and from 30.05 ± 8.9 to 12.73 ± 8.3 in placebo group (an improvement of 57.63%). There was a substantially statistically significant difference between both the groups, when compared after 6 months ($P = 0.001$). With respect to secondary outcome, the total UQOL score was 59.09 ± 7.74 for Sepia group and 57.39 ± 7.80 for placebo group at baseline, and 62.43 ± 7.71 for Sepia group and 63.48 ± 7.53 for placebo group after treatment indicating slight difference in quality of life after 6 months (this data suggests that there was not a statistically significant difference in the quality of life for those women given Sepia and those given a placebo).

The researchers concluded that homeopathic Sepia is able to relieve the menopausal symptoms when prescribed on symptomatic indications as per homeopathic principles.

In addition to the above double-blind studies, there have also been some clinical audits of the results of homeopathic treatment of women going through menopause. In England, Sheffield's National Health Service community menopause clinic has provided homeopathic services since 1998. The service provides an alternative treatment option for those women who cannot take hormone replacement therapy, do not want it, have found

it ineffective, or have been advised to stop it. Patients receive homeopathic treatment (monthly consultations plus individualized homeopathic medicines) for up to six sessions. An audit was undertaken of all patients referred to this service between 2001 and 2003, in which patients completed the Measure Yourself Medical Outcome Profile (MYMOP) (Relton and Weatherley-Jones, 2005). Patients reported significant benefit from the service. In fact, 83 of the 102 (81.4%) women who underwent homeopathic treatment and who reported their results with this care experienced improvement in their symptoms. According to the scale used by the researchers, an improvement in a patient's score of just 0.80 indicated "clinically significant improvement," and this study found an improvement in patients' primary symptom to be 2.0 ($P < 0.005$). The greatest response was seen in those reporting headaches, vasomotor symptoms, emotional/psychological symptoms and tiredness/fatigue as their primary symptoms.

Another clinical audit was conducted at a women's clinic in Poland, where 721 women of post-menopausal age were treated with the use of Ignatia amara containing complex homeopathic remedies (IACCHR) as an alternative to hormone replacement therapy or placebo (Wasilewski, 2004). Another group of 317 women patients of analogous demographic and clinical characteristic who were treated with hormone replacement therapy were analyzed as a control group. The subjects of this trial were evaluated prior to treatment, after one month, and after three months of treatment. An independent company that specializes in clinical audits audited the treatment.

Substantial improvement in psychological and psychosomatic symptoms was observed. Climacteric complaints diminished or disappeared completely in the majority of women (95.7% by patient evaluation and 96.2% by physician evaluation). Compared to standard pharmaceuticals, IACCHR treatment was tolerated better and lower risk of side effects was observed.

Prior to treatment, 19.7% of women in the treatment group complained about serious symptoms that impacted their daily life and 55.9% of women expressed "moderate" symptoms. After one month, 3% complained about serious symptoms and 21.1% for moderate symptoms. After three months, 1.25% experienced serious symptoms and 10.4% experienced moderate symptoms.

Homeopathic medicines can help a woman through this change of life time in a woman's life and can sharply reduce the physical discomforts and the emotional vicissitudes that are commonly experienced. Homeopaths tend to find that the best results are obtained from prescribing what are called "constitutional remedies," that is, remedies chosen based on the totality of physical and psychological symptoms that a woman is experiencing. As such, constitutional treatment requires the care of a professional homeopath.

CONSTITUTIONAL MEDICINES

It should also be noted that homeopathic medicines are prescribed based on symptoms of disease or limitation, not on positive characteristics of a woman's health. Thus, the descriptions of the following three medicines and the type of women they are effective in treating primarily focuses on their problems and weaknesses, rather than their strengths. It is generally recommended that people seek the care of a professional homeopath for constitutional care. The information below is for instructional purposes, not for self-care application.

One of the most common constitutional medicines for women during menopause is Lachesis (venom of the bushmaster, a South American snake). The women who need Lachesis are generally energetic, loquacious, intense, and mistrustful of others. They are a very jealous type who commonly experience strong feelings of envy and hatred, though they go to great extents to suppress these feelings. There is an underlying resentment under the controlled surface. They are irritable, even at the slightest cause, and like the snake from which the medicine derives, they will strike back at the least provocation. They feel passionate about things, and because of this, they tend to interrupt others in conversation, though they hate being interrupted themselves. They are fast thinking and talking and are quick-witted, though their humor is often malicious. They are very loyal to their friends and lovers, and they demand the same from others. Most often these women have strong sexual desires.

Physically, the women who need Lachesis tend to feel the worst physically and psychologically immediately upon waking in the morning. Their symptoms are also aggravated by heat and are often diminished by cold bathing or being in cold weather. They are very sensitive to pressure and do not like tight clothing, especially around the neck and abdomen. Many of their symptoms manifest on the left side. They may crave alcohol, though they are sensitive to it, with a tendency to cause headaches, heart palpitations, or other symptoms.

Lachesis is one of the most common medicines given to older women who have had health problems that began after their menopause, though as always, homeopathic medicines must be individually prescribed.

The women who need Pulsatilla, for instance, are gentle, mild, and yielding. They are an agreeable people who avoid quarrels, are sensitive to others' feelings, and are not aggressive. They are greedy for affection, approval, sympathy, and are dependent on others. One of their greatest fears is of being abandoned. These women are moody, feeling happy at one moment and sad the next. They are quite emotional in general and are easily brought to tears, especially just prior to menstruation. Whether they are educated or not, Pulsatillas rely on feelings in making decisions. With their changing moods, they are very indecisive, whether it be in relation to what they should eat, what they should wear, what college they should go to, what job they should have, or what they should do for entertainment. Being the sweet and adaptable woman that she is, Pulsatilla women sees value in her various choices, often making decisions by default or by taking another's advice. Pulsatilla women are easily led by another and easily hurt too.

Physically, women who need Pulsatilla are generally "warm-blooded" (in homeopathic terminology, "warm-blooded" means that a person is warmer than others and requires less clothing; person who is "cold blooded" gets cold easily and requires more clothing), dislike warm rooms, crave open air (their physical symptoms may even diminish when they are outside), and have unstable circulation (they flush and blush easily). Like their changing emotional state, their physical symptoms also drift, moving from one part of the body to another. Pulsatillas are averse to eating fat (and sometimes will develop symptoms from it) also to warm food and drinks. Although they often have a dry mouth, they are thirstless.

Pulsatilla (the herb "windflower") is a small and delicate flower with a flexible stem that moves with the wind (moody, easily "taken into the wind"). It grows in clusters (dependence on others) in dry, sandy soil (thirstlessness).

In contrast to women who need Pulsatilla are women who need Sepia (cuttlefish--a member of the mollusk family which also includes clams, oysters, mussels, and snails). Sepia women are often overworked housewives or assertive career women. They are generally outspoken, direct, industrious, critical, and have a sense of duty. They are proudly independent and constantly strive for self-expression. However, they often keep things to themselves, even though they may feel great dissatisfaction. An inner irritability creates a bossy and nagging personality. They become faultfinding, discontent with everything, easily offended, and disposed to quarrel. They sometimes view love as a responsibility, a duty. They don't enjoy sex as much as other women. They may feel irritable after sex, may have a low sex drive, or may simply become averse to sex. They may also become indifferent to their husband and even to their children.

Physically, Sepia women generally have low energy, are constipated, and sometimes so "cold blooded" that they may even feel cold in a warm room. Modern diagnostic procedures have found that Sepia women tend to have low thyroid hormones, low blood pressure, and adrenal deficiency. They often describe a general "dragged out feeling." They may describe experiencing an empty, all-gone sensation in the mid-abdomen that is not relieved by eating. They tend to crave vinegar, acids, pickles, and sweets, and they are averse to fat. Despite their low energy, they find obvious improvement in their physical and psychological state after exercise. They may have a sallow, bloated complexion. Other common symptoms include weakness in the small of the back and headaches.

The women who need Natrum mur (salt) are warm-blooded like Pulsatilla women and have a self-reliance that is evident in Sepia women, but they are unique in other ways. Probably most prominent in the life of women who need Natrum mur is that they suffer from a major grief. Whether it is grief precipitated from a parent, a lover, or a close friend, women who need Natrum mur do not easily get over whatever past pain they have experienced. They retain it, allow it to fester and grow, and ultimately bear a long time grudge against the person presumed to be responsible for it. No matter what the problem is, their self-reliant tendency prevents them from seeking any type of assistance; they are averse to any kind of sympathy. Their fierce independence may help them develop special professional, artistic, or other skills, but it also keeps others from getting to know them. Natrum mur women are also very sensitive to any criticism or ridicule.

Because of the pain they experience, they have difficulty expressing affection or staying physically close to others. They become joyless, sad, dejected. They take everything very seriously, viewing life as a duty and a responsibility that is full of sacrifices. They will only cry when alone, except when they cannot hold in their grief any longer, at which time they weep with uncontrollable sobbing. One way that women who need Natrum mur deal with their own grief is to help others as an advice-giver, counselor/therapist, teacher, missionary, lawyer or doctor. They help others attain the happiness that they can't have. They also have a strong sense of justice and hates things that aren't fair. They will sacrifice themselves for a cause, whether it be political, religious, or artistic.

Physically, women who need *Natrum mur* have dry mucous membranes (mouth, vagina), oily skin (especially on the face), constipation, and general weakness and weariness (especially at 10 a.m.). Although they are warm-blooded and often need few clothes, they are worse from the hot sun, warm rooms, and heat in general. They are oversensitive to light, smoke, and noise which make them irritable. Their symptoms are sometimes worse after eating, and they feel noticeably better when fasting (*Natrum mur* is a common medicine for women who are anorexic, as long as their symptoms match the general picture of the medicine). They do not sweat much, except occasionally while eating. At times they can crave salt, bread, and bitter and sour things, though at other times they can be averse to salt, bread, and any slimy foods such as oysters or fat. They are prone to having profuse watery discharges when they have vaginitis or a common cold, and they are also prone to pressure headaches, especially before, during or after menstruation and from sunrise to sunset. Modern diagnostic procedures find that women who need *Natrum mur* have hypoinsulinism, hypoadrenalism, and hyperthyroidism.

The late Elizabeth Wright Hubbard, a New York homeopathic physician, reported such good results in treating women with homeopathic medicine that she proclaimed, "Under homeopathy life can begin at 60!"

See the chapter on Osteoporosis for research on the homeopathic treatment of this condition.

The following is but a short list of the leading remedies for menopause, but there are literally 100 more not listed here.

**** *Belladonna* (deadly nightshade):** This is a great remedy for hot flashes, especially when they come on suddenly and create such heat that another can feel heat radiating off the woman. Also, she tends to have a reddened face, dilated pupils, throbbing headache, and sweating.

**** *Lachesis* (bushmaster snake venom):** This is a leading remedy for various symptoms of menopause, including hot flashes, vaginal dryness, and emotional dramas. More specifically, these women tend to have their worst symptoms upon waking, on the left side of the body, from exposure to heat, and from pressure of one's clothing. Emotionally, these people are extremely talkative, high-strung, jealous, intense, volcanic, and suspicious.

**** *Sepia* (cuttlefish):** When hot flashes come on from the least motion, consider this remedy. These women tend to move from irritability to depression, and although they may experience great weariness, they thrive on exercise and feel much worse if they are unable to do it. Vaginal dryness and reduced sexual desires are common.

*** *Pulsatilla* (windflower):** When mood swings, depression, weepiness, clinging to loved ones, and self-pity are the primary symptoms of menopause, consider this remedy. Other key symptoms include: strong desire for open air and a strong dislike for stuffy rooms, general thirstlessness, and a craving for sweets.

* *Sanguinaria* (bloodroot): This remedy is useful for hot flashes, especially if concurrent with a right-sided headache.

* *Cimicifuga* (black cohosh): This remedy is useful for women with a combination of depression (a sense of being engulfed in a black cloud), flushes, and various rheumatic pains.

* *Calcarea phosphorica* (calcium phosphate): Using the 6X of this remedy is said to help prevent bone loss. Generally, it is recommended to take it two or three times a day for a week (every month).

* *Folliculinum* (estrogen): A leading British homeopath who specializes in women's health, Melissa Assilem, considers this remedy to be useful for a wide range of physical and psychological symptoms of menopause. In particular, this medicine is known for helping to treat hot flashes, night sweats, vaginal dryness, fibroids, dizziness and faintness, and abdominal heaviness.

REFERENCE:

Andrade DCDS, Carmona F, Angelucci MA, Martinez EZ, Pereira AMS. Efficacy of a Homeopathic Medicine of *Capsicum frutescens* L. (Solanaceae) in the Treatment of Hot Flashes in Menopausal Women: A Phase-2 Randomized Controlled Trial. *Homeopathy*. 2019 Feb 8. doi: 10.1055/s-0038-1676326.

<https://www.ncbi.nlm.nih.gov/pubmed/30736083>

Colau JC, Vincent S, Marijnen P, Allaert FA. Efficacy of a Non-Hormonal Treatment, BRN-01, on Menopausal Hot Flashes: A Multicenter, Randomized, Double-Blind, Placebo-Controlled Trial. *Drugs R D*. 2012 Aug 1. doi: 10.2165/11640240-000000000-00000. <http://www.ncbi.nlm.nih.gov/pubmed/22852580>

Coulter, HL., *Divided Legacy: The Conflict Between Homoeopathy and the American Medical Association*. Berkeley: North Atlantic, 1973, p. 116.

Gupta J, Kulshreshtha D, Lamba CD, Gupta P, Shinde V, Wadhwa B, Soren A, Arya J S, Koley M, Pramanik A, Parveen S, Kumar A. Homoeopathic medicine – Sepia for the management of menopausal symptoms: A multicentric, randomised, double-blind placebo-controlled clinical trial. *Indian J Res Homoeopathy* [serial online] 2019 [cited 2019 Dec 30];13:219-28. Available from:

<http://www.ijrh.org/text.asp?2019/13/4/219/274023>

Jacobs J, Herman P, Heron K, Olsen S, Vaughters L., Homeopathy for menopausal symptoms in breast cancer survivors: a preliminary randomized controlled trial.

J Altern Complement Med. 2005 Feb;11(1):21-7.

<http://www.ncbi.nlm.nih.gov/pubmed/15750360>

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Macías-Cortés EdC, Llanes-González L, Aguilar-Faisal L, Asbun-Bojalil J (2015) Individualized Homeopathic Treatment and Fluoxetine for Moderate to Severe Depression in Peri- and Postmenopausal Women (HOMDEP-MENOP Study): A Randomized, Double-Dummy, Double-Blind, Placebo-Controlled Trial. PLoS ONE 10(3): e0118440. doi:10.1371/journal.pone.0118440
<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0118440>

Relton C, Weatherley-Jones E., Homeopathy service in a National Health Service community menopause clinic: audit of clinical outcomes. J Br Menopause Soc. 2005 Jun;11(2):72-3. <http://www.ncbi.nlm.nih.gov/pubmed/15970019>

Thompson EA, Relton C. Designing clinical trials of homeopathy for menopausal symptoms: a review of the literature. Menopause International. 2009;15:31-34.

Thompson, E. Douglas, D., Reilly, D., The Homeopathic Consultation Plus Remedy vs. Placebo for Menopausal Symptoms in Breast Cancer Survivors: A Pilot Randomised, Double-blind, Placebo-controlled Trial, *Focus on Alternative and Complementary Therapies*, March, 2002,7,1:112. <http://onlinelibrary.wiley.com/doi/10.1111/j.2042-7166.2002.tb03400.x/abstract>

Thompson, E. Reilly, D., The Homeopathic Approach to the Treatment of Symptoms of Oestrogen Withdrawal in Breast Cancer Patients: A Prospective Observational Study. *Homeopathy* (2003)92:131-134. <http://www.ncbi.nlm.nih.gov/pubmed/12884894>

Wasilewski, BW. Homeopathic remedies as placebo alternatives – verification on the example of treatment of menopause-related vegetative and emotional disturbances. *Science and Engineering Ethics* (2004) 10, 1, 179-188.
<http://www.ncbi.nlm.nih.gov/pubmed/14986784>

Miscarriage

BOTTOMLINE: The best prevention to miscarriage is constitutional care provided by a professional homeopath. Homeopathic treatment for the after-effects of miscarriage can provide relief, though professional homeopathic care may be needed to provide a greater chance of relief and benefit. No studies have evaluated the efficacy of homeopathic treatment in human subjects, though one study in the treatment of stillbirths in pigs showed benefits from homeopathic treatment. Miscarriages and potential threat of miscarriage should receive immediate medical attention.

Miscarriages are dramatic, traumatic, and sad events, but they are also a part of nature's efforts to give birth only to those beings that can reasonably sustain themselves. Treating a woman during pregnancy is a great way to strengthen her health so that she can complete her pregnancy in a healthy manner. There have not been any studies on human subjects to verify homeopathy's ability to reduce miscarriage, though there was one trial on using *Caulophyllum* 30C in the treatment of stillbirths in a herd of pigs (Day, 1986). Ten sows received *Caulophyllum* 30C prior to farrowing; ten sows received no treatment (control). Stillbirth rate was over 20.8% in the control and 10.3% in the treated group. These results are statistically significant.

Women who wish to prevent a miscarriage should seek professional homeopathic care.

There are, however, some useful remedies that women can learn to use themselves if and when miscarriage takes place. These remedies will not necessarily prevent future miscarriages, but they will help the woman reestablish physical and emotional health after this dramatic and traumatic event.

**** *Caulophyllum* (blue cohosh):** This medicine has a history of strengthening uterine muscles in humans and animals, therefore, it can reduce the chances of miscarriage and can reduce the labor time.

**** *Arnica* (mountain daisy):** This is the leading remedy for the *physical* shock and trauma of a miscarriage. This remedy is also helpful in stopping blood loss and in reducing complications from blood loss.

**** *Ignatia* (St. Ignatius bean):** This is the leading remedy for the *emotional* shock and trauma of a miscarriage. It is the most important remedy for the acute stages of grief from the loss of a loved one.

*** *Sabina* (savine juniper):** This is the leading homeopathic remedy for uterine bleeding after a miscarriage, usually bright red blood with clots and bearing down pains.

*** *Cinchona* (Peruvian bark):** Consider this remedy if the woman has lost a lot of blood and is now greatly fatigued.

* *Sepia* (cuttlefish): If a woman suffers from exhaustion, depression, and insomnia after a miscarriage, consider this remedy.

* *Cimicifuga* (black cohosh): This remedy is useful when the woman experiences cramping pains that extend from one part of the abdomen to another and sometimes down the thighs. The pain that the woman experiences forces her to cry out, and she may become hysterical.

REFERENCES:

Day, C.E.I., Control of Stillbirths in Pigs Using Homeopathy, International Journal for Veterinary Homeopathy, Vol. 1, No. 2, October 1986, pp. 26-28.

Morning Sickness

BOTTOMLINE: Because it is generally advisable for pregnant women to avoid conventional medications, homeopathic medicines provide a viable alternative. Clinical experience suggests positive results in this condition, though no formal studies have verified this observation.

Recent research has suggested that women who experience morning sickness are less likely to experience a miscarriage. While this is certainly good news, the experience of morning sickness carries its own problems, including enough nausea that eating and nourishing oneself is difficult.

There is nothing that conventional medicine offers this common ailment, but there is much positive experience in using homeopathic medicines to aid women during this difficult time.

**** *Sepia* (cuttlefish):** This is one of the most common remedies for morning sickness. This remedy is indicated when even the thought or smell of food causes nausea. There is an all-gone feeling in the stomach that is not relieved by eating. There is a desire for pickles, vinegar, and sour foods. The woman is irritable, depressed, and is usually averse to sex. Keeping busy and exercising provide some short-term relief.

*** *Colchicum* (meadow saffron):** This is another common remedy for morning sickness. The sight or smell of food (especially eggs and fish) causes nausea, and symptoms are made worse by motion and turning the head. She may crave various foods but becomes averse to them upon smelling them. There is distention in the abdomen and burning or chilliness in that region as well. Women who need this remedy tend to be very weak and may even faint.

*** *Ipecacuahna* (ipecac root):** This remedy is for persistent nausea that is not at all relieved by vomiting. Despite the nausea, the woman's tongue is uncoated and clean. She may have a lot of saliva but little or no thirst.

*** *Nux vomica* (poison nut):** Women who need this remedy have nausea, vomiting, and heartburn. They have a desire for coffee but get indigestion from it. They are chilly and are aggravated by exposure to cold. They are highly irritable and are aggravated by the slightest cause.

*** *Tabacum* (tobacco):** This remedy is indicated when the woman is cold, clammy, and pale during her nausea. They feel better in the open air, and the least motion can aggravate the nausea.

*** *Phosphorus* (phosphorus):** Women who develop a strong craving for ice drinks but then vomit them once the water gets warm in their stomach often benefit from this remedy. It is also indicated in spacey, sociable women who are very sympathetic to the needs and pains of others.

Motion Sickness

BOTTOMLINE: The use of homeopathic medicines, either single remedy or mixed-ingredient formula products, is relatively easy and effective. No studies have been conducted on the homeopathic treatment of motion sickness, but a couple of high quality studies have shown positive results in the homeopathic treatment of vertigo, plus one study investigated the microcirculatory effects of a homeopathic medicine in patients with vertigo.

Motion sickness is a relatively easy condition to treat using homeopathic medicines. You can either consider using one of the below listed remedies or one of the homeopathic combination remedies for motion sickness that are available at most health food stores and at select pharmacies. These same remedies are often effective in treating jet lag.

One randomized, double-blind study was published in a major medical journal and showed that a homeopathic formula product (called Vertigoheel or Cocculus compositum) was as effective as a leading conventional drug in the treatment of vertigo (dizziness) (Weiser, 1998). [NOTE: Vertigoheel is a prescription drug in the United States because it is marketed for the treatment of “vertigo,” while “Cocculus compositum” is considered an “over-the-counter drug” that does not require a doctor’s prescription because it is marketed for “motion sickness” which is, according to the F.D.A., a less serious medical condition. These products have the same ingredients.] Reviews of clinical research on homeopathy have deemed this study to be a “high quality” study with a relatively low risk of bias (Mathie, Fok, Viksveen, et al, 2019).

A total of 105 patients with vertigo of various origins and were given either the above mentioned homeopathic formula or a conventional drug for vertigo (betahistine). Both homeopathic and conventional treatments showed a clinically relevant reduction in the mean frequency, duration, and intensity of the vertigo attacks. The therapeutic equivalence of the homeopathic remedy and betahistine was established statistically.

Another study compared the effects of an herbal remedy, Ginkgo biloba, which has been previously shown in studies to be effective in treating vertigo, with the homeopathic remedy Vertigoheel. This was a randomized, double-blinded, parallel group study with 170 patients, ages 60-80 years, with atherosclerosis-related vertigo (Issing, Klein, Weiser, 2005). Patients were randomly allocated to receive treatment with either Vertigoheel (n = 87) or Ginkgo biloba (n = 83). The results were analyzed for the non-inferiority of Vertigoheel to Ginkgo biloba on the combined endpoint of changes from baseline to week 6 in dizziness score (assessed by questionnaire), frequency, duration, and intensity of vertigo episodes (recorded in patient diaries). Both treatments improved vertigo status. From a baseline mean value of 26.1 +/- 5.2 (on a 50-point scale) in the Vertigoheel group, the dizziness questionnaire score improved by -10.6 +/- 10.0, and by -10.7 +/- 9.0 from 25.8 - 4.7 in the G. biloba group. Statistical analysis of this endpoint showed that Vertigoheel was not inferior to Ginkgo biloba.

The results were supported by the results of a line walking test, Unterberger's stepping test, and patient and physician global assessments of therapeutic effect. Both

treatments were well tolerated. This study, therefore, concluded that Vertigoheel is an appealing alternative to established Ginkgo biloba therapy for atherosclerosis-related vertigo.

Another study investigated the effects of the homeopathic formula, Vertigoheel, on microcirculation in patients with vestibular vertigo (also called peripheral vertigo)(Klopp, Niemer, Weiser, 2004). This non-randomized, open study compared 16 patients who were given Vertigoheel with 16 untreated patients. After 12 weeks of treatment, patients receiving the homeopathic formula exhibited an increased number of nodal points, increased flow of erythrocytes (red blood cells) in arterioles and venules, increased vasomotion, and a slight reduction in hemotocrit vs. baseline. None of these and other beneficial changes were observed in the control group, and the differences between treatment groups were statistically significant. Ultimately, the microcirculatory changes were associated with a reduction in the severity of vertigo in the patients given this homeopathic medicine, as determined by both the treating physicians and by the patients themselves.

A meta-analysis evaluated the results of four clinical trials testing the homeopathic preparation Vertigoheel (VH) compared with usual therapies (betahistine, Ginkgo biloba extract, dimenhydrinate) for vertigo in a total of 1,388 patients (Schneider, Klein, Weiser, 2005). Two trials were observational studies and the other two were randomised double-blind controlled trials. The duration of treatment (6-8 weeks) and dosage were comparable in all studies. Treatments were evaluated for the variables "number of vertigo episodes", "intensity of episodes" and "duration of episodes". As the studies differed in the age of patients and in the baseline values of vertigo, the individual reductions of number, intensity and duration of episodes were adjusted on equal age and baseline values (total means). An analysis of variance (with studies as random effects) showed no relevant influence of studies on the adjusted reductions and no relevant interaction between studies and treatment effects. The meta-analysis of all four trials showed equivalent reductions with VH and with control treatment: mean reduction of the number of daily episodes 4.0 for VH and 3.9 for control (standard error 0.11 for both groups); mean reduction of the duration (on a scale 0-4) for VH 1.1 and for the control 1.0 (standard error 0.03 for both groups); mean reduction of the intensity (on a scale 0-4) for VH 1.18 and for the control 1.8 (standard error 0.03 for both groups).

In the non-inferiority analysis from all trials, VH was non-inferior in all variables (this observation of the evidence suggests that VH is as effective as other treatments tested). The results show the applicability of meta-analyses on the data from studies with homeopathic drugs and support the results from the individual studies indicating good efficacy and tolerability of VH in patients with vertigo.

**** *Cocculus* (Indian cockle):** This is the most common remedy for motion sickness with dizziness and should be given unless another remedy is obviously indicated. People who benefit from this remedy usually experience trembling, weakness, an empty, hollow feeling inside themselves, intolerance to the thought or smell of food, and ill-effects from sleep loss. Getting up and exposure to fresh air tend to aggravate their condition, while lying down provides some relief. This remedy helps reduce nausea, vomiting, headache, and dizziness associated with this condition.

* *Tabacum* (tobacco): When a person with motion sickness develops constant nausea and becomes cold, clammy, sweaty, and pale, consider this remedy. They may vomit and then feel tremulous weakness. It is particularly common for seasickness.

* *Petroleum* (crude rock oil): People with motion sickness who develop a great emptiness and/or heartburn in the stomach that is relieved by eating suggest the need for this remedy. These people may also have a headache in the back of the head.

* *Borax* (sodium borate): People who experience ill-effects from downward motion (such as during landing of a plane or the downward motions of a boat) benefit from this remedy.

* *Nux vomica* (poison nut): Consider this remedy when the person experiences great irritability and impatience with motion sickness. They may have constant nausea and vomiting, as well as copious saliva in the mouth. They desire to lie down and feel better by doing so.

REFERENCES:

Issing W, Klein P, Weiser M. The Homeopathic Preparation Vertigoheel Versus Ginkgo biloba in the Treatment of Vertigo in an Elderly Population: A Double-Blinded, Randomized, Controlled Clinical Trial. J Altern Complement Med. 2005 Feb;11(1):155-60. <http://www.ncbi.nlm.nih.gov/pubmed/15750375>

Klopp, R, Niemer, W, Weiser, M, Microcirculatory Effects of a Homeopathic Preparation in Patients with Mild Vertigo: An Intravital Microscopic Study, Microvascular Research, 2004. <http://www.ncbi.nlm.nih.gov/pubmed/15797255>

Mathie RT, Fok YYY, Viksveen P, To AKL, Davidson JRT. Systematic Review and Meta-Analysis of Randomised, Other-than-Placebo Controlled, Trials of Non-Individualised Homeopathic Treatment. Homeopathy. 2019 Jan 30. doi: 10.1055/s-0038-1677481. <https://www.ncbi.nlm.nih.gov/pubmed/30699444>

Schneider B, Klein P, Weiser M. Treatment of vertigo with a homeopathic complex remedy compared with usual treatments: a meta-analysis of clinical trials. Arzneimittelforschung. 2005;55(1):23-9. <http://www.ncbi.nlm.nih.gov/pubmed/15727161>

Weiser, M, Strosser, W, Klein, P, Homeopathic vs. Conventional Treatment of Vertigo: A Randomized Double-blind Controlled Clinical Study, Archives of Otolaryngology—Head and Neck Surgery, August, 1998,124:879-85. <http://www.ncbi.nlm.nih.gov/pubmed/9708713>

Mouth Problems

OVERVIEW: Several controlled clinical trials have found therapeutic benefits from using single homeopathic medicines or homeopathic formulas for certain mouth symptoms and syndromes.

Twenty-eight patients with xerostomia (dry mouth) participated in a blind, placebo-controlled longitudinal study of the possible effects of homeopathic medicines on oral discomfort (Haila, Koskinen, and Tenovuo, 2005). All patients were first divided in two groups according to their medication. After that the two groups were randomly assigned according to a coin-toss to the experimental or control group. Most patients had systemic diseases, such as rheumatoid arthritis and/or Sjogren's syndrome, and frequent daily medications. The randomly selected experimental group (n=15) got an individually prescribed homeopathic medicine and the control group (n=13) a placebo substance (sugar granules), both for 6 weeks. Neither group knew of the nature of the medicine. Oral dryness was evaluated by measurement of unstimulated and wax-stimulated salivary flow rates and visual analogue scale. With only two exceptions, the experimental group experienced a significant relief of xerostomia whereas no such effect was found in the placebo group.

Stimulated salivary flow rate was slightly higher with homeopathy than placebo but no consistent changes occurred in salivary immunoglobulin (IgA, IgG) levels, though there was a strong trend towards significance ($P=0.06$) in IgG levels in patients given homeopathic treatment. In an open follow-up period those receiving homeopathic medicine continued treatment and the placebo group patients were treated with individually prescribed homeopathic medicines. The symptoms of xerostomia improved in both groups. Our results suggest that individually prescribed homeopathic medicine could be a valuable adjunct to the treatment of oral discomfort and xerostomic symptoms.

In a single blind randomized control clinical trial, 30 consecutive patients with oral lesions consistent clinically and histologically with erosive and/or atrophic oral lichen planus¹³ were recruited (Mousavi F, Sherafati S, Mojaver, 2009). The patients were randomly divided into two groups to receive Ignatia amara 30C or placebo. They were treated for 4 months. The mean lesion sizes and mean pain measures differed between control and treatment groups favoring that patients given homeopathic Ignatia ($p<0.05$).

The homeopathic medication Traumeel S® (a homeopathic formula product that is available in internal pill form as well as in external ointment form, though this study used the pill form) may significantly reduce the severity and duration of chemotherapy-

¹³ Oral lichen planus is a chronic autoimmune inflammatory condition that affects the lining of your mouth, usually resulting in characteristic lacy white patches. Oral lichen planus occurs most often on the inside of your cheeks, but it also can affect your gums, tongue, lips and other parts of your mouth.

induced stomatitis¹⁴ in patients undergoing bone marrow transplantation (Oberbaum, Yaniv, Ben-Gal, 2001). Thirty patients between the ages of 3 and 25 years who had undergone allogeneic (n=15) or autologous (n=15) stem cell transplantation were randomly assigned to either a Traumeel S® group or a placebo group. Patients in the homeopathy group were instructed to rinse their mouths with Traumeel S® 5 times daily for a minimum of 14 days or until all signs of stomatitis were absent for at least 2 days. At treatment conclusion, mean stomatitis scores were significantly lower in the homeopathy group than those in the placebo group ($P<0.01$). Five patients (33%) in the Traumeel S® group did not develop stomatitis compared to one patient (7%) in the placebo group. Stomatitis worsened in only 7 patients (47%) in the Traumeel S® group compared with 14 patients (93%) in the placebo group.

Candida albicans is an opportunistic pathogenic fungus accounting for up to 75% of all candidal infections in human beings. Generally *Candida* grow and survive as commensals but slight modification of the host defense system can transform *Candida albicans* into a pathogen. This study used samples collected from the oral cavity and tongue of the patients suspected of suffering from oral candidiasis were incubated for growth of *Candida* (Gupta, Srivastava, Gupta, et al, 2015). Fermentation and assimilation test confirmed the species as *Candida albicans*. Disc method was used to assess the in-vitro anti-candidal effect of few homeopathic drugs in 30 and 200 potencies against human pathogenic *Candida albicans* under in-vitro conditions and compared with standard antifungal drug ketoconazole (control), rectified spirit (control/vehicle) and distilled water (vehicle) by inhibition zone technique.

Homeopathic drugs tested included Acid benzoicum, Apis mellifica, Kali iodatum, Mezereum, Petroleum, Sulphur, Tellurium, Sulphur iodatum, Graphites, Sepia, Silicea and Thuja occidentalis in 30 and 200 potencies.

Mezereum in 30 and 200 potencies showed maximum inhibition of growth of *Candida albicans* followed by Kali iodatum 200, while Kali iodatum 30 and Petroleum 30 had minimum inhibition. The results of these experiments support the concept of evidence based medicine depicting that homeopathic medicines not only work in vivo but are equally effective in in-vitro conditions having definite inhibitory activity against *Candida albicans*.

Another study sought to evaluate the antifungal activity of different homeopathic mother tinctures against the growth of *Candida albicans* (Prajapati, Sharma, Gupta, et al, 2017). Homeopathic mother tinctures (ϕ) *Syzygium jambolanum*, *Ficus religiosa*, *Ocimum sanctum*, *Allium cepa*, *Thuja occidentalis*, *Holarrhena antidysenterica* and *Eucalyptus globulus* were evaluated for their antifungal activity against the growth of human pathogenic fungi *C. albicans* using paper disc agar diffusion method as per guidelines of clinical and laboratory standard (M44-A) with slight modification. The diameters of zone (mm) of inhibition were measured, and the obtained results were

¹⁴ Stomatitis is an inflammation of the mucous lining of any of the structures in the mouth, which may involve the cheeks, gums, tongue, lips, throat, and roof or floor of the mouth, and which is known to be a common side effect of chemotherapy and radiation therapy.

compared with that of the vehicle control. Ketoconazole was used as reference standard fungicide.

Seven homeopathic mother tinctures were used in this study and the results indicates that some of the homeopathic drugs in the study showed significant inhibitory activity against the growth of *C. albicans* as compared to control. Out of the seven medicines tested, *S. jambolanum* showed a maximum zone of inhibition as compared to other mother tinctures used. The effectiveness of zone inhibition against the growth of human pathogenic fungi *C. albicans* are *S. jambolanum* > *T. occidentalis* > *A. cepa* > *F. religiosa* > *E. globulus* > *O. sanctum* > *H. antidysenterica*. The present study suggests the inhibitory role of homeopathic medicines against human pathogenic fungi *C. albicans*.

References:

Gupta G, Srivastava A K, Gupta N, Gupta G, Mishra S. Anti-candidal activity of homeopathic drugs: An in-vitro evaluation. *Indian J Res Homoeopathy* 2015;9:79–85. http://ilovehomeopathy.com/anti-candidal-activity-of-homeopathic-drugs-an-in-vitro-evaluation/?utm_content=bufferbee43&utm_medium=social&utm_source=facebook.com&utm_campaign=buffer

Haila S, Koskinen A, and Tenovuo J. Effects of homeopathic treatment on salivary flow rate and subjective symptoms in patients with oral dryness: a randomized trial, *Homeopathy*, 94, 3, July 2005, 175-181. <http://www.ncbi.nlm.nih.gov/pubmed/16060203>

Mousavi F, Sherafati S, Mojaver YN. Ignatia in the treatment of oral lichen planus. *Homeopathy*. 2009 Jan;98(1):40-4. <http://www.ncbi.nlm.nih.gov/pubmed/19135958>

Oberbaum M, Yaniv I, Ben-Gal Y, et al. A randomized, controlled clinical trial of the homeopathic medication Traumeel S® in the treatment of chemotherapy-induced stomatitis in children undergoing stem cell transplantation. *Cancer*. 2001;92(3):684-690. [http://onlinelibrary.wiley.com/doi/10.1002/1097-0142\(20010801\)92:3%3C684::AID-CNCR1371%3E3.0.CO;2-%23/full](http://onlinelibrary.wiley.com/doi/10.1002/1097-0142(20010801)92:3%3C684::AID-CNCR1371%3E3.0.CO;2-%23/full)

Prajapati S, Sharma M, Gupta P, Kumar M, Dwivedi B, Arya BS. Evaluation of antifungal activity of different homeopathic mother tinctures against *Candida albicans*. *Indian J Res Homoeopathy* [serial online] 2017 [cited 2017 Dec 29];11:237-43. Available from: <http://www.ijrh.org/text.asp?2017/11/4/237/221957>

Mumps

BOTTOMLINE: Due to vaccination, mumps is not commonly seen, though one might predict an increased incidence of this disease in older people who delay re-vaccination. Historically, homeopathic medicines have effectively reduced the symptoms and complications of mumps during childhood or adulthood, though no formal studies have verified this observation.

Mumps is usually not a serious childhood infectious disease. Prior to widespread vaccine use, this disease was so mild that it was experienced but not even noticed by an estimated 30% of cases. The real problem that mumps creates is if a man experiences them after puberty. Infection of the testicles occurs in 20-30% of adolescent or adult men. Whether mumps occurs in childhood or adulthood, homeopathic medicines can help the healing process.

Many people today receive the mumps, measles, and rubella (German measles) immunizations. Although there are some benefits of receiving these immunizations, it is unclear how long they provide protection. This can be a serious problem for people because childhood vaccination will inevitably lead to increased incidence of mumps in adults, at a time when this otherwise mild disease can lead to serious complications.

**** *Belladonna* (deadly nightshade):** This is a common remedy for the first stage of the mumps infection, especially when the illness begins suddenly and the child develops a reddened face and swollen and hot throat glands.

**** *Mercurius* (mercury):** This is one of the most common remedies for the mumps infection, especially when the person has a bad taste in the mouth, bad breath, bleeding gums, and increased salivation. This person also tends to be sensitive to extremes of temperature and may sweat profusely.

*** *Phytolacca* (pokeroor):** This remedy is indicated when the parotid (under the jaw) and salivary glands become very firm or hard and when there are shooting pains into the ear when swallowing. Typically, the tongue has a thick yellowish coat in the back and is very dry. The person's symptoms are worse at night and from exposure to cold and dampness, and by swallowing, especially hot drinks, while she or he feels better swallowing cold drinks.

*** *Jaborandi* (pilocarpus):** Along with swelling of the parotid and salivary glands, the person experiences profuse, stringy saliva that may lead to spitting or drooling. The person tends to be flushed and perspire profusely.

*** *Pulsatilla* (windflower):** This remedy can be useful in second stage mumps or in adult-onset cases, when the swelling moves to the person's testes or breasts. The swelling and pain they experience tends to be very changeable and moves around the body. They tend to have a thick, bland, yellow or greenish nasal discharge. In general, the person is aggravated by stuffy or warm rooms and feels better in cool air, and has little or no thirst.

Emotionally, the person's mood is quite changeable, though they tend to be very weepy and clingy and desire sympathy and attention.

* *Carbo vegetabilis* (vegetable carbon): This remedy should be considered when bloating and exhaustion are the primary symptoms, along with glandular swelling and an aggravation from coldness.

Nausea and Vomiting

BOTTOMLINE: Homeopathic medicines can be effective in the treatment of nausea or vomiting, though no controlled studies have verified this observation. People with recurrent nausea or vomiting may benefit from professional homeopathic care and, when appropriate, conventional medicine.

The nausea and vomiting reflexes are vital defenses of our body even though they don't always feel that way when we experience them. The illogic of suppressing this vital defense of the body is obvious, and yet, many people today don't understand or respect the wisdom of the body and instead seek a short-term fix, sometimes creating a longer-term problem.

One of the classic experiments that supposedly provided evidence of the power of the placebo effect was a study that gave crude doses of ipecac to people with nausea. In actuality, this study verified the power of the homeopathic principle of similars.

Homeopathic medicines can help a person digest and assimilate food more effectively, and in their efforts to heal, these natural medicines may stimulate the vomiting reflex as a way of expelling some type of irritant from the digestive tract.

**** *Ipecacuanha* (ipecac root):** This remedy is one of the most common for this condition. It is indicated when the person experiences constant nausea for which vomiting doesn't ameliorate. One other characteristic symptom is that the person's tongue is clean and uncoated, despite the indigestion. Also, these people have little or no thirst. They tend to avoid food during their nausea, and they even hate the smell of food at this time. They are aggravated by warmth and overeating and tend to feel better in the open air. They also may experience bleeding somewhere (i.e., women may have a profuse menstruation, children or men may have a nosebleed).

**** *Nux vomica* (poison nut):** This is a leading remedy for nausea and/or vomiting brought on by over-consumption of food or drink (alcohol), drugs (recreational or therapeutic), or mental stress, usually from overwork. Although these people may vomit, more often they must strain to vomit and tend to retch many times before they are able to do so. These people are chilly and easily chilled. They feel some relief from warmth and warm drinks and after a bowel movement and are aggravated after eating, by cold, and from tight clothes. People who need this remedy tend to be very irritable (even by slight irritations or from simple noise), impatient, and hurried. They also tend to be very competitive and hard-driving.

**** *Arsenicum album* (arsenic):** When the person has nausea and/or vomiting along with diarrhea, burning pains, weakness, and restlessness, this remedy is often indicated. These people have a great thirst but can only handle small sips at a time (they tend to prefer and are better from warm drinks). Typically, the person's symptoms are worse from 11 AM - 3 PM and from midnight to 3 AM. The person is also aggravated by cold drinks, exposure to cold, or even the thought or smell of food. Vegetables, melons, and watery

fruits can irritate this person. This is the leading remedy for traveler's diarrhea along with nausea and vomiting.

* *Phosphorus* (phosphorus): Consider this remedy when the person with nausea and/or vomiting has a great thirst for cold or ice drinks which make them feel better but tend to be vomited once they become warm in the stomach. Cold drinks and lying on the left side may provide some relief to the stomach pain they experience. People who tend to benefit from this remedy are usually extroverted types who desire others around them, like to be the center of attention, and are very sympathetic to other people's problems.

* *Pulsatilla* (windflower): This remedy is useful for nausea and/or vomiting after eating too much rich or fatty foods, especially ice cream. These people feel worse in warm rooms, by heat, and from warm drinks or food, and they feel better in the open air, in cool rooms, and from cold drinks (though they are not usually thirsty). Typically, the person who benefits from this remedy is weepy, clingy, and desires attention and sympathy.

* *Sepia* (cuttlefish): This is a leading remedy for morning sickness and for the side effects of chemotherapy. Simply the thought of food can create nausea, and the woman may even be irritated by the smell of her husband. Their symptoms are also worse in the morning and are better while eating, especially sour foods (vinegar and pickles...these people may even crave these foods). Exercise and motion may also provide some short-term relief.

* *Aethusa* (fly agaric) People with nausea and/or vomiting as a result of intolerance to milk, even mother's milk, may benefit from this remedy. It is of particular value in treating infants. Typically, the infant vomits large curds of milk. The worst time of day for their discomfort is 3:00-4:00am.

* *Bryonia* (white bryony): People who feel digestive discomfort after any type of motion benefit from this remedy. They tend to be constipated, irritable, desire to be alone, and have a great thirst for cold liquids. Typically, these people have a feeling of pressure in their stomach, as though there was a stone there, and their stomach is sensitive to touch. They may also feel nauseous, dizzy, and faint upon sitting up or standing.

* *Lycopodium* (club moss): This is a leading remedy for people with nausea who experience bloating, gas, and belching. People who need this medicine have an abdomen that is sensitive to any pressure, whether it is from a belt or elastic waistband. Typically, their symptoms are worse between 4-8 pm. People who benefit from this remedy tend to crave sweets and tend to feel full after eating only a small amount of food, though this doesn't always stop them from eating.

* *Veratrum album* (white hellebore): When a person experiences a combination of nausea, vomiting (usually projectile), diarrhea, and chills, along with a desire for cold and icy drinks, consider this remedy. Dizziness may also be experienced.

* *Tabacum* (tobacco): This remedy is useful for nausea and vomiting as a result of motion sickness (see the section on Motion Sickness for more detailed information about this remedy and others). These people may experience a sinking feeling in the pit of the stomach.

Nerve Injuries

BOTTOMLINE: Homeopathic medicines can help to reduce the pain of and often heal nerve injuries, with the exception of a good study on head injuries, no formal studies have confirmed this observation.

Injuries with shooting pains generally suggest nerve damage. Conventional medicine offers little for nerve injuries except painkillers and time. Homeopathic medicines offer some very effective treatments. See the section on Head Injuries and Backaches for further information and remedies for this condition.

51 patients have been triaged for acute whiplash injury and randomized to receive conventional or nonconventional therapy (Piraneo, Maier, Nervetti, et al, 2012). The conventional therapy group A (n = 27) received diclofenac (an NSAID) + tinazidine (a muscle relaxant) for 15 days. The complementary therapy group B (n = 24) received *Hypericum perforatum* as a homeopathic remedy and *Ribes nigrum* (black currant) as a phytotherapeutic agent.

Ambulatory controls were programmed twenty days after whiplash (post-acute outcome) and every month for one year. Electromyography (EMG) was performed on both groups in all the patients 30 days after whiplash to evaluate the radicular damage. Visual analogue scale (VAS) was used to rate the patient's pain. A score was developed to evaluate the therapeutic control of pain and neurologic symptoms.

Statistical analysis revealed a significant improvement of post-acute outcome in the B-group patients ($p = 0.005$) and a significant increase of adverse effects in the A-group ($p = 0.013$). After a year of treatment, 10 of the 16 patients using conventional medical treatments still had neurologic symptoms at Grade 3, while only 2 of the 16 patients using homeopathic and herbal treatments had neurological symptoms at Grade 3.

The researchers found no differences between the two groups in terms of the EMG evaluation ($p = 0.0612$), use of additional therapies ($p = 0.0542$), and incidence of LWS ($p = 1.000$). The researchers concluded that the homeopathic and herbal protocol used in this trial might offer a valid aid in treating whiplash injury, even in the presence of neurologic symptoms.

**** *Hypericum* (St. John's wort):** This is the leading remedy for injuries to the nerves as evidenced by sharp and shooting pains. It is also a major remedy for injuries to vertebrae, especially injuries or traumas to the coccyx (including birth trauma to the mother).

*** *Magnesium phosphorica* (phosphate of magnesia):** If cramping is concurrent with nerve injury, consider this remedy.

*** *Coffea* (crude coffee):** If *Hypericum* does not work well enough, consider this remedy.

* *Arnica* (mountain daisy): This is an important secondary remedy (to be used sometimes concurrently with one of the others) for whiplash injuries.

* *Natrum sulphuricum* (sodium sulphate): Consider this remedy when the person experiences severe, possibly suicidal depression, after a serious injury to the spine or head.

Reference:

Piraneo S, Maier J, Nervetti G, et al. A Randomized Controlled Clinical Trial Comparing the Outcomes of Homeopathic-phytotherapeutic and Conventional Therapy of Whiplash in an Emergency Department. *Homoeopathic Links* 2012; 25(1): 50-55
DOI: 10.1055/s-0031-1298204 -- <https://www.thieme-connect.de/ejournals/kooperation/111/1334319016111>

Osteoporosis

BOTTOMLINE: Osteoporosis is best treated by a professional homeopath rather than with self-care homeopathic treatment. There have not yet been clinical studies evaluating the results of homeopathic treatment in human subjects, but a trial using rats showed some therapeutic benefits.

Osteoporosis is a disease characterized by progressive bone loss that is common in women during and after menopause. A much higher risk for fractures and slower bone lesion healing tend to result from osteoporosis.

The high cost of doing a human study of the treatment of osteoporosis presently make such research not possible, though a recent study in rats provides some evidence of the benefits that one homeopathic medicine provided. The author of this eBook acknowledges that some of its readers will express real concern about the treatment of rats in this study, and he doesn't advocate for this type of animal research.

One study conducted at a School of Dentistry evaluated the effects of Risedronate (a conventional drug for osteoporosis) and *Calcarea phosphorica* 6CH (a homeopathic medicine) on the repair of bone lesions in male rats with osteoporosis induced by castration. Eighty-four three-month-old rats were used divided into four groups of twenty-one animals each. Three groups were castrated and one group was submitted to Sham surgery. One month later, cortical lesions were made in all animals' tibiae and, after one day, the different experimental treatments began according to the following groups: CR - castrated/Risedronate (1 mg/kg/day); CCp - castrated/*Calcarea phosphorica* 6CH (3 drops/day); CP - castrated/placebo and SP - Sham/placebo. The animals were sacrificed at seven, fourteen and twenty-eight days after the beginning of the treatments and had their tibiae removed. Digital radiographs of the tibiae were taken and analyzed in order to evaluate the optical density of the defect area. Then, they were decalcified and processed for histological and histomorphometrical analysis. The data were submitted to ANOVA, and to the Tukey and Dunnett tests (5%). The allopathic and homeopathic treatments led to different bone formation as regards remodeling and maturation aspects.

The researchers found that the Risedronate treatment influenced repair, leading to a greater bone quantity than that induced with *Calcarea phosphorica* 6CH. However, the bone formed under the Risedronate treatment displayed a resistance to resorption, keeping its trabecular aspect, while the *Calcarea phosphorica* 6CH bone changed from an initially trabecular to a lamellar bone at the end of the experiment.

The allopathic and homeopathic treatments led to different bone formation results regarding remodeling and maturation aspects. Further research is therefore necessary to assess the resistance and quality of the formed bone.

The following study is not a clinical trial, but it has merit anyway. This study seeks to determine if homeopathic doses of *Symphytum officinalis* (comfrey)(SO) could augment osteogenesis in MSCs as they differentiate into osteoblasts in vitro (Dey, Jingara, Agrawala, et al, 2020).

Bone marrow samples were obtained from patients who underwent bone grafting procedures (n = 15). Mesenchymal stem cells (MSC) were isolated, expanded and

characterized by flow cytometry (CD90, CD105). Cytotoxicity of SO was evaluated by MTT assay. Osteogenic differentiation was induced in MSCs with β -glycerophosphate, ascorbic acid and dexamethasone over 2 weeks. Different homeopathic doses of SO (Mother Tincture, 3C, 6C, 12C and 30C) were added to the basic differentiation medium (BDM) and efficiency of MSCs differentiating into osteoblasts were measured by evaluating expression of Osteocalcin using flow cytometry, and alkaline phosphatase activity using ELISA. Gene expression analyses for osteoblast markers (Runx-2, Osteopontin and Osteocalcin) were evaluated in differentiated osteoblasts using qPCR.

Flow cytometry (CD90, CD105) detected MSCs isolated from bone marrow (93–98%). MTT assay showed that the selected doses of SO did not induce any cytotoxicity in MSCs (24 hours). The efficiency of osteogenic differentiation (2 weeks) for different doses of *Symphytum officinale* was determined by flow cytometry (n = 10) for osteoblast marker, Osteocalcin, and most doses of *Symphytum officinale* enhanced osteogenesis. Interestingly, gene expression analysis for Runx-2 (n = 10), Osteopontin (n = 10), Osteocalcin (n = 10) and alkaline phosphatase activity (n = 8) also showed increased osteogenesis with the addition of *Symphytum officinale* to BDM, especially the mother tincture.

The study's findings suggest that homeopathic dose (especially mother tincture) of *Symphytum officinale* has the potential to enhance osteogenesis.

References:

Cristina Werkman, Giselle Segnini Senra; Rosilene Fernandes da Rocha; Adriana Aigotti Haberbeck Brand, Comparative therapeutic use of Risedronate and Calcarea phosphorica allopathy versus homeopathy in bone repair in castrated rats, Brazilian Oral Research. 20,3 Jul./Sept. 2006. http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1806-83242006000300003

Dey D, Jingara P, Agrawala, V, et al., *Symphytum officinale* augments osteogenesis in human bone marrow-derived mesenchymal stem cells in vitro as they differentiate into osteoblasts. Journal of Ethnopharmacology. Volume 248, 10 February 2020, 112329. <https://www.sciencedirect.com/science/article/abs/pii/S0378874119331216>

Ovarian Cysts or Tumors

Ovarian cysts or tumors represent systemic chronic problems that require the care of a professional homeopath, and, when appropriate, conventional physicians.

Removal of large sized ovarian cysts by homeopathic treatment is generally not considered as a dependable option vis-a-vis removal via surgery. Homeopathic doctors in India presented three authentic cases of successful removal of big sized ovarian cysts by administration of a single potentized homeopathic remedy, *Apis mellifica*, selected on the basis of totality of symptoms, and authenticated with the aid of ultrasonographic as well as hormonal studies (Das D, Samadder A, Kayal, et al, 2016).

Reference:

Das D, Samadder A, Kayal SK, Bukhsh ARK (2016) Removal of Large Sized Ovarian Cysts by Potentized Homeopathic Remedies: A Myth or a Dependable Alternative Option. Int J Complement Alt Med 3(5): 00088. DOI: 10.15406/ijcam.2016.03.00088
https://www.researchgate.net/publication/303694691_Removal_of_Large_Sized_Ovarian_Cysts_by_Potentized_Homeopathic_Remedies_A_Myth_or_a_Dependable_Alternative_Option

Overexertion

BOTTOMLINE: Controlled studies in which only *Arnica* was prescribed to all subjects have found mixed results.

It is often good to overexert yourself; the problem is when you overly overexert yourself. Muscle fatigue and muscle aches are the common result of such exertion. There are, however, simple remedies to prevent and reduce the trauma of overexertion.

If you know that someone will be overexerting oneself, consider recommending *Arnica* (mountain daisy) and/or *Lacticum acidum* (lactic acid) in the 30th potency just prior to the exertion. If the exertion is over one hour, take another dose every hour during the exertion.

From a physiological point of view, it may make sense to use homeopathic doses of *Lactic acid* in order to help the body re-absorb the lactic acid secreted by the over-exertion of muscles. No studies have yet confirmed this.

A couple of studies have evaluated delayed-onset muscle soreness using *Arnica*, though the results have been mixed.

*****Arnica* (mountain daisy):** This is the leading remedy to prevent and reduce the effects of overexertion.

*** *Rhus toxicodendron* (poison ivy):** If the person becomes stiff and aching from overexertion and feels increased pain upon initial motion, consider this remedy.

*** *Lacticum acidum* (lactic acid):** Made from lactic acid, this remedy is thought to help the body re-absorb lactic acid, a by-product from muscle tissue as the result of exertion, and thereby, it may reduce fatigue from exertion.

REFERENCE:

Ernst, E, Pittler, MH, Efficacy of Homeopathic Arnica, Archives in Surgery, 133:1187-1190.

Pain

BOTTOMLINE: See more detailed information under chapters for specific ailments that have pain as a predominant symptom, such as Arthritis, Back Pain, Fibromyalgia, Sciatica, etc. One survey in the leading conventional veterinary medicine journal found that 92% of veterinarians in a major city in Columbia integrate homeopathic medicines into their treatment of dogs who experience pain syndromes.

Chronic musculoskeletal pain is often associated with comorbidity, long-term disability and reduced quality of life. Current treatments only modestly reduce pain, disability, and distress, and tend to lead to addiction, requirements for increased dosage over time, and/or serious side effects. In contrast, homeopathy is increasingly used in pain conditions in general practice but scientific evidence is lacking. Therefore, a clinical trial was designed in a way that would not change the practice pattern of homeopathic physicians, and yet, still compare treated and not treated pain patients (Sharma, 2017).

The purpose of the study was to explore effects of an individualised homeopathy treatment on pain symptoms and quality of life of patients with chronic musculoskeletal pain. The study was pragmatic, randomised controlled trial with single blind assessment. Ninety patients aged 18-60, referred to a specialist pain clinic in Jaipur, India, were randomized to homeopathy or control. Outcome variables were pain, and overall health related quality of life. All the patients had assessment at baseline, 3 months and 12 months.

Significant improvements were reported in homeopathy group, including pain, and improved functioning ability at 3 and 12 months, where homeopathy group improved faster in 3 months. After 3 months, significant difference favoring homeopathy were found in Mental symptoms (anxiety ($p<0.001$), depression ($p<0.01$), and functioning ability ($p<0.001$)) and overall quality of life ($p<0.0001$). At follow up of 12 months, the homeopathy group reported less use of health services and better self-evaluated capability of coping with complaints and they took better care of their own health, compared to the control group.

Significant meaningful difference was found with homeopathy intervention in patients with chronic musculoskeletal pain.

One “real world” study that was published in a major pharmacology journal compared the effect of physician practicing preferences (PPP) in primary care for homeopathy (Ho), CAM (Complementary and alternative medicines) with conventional medicine (Mx) or exclusively conventional medicine (CM) on patients with musculoskeletal disorders (MSDs), with reference to clinical progression, drug consumption, side effects and loss of therapeutic opportunity (Rossignol, Begaud, Engel, et al, 2012).

This MSD study was a nationwide observational cohort of a representative sample of general practitioners (GP) and their patients in France. This study was designed and conducted by a prestigious group of professors from McGill University, University of Paris, Pasteur Institute, University of Bordeaux, and London School of Hygiene and Tropical Medicine. Some of the musculoskeletal disorders of patients who were included

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in this study were: Osteoarthritis, rheumatism, fibromyalgia, muscle spasms, tendinitis, rotary cuff syndrome, ankylosing spondylitis, intervertebral disc disorders, neck pain, torticollis, and spinal stenosis.

A total of 1,153 MSD patients were included in the three PPP groups. Patients did not differ between groups except for chronicity of MSDs (>12 weeks), which was higher in the Ho group (62.1%) than in the CM (48.6%) and Mx groups (50.3%). The twelve-month development of specific functional scores was identical across the three groups after controlling for baseline score ($p>0.05$). After adjusting for propensity scores, NSAID use over 12 months was almost half in the Ho group (OR, 0.54; 95%CI, 0.38-0.78) as compared to the CM group; no difference was found in the Mx group (OR, 0.81; 95% CI: 0.59-1.15).

Even though the homeopathic patients with chronic MSD used 49.8% less NSAIDs and patients with acute MDS used 38.4% less NSAIDs than those under conventional medical care, the homeopathic patients showed a similar clinical progression when less exposed to NSAID in comparison to patients seen in CM practice, with fewer NSAID-related adverse events and no loss of therapeutic opportunity. These results are further impressive because a greater number of homeopathic patients had chronic MSD at the beginning of the study.

Another real-world observational study showed that the elderly (over 70 years of age) who suffered from musculoskeletal ailments were found to take NSAIDs (non-steroid anti-inflammatory drugs) almost FOUR times more when they are under the care of conventional physicians compared with those under the care of a homeopathic physician, while "functionability" between the different patients remained similar (Danno, Joubert, Duru, et al, 2014).

More specifically, the EPI3 study was a 1-year observational survey carried out among general practitioners in France between March 2007 and July 2008. This sub-analysis was carried out on elderly subjects aged ≥ 70 years from the original EPI3 cohort. Socio-demographic data were collected at inclusion using a self-administered patient questionnaire and medical data were recorded for each patient. Quality of life was measured using the Short Form-12 questionnaire. Patients completed a structured telephone interview on their functional status (evaluated with the QuickDash questionnaire, EIFEL scale or Lequesne index) within 72 hours of inclusion. This telephone interview was repeated at 1, 3, and 12 months. Drug exposure was also assessed during these interviews.

146 patients (mean age \pm standard deviation: 75.8 ± 4.8 years) were analyzed (80.1% female, 74.7% MSD of the spine or lower limbs, 64.4% chronic MSD). Patients in the CM and MX groups were 3.7 times or 2.5 times more likely (odds ratio [OR] = 3.71, 95% confidence interval [CI]: 1.12-12.30; OR = 2.52, 95% CI: 1.05-6.05; respectively) to have used non-steroidal anti-inflammatory drugs (NSAIDs) than those in the Ho group. In contrast, analgesic use was comparable in the three groups (OR = 1.06 [CM versus Ho], 95% CI: 0.09-12.11; OR = 0.34 [MX versus Ho], 95% CI: 0.07-1.57). Overall functional score evolution was similar in the three groups over time ($P=0.16$).

An independent critical analysis of the above study was conducted by an independent pharmaceutical researcher, and it was determined that the above study was rigorous and accurate (Moride, 2021).

One study compared the results of two homeopathic medicines in the treatment of various pain syndromes in different parts of the body. This study was not placebo-controlled, and as such, it doesn't answer the question whether either of these homeopathic medicines is more effective than a placebo. Instead, it compares the results of two homeopathic medicines, and it gives clinicians and patients some sense of what degree of efficacy they might expect if either of these medicines was prescribed for them.

A double blind, randomized, comparative study to evaluate efficacy and safety of Magnesium Phosphoricum 30c (MP) and a blend of two ingredients Capsaicin and Dihydrocapsaicin 30C (CP) was conducted in 116 patients having sub-acute and chronic painful conditions by evaluating for intensity measured on Numeric Rating Scale (Shah, 2014). Out of 116 patients, 72 (62.07%) have shown improvement (30.92%) in pain. Subgroup analysis, in CP group showed higher reduction in intensity of pain ($p=0.026$) in age group 18-30 years and in patients with LS spine pain ($p=0.014$). Higher rate of change in stiffness was statistically significant ($p=0.030$). Patients with limb/heel/ankle pain reported reduction in the swelling of joint. Rate of reduction in tenderness in knee ($p=0.014$) and rate of decrease in sleep interference ($p=0.015$) was higher in the age group of 31-50 years. Patients on MP showed reduction in knee pain ($p=0.014$) and joint swelling ($p=0.034$). Reduction in tenderness ($p=0.038$) in weight group of 61-90 kg and the intensity of pain ($p=0.018$) in age group of 51-80 years was observed. The Law of Similars was investigated using pain producing Capsaicin alkaloids in extremely diluted dose. Ultra-molecular, highly diluted (potentized)

Capsaicin alkaloids and Magnesium Phosphoricum were found effective and safe in reducing the intensity of pain.

Urological chronic pelvic pain syndrome (UCPPS) represents a group of pain symptoms relating to patients with pelvic pain for which treatment is largely unsatisfactory. The objective of this study is to analyze the effects of a novel treatment strategy in males suffering from UCPPS.

Published in a respected conventional urology journal, a retrospective, institutional review board-approved study analyzed eight male patients aged 24 to 61 with urological chronic pelvic pain syndrome (UCPPS), a group of pain symptoms relating to patients with pelvic pain for which treatment is largely unsatisfactory (Hui, Seko, Shrikhande, et al, 2019). The mean age of patients in this study was 31.8 years and the average duration of symptoms of the UCPPS was 21 months. Prior to this study, all the patients were prescribed antibiotic therapy, NSAIDs, and pelvic floor physical therapy without significant therapeutic benefit. The Visual Analog scale (VAS) and Functional Pelvic Pain scale (FPPS) were collected pretreatment. Then, while continuing physical therapy, patients underwent weekly ultrasound-guided pelvic floor trigger point injections to the iliococcygeus, pubococcygeus, and puborectalis with lidocaine 1%. At the same time, patients received peripheral nerve hydrodissection performed on the pudendal nerve and the posterior femoral cutaneous nerve. The first two injections combined 1% lidocaine with dexamethasone, while the next four injections consisted of 1% lidocaine with Traumeel (a homeopathic anti-inflammatory medication). At the 6-week follow-up, each patient retook the VAS and FPPS.

Pretreatment, the mean VAS was 3.3 (STD 1.7) and the mean VAS posttreatment was 1.8 (STD 1.4); $P < .05$; 95% CI, 0.73 to 2.27. The mean FPPS pretreatment was 11.0 (STD 8.0) and the mean FPPS posttreatment was 6.3 (STD 5.3); $P < .05$; 95% CI, 0.03 to 9.22.

The researchers concluded that their results show promise for a novel, nonopioid-based treatment for UCPPS.

The conventional veterinary medical journal published a survey of veterinarians in Columbia that showed truly remarkable integration of homeopathic medicines in the treatment of dogs and cats who experience pain syndromes. More specifically, 131 veterinarians practicing in the city of Medellin, Colombia, were surveyed for their views and experience in pain evaluation and management in dogs and cats (Morales-Vallecilla, Ramirez, Villar, et al, 2019). This survey discovered that homeopathy was the preferred alternative approach to treating dogs and cats in 71 of the 77 veterinarians who used alternatives to conventional drugs (92%).

References:

Danno K, Joubert C, Duru G, Vetel JM. Physician practicing preferences for conventional or homeopathic medicines in elderly subjects with musculoskeletal disorders in the EPI3-MSD cohort. Clin Epidemiol. 2014 Sep 26;6:333-41. doi: 10.2147/CLEP.S64049. eCollection 2014.
<http://www.ncbi.nlm.nih.gov/pubmed/25298739>

Hui J, Seko K, Shrikhande G, Ahmed T, Hill C, Reutter C, Shrikhande A. A novel, nonopioid-based treatment approach to men with urologic chronic pelvic pain syndrome using ultrasound-guided nerve hydrodissection and pelvic floor musculature trigger point injections. Neurourol Urodyn. 2019 Dec 2. doi: 10.1002/nau.24242.
<https://www.ncbi.nlm.nih.gov/pubmed/31793050>

Morales-Vallecilla C, Ramirez N, Villar D, Diaz MC, Bustamante S, Ferguson D. Survey of Pain Knowledge and Analgesia in Dogs and Cats by Colombian Veterinarians. Vet Sci. 2019 Jan 10;6(1). pii: E6. doi: 10.3390/vetsci6010006.
<https://www.ncbi.nlm.nih.gov/pubmed/30634671>

Moride Y. Methodological Considerations in the Assessment of Effectiveness of Homeopathic Care: A Critical Review of the EPI3 Study. Homeopathy. 2021 Sep 14. doi: 10.1055/s-0041-1732335. Epub ahead of print. PMID: 34521145.
<https://pubmed.ncbi.nlm.nih.gov/34521145/>

Rossignol M, Begaud B, Engel P, et al. Impact of physician preferences for homeopathic or conventional medicines on patients with musculoskeletal disorders: results from the EPI3-MSD cohort. Pharmacoepidemiol Drug Saf. 2012 Jul 11. doi: 10.1002/pds.3316. <http://www.ncbi.nlm.nih.gov/pubmed/22782803>

Shah, Rajesh. Potentized, oral preparation of Capsaicin alkaloids and magnesium phosphoricum in treatment of chronic pain: A clinical trial. J Pain Manage 2014;(7)1:63-73

Sharma, Neha. The effects of individualized homeopathy in patients with chronic musculoskeletal pain: A randomized clinical trial. J Pain Relief 2017, 6:5(Suppl) DOI: 10.4172/2167-0846-C1-015
<https://www.omicsonline.org/conference-proceedings/2167-0846-C1-015-015.pdf>

Parasitical Disease

(For information on the homeopathic treatment of other parasitical disease, go to the chapters on Chagas Disease and Malaria)

Leishmaniasis is a term referring to a range of clinical conditions caused by protozoan parasites of the genus *Leishmania*, Trypanosomatidae family, Kinetoplastida order that is transmitted by the bite of certain species of mosquitoes in the Phlebotominae subfamily. These parasites infect hosts wild and domestic mammals, considered as natural reservoirs and can also infect humans. *Leishmania* are obligate intramacrophage protozoa that have exclusively intracellular life style. This suggests that the amastigotes possess mechanisms to avoid killing by host cells. Cutaneous leishmaniasis, the most common form of the disease, causes ulcers on exposed parts of the body, leading to disfigurement, permanent scars, and stigma and in some cases disability. Many studies concluded that the cytokines profile and immune system of host have fundamental role in humans and animals natural selfhealing.

Conventional treatments are far from ideals and the search for new therapeutic alternatives is considered a strategic priority line of research by the World Health Organization. A promising approach in the field of basic research in homeopathy is the treatment of experimental infections with homeopathic drugs prepared from natural substances associations highly diluted, which comprise a combination of several different compounds considered as useful for a symptom or disease. Therefore, this study conducted by professors in Brazil aimed to evaluate the effect of “M1,” a complex homeopathic product, in macrophage-*Leishmania* interaction in vitro and in vivo (see below for the formulation of this homeopathic complex remedy) (Nascimento, de Santana, da Costa, et al, 2017). It was used RAW cells lineage and BALB/c mice as a host for the promastigotes of *L. amazonensis* (WHOM/BR/75/Josefa). Several biochemical and morphological parameters were determined.

Together, the harmonic results obtained in this study indicate that, in general, the highly diluted products trigger rapid and effective responses by living organisms, cells and mice, against *Leishmania*, by altering cytokines profile, by NO (nitric oxide) increasing ($p < 0.05$), by decreasing parasitic load ($p < 0.001$), and modifying classical maturation and biogenesis of parasitophorous vacuoles ($p < 0.001$). M1 complex decreased endocytic index ($p < 0.001$), and the % of infected macrophages ($p < 0.05$), preventing the development of lesions ($p < 0.05$) caused by *L. amazonensis* by increasing Th1 response ($p < 0.05$). Therefore, the M1 complex can be a good candidate for a complementary therapy to conventional treatments, since all the parameters observed in vitro and in vivo improved. It could be an interesting clinical tool in association to a classical anti-parasitic treatment, maybe resulting in better quality of life to the patients, with less toxicity.

The “M1” homeopathic complex consists of the following ingredients:

<i>Aconitum napellus</i>	MT	20 dH	0.1×10^{-19}
<i>Arsenicum album</i>	6 dH	18 dH	0.1×10^{-17}
<i>Asa foetida</i>	MT	20 dH	0.1×10^{-19}
<i>Calcarea carbonica</i>	8 dH	16 dH	0.1×10^{-15}
<i>Chelidonium majus</i>	MT	20 dH	0.1×10^{-19}
<i>Cinnamon</i>	MT	20 dH	0.1×10^{-19}
<i>Conium maculatum</i>	5 dH	17 dH	0.1×10^{-16}
<i>Echinacea</i>	MT	20 dH	0.1×10^{-19}
<i>purpurea</i>			
<i>Gelsemium</i>	MT	20 dH	0.1×10^{-19}
<i>sempervirens</i>			
<i>Ipecacuanha</i>	5 dH	13 dH	0.1×10^{-12}
<i>Phosphorus</i>	12 dH	20 dH	0.1×10^{-19}
<i>Rhus toxicodendron</i>	6 dH	17 dH	0.1×10^{-16}
<i>Silicea</i>	12 dH	20 dH	0.1×10^{-19}
<i>Sulphur</i>	12 dH	24 dH	0.1×10^{-23}
<i>Thuja occidentalis</i>	6 dH	19 dH	0.1×10^{-18}

Reference:

Nascimento KF, de Santana FR, da Costa CRV, Kaplum V, Volpato H, Nakamura CV, Bonamin LV, de Freitas Buchi D. M1 homeopathic complex trigger effective responses against *Leishmania (L) amazonensis* in vivo and in vitro. *Cytokine*. 2017 Jul 21;99:80-90. doi: 10.1016/j.cyto.2017.07.001. <https://www.ncbi.nlm.nih.gov/pubmed/28738234>

Pelvic Pain

Bottomline: One high quality study on women with endometriosis-related pelvic pain found a highly significant result from the use of homeopathic estrogen.

A group of researchers in Brazil have begun to test using homeopathic potentized doses of modern drugs based on the symptoms that the drug has been found to cause. Because estrogen is known to cause in overdose symptoms very similar to those associated with endometriosis, including endometrial hyperplasia, pelvic pain, depression, anxiety, insomnia and migraine, those women who experienced this syndrome of symptoms with their endometrisos were admitted into this study.

A 24-week, randomized, double-blind, placebo-controlled trial was conducted that included 50 women aged 18–45 years old with diagnosis of deeply infiltrating endometriosis based on magnetic resonance imaging or transvaginal ultrasound after bowel preparation, and score ≥ 5 on a visual analogue scale (VAS: range 0 to 10) for endometriosis-associated pelvic pain (EAPP) (Teixeira, Podgaec, Chada Baracat, 2017). Potentized estrogen (12cH, 18cH and 24cH) or placebo was administered twice daily per oral route (at the first visit, patients were given 12cH or placebo, @ week 8 patients were given 18cH or placebo, @ week 16 patients were given 24cH or placebo). The primary outcome measure was change in the severity of EAPP global and partial scores (VAS) from baseline to week 24, determined as the difference in the mean score of five modalities of chronic pelvic pain (dysmenorrhea, deep dyspareunia, non-cyclic pelvic pain, cyclic bowel pain and/or cyclic urinary pain). The secondary outcome measures were mean score difference for quality of life assessed with SF-36 Health Survey Questionnaire, depression symptoms on Beck Depression Inventory (BDI), and anxiety symptoms on Beck Anxiety Inventory (BAI).

The EAPP global score (VAS: range 0 to 50) decreased by 12.82 ($P < 0.001$) in the group treated with potentized estrogen from baseline to week 24. Group that used potentized estrogen also exhibited partial score (VAS: range 0 to 10) reduction in three EAPP modalities: dysmenorrhea (3.28; $P < 0.001$), non-cyclic pelvic pain (2.71; $P = 0.009$), and cyclic bowel pain (3.40; $P < 0.001$). Placebo group did not show any significant changes in EAPP global or partial scores. In addition, the potentized estrogen group showed significant improvement in three of eight SF-36 domains (bodily pain, vitality and mental health) and depression symptoms (BDI). Placebo group showed no significant improvement in this regard. These results demonstrate superiority of potentized estrogen over placebo. Few adverse events were associated with potentized estrogen.

The researchers concluded that potentized estrogen (12cH, 18cH and 24cH) at a dose of 3 drops twice daily for 24 weeks was significantly more effective than placebo for reducing endometriosis-associated pelvic pain.

Published in a respected conventional urology journal, a retrospective, institutional review board-approved study analyzed eight male patients aged 24 to 61 with urological chronic pelvic pain syndrome (UCPPS), a group of pain symptoms

relating to patients with pelvic pain for which treatment is largely unsatisfactory (Hui, Seko, Shrikhande, et al, 2019). The mean age of patients in this study was 31.8 years and the average duration of symptoms of the UCPPS was 21 months. Prior to this study, all the patients were prescribed antibiotic therapy, NSAIDs, and pelvic floor physical therapy without significant therapeutic benefit. The Visual Analog scale (VAS) and Functional Pelvic Pain scale (FPPS) were collected pretreatment. Then, while continuing physical therapy, patients underwent weekly ultrasound-guided pelvic floor trigger point injections to the iliococcygeus, pubococcygeus, and puborectalis with lidocaine 1%. At the same time, patients received peripheral nerve hydrodissection performed on the pudendal nerve and the posterior femoral cutaneous nerve. The first two injections combined 1% lidocaine with dexamethasone, while the next four injections consisted of 1% lidocaine with Traumeel (a homeopathic anti-inflammatory medication). At the 6-week follow-up, each patient retook the VAS and FPPS.

Pretreatment, the mean VAS was 3.3 (STD 1.7) and the mean VAS post-treatment was 1.8 (STD 1.4); $P < .05$; 95% CI, 0.73 to 2.27. The mean FPPS pretreatment was 11.0 (STD 8.0) and the mean FPPS post-treatment was 6.3 (STD 5.3); $P < .05$; 95% CI, 0.03 to 9.22.

The researchers concluded that their results show promise for a novel, nonopioid-based treatment for UCPPS.

Reference:

Hui J, Seko K, Shrikhande G, Ahmed T, Hill C, Reutter C, Shrikhande A. A novel, nonopioid-based treatment approach to men with urologic chronic pelvic pain syndrome using ultrasound-guided nerve hydrodissection and pelvic floor musculature trigger point injections. *Neurourol Urodyn*. 2019 Dec 2. doi: 10.1002/nau.24242.

<https://www.ncbi.nlm.nih.gov/pubmed/31793050>

Teixeira, M.Z., Podgaec S, Chada Baracat E. Potentized estrogen in homeopathic treatment of endometriosis-associated pelvic pain: A 24-week, randomized, double-blind, placebo-controlled study. *European Journal of Obstetrics and Gynecology and Reproductive Biology*, 2017, 211, 48 – 55. [http://www.ejog.org/article/S0301-2115\(17\)30060-X/abstract](http://www.ejog.org/article/S0301-2115(17)30060-X/abstract)

Peritonitis

BOTTOMLINE: Peritonitis is a condition that generally requires professional homeopathic treatment rather than homeopathic self-care. However, one study showed that a homeopathic formula product provided benefits to the blood of patients with chronic peritonitis, suggesting that people with this ailment might consider adding this medicine to their treatment program. Peritonitis requires a medical diagnosis and medical supervision.

Belladonna and Echinacea angustifolia have been used in homeopathy as modulators of inflammatory processes in simple potency or 'accord of potencies' (a mixture of potencies ranging from 2X to 1,000X). This study evaluated their effects on leukocyte migration and macrophage activity induced by experimental peritonitis in vivo (Pedalino, 2004). Mice were injected (i.p.) with LPS (1.0mg/kg) and treated (0.3ml/10g/day, s.c.) with different commercial forms of these medicines. Echinacea angustifolia D4--a simple potency preparation--and Belladonna Homaccord, Belladonna Injeel, Belladonna Injeel Forte, Echinacea Injeel and Echinacea Injeel Forte--all in 'accord of potencies'--were tested. The association of Belladonna and Echinacea angustifolia in 'accord of potencies' (a mixture of varying potencies) produced an increase of polymorphonuclear cell migration (Kruskal-Wallis, $P = 0.03$) and a decrease of mononuclear cell percentages (Kruskal-Wallis, $P < \text{or} = 0.04$), when compared with control, mainly in preparations containing low potencies. The proportion of degenerate leukocytes was lower in the treated groups, compared to a control group ($P < \text{or} = 0.05$). The treated groups showed increased phagocytosis ($P < \text{or} = 0.05$), mainly in preparations containing high potencies. The results suggest that Belladonna and Echinacea angustifolia, when prepared in 'accord of potencies,' modulate peritoneal inflammatory reaction and have a cytoprotective action on leukocytes.

The anti-inflammatory effects of a homeopathic combination remedy, Traumeel, have been observed in numerous experimental and clinical studies; however, its antioxidant properties have not yet been elucidated, until now. The aim of the present study was to evaluate the antioxidant effects of Traumeel on peripheral blood neutrophils in patients with periodontitis (Zilinskas, Zekonis, Zekonis, 2011). The study was performed using venous blood of 22 individuals with chronic periodontitis and 21 healthy subjects. The antioxidant effects of Traumeel on the production of reactive oxygen species by unstimulated and stimulated with unopsonized *E. coli* neutrophils were investigated using luminol- and lucigenin-dependent chemiluminescence (CL).

Polymorphonuclear leukocytes of periodontitis patients produced higher levels ($p < 0.01$) of light output of lucigenin-dependent chemiluminescence and significantly reduced ($p < 0.01$) light output of luminol-dependent chemiluminescence than analogous cells of healthy subjects. The highly diluted dose (10^{-4} of the stem solution) of Traumeel significantly reduced by approximately 50% the superoxide-induced oxidation of lucigenin by unstimulated and stimulated with unopsonized *E. coli* polymorphonuclear

leukocytes of periodontitis patients and had a tendency to intensify luminol-dependent chemiluminescence. Preincubation of the unstimulated and stimulated with unopsonized *E. coli* polymorphonuclear leukocytes of healthy subjects with Traumeel exerts no inhibitory action on the luminol- and lucigenin-dependent chemiluminescence of the above-mentioned cells.

The researchers concluded that Traumeel may significantly reduce production of superoxide anion by unstimulated and stimulated peripheral blood polymorphonuclear neutrophils of periodontitis patients.

REFERENCE:

Pedalino CM, Perazzo FF, Carvalho JC, Martinho KS, Massoco Cde O, Bonamin LV. Effect of *Atropa belladonna* and *Echinacea angustifolia* in homeopathic dilution on experimental peritonitis. *Homeopathy*. 2004 Oct;93(4):193-8. <http://www.ncbi.nlm.nih.gov/pubmed/15532698>

Zilinskas J, Zekonis J, Zekonis G, Sadzevičienė R, Saprągonienė M, Navickaitė J, Barzdžiukaitė I. Inhibition of peripheral blood neutrophil oxidative burst in periodontitis patients with a homeopathic medication Traumeel S. *Med Sci Monit*. 2011 May 2;17(5):CR284-291. <http://www.ncbi.nlm.nih.gov/pubmed/21525811>

Poison Ivy, Oak, or Sumac

BOTTOMLINE: Homeopathic medicines can sometimes help provide rapid relief from this highly irritating condition, though extreme cases may warrant professional homeopathic or conventional medical attention.

The rash from poison ivy, oak, or sumac is called contact dermatitis, and it can be extremely irritating. Homeopathic medicines are an excellent choice for primary care of this condition. Conventional medicines for such rashes are usually corticosteroids; however, due to their powerful immunosuppressive effects, it is recommended only to use these drugs when the rash is particularly disturbing and if homeopathic medicines aren't working well.

**** *Anacardium* (marking nut):** This is one of the most common remedies for this condition. It is particularly indicated when there is much swelling along with the rash and the person's symptoms feel better in a bath of very hot water. Typically, this person experiences intense itching, often to the left side of the body, sometimes forcing the individual to dig nails into the skin.

*** *Rhus toxicodendron* (poison ivy):** While some of the other remedies listed here are not always available at the local health food store, this remedy is usually there and is often effective for this condition. It is indicated when the person's symptoms are worse at night in bed, the person becomes extremely restless, desires milk or milk products, and when scratching aggravates the itching. Some relief is experienced when the person takes an extremely hot bath.

*** *Croton tiglium* (croton oil seed):** The key symptom of people who need this remedy is that their skin feels hide-bound or tight all over. Another characteristic symptom is that they feel better after sleep.

*** *Graphites* (graphite):** If a person's rash develops pustules that exude a glutinous, honey-like discharge and/or when the eruptions occur in the bends of one's limbs or in the folds of the skin, consider this remedy.

*** *Apis* (honeybee):** Consider this remedy when there is tremendous swelling and heat from the affected part that is aggravated by exposure to warmth and relieved by cold applications.

*** *Sulphur* (sulfur):** This remedy should be considered when the person's symptoms are aggravated by warmth of any kind, when scratching causes itching and burning pains, and the person maintains a generally unkempt appearance.

Pregnancy

A survey of French pharmacists was conducted in 2004 and found that 94.5% reported advising pregnant women to use homeopathic medicines (Damase-Michel, 2004). Although this incredibly high figure is not common in most countries, this statistic still represents a profound statement of support that homeopathy maintains from well educated and experienced health and medical professionals.

Pregnancy is a great time to take homeopathic medicine because the remedies offer benefit to both mother and fetus. Also, because conventional drugs are generally thought to be potentially dangerous to the fetus, homeopathic medicines offer a considerably safer alternative. Although there have not been many formal studies that have carefully observed possible side effects of homeopathic medicines during pregnancy, over 200 years of experience by homeopathic physicians suggests a high level of safety with these natural remedies. As it turns out, a 2016 study showed some benefits to the newborn when their mother received homeopathic treatment during pregnancy.

A randomized, controlled, double-blinded clinical trial was conducted in Brazil with the intention to evaluate the efficacy of a homeopathic treatment in preventing excessive weight gain during pregnancy in overweight or obese women who were suspected of having a common mental disorder and to evaluate the health of the newborn (Vilhena and Castilho, 2016).

For the homeopathic group, 9 drugs were preselected, including (1) Pulsatilla nigricans, (2) Sepia succus, (3) Lycopodium clavatum, (4) sulphur, (5) Lachesis trigonocephalus, (6) Nux vomica, (7) Calcarea carbonica, (8) phosphorus; and (9) Conium maculatum. From those 9 drugs, 1 was prioritized for administration for each participant. After the first appointment, a reselection or selection of a new, more appropriate drug occurred, using the list of preselected drugs. The dosage was 6 drops orally 2 ×/day, in the morning and at night, on 4 consecutive days each week, with an interval of 3 days between doses, up until the next appointment medical appointment. The control group received the equivalent placebo drug. Both groups also received a diet orientation.

The researchers evaluated pregnant women who were overweight or had class 1 or 2 obesity and were suspected of having a common mental disorder, with no concomitant diseases, in 2 groups: those receiving a placebo (control group, n = 72); and those receiving homeopathic treatment (homeopathy group, n = 62). Weight change during pregnancy was defined as the difference between the body mass index (BMI) at the initial evaluation and that recorded at the final evaluation, adjusted for 40 week of gestation. In addition, the APGAR index in the newborn was evaluated as a possible complication.

The mean variation between baseline BMI and BMI at week 40 of gestation was +4.95 kg/m² in the control group and +5.05 kg/m² in the homeopathy group. The difference between the 2 groups was not significant (P = .815; 95% confidence interval [CI], -0.916 to 0.722). However, APGAR 10 at 5 min (59.6% in homeopathy group and 36.4% among control) was statistically significant (P = .016).

The researchers concluded that homeopathy does not appear to prevent excessive body mass gain in pregnant women who are overweight or obese and suspected of having

a common mental disorder. However, the evidence observed at APGAR 10 at minute 5 suggests that homeopathy had a modulating effect on the vitality of newborns, warranting further studies designed to investigate it.

There are numerous types of complaints that women get during pregnancy. Readers are encouraged to look up specific symptoms and are particularly encouraged to seek out homeopathic guidebooks for pregnant women (there are several such books available).

There are no single homeopathic medicines that will benefit all pregnant women. These remedies require individualization of the woman's specific symptoms.

For information and remedies to consider during Childbirth and Lactation, see those sections.

Reference:

Damase-Michel, C., Vie, C., Lacroix, I., Lapeyre-Mestre, M., Montastruc, J.L. Drug Counselling in Pregnancy: An Opinion Survey of French Community Pharmacists, *Pharmacoepidemiol Drug Saf.* 2004 March, 18;13(10):711.

<http://www.ncbi.nlm.nih.gov/pubmed/15386730>

Vilhena EC, Castilho EA. Homeopathic Treatment of Overweight and Obesity in Pregnant Women With Mental Disorders: A Double-blind, Controlled Clinical Trial. *Altern Ther Health Med.* 2016 Oct;22(S3):14-22.

<https://www.ncbi.nlm.nih.gov/pubmed/27866182>

Premenstrual Syndrome (includes Menstrual Cramps)

BOTTOMLINE: Homeopathic medicines often provide rapid relief from acute PMS pain, even from self-care treatment. Women who experience severe or recurrent premenstrual cramps will benefit from professional homeopathic care that can diminish or even eradicate the pain and discomfort of this common condition.

Too many women live with the pain of menstruation, not knowing that there are some simple and safe ways to reduce their discomfort. Homeopathic medicines provide a safe and effective treatment for most women's premenstrual and menstrual cramps. Although professional homeopathic care can help reduce the chronic recurrence menstrual problems, women can often effectively treat themselves for acute menstrual cramps with the below listed remedies.

The efficacy of individually prescribed homeopathic medicines was evaluated in women with premenstrual syndrome in a double-blind placebo-controlled randomized trial with parallel groups (Yakir, Klein-Laansma, Kreitler, et al, 2019). In an outpatient department of a university clinic in Jerusalem, Israel, women with PMS, aged 18 to 50 years, entered a 2-month screening phase with prospective daily recording of premenstrual symptoms by the Menstrual Distress Questionnaire (MDQ). A reproducible treatment protocol was used: women received a homeopathic prescription based on symptom clusters identified in a questionnaire. The symptoms were verified during a complementary, structured, interview. Only women whose symptoms matched the symptom profile of one of 14 pre-selected homeopathic medicines were included. Each participant was administered active medicine or placebo via random allocation. Primary outcome measures were differences in changes in mean daily premenstrual symptom (PM) scores by the MDQ. Analysis was by intention-to-treat.

A total of 105 women were included: 49 were randomized to active medicine and 56 to placebo. Forty-three women in the active medicine group and 53 in the placebo group received the allocated intervention with at least one follow-up measurement and their data were analyzed. Significantly greater improvement of mean PM scores was measured in the active medicine group (0.443 [standard deviation, SD, 0.32] to 0.287 [SD, 0.20]) compared to placebo (0.426 [SD, 0.34] to 0.340 [SD, 0.39]); $p = 0.043$.

The researchers found that individually prescribed homeopathic medicines were associated with significantly greater improvement of PM scores in women with PMS, compared to placebo.

A double-blind, randomized, placebo-controlled trial was conducted at the gynecology outpatient department of Mahesh Bhattacharyya Homoeopathic Medical College and Hospital, West Bengal, India (Ghosh, Ravindra, Modak, 2021). Patients were randomized to receive either "individualized homeopathy" (IH) (n=64) or an identical-looking placebo (n=64). Primary and secondary outcome measures were 0-10 numeric rating scales (NRS) measuring intensity of pain of dysmenorrhea and verbal multidimensional scoring system (VMSS) respectively; all measured at baseline, and every month, up to 3 months.

The groups were comparable at baseline. Attrition rate was minimal, 10.9% (IH: 7, placebo: 7). Substantial differences between groups in both pain NRS and VMSS favored IH over placebo at all time points (all $p < 0.001$, unpaired t-tests and two-ways repeated measures analysis of variance) with medium to large effect sizes. *Natrum muriaticum* and *Pulsatilla nigricans* ($n=20$ each; 15.6%) were the most frequently prescribed medicines. No serious adverse events and intercurrent illnesses were recorded in either of the groups.

The researcher concluded that homeopathic medicines acted significantly better than placebo in the treatment of PD. Independent replication is warranted.

A randomised, controlled, double-blind clinical study of classical homeopathy with individualized treatment versus placebo was conducted with women who had sought treatment for menstrual distress from a university hospital outpatient clinic in Jerusalem, Israel (Yakir, et al, 2006). A single dose of homeopathic medication, prescribed on the basis of a protocol of symptom clusters, with reference to the key symptoms that indicate one of 14 predefined medications in 200C, administered randomly with its parallel masked placebo, on the seventh day of the menses.

Evaluation of a daily menstrual distress questionnaire two months before and three months following treatment; (b) sick days; (c) external medication usage; (d) self-assessments; (e) changes in psychological traits.

A total of 96 women completed the treatment. The results were similar to those found in the pilot study (Yakir, et al, 2001). After the end of 3 months follow-up, more women in the active treatment group, compared to the controls, perceived themselves as suffering less (44% vs. 34%); in less need of treatment (1.8 vs. 2.37, $p=0.03$ 1-tailed); and generally felt that they improved more (1.4 vs. 1.1, $p=0.0035$). 47% vs. 22% felt that they don't need further treatment. The homeopathically treated group improved significantly in premenstrual syndrome scores: 0.35 vs. 0.2, (ANOVA $p=0.05$); reduced sick days by 90% (no change in the controls, $p=0.007$); reduced significantly concomitant medications intake (75% vs. 36%, t-test $p=0.03$); and displayed greater general improvement in health during the rest of the month: the non-PMS period (0.21 vs. 0.08, $p=0.05$).

In addition, social desirability and defensivity (Marlow-Crowne's social desirability scale 3) increased in the active treatment group compared to the control (non-sig.) and was correlated with high improvement ($r=0.44$, $p=0.005$). This demonstrated that women in the active group were able to stand up for themselves more, which is an important quality for premenstrual syndrome sufferers.

An international multicenter randomized pragmatic trial on a homeopathic add-on treatment (usual care [UC] + homeopathic treatment [HT]) compared with UC alone was evaluated.

A study on PMS/PMDD was organized in general and private homeopathic practices in the Netherlands and Sweden and in an outpatient university clinic in Germany (Klein-Laansma, Jong, von Hagens, et al, 2018). Women diagnosed as having PMS/PMDD, based on prospective daily rating by the daily record of severity of problems (DRSP) during a period of 2 months, were included and randomized.

Women were to receive UC (usual care) + HT (homeopathic treatment) or UC for 4 months. Homeopathic medicine selection was according to a previously tested prognostic questionnaire and electronic algorithm. Usual care was as provided by the women's general practitioner according to their preferences.

Before and after treatment, the women completed diaries (DRSP), the measure yourself concerns and well-being, and other questionnaires. Intention-to-treat (ITT) and per protocol (PP) analyses were performed.

In Germany, the study couldn't proceed due to legal limitations. In Sweden, recruitment was found to be extremely difficult. In the Netherlands and Sweden, 60 women were randomized (UC + HT: 28; UC: 32), data of 47/46 women were analyzed (ITT/PP). After 4 months, relative mean change of DRSP scores in the UC + HT group was significantly better than in the UC group ($p = 0.03$). Since the added value of HT compared with UC was demonstrated by significant differences in symptom score changes, further studies are warranted.

The first prescribed homeopathic medicines used in this trial were:

Sepia officinalis 11 (45.9%)
Natrium muriaticum 8 (33.3%)
Cimicifuga racemosa 1 (4.2%)
Lachesis mutus 1 (4.2%)
Lilium tigrinum 1 (4.2%)
Phosphorus 1 (4.2%)
Pulsatilla pratensis 1 (4.2%)

A prospective multicenter observational study in primary care was conducted on women with long-term dysmenorrhea (and a smaller subset of girls who had dysmenorrhea) using standardized questionnaires to record for 2 years diseases, quality of life, medical history, consultations, all treatments, other health services use (Witt, Lüdtke, Willich, 2009). Fifty-seven physicians treated 128 women (age 32.4 +/- 7.5 years, mean +/- SD) and 11 girls (13.7 +/- 4.0). Women had dysmenorrhea for 11.6 +/- 9.0 (girls 3.1 +/- 1.5) years. Patients received 7.5 +/- 6.5 (5.9 +/- 3.7) homeopathic prescriptions. Diagnoses and complaints severity improved markedly [at 24 months, dysmenorrhea relieved by > 50% of baseline rating in 46.1% (59) of the women and 45.5% (5) of the girls] with large effect sizes (24 months: Cohen's d from 1.18 to 2.93). In addition, QoL improved (24 months: SF-36 physical component score: 0.25, mental component score 0.25, KINDL sum score 0.27). Conventional medication changed little and use of other health services decreased. Ultimately, this observational study showed that patients with dysmenorrhea improved under homeopathic treatment. The results also showed that there was increasing improvement over each time period (at 0-3 months, at 4-12 months, and at 13-24 months).

One study of 36 women suffering from premenstrual mastodynia (breast pain) found that Folliculinum 9C for two months reported results that were better than placebo (Lepaisant, 1995).

* *Belladonna* (deadly nightshade): Cramps with throbbing pains that come on suddenly, go away suddenly, and then return again suddenly suggest this remedy. These pains tend to be worse on the right side, though not in every instance. Motion aggravates the pain, as

does even slight jarring, and there is some relief when sitting in a semi-erect position or by bending backward. When the menstruation begins, it is profuse, bright red, and gushing.

* *Magnesia phosphorica* (phosphate of magnesia): Cramps that are relieved by bending forward or by applying warm applications or taking a hot bath suggest the need for this remedy.

* *Colocynthis* (bitter cucumber): Consider this remedy when a woman feels some reduction in pain by bending over a chair that applies strong pressure to their painful abdomen. The pains are aggravated by exposure to cold or draft, by lying on the painless side, at night, and eating any food. Typically, the woman is also very irritable. Sometimes, the pain begins after a bout of anger or vexation.

* *Cimicifuga* (black snakeroot): This remedy is useful when a woman experiences sharp, labor-like cramps that seem to dart from one side to another and that cause such pain that she may say out loud that she can't take it anymore. Back pain or sciatica may be concurrent with the premenstrual cramping.

* *Pulsatilla* (windflower): Women who get weepy and moody during their premenstrual cramps and who want sympathy and affection during this time suggest the need for this remedy. Also, women who experience frequently changing premenstrual symptoms strongly indicate this remedy. These women also feel worse in warm or stuffy rooms and feel better in the open air. They tend to have little or no thirst, and their overall health and specific local symptoms are aggravated by eating rich or fatty foods.

* *Lachesis* (bushmaster snake venom): This remedy is useful for loquacious, irritable, even angry and jealous women with menstrual cramps who cannot stand any tight clothing, especially around the neck. Typically, this remedy is good for women with cramps that are primarily on the left side and that are worse in the morning upon waking. The symptoms tend to disappear immediately as soon as the flow begins.

* *Sepia* (cuttlefish): This remedy is indicated for assertive, forceful women who become irritable and/or depressed prior to menstruation and who feel the need to exercise (and feel better by it). These women tend to be chilly and can feel great exhaustion.

* *Folliculinum* (estrogen): This remedy is useful when a woman experiences breast pain or breast swelling as primary premenstrual symptoms.

REFERENCES:

Ghosh S, Ravindra RK, Modak A, Maiti S, Nath A, Koley M, Saha S. Efficacy of individualized homeopathic medicines in primary dysmenorrhea: a double-blind, randomized, placebo-controlled, clinical trial. J Complement Integr Med. 2021 Jun 3. doi:

10.1515/jcim-2020-0512. Epub ahead of print. PMID: 34085495.

<https://pubmed.ncbi.nlm.nih.gov/34085495/>

Klein-Laansma CT, Jong M, von Hagens C, Jansen JPCH, van Wietmarschen H, Jong MC. Semi-Individualized Homeopathy Add-On Versus Usual Care Only for Premenstrual Disorders: A Randomized, Controlled Feasibility Study. *J Altern Complement Med*. 2018 Mar 22. doi: 10.1089/acm.2017.0388.

<https://www.ncbi.nlm.nih.gov/pubmed/29565636>

Lepaisant, C, Essai Therapeutique en Homeopathie: raitement des Tensions Mammaires et Mastodynies due Syndrome Premenstruel. *Rev Fr. Gynecol Obstet* 1995, 90:94-7.

Witt CM, Lüdtkke R, Willich SN. Homeopathic treatment of patients with dysmenorrhea: a prospective observational study with 2 years follow-up. *Arch Gynecol Obstet*. 2009 Feb 20. <http://www.ncbi.nlm.nih.gov/pubmed/19229544>

Yakir M, Klein-Laansma CT, Kreitler S, Brzezinski A, Oberbaum M, Vithoukas G, Bentwich Z. A Placebo-Controlled Double-Blind Randomized Trial with Individualized Homeopathic Treatment Using a Symptom Cluster Approach in Women with Premenstrual Syndrome. *Homeopathy*. 2019 Aug 21. doi: 10.1055/s-0039-1691834.

<https://www.ncbi.nlm.nih.gov/pubmed/31434111>

Yakir M, Kreitler S, Brzezinski A, Vithoukas G, Oberbaum M, Bentwich Z. Effects of homeopathic treatment in women with premenstrual syndrome: a pilot study. *British Homeopathic Journal*. 2001;90:148-53. <http://www.ncbi.nlm.nih.gov/pubmed/11479782>

Yakir M, Kreitler S, Brzezinski, A, Vithoukas, G, Bentwitch, P, Women with Premenstrual Syndrome under Homeopathic Treatment: Improvements in Health and Quality of life. *Searching for Evidence: Complementary Therapies Research*. London: Prince of Wales Foundation for Integrated Health, 2006, 14-15.

Prostate Health

BOTTOMLINE: Prostate health is best treated by a professional homeopath rather than through homeopathic self-care. Two observational studies, not blinded or placebo-controlled, have been conducted to date. Good results have been reported, though the designs of these studies do not determine what result was due to specific homeopathic treatment.

Benign Prostatic Hypertrophy (BPH) is extremely common in older men, and the best way to use homeopathy for BPH is by going to a professional homeopath.

One study tested different styles of using homeopathic medicines in treating men with BPH (Hati, Paital, Naik, et al, 2012). This study compared homeopathic treatment strategies using constitutional medicines (CM) or organopathic medicines (OM) alone or in combination (BCOM) in patients suffering from BPH.

220 men aged 30-90 years were recruited in Odisha, India. Patients presenting symptoms of prostatism, with or without evidence of bladder outflow obstruction were included in the study. Patients with serum prostate specific antigen (PSA) > 4 nmol/mL, malignancy, complete urine retention, stone formation and gross bilateral hydronephrosis were excluded. Patients were sequentially allocated to OM, CM or BCOM. The main outcome measure was the International Prostate Symptom Score (IPSS).

73, 70 and 77 patients respectively were sequentially allocated to OM, CM or BCOM. 180 patients (60 per group) completed treatment and were included in the final analysis. Overall 85% of patients showed improvement of subjective symptoms such as frequency, urgency, hesitancy, intermittent flow, unsatisfactory urination, feeble stream, diminution of residual urine volume but there was no reduction in prostate size. Treatment response was highest with BCOM (38.24%) compared to OM (31.62%) and CM (30.15%). Effect sizes were highest for the decrease in IPSS, residual urine volume and urinary flow rate.

There are several limitations to the above study, including the fact that there was no placebo group, and therefore, one does not know whether some of these patients' symptoms may have dissipated over this six months.

A follow-up study with a placebo group was conducted. This study sought to evaluate the effectiveness of Homeopathic Constitutional remedy (HC) and Homeopathic Constitutional + Organ remedy (HCOM) in comparison to Placebo (PL) in cases of benign prostatic hyperplasia (BPH) using International Prostate Symptom Score (IPSS), ultrasonographic changes in prostate volume, post-void residual urine, uroflowmetry and in WHO Quality of Life (QOL)-BREF (Sharma, Mehra, Oberai, et al, 2018).

A multicentric, three-armed, randomised clinical trial was conducted at five centers. Patients were enrolled following the pre-defined inclusion and exclusion criteria, randomized into three groups in 2:2:1 ratio and were followed up for 6 months. The statistical analysis was done with modified intention-to-treat principle (mITT).

A total of 461 patients were screened, of which 254 patients were enrolled in the study and 241 patients were analysed as per mITT. The mean changes in IPSS and QOL due to urinary symptoms from baseline to end of study had shown a positive trend in all

the three groups. However, in HC group, the changes were more prominent as compared to the other two groups. There was no difference between HC and HCOM groups and they were equally effective in terms of managing lower urinary tract symptoms due to BPH. With regard to secondary outcome, there was no difference between the groups.

The psychological, social and environmental domains of WHOQOL-BREF have shown positive trend, but there was no statistically significant difference in intervention groups.

In this study, the patients with BPH who received homeopathic constitutional treatment OR homeopathic organ treatment had a significantly less symptom score and better functionality after six months of treatment than did patients who receive the placebo. The primary limitation of this study is that it was not conducted in a “blind” fashion because the homeopathic organ remedies are primarily tinctures with specific colors and odors that could not be replicated in a placebo.

Indian researchers from the Central Council for Research in Homoeopathy and the Homoeopathic Research Foundation, Lucknow, collaborated in this observational study which looked at the effects of predetermined homeopathic medicines for the treatment of Benign Prostatic Hypertrophy (BPH)(Gupta, 2010). A total of 43 men previously diagnosed with BPH took part in the study. Individualized homeopathic medicines were prescribed and the International Prostate Symptom Score (IPSS), ultrasonography, uroflowmetry and Prostate Specific Antigen (PSA) were assessed before and after homeopathic treatment. After comparing pre and post treatment results, the difference in mean values of IPSS, prostate weight, PSA and average flow rates were found to be statistically significant. Maximum flow rate and Post Void Residual Urine (PVRU) were improved but statistically not significant. Lycopodium (n=15), Pulsatilla (n=11), Sulphur (n=8) and Calcarea carb. (n=3) were found to be most useful among 10 medicines prescribed. Overall, 93.0% of patients improved clinically with an evidence of positive changes in diagnostic parameters.

References:

Gupta G, et al. Evidence Based Clinical Study to Assess the Usefulness of Homoeopathic Medicines in Patients of Benign Prostatic Hyperplasia. Indian Journal of Research in Homoeopathy, 2010, 4, 4, 49-56. [www.ccrhindia.org/ijrh/4\(4\)/7.pdf](http://www.ccrhindia.org/ijrh/4(4)/7.pdf)

Hati AK, Paital B, Naik KN, Mishra AK, Chainy GB, Nanda LK. Constitutional, organopathic and combined homeopathic treatment of benign prostatic hypertrophy: a clinical trial. Homeopathy. 2012 Oct;101(4):217-23. doi: 10.1016/j.homp.2012.08.005. <http://www.ncbi.nlm.nih.gov/pubmed/23089217>

Sharma B, Mehra P, Oberai P, Roja V, Reddy G, Arya DD, et al. Homoeopathic treatment for lower urinary tract symptoms in men with benign prostatic hyperplasia: An open label randomised multicentric placebo-controlled clinical trial. Indian J Res Homoeopathy 2018;12:113-24.
http://www.ijrh.org/temp/IndianJResHomoeopathy123113-701987_192958.pdf

Psoriasis

BOTTOMLINE: Although psoriasis is usually a relatively minor skin disease, it is best treated by a professional homeopath rather through homeopathic self-care because it represents a complex internal disease that simply manifests on the skin. New research suggests that external applications of a proprietary formula can be beneficial for people with mild to moderate psoriasis.

Psoriasis is usually conventionally treated with local and systemic medications that have varying degrees of efficacy and safety profiles. A study investigated the efficacy and safety of an alternative treatment from natural sources, *Mahonia aquifolium*, for the management of mild to moderate psoriasis. Two hundred subjects participated in a randomized, double-blind, placebo-controlled study using either the topical cream Relieva (a homeopathic product containing a proprietary *M. aquifolium* extract) or control (placebo) twice a day for 12 weeks. Efficacy and safety were assessed using the Psoriasis Area Severity Index (PASI) and the Quality of Life Index (QLI) questionnaires at different times throughout the 12-week study. The PASI was evaluated by the physician at the beginning (week 0) and end (week 12) of the study. The QLI was assessed by patients at weeks 0, 4, 8, and 12. The results indicate statistically significant ($P < 0.05$) improvements in PASI and QLI in the *Mahonia*-treated group, compared with the control group. The side effects reported were infrequent, $< 1\%$ and minor; the most frequent side effects were rash, a burning sensation when applying the cream, and clothing stain. These data indicate that Relieva, a proprietary form of *M. aquifolium*, is effective and well tolerated in patients with mild to moderate psoriasis.

In an open label prospective multicenter trial (89 dermatological practices in Germany), 433 patients with subacute and chronic forms of psoriasis were treated with *Mahonia aquifolium* (Gieler, 1995). According to an overall evaluation by dermatologists, symptoms improved or disappeared in 81.1% of patients. According to patient evaluations, 79.7% improved or healed completely.

A prospective multicenter observational study was conducted to evaluate details and effects of homeopathic treatment in patients with psoriasis in usual medical care (Witt, Lüdtkke, Willich, 2009). Primary care patients were evaluated over 2 years using standardized questionnaires, recording diagnoses and complaints severity, health-related quality of life (QoL), medical history, consultations, all treatments, and use of other health services.

Forty-five physicians treated 82 adults, 51.2% women, aged 41.6 \pm 12.2 (mean \pm SD) years. Patients had psoriasis for 14.7 \pm 11.9 years; 96.3% had been treated before. Initial case taking took 127 \pm 47 min. The 7.4 \pm 7.4 subsequent consultations (duration: 19.4 \pm 10.5 min) cumulated to 169.0 \pm 138.8 min. Patients received 6.0 \pm 4.9 homeopathic prescriptions. Diagnoses and complaints severity improved markedly with large effect sizes (Cohen's $d = 1.02$ -2.09). In addition, QoL improved (SF-36 physical component score $d = 0.26$, mental component score $d = 0.49$), while

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conventional treatment and health service use were considerably reduced. Under classical homeopathic treatment, patients with psoriasis improved in symptoms and QoL.

References:

Bernstein S, Donsky H, Gulliver W, Hamilton D, Nobel S, Norman R. Treatment of mild to moderate psoriasis with Relieva, a Mahonia aquifolium extract--a double-blind, placebo-controlled study. *Am J Ther*. 2006 Mar-Apr;13(2):121-6.

<http://www.ncbi.nlm.nih.gov/pubmed/16645428>

Gieler U, von der Weth A, Heger M. Mahonia aquifolium a new type of topical treatment for psoriasis. *J Dermatol Treat*. 1995;6:31-34.

Witt CM, Lüdtke R, Willich SN. Homeopathic treatment of patients with psoriasis - a prospective observational study with 2 years follow-up. *J Eur Acad Dermatol Venereol*. 2009 Feb 31. <http://www.ncbi.nlm.nih.gov/pubmed/19192019>

Puncture Wounds

BOTTOMLINE: Homeopathic medicines can be used to heal puncture wounds when applied along with standard first aid measures. Deep or significant wounds may require medical attention.

Deep puncture wounds, puncture wounds from rusty nails, and puncture wounds from previously used needles require medical attention, but the average puncture wound can be treated at home with simple hygiene and homeopathic medicines.

In addition to the below listed homeopathic medicines that are taken internally, one might consider applying *Hypericum* tincture or spray externally on deep wounds and *Calendula* tincture, ointment, gel, or spray external on superficial wounds. Re-apply after every washing or at least once a day.

**** *Ledum* (marsh tea):** This is the leading remedy for puncture wounds. It is especially indicated if the wound feels cold or numb and feel better with cold applications.

*** *Hypericum* (St. John's wort):** If there are shooting pains from the puncture wound, consider this remedy.

*** *Apis* (honeybee):** Use this remedy if the puncture wound feels warm or hot, is aggravated by application of heat, and is relieved by application of cold.

*** *Staphysagria* (stavesacre):** This remedy is indicated for stab wounds from a knife, especially to the abdomen.

Restless Legs Syndrome

Bottomline: There have not been any controlled studies on the homeopathic treatment of people with restless legs syndrome. However, considering the danger of doctor-prescribed drugs for this condition, a selection of homeopathic medicines are discussed.

Restless Leg Syndrome (RLS), as the name clearly asserts, involves restlessness, pain, twitching, and generalized unease in the legs, usually after going to bed and is usually improved by movement. RSL is known to affect 5-10% of the adult population, with a higher incidence in women. Some people experience RLS it regularly, or it can be experienced intermittently. Although it can affect younger people, it is more commonly experienced in people in their fifth and subsequent decades of life. Diabetes, anaemia, uraemia, alcoholism and rheumatoid arthritis are all associated with the condition, and RLS risk increases with pregnancy.

Although the cause of RLS isn't adequately understood, it is thought to be associated with iron deficiency. In one-third to one-half of sufferers, there is a familial history of RLS. Various drugs, including anti-depressants, calcium channel blockers, antihistamines and several other classes of drugs, have been found to cause RLS as a side effect.

Conventional physicians are known to prescribe various drugs for RLS, though each of these drugs have been found to cause much more serious health problems as side effects.

For the best homeopathic treatment of people with restless legs syndrome, it is recommended to seek professional homeopathic care because it is most effective to treat this condition as an integral part of a person's entire health history and present state. That said, below are some homeopathic medicines to consider for the acute stages of this syndrome.

**** *Zincum metallicum* (zinc):** Fidgety feet, must constantly move them. Some amelioration from motion or hard pressure. May have trembling and twitching. The soles of the person's feet may also be very sensitive. Often a depressed, exhausted state. Often worse after dinner or after drinking wine and worse after suppressing an eruption.

**** *Ferrum metallicum* (iron):** The restless limbs may be from pains that compel the part to be moved, though prefers slower motions. Often with a general restlessness that drives them out of bed. May be intensely sensitive to slight noises, irritable. Face often flushes red easily. Irritated by even slight noises.

**** *Arsenicum album* (arsenic):** The Arsenicum type of person tends to be anxious, fearful, obsessive, tired (even after slight exertion), and restless. Uneasiness in the lower limbs; they must move their feet constantly and cannot lie still at night, especially at or after midnight. They often complain of cramps in the calves. Symptoms are improved by

heat and elevating the head and worse from cold and wet weather. May be obsessive regarding order and tidiness.

**** *Rhus tox* (poison ivy):** Constant need to move legs, preventing sleep. Often has pains worse on first movement, better with continued movement. Tends to great restlessness and uneasiness, especially at night. Often craves cold milk. Tends to be worse before storms and better with heat. This remedy has an affinity for joints, tendons and most areas of fibrous tissue, producing pain and stiffness that requires motion for improvement.

*** *Causticum* (potassium hydrate):** Restless legs at night. Knee joints often crack easily and frequently. These patients tend to be idealistic, are sensitive to authority, and cannot tolerate injustice. Very sympathetic people. Often have a weak bladder. They have a history of rheumatic, arthritic or paralytic complaints and respiratory congestion. Symptoms are improved by warmth, damp or wet weather and are made worse by cold dry weather.

*** *Magnesia carbonica* (magnesium carbonate):** Restless limbs especially after sitting for a long period. Restlessness may drive them out of bed. People who need this remedy tend to have a sad and taciturn nature with hyperacidity, dryness of mucus membranes, a sour body odor and a craving for meat. The legs and feet feel tired; the legs become restless, particularly the lower legs, which is particularly noticeable after sitting for long periods of time. The symptoms of RLS involve cramping, sharp pains and weakness of the calves, and jerking of the legs. Symptoms are worse from the warmth of the bed and changes in the weather.

*** *Kali carbonicum* (potassium carbonate):** People who respond to this remedy are often dogmatic and conservative and may have a susceptibility to arthritic complaints, respiratory tract congestion and possibly asthma. Their RLS is often characterized by jerking, twitching, stitching or tearing pains which often wake the sufferer at around 2 to 4am. Symptoms are better for warm weather and worse for coition or the cold.

*** *Sepia* (cuttlefish):** This remedy is usually useful for women suffering from RLS where there is a history of weakness, venous congestion, uterine disorders, yellowing of the skin, depression, ascending symptoms, and a feeling of coldness. The RLS symptoms include restlessness, twitching, and jerking in limbs that can occur at any time of the day and frequently appear night and day. Symptoms are improved by exercise, pressure and heat, and are worse for cold, dampness and worse before a storm.

*** *Tarantula hispanica* (Spanish tarantula):** Tarantula is associated with significant restlessness and an over-stimulation of the nervous system leading to hyperactivity, rages, and impatience. The restlessness is often reduced by music and dancing, and the more vigorous dancing, the more relief is experienced. The RLS symptoms include extreme restlessness with jerking, numbness, and twitching. Symptoms are better for exertion, music, rubbing, pressure and are worse for coition, rest and cold.

Ringworm

Tinea corporis (TC) (ringworm) is a superficial skin infection caused by *Microsporum*, *Epidermophyton* and *Trichophyton* genera of dermatophytes.

A double-blind, randomized, placebo-controlled, two parallel arms trial was conducted on 62 individuals suffering from TC at the National Institute of Homoeopathy, India (Laskar B, Paul S, Chattopadhyay , et al 2022). Participants were randomized in a 1:1 ratio to receive either individualized homeopathic medicines (IHMs) in LM potencies or identical-looking placebos for a period of 3 months. The primary outcome measure was the number of participants showing complete disappearance of skin lesions after 3 months. Secondary outcomes were a numeric rating scale (NRS) measuring intensity of itching and the Skindex-29 questionnaire (overall, and three sub-scales-degree of symptoms, psychological functioning, emotional status). All were assessed at baseline and every month, up to 3 months.

The primary outcome revealed no improvement in either of the groups ($\chi^2 = 0.012$, $p = 0.999$), but the inter-group differences in some of the secondary outcomes favored IHMs against placebo-itching NRS (mean group difference after 3 months: -0.7 [95% confidence interval [CI], -1.1 to -0.4; $p = 0.001$); Skindex-29 overall (mean group difference after 3 months: 3.2 [95% CI, -0.6 to 7.0; $p = 0.009$]), Skindex-29 degree of symptoms (mean group difference after 3 months: 0.9 [95% CI, -0.2 to 1.9; $p = 0.007$]); and Skindex-29 psychological functioning (mean group difference after 3 months: 1.7 [95% CI, 0-3.4; $p = 0.002$]).

The researchers found that the results on the primary outcome measure were negative, but the secondary outcomes included some statistically significant results favoring IHMs against placebo after 3 months.

Reference:

Laskar B, Paul S, Chattopadhyay A, Karuppusamy A, Balamurugan D, Bhakta P, Das S, Pal S, Singh NK, Koley M, Saha S. Individualized Homeopathic Medicines in the Treatment of Tinea Corporis: Double-Blind, Randomized, Placebo-Controlled Trial. Homeopathy. 2022 Sep 19. doi: 10.1055/s-0042-1750799. Epub ahead of print. PMID: 36122589. <https://pubmed.ncbi.nlm.nih.gov/36122589/>

Sciatica Pain

BOTTOMLINE: To date, there have not been any formal studies evaluating the results of homeopathic treatment of people with sciatica. For best results using homeopathic medicines, people with sciatica should consider consulting with a professional homeopath. To provide some temporary relief of sciatica pain, the medicines described below are those that homeopaths use to reduce acute sciatica pain.

The sciatic nerve is the longest nerve in the body, and the term “sciatica” refers to this nerve rather than a specific disease. Generally, sciatica pain is caused by an irritation to this nerve, with the vast majority of sciatica ailments caused from herniation of a disk. Depending on how it’s defined, between 2 & 40% of people have sciatica pain. It is much more commonly experienced by women than men.

Conventional medical treatment of sciatica pain is generally with various pain medications which can provide temporary relief but which also have various side effects.

**** *Colocynthis* (bitter cucumber)** Pains extending the knee or to the heel, worse from any motion, and especially aggravated by cold. Pain is sudden, followed by numbness and partial paralysis with a sensation which has been described as if the thigh screwed in a vise; muscles are tense. The right side involved & stitches during walking. There is a sensation of constriction around the hip. The pains may be sticking and burning, and all are worse from cold or damp and at night, when the patient can find no easy position for the limb. Patient is highly irritable and angry.

**** *Gnaphalium* (cud-weed):** Quite similar to *Colocynthis*. Some homeopaths think it’s the best remedy in the absence of the other symptoms. Intense neuralgic pains along nerve with numbness. The whole trunk and the main branches seem affected, worse when lying down, worse from motion, stepping and better while sitting in a chair. The pains extend to the toes.

*** *Rhus toxicodendron* (poison ivy):** Mostly for chronic cases, not new ones. The pains are tearing and burning, worse during rest, alleviated a short time during motion. Symptoms worse in cold, wet weather. Lameness with a disposition to muscular twitching. Best remedy for combination of lumbago & sciatica. Sciatica arising from over-exposure to wet or from lifting, wrenching and over-exertion. Great relief from warmth or washing in cold water.

*** *Nux vomica* (poison nut):** Lightning-like pains, with twitching of the parts. Violent pains, needs to change position; pains shoot down into the foot, the limb is stiff and contracted and the parts feel paralyzed and cold. May tend to drag a foot while walking. Better when lying on the affected side and from the application of hot

compresses. People who benefit from Nux tend to have constipated bowels and sedentary habits.

* *Bryonia* (wild hops): Shooting pains along sciatica and down back worse from any type of motion and by exposure to cold or cold applications. Pain relieved by hard pressure, by lying on the painful side, and by remaining perfectly still.

* *Lachesis* (bushmaster venom): Symptoms worse after sleep and upon waking. Symptoms worse by touch (Coloc.). Hip to knee pain. Right-sided sciatica, even though most of other symptoms are on the left side. People who benefit from Lachesis tend to be high-strung, nervous, and loquacious.

Sepsis

BOTTOMLINE: A high quality study conducted at a highly respected university hospital has shown that individually chosen homeopathic medicines can save the lives of one of four patients treated. Until proven otherwise, homeopathic medicine should be an integral part of hospital treatment of people with severe sepsis. All cases of sepsis require the supervision of a physician.

The incidence of severe sepsis in the United States is between 70,000 to 300,000 patients per year. Septic shock often leads to death in-between 40%-90% of cases. Sepsis is a severe illness caused by overwhelming infection of the bloodstream by toxin-producing bacteria. It is caused by bacterial infection that can originate anywhere in the body. The most common sources of these infections include:

- The kidneys (upper urinary tract infection)
- The liver or the gall bladder
- The bowel (usually seen with peritonitis)
- The skin (cellulitis)
- The lungs (bacterial pneumonia)

At a University of Vienna hospital, 70 patients with severe sepsis were enrolled in a randomized double-blind, placebo-controlled clinical trial, measuring survival rates at 30 days and at 180 days (Frass, et al. 2005). Those patients given a homeopathic medicine were prescribed it in the 200C potency only (in 12 hour intervals during their hospital stay). The most frequently prescribed medicines were: Apis mellifica, Arsenicum album, Baptisia, Bryonia, Carbo vegetabilis, Crotalus horridus, Lachesis muta*, Lycopodium clavatum, Phosphorus*, and Pyrogenium (those with an "*" were prescribed more frequently than other medicines).

The survival rate at day 30 was 81.8% for homeopathic patients and 67.7% for those given a placebo. At day 180, 75.8% of homeopathic patients survived and only 50.0% of the placebo patients survived ($p=0.043$). One patient was saved for every four who were treated.

The researchers concluded that homeopathy may be a useful addition with long-term benefit for severely septic patients. A constraint is limited number of homeopaths available in hospital settings.

REFERENCE:

Frass M, Linkesch, M, Banjya, S, et al. Adjunctive homeopathic treatment in patients with severe sepsis: a randomized, double-blind, placebo-controlled trial in an intensive care unit. *Homeopathy* 2005;94;75–80. <http://www.ncbi.nlm.nih.gov/pubmed/15892486>

Shock of Injury

BOTTOMLINE: In conjunction with applying standard first aid measures, homeopathic medicines can be invaluable in helping to reduce the shock from an injury. No studies have verified this clinical observation.

First aid courses commonly teach people that it is most important to treat a seriously injured person for shock of injury first, except when there is serious bleeding that needs immediate attention. The state of shock slows down circulation of blood and oxygen to the head and brain and can lead to the death of brain cells. A person who remains in a state of shock too long can have lifelong complications from it. Shock, except cases of mild shock, is a medical emergency.

People in shock often do not know it because a part of their condition is that the inadequate levels of oxygen to their brain lead them to not think clearly. When people experience an injury and their face is pale or grayish, they should be treated for shock: lay the person down with their feet elevated, keep them from getting too cold or too warm, stop any blood loss with direct pressure, and make certain that their airways are clear.

One other good piece of advice in treating a person for shock is to give a homeopathic medicine. Homeopathic medicines can have rapid and beneficial effects on someone in shock.

**** *Arnica* (mountain daisy):** This is the most common remedy for shock of injury and unless some other remedy is clearly indicated, this medicine should be given. It is useful for both mild and serious levels of shock. It is particularly indicated when the person doesn't realize that he or she has been injured (seriously or not). It is also useful when there has been much loss of blood or significant bruising.

*** *Aconitum* (monkshood):** This remedy is indicated for shock of injury when the person is restless and full of anxiety or fear, usually of death or of impending doom. It is also indicated when the person experiences rapid or violent heart palpitations after an injury.

*** *Carbo vegetabilis* (vegetable carbon):** If the person in shock is weak and collapsed, has difficulty catching his or her breath, desires to be fanned, and has pale bluish skin color, consider this remedy.

*** *Cinchona* (Peruvian bark):** When the person has lost a lot of blood and then experiences intermittent fever interspersed with chills, consider this remedy.

DOSE: Give the homeopathic medicine as SOON as possible after the injury.

Sinusitis

BOTTOMLINE: Homeopathic medicines can be successfully used to treat acute sinusitis, though people with chronic sinusitis should seek professional homeopathic care. Several studies have confirmed efficacy of homeopathic medicines in the treatment of acute and chronic sinusitis.

Sinusitis is a very common ailment of the air-filled sinus cavities in the head and face. This condition can be the result of bacterial, viral, or fungal infection as well as from an allergy. It can have mild or intense symptoms. Otolaryngologists (ear, nose, and throat specialists) acknowledge the inter-relationship between the nasal and sinus passages and now refer to sinusitis as rhinosinusitis.

A study of 144 patients with acute rhinosinusitis was conducted in a randomized, double-blind fashion either with a homeopathic formula remedy, called Sinfrontal (n=72) or placebo (n=72) (Friese and Zabalotnyi, 2007). At the control examinations after 7, 14 and 21 days, five sinusitis-typical symptoms were measured with scores from 0 (absent) to 4 (very strong). The change of sum score of the sinusitis-typical symptoms (max. 20 points) during the treatment was used as the primary efficacy criterion.

In the homeopathic treatment group, the average sum score dropped from initially 12.1+/-1.6 to 5.9+/-2.0 points after 7 days. In the placebo group it decreased from 11.7+/-1.6 to 11.0+/-2.9 points (p<0.0001). The homeopathic treatment resulted in freedom from complaints in 90.3% of the patients and improvement in a further 8.3%, whereas in the placebo group, the complaints remained unchanged or became worse in 88.9% of the patients. Only one adverse event occurred in one patient from the placebo group. This study showed substantial improvement from homeopathic treatment for people with product acute rhinosinusitis.

Another prospective, randomized, double-blind, placebo-controlled, phase III clinical trial was conducted for a treatment period of 22 days, followed by an eight-week posttreatment observational phase, was conducted on patients with acute maxillary sinusitis (AMS) (Zabolotnyi, Kneis, Richardson, et al, 2007). The objective of this clinical trial was to demonstrate the efficacy of a complex homeopathic medication (Sinfrontal) compared with placebo in patients with AMS confirmed by sinus radiography.

One hundred thirteen patients with radiography-confirmed AMS participated in the trial. Fifty-seven patients received Sinfrontal and 56 patients received placebo. Additionally, patients were allowed saline inhalations, paracetamol, and over-the-counter medications, but treatment with antibiotics or other treatment for sinusitis was not permitted.

The primary outcome criterion was change of the sinusitis severity score (SSS) from day zero to day seven. Other efficacy assessments included radiographic and clinical cure, improvement in health state, ability to work or to follow usual activities, and treatment outcome. From day zero to day seven, Sinfrontal caused a significant reduction in the SSS total score compared with placebo (5.8 +/- 2.3 [6.0] points vs 2.3 +/- 1.8 [2.0] points; P < .0001). On day 21, 39 (68.4%) patients on active medication had a complete remission of AMS symptoms, while only five (8.9%) placebo patients

experienced a similar degree of relief. All secondary outcome criteria displayed similar trends. Eight adverse events were reported that were assessed as being mild or moderate in intensity. No recurrence of AMS symptoms occurred by the end of the eight-week posttreatment observational phase. The researchers concluded that this complex homeopathic medication is safe and appears to be an effective treatment for acute maxillary sinusitis.

Another trial was conducted on patients with chronic sinusitis and was double-blind, placebo-controlled, and randomized (Weiser and Clasen, 1994). This experiment lasted for five months and included 155 patients with chronic sinusitis. All subjects were prescribed either a homeopathic combination medicine called *Euphorbium compositum* nasal spray or a placebo nasal spray and were told to spray twice into each nostril four times a day. A statistical comparison of the treatment and placebo groups showed that those given *Euphorbium compositum* to produce significantly better results.

Another study evaluated the efficacy of a homeopathic combination remedy (called “Sinusitis PMD, Plantamed Arzneimittel, Neumarkt, Germany, consisting of *Luffa operculata* *Lobaria plumonaria* (*Sticta*), and *Kali bichromicum*) given four times a day on 119 patients with sinusitis (Adler, 1999). When the study began, 61.3% of patients complained of severe headaches, but at the first visit after treatment (within one week) only 16.8% of patients had this complaint and after three weeks, only 2.3% of the patients had it. Severely obstructed nasal breathing was experienced by 84% of patients prior to treatment, but only 32.8% experienced it after the first visit, and only 4.1% after three weeks. At the end of treatment (the average was two weeks), 81.5% described themselves as symptom-free or significantly improved.

A double-blind, randomized controlled trial was conducted by 47 physicians in private practice with a total of 152 patients with sinusitis (Wiesennauer, Gaus, Bohnacker, 1989). This study found that 81% of patients with acute sinusitis and 67% of patients with chronic sinusitis recovered, though patients given a placebo experienced this similar high degree of benefit, and these results are comparable to the use of antibiotic therapy and decongestant nose drops.

While the above results seem relatively good, homeopaths assert that individualized treatment provides even better results.

A major multicentre observational study of 628 patients suffering from chronic sinusitis (CS) was conducted in India at its Institutes and Units of the Central Council for Research in Homoeopathy (Nayak, Singh, Singh, et al, 2012). Symptoms were assessed using the chronic sinusitis assessment score (CSAS). 17 pre-defined homeopathic medicines were shortlisted for prescription on the basis of repertorisation for the pathological symptoms of CS. Regimes and adjustments of regimes in the event of a change of symptoms were pre-defined. The follow-up period was for 6 months.

628 patients suffering from CS confirmed on X-ray were enrolled from eight Institutes and Units of the Central Council for Research in Homoeopathy. All 550 patients with at least one follow-up assessment were analyzed. There was a statistically significant reduction in CSAS ($P = 0.0001$, Friedman test) after 3 and 6 months of treatment. Radiological appearances also improved. A total of 13 out of 17 pre-defined medicines were prescribed in 550 patients, *Silicea* (55.2% of 210), *Calcarea carbonica* (62.5% of 98), *Lycopodium* (69% of 55), *Phosphorus* (66.7% of 45) and *Kali iodum*

(65% of 40) were found to be most useful having marked improvement. 4/17 medicines were never prescribed. No complications were observed during treatment (please note that the above listed homeopathic medicines are common “homeopathic constitutional medicines,” useful in treating people with chronic ailments; such remedies can be effective in treating acute sinusitis episodes, though they are more common effective for treating people with chronic sinusitis).

A prospective multicenter observational study with conducted that included 134 consecutive patients presenting for classical homeopathic treatment (Witt, Ludtke, Willich, 2009). These patients were initially followed-up for 2 years and then 8 years, and their complaint severity, health-related quality of life (QoL), and medication use were regularly recorded. The study included 134 adults (mean age 39.8±10.4 years, 76.1% women) who were treated by 62 physicians. The patients had suffered from chronic sinusitis for 10.7±9.8 years. Almost all patients (97.0%) had previously been treated with conventional medicine. For sinusitis, effect size (effect divided by standard deviation at baseline) of complaint severity was 1.58 (95% CI 1.77; 1.40), 2.15 (2.38; 1.92), and 2.43 (2.68; 2.18) at 3, 12, and 24 months respectively. QoL improved accordingly, with SF-36 changes in physical component score 0.27 (0.15; 0.39), 0.35 (0.19; 0.52), 0.44 (0.23; 0.65) and mental component score 0.66 (0.49; 0.84), 0.71 (0.50; 0.92), 0.65 (0.39; 0.92), 0.74 (0.49; 1.00) at these points. The effects were still present after 8 years with SF-36 physical component score 0.38 (0.10; 0.65) and mental component score 0.74 (0.49; 1.00). The researchers concluded that this observational study showed relevant improvements that persisted for 8 years in patients seeking homeopathic treatment because of sinusitis. After 8 years, only 1.4% experienced a less than 10% improvement or greater than 10% deterioration.

Sinfrontal®, a complex homeopathic medication that is popular in Germany for the treatment of ear, nose and throat and respiratory tract infections and that has a body of clinical evidence (described above), has been found to provide cost-effective treatment for people with sinusitis (Kneis, Gandjour, 2009). Sinfrontal® was compared with placebo in a cost-utility analysis based on data from a randomized controlled clinical trial over 3 weeks (Sinfrontal® group: n = 57; placebo group: n = 56). Trial data were analysed from a societal perspective; resource use was valued with German unit costs for 2005. In a secondary analysis, the longer-term cost utility of Sinfrontal® versus placebo was estimated over a total of 11 weeks based on an 8-week post-treatment observational phase. In addition, the cost effectiveness of Sinfrontal® versus antibacterials was determined based on an indirect comparison of placebo-controlled trials.

Sinfrontal® led to incremental savings of [Euro sign]275 (95% CI 433, 103) per patient compared with placebo over 22 days, essentially due to the markedly reduced absenteeism from work (7.83 vs 12.9 workdays). Incremental utility amounted to 0.0087 QALYs (95% CI 0.0052, 0.0123), or 3.2 quality-adjusted life-days (QALDs). Bootstrapping showed that these findings were significant, with Sinfrontal® being dominant in 99.9% of simulations. The results were robust to a number of sensitivity analyses. In the secondary analysis, Sinfrontal® led to incremental cost savings of [Euro sign]511 and utility gains of 0.015 QALYs or 5.4 QALDs compared with placebo. Compared with antibacterials, Sinfrontal® had a significantly higher cure rate (11% vs 59%; p < 0.001) at similar or lower costs.

The researchers concluded that the results of this economic evaluation indicate that Sinfrontal® may be a cost-effective treatment for AMS in adults.

The most common medicines prescribed in this observation trial were (in order of most commonly prescribed): Sepia, Pulsatilla, Lycopodium, Phosphorus, Carcinosinum, Nuv-vomica, Sulphur, Natrum mur, Staphysagria, and Silicea.

**** *Kali bichromicum* (bichromate of potash):** This is the most common remedy for sinus problems, especially when there is pain at the root of the nose and/or the person has a thick, stringy nasal discharge. Typically, the pain begins in the morning, gets worse until noon, and is reduced by the late afternoon. Generally, complete nasal obstruction is experienced, causing the person to talk with nasal tone.

**** *Euphorbium* (euphorbia resinifera):** This is a leading remedy for people with chronic sinusitis, especially when there is a burning, itching nasal discharge and a violent pressing headache that is worse in the front part of the head. Symptoms are worse while sitting and better from cold applications.

*** *Pulsatilla* (windflower):** This is a common remedy for women and children (though it can also be given to men) when the person's symptoms are worse at night, in warm rooms, and lying down or stooping, and if the pains are reduced when the person is outside in the open air, in the morning, and with pressure on the painful areas. Typically, the person prefers the company of others, desires attention and sympathy during painful times, and may cry from the pain and discomfort.

*** *Hepar sulphuris* (Hahnemann's calcium sulphide):** This remedy is indicated if the person is aggravated by exposure to cold or cold air, experiences great pain, and is hypersensitive to touch and to movement of the head.

*** *Mercurius* (mercury):** Consider this remedy when the person develops bad breath, has a coated usually whitish tongue, strong body odor, is sensitive to extremes of temperature, and the symptoms are worse at night and by drafts. This is a common remedy for recurrent sinusitis, especially when every cold turns into sinusitis.

*** *Belladonna* (deadly nightshade):** This remedy is usually indicated for right-sided sinusitis in which the person experiences extreme pain from simple jarring or motion and when the person has the typical *Belladonna* look: flushed face, cold hands and feet.

*** *Luffa operculata* (esponjilla):** This remedy is good for violent headaches from the forehead towards the nape of the neck, with pale or yellow nasal secretion, especially in the morning. It is indicated for people who experience an aggravation of symptoms from dry air in a closed room and get some relief from open air.

REFERENCES:

Adler, M, Efficacy and Safety of a Fixed-Combination Homeopathic Therapy for Sinusitis, *Advances in Therapy*, 16,2(March-April, 1999):103-111.

<http://www.ncbi.nlm.nih.gov/pubmed/10539378>

Friese KH, Zabalotnyi DI. [Homeopathy in acute rhinosinusitis : A double-blind, placebo controlled study shows the efficiency and tolerability of a homeopathic combination remedy.] [Article in German] *HNO*. 55(4)2007 April:271-277.

Kneis KC, Gandjour A. Economic Evaluation of Sinfrontal(R) in the Treatment of Acute Maxillary Sinusitis in Adults. *Appl Health Econ Health Policy*. 2009 Sep 1;7(3):181-191. doi: 10.2165/11314790-000000000-00000

Nayak C, Singh V, Singh VP, Oberai P, Roja V, Shitanshu SS, Sinha MN, Deewan D, Lakhera BC, Ramteke S, Kaushik S, Sarkar S, Mandal NR, Mohanan PG, Singh JR, Biswas S, Mathew G. Homeopathy in chronic sinusitis: a prospective multi-centric observational study. *Homeopathy*. 2012 Apr;101(2):84-91.

<http://www.ncbi.nlm.nih.gov/pubmed/22487367>

Weisenauer, M, Gaus, W, Bohnacker, U, Haussler, S [Efficiency of homeopathic preparation combinations in sinusitis. Results of a randomized double-blind study with general practitioners...in German] *Arzneimittelforschung* (1989)39:620-625.

<http://www.ncbi.nlm.nih.gov/pubmed/2667526>

Weiser, M and Classen, BPE, Randomisierte plazebokontrollierte Doppelblindstudie zur Untersuehung der klinischen Wirksamkeit der homoopathischen "Euphorbium compositum-Nasentropfen S" bei chronischer Sinusitis, *Forsch Komplementarmed* 1994; 1:251-2.

Witt CM, Ludtke R, Willich SN. Homeopathic treatment of patients with chronic sinusitis: A prospective observational study with 8 years follow-up. *BMC Ear, Nose and Throat Disorders* 2009, 9:7 doi:10.1186/1472-6815-9-7

<http://bmcearthroatdisord.biomedcentral.com/articles/10.1186/1472-6815-9-7>

Zabolotnyi DI, Kneis KC, Richardson A, et al. Efficacy of a complex homeopathic medication (sinfrontal) in patients with acute maxillary sinusitis: a prospective, randomized, double-blind, placebo-controlled, multicenter clinical trial. *Explore (NY)*. 2007 Mar-Apr;3(2):98-109. <http://www.ncbi.nlm.nih.gov/pubmed/17362845>

Sleep Apnea

(See Insomnia chapter)

Sjogren's Syndrome

Twenty-eight patients with xerostomia (dry mouth) participated in a blind, placebo-controlled longitudinal study of the possible effects of homeopathic medicines on oral discomfort (Haila, Koskinen, and Tenovuo, 2005). All patients were first divided in two groups according to their medication. After that the two groups were randomly assigned according to a coin-toss to the experimental or control group. Most patients had systemic diseases, such as rheumatoid arthritis and/or Sjogren's syndrome, and frequent daily medications. The randomly selected experimental group (n=15) got an individually prescribed homeopathic medicine and the control group (n=13) a placebo substance (sugar granules), both for 6 weeks. Neither group knew of the nature of the medicine. Oral dryness was evaluated by measurement of unstimulated and wax-stimulated salivary flow rates and visual analogue scale. With only two exceptions, the experimental group experienced a significant relief of xerostomia whereas no such effect was found in the placebo group.

Stimulated salivary flow rate was slightly higher with homeopathy than placebo but no consistent changes occurred in salivary immunoglobulin (IgA, IgG) levels, though there was a strong trend towards significance ($P=0.06$) in IgG levels in patients given homeopathic treatment. In an open follow-up period those receiving homeopathic medicine continued treatment and the placebo group patients were treated with individually prescribed homeopathic medicines. The symptoms of xerostomia improved in both groups. Our results suggest that individually prescribed homeopathic medicine could be a valuable adjunct to the treatment of oral discomfort and xerostomic symptoms.

Reference:

Haila S, Koskinen A, and J Tenovuo J. Effects of homeopathic treatment on salivary flow rate and subjective symptoms in patients with oral dryness: a randomized trial, *Homeopathy*, 94,3, July 2005, 175-181. <http://www.ncbi.nlm.nih.gov/pubmed/16060203>

Sleep Apnea

(see chapter on Insomnia)

Sprains and Strains

BOTTOMLINE: Used in conjunction with standard first aid measures, homeopathic medicines can aid in the healing of sprains and strains. Some good research has verified the benefits accrued from homeopathic formula products for this sprains and strains, and homeopathic Arnica has been found to be useful for reducing swelling after knee surgery. Severe injuries may benefit from supervision from a medical professional who specializes in musculoskeletal injuries.

Sport medicine doctors recommend the "RICE" treatment (rest, ice, compression, elevation) to treat sprains and strains. At best, conventional physicians add painkillers to this treatment plan. People should know that painkillers do not get rid of the problem which causes the pain; they simply block a person's consciousness about the pain they are experiencing. For this reason, injured people who take painkillers tend to overuse their injured part because they aren't conscious of the pain and then further aggravate the injury. Whether a person uses their injured part or not, research has shown that painkillers actually slow down healing of injuries.

Homeopathic medicines offer a safe and often effective means to speed up the healing of a sprain or strain. In fact, a lot of people get introduced to homeopathy from self-treating for this common injury.

People with sprains and strains experience benefit from the concurrent use of homeopathic internal and external medicines. External remedies should be applied at least twice a day. It may also make sense to use homeopathic combination remedies internally and externally for sprains and strains. These products have several remedies in them for various types of tissue trauma. Some good research has shown the benefits of using homeopathic combination remedies, such as Traumeel, in treating sprains and strains (Zell, 1989; Bohmer, 1992).

Besides clinical studies testing the efficacy of Traumeel S®, studies have also confirmed the ability of this homeopathic medicine to affect the behavior of immune cells that show and help to explain its anti-inflammatory effects (Porozov, Chalon, Weiser, et al, 2004). Traumeel® was found to inhibit immune cells that lead to inflammation and tissue damage, specifically, prototypic pro-inflammatory mediators IL-1beta, TNF-alpha, and IL-8. Most of these pro-inflammatory agents were reduced by 54-70%. The small doses of extracts from medicinal plants and minerals in this homeopathic formula suggest that the beneficial effect of this remedy is not the result of a toxic effect.

Another study was conducted to compare the use of homeopathic formula, Traumeel ointment, with a conventional drug, diclofenac 1% gel (some of its common marketing names are Voltaren and Dicloflex), in patients with tendinopathies of varying etiology (tendinopathies refers to tendin injuries commonly experienced in sprains)(Schneider, Klein, Stolt, 2005). This nonrandomized, observational study involved 95 homeopathy and conventional medical practices in Germany and 357 patients aged 18 to 93 years of age. The homeopathic and the conventional treatments provided similar benefits, though the homeopathic medicine had superior benefits and

reduced pain from motion. Both treatments were well tolerated with no treatment-related adverse events. The researchers concluded that Traumeel ointment is an effective alternative to nonsteroidal antiinflammatory drugs therapy for the acute symptomatic treatment of patients with tendinopathy.

The Traumeel Acute Ankle Sprain Study (TAASS) was a non-inferiority study designed to show that Traumeel® ointment and Traumeel® gel are noninferior to diclofenac gel 1% in reducing pain and in improving function in ankle sprain (Diclofenac gel is a NSAID, nonsteroidal anti-inflammatory drug that is available on every continent)(Gonzalez de Vega, 2013). Commenting on the study Professor González de Vega stated, “TAASS is the largest study of this kind comparing any natural medication to a conventional drug and provides a significant and robust addition to the current evidence base. I have been using Traumeel® in my clinic for over 20 years and have always seen good results.”

A randomized, blinded, 3-arm, active-controlled trial enrolled physically active males and females between 18 and 40 years of age with acute unilateral ankle sprain of the lateral ligaments of the ankle (Grades 1 and 2). Conducted at 15 centers in Spain, patients topically applied 2 g 3 times daily of Traumeel® ointment (n=152), Traumeel® gel (n=150) or diclofenac 1% gel (n=147) following the use of RICE (rest, ice, compression, elevation) immediately after the injury and before starting study treatment.

The primary outcomes assessed were pain reduction on a visual analogue scale (VAS) and function improvement using the activities of daily living (ADL) subscale of the Foot and Ankle Ability Measurement (FAAM). The FAAM is a validated self-reported questionnaire that assesses physical function of individuals with musculoskeletal disorders of the foot and ankle. The ADL subscale measures the ability to perform simple tasks of everyday living such as standing, walking and climbing stairs.

Traumeel® was shown to provide non-inferior pain reduction on day 7, as assessed by median reductions in VAS pain score: Traumeel® ointment 60.6% reduction, Traumeel® gel 71.1% and diclofenac 1% gel 68.9%. In addition, on day 7, median improvements in function were similar in all groups (Traumeel® ointment 26.2 improvement on FAAM ADL, Traumeel® gel 26.2 and diclofenac 1% gel 25.0), again demonstrating noninferiority.

Importantly, the median time for patients to return to normal activity was similar between all the groups at just over 19 days. Adverse events were evenly distributed across treatment groups and none were serious.

A study aimed to investigate potential effects of Traumeel (Tr14) on the exercise-induced immune response (Pilat, Frech, Wagner, et al, 2015). In a double-blind, randomized, controlled trial, healthy, untrained male subjects received either Tr14 (n = 40) or placebo (n = 40) for 24 hours after a strenuous experimental exercise trial on a bicycle (60 min at 80%VO₂ max). A range of antigen-stimulated cytokines (in vitro), white blood cell count, lymphocyte activation and apoptosis markers, and indicators of muscle damage were assessed up to 24 h following exercise. The area under the curve with respect to the increase (AUCI) was compared between both groups. The Tr14 group showed a reduced exercise-induced leukocytosis and neutrocytosis ($P < 0.01$ for both), a higher AUCI score of antigen-stimulated IL-1 β and IL-1 α (absolute and per monocyte, all $P < 0.05$), a lower AUCI score of antigen-stimulated GM-CSF ($P < 0.05$) and by trend a lower AUCI score of antigen-stimulated IL-2 and IL-4 as well as a higher AUCI score of

antigen-stimulated IL-6 (all $P < 0.1$). Tr14 might promote differentiated effects on the exercise-induced immune response by (a) decreasing the inflammatory response of the innate immune system; and (b) augmenting the pro-inflammatory cytokine response.

A multi-centre, prospective, comparative observational cohort study of patients with various musculoskeletal injuries was conducted with 64 conventionally treated patients and 69 homeopathic patients (treated with Traumeel)(Schneider, Schneider, Hanisch van Haselen, 2008). German physicians who were using homeopathy in addition to conventional medicine included patients. The primary outcome measure was the rate of resolution of the principal symptoms (i.e. pain and inflammatory symptoms) at the end of therapy. The most common diagnoses were acute injuries (sprains, strains, contusions, etc.) of the ankles, knees and hands. There were no significant differences between demographic and anamnestic baseline characteristics of both groups. Complete resolution of the principal symptom at the end of therapy occurred in 41 (59.4%) patients in the homeopathy group versus 37 (57.8%) patients in the conventional group. No adverse events were reported in the Traumeel group compared to six adverse events (6.3%) in the conventional group. Physician-assessed tolerability was significantly better in the Traumeel group ($P = 0.001$). The researchers concluded that Traumeel is as effective as conventional medicines in the management of mild to moderate injuries in this population. Traumeel was safe in use and judged by physicians to be better tolerated than conventional medicines.

An observational, non-randomized study was conducted over 2 weeks in 184 patients with diagnosed epicondylitis (aka “tennis elbow”) from 38 primary care centers in Germany (Birnesser, Oberbaum, Klein, 2004). At the start of the study, patients were given initial injections of either Traumeel® S or NSAID (unspecified; mainly diclofenac). Traumeel® S patients might have other Traumeel® S injections and other treatments were allowed, e.g. oral analgesics (in the NSAID group only) or physiotherapy. Treatments were evaluated on clinically relevant variables: three pain variables (local pressure pain, pain with movements, pain at rest) and two mobility variables (change in extensional joint mobility and change in torsional joint mobility).

Both treatments significantly improved scores on all five variables with no significant differences in time to onset of action. Traumeel® S was equivalent to NSAIDs on all evaluated variables and was significantly superior to NSAID therapy on the variables pain at rest ($p < 0.01$), torsional joint mobility ($p < 0.01$), and extensional joint mobility ($p < 0.05$). Patients’ verdicts on the global outcome reflected the results, with the terms “very good” or “good” given by 71.0% of patients in the Traumeel® S group versus 44.2% of patients receiving NSAIDs. Tolerability was good in all groups.

Researchers conducted two studies using Arnica 30X (as known in Europe as Arnica D30) for marathon runners to evaluate muscle soreness and cell damage after prolonged running (Tveiten and Brusset, 2003). A total of 82 marathon runners were given either Arnica 30X or a placebo the evening before the marathon and continued the day of the race as well as for the subsequent three days. Runners who were given Arnica had reduced muscle soreness after the marathon as compared to those given a placebo ($P=0.04$). There was, however, no statistically significant difference in cell damage as measured by enzymes. It should also be noted that the subjects given Arnica had a

running time that was 8 minutes shorter than those given a placebo, though this difference was not statistically significant ($P=0.18$). No side effects were reported.

Please note that it may be necessary to take *Arnica* for the first two to four doses to reduce the shock of injury and to keep the injured part from swelling too much. After that, it may be necessary to take a different remedy to heal the sprain or strain.

Some basic science research has confirmed the anti-inflammatory activity of *Arnica 6C* (Macedo, Ferreira, Perazzo, 2004). The anti-inflammatory effect of *Arnica montana 6cH* (also called *Arnica 6C*) was evaluated using acute and chronic inflammation models. In the acute, model, carrageenin-induced rat paw oedema,¹⁵ the group treated with *Arnica montana 6cH* showed 30% inhibition compared to control ($P < 0.05$). Treatment with *Arnica 6cH*, 30 min prior to carrageenin, did not produce any inhibition of the inflammatory process. In the chronic model, Nystatin-induced edema, the group treated 3 days previously with *Arnica montana 6cH* had reduced inflammation 6 hours after the inflammatory agent was applied ($P < 0.05$). When treatment was given 6 hours after Nystatin treatment, there was no significant inhibitory effect. In a model based on histamine-induced increase of vascular permeability, pretreatment with *Arnica montana 6cH* blocked the action of histamine in increasing vascular permeability.

A study investigated the effectiveness of homeopathic *Arnica montana* on postoperative swelling and pain after arthroscopy (ART), artificial knee joint implantation (AKJ), and cruciate ligament reconstruction (CLR). Three randomised, placebo-controlled, double-blind, sequential clinical trials were conducted in a single primary care unit specialised in arthroscopic knee surgery. Prior to surgery, patients were given 1x5 globules of the homeopathic dilution 30x (a homeopathic dilution of 1:10(30)) of *arnica* or placebo. Following surgery, 3x5 globules were administered daily. The primary outcome parameter was difference in knee circumference, defined as the ratio of circumference on day 1 (ART) or day 2 (CLR and AKJ) after surgery to baseline circumference. A total of 227 patients were enrolled in the ART (33% female, mean age 43.2 years;), 35 in the AKJ (71% female, 67.0 years), and 57 in the CLR trial (26% female; 33.4 years). The percentage of change in knee circumference was similar between the treatment groups for ART (group difference $\Delta=-0.25\%$, 95% CI: -0.85 to 0.41, $p=0.204$) and AKJ ($\Delta=-1.68\%$, -4.24 to 0.77, $p=0.184$) and showed homeopathic *Arnica* to have a beneficial effect compared to placebo in CLR ($\Delta=-1.80\%$, -3.30 to -0.30, $p=0.019$). In all three trials, patients receiving homeopathic *Arnica* showed a trend towards less postoperative swelling compared to patients receiving placebo. However, a significant difference in favor of homeopathic *Arnica* was only found in the CLR trial.

¹⁵ Explanation of the above experiment: Carrageenin-induced edema or swelling is an experimental model that is widely used as an evaluation of anti-inflammatory activity of medications. This model is used to evaluate acute responses because the participation of mediators such as prostaglandins and kinins are particularly active during the third hour after exposure. The swelling induced by Nystatin is used for the evaluation of anti-inflammatory drugs for chronic inflammation because the swelling can last for 15 days after exposure to Nystatin. Histamine causes increased swelling, but *Arnica 6C* pretreatment regimes (given 3 times a day beginning 30 minutes before exposure to histamine) reduced this swelling.)

**** *Arnica* (mountain daisy):** Take this remedy immediately after the injury. It will help reduce the pain, swelling, and bruising from the injury. This is an important remedy for sprains or strains after over-exertion or over-extension of muscles or connective tissue.

**** *Rhus toxicodendron* (poison ivy):** This is the leading remedy for the sprain or strain itself, especially when the pain is worse on initial motion and is not as severe as the person continues to move. After the person rests again, the injured part gets stiff and is aggravated by initial motion.

*** *Ruta* (rue):** This remedy is for severe sprains, when a person has wrenched a tendon or torn a ligament. It is also indicated for injuries to the knee or elbow when there is marked stiffness and bruised pain. It is the leading remedy for tennis elbow and chiropractor's (or masseur's) wrist.

*** *Bryonia* (white bryony):** Consider this remedy if any type of motion aggravates the injured part.

*** *Ledum* (marsh tea):** This remedy is useful for ankle sprains, especially when the injured area feels cold and feels relieved by cold applications.

*** *Strontium carbonicum* (strontium carbonate):** People who develop chronic sprains, especially ankle sprains, tend to benefit from this remedy. Some people may, however, need professional homeopathic care for a constitutional remedy.

DOSE: Try to take a homeopathic medicine as SOON after injury as possible. People who take the remedy immediately are often surprised to find out that there is little or no sign of the injury by the next day. Give *Arnica* in the 6, 12, or 30th potency every hour for the first three doses (experienced homeopaths may want to use higher potencies when they are confident on their prescription). Then, give another indicated remedy after this every other hour for three to six doses, depending upon the severity, and then every fourth hour as the pain decreases.

REFERENCES:

Birnesser H, Oberbaum M, Klein P, and Weiser M. The Homeopathic Preparation Traumeel compared with NSAIDS for Symptomatic Treatment of Epicondylitis. Journal of Musculoskeletal Research, Vol. 8, Nos. 2 & 3 (2004).

Bohmer, D. Ambrus, P., "Sports Injuries and Natural Therapy: A Clinical Double-Blind Study with a Homeopathic Ointment," Biological Therapy, 10,4 (October, 1992):

Brinkhaus B, Wilkens JM, Ludtke R, Hunger J, Witt CM, Willich SN. Homeopathic arnica therapy in patients receiving knee surgery: Results of three randomised double-blind trials. Complement Ther Med. 2006 Dec;14(4):237-246.

González de Vega C, Speed C, Wolfarth B, González J. Traumeel vs. diclofenac for reducing pain and improving ankle mobility after acute ankle sprain: A multicentre, randomised, blinded, controlled and non-inferiority trial. *International Journal of Clinical Practice*. 2013;67(10):979-989. doi:10.1111/ijcp.12219.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4231442/>

Macedo, SB, Ferreira, LR, Perazzo, FF and Tavares Carvalho, JC. Anti-inflammatory Activity of Arnica Montana 6CH: Preclinical Study in Animals, *Homeopathy* (2004)93:84-87. https://www.researchgate.net/publication/8567040_Anti-inflammatory_activity_of_Arnica_montana_6cH_Preclinical_study_in_animals

Pilat C, Frech T, Wagner A, et al. Exploring effects of a natural combination medicine on exercise-induced inflammatory immune response: A double-blind RCT. *Scand J Med Sci Sports*. 2015 Aug;25(4):534-42. doi: 10.1111/sms.12265. Epub 2014 Jun 12.

<https://www.ncbi.nlm.nih.gov/pubmed/24924232>

Porozov, S., Chalon, L, Weiser, M et al, Inhibition of IL-1beta and TNF-alpha Secretion from Resting and Activated Human Immuncytes by the Homeopathic Medication Traumeel S., *Clin Dev Immunol*. 2004 Jun;1,1(2):143.9.

<http://www.ncbi.nlm.nih.gov/pubmed/15330450>

Schneider C, Klein P, Stolt P, Oberbaum M. A homeopathic ointment preparation compared with 1% diclofenac gel for acute symptomatic treatment of tendinopathy. *Explore (NY)*. 2005 Nov;1(6):446-52. <http://www.ncbi.nlm.nih.gov/pubmed/16781589>

Schneider C, Schneider B, Hanisch J, van Haselen R, The role of a homoeopathic preparation compared with conventional therapy in the treatment of injuries: An observational cohort study. *Complementary Therapies in Medicine* (2008) 16, 22-27.

[http://www.complementarytherapiesinmedicine.com/article/S0965-2299\(07\)00044-1/fulltext?refuid=S0022-0302\(09\)70825-2&refissn=0022-0302](http://www.complementarytherapiesinmedicine.com/article/S0965-2299(07)00044-1/fulltext?refuid=S0022-0302(09)70825-2&refissn=0022-0302)

Tveiten, D and Bruset, S. Effect of Arnica D30 in Marathon Runners: Pooled Results from Two Double-Blind Placebo Controlled Studies. *Homeopathy*. 92(2003):187-189.

<http://www.ncbi.nlm.nih.gov/pubmed/14587684>

Zell, et al., “Behandlung von akuten Sprung-geleksdisotrionen: Doppelblindstudie zum Wirksamkeitsnachweis eines Homoopathischen Salbenpreparats,” *Fortschr. Medicine*, 1988, 106:96-100 (a study on the treatment of sprains). Reprinted in English: Treatment of Acute Sprains of the Ankle: A Controlled Double-Blind Trial to Test the Effectiveness of a Homeopathic Ointment,” *Biological Therapy*, 7,1,1989:1-6.

Stomachache and Stomach Cramps

BOTTOMLINE: Stomachaches usually represent minor ailments, but stomachaches can also represent serious, even life-threatening ailments that require medical attention. Homeopathic care can be quite effective for minor stomachaches, and professional homeopathic care can be helpful for people with recurrent or chronic digestive problems, though no controlled studies have verified these clinical observations.

Stomach or abdominal pain can be a minor ailment as a result of indigestion, gas, menstrual cramps, or emotional stress, or it can represent a serious illness (liver problems, inflammation of the gall bladder or pancreas, intestinal disease or obstruction, cancer, ectopic pregnancy, or miscarriage).

Gastrointestinal spasms and cramps are common in children as well as in adults. The effectiveness and tolerability of the homeopathic preparation Spascupreel¹⁶ was compared with that of hyoscine butylbromide¹⁷ treatment in children <12 years of age. An observational cohort study in 204 children <12 years was conducted over a 1 week treatment period (Muller-Krampe, 2007). The efficacy of the respective therapies was evaluated on the effect on severity of spasms and clinical symptoms (pain/cramps, sleep disturbances, distress, eating or drinking difficulties and frequent crying). Compliance was evaluated on a four-point scale from 'very good' to 'low'. Evaluation was conducted by the practitioner based on information given by the patient or his/her minder. The analysis showed comparative improvements with the homeopathic preparation and hyoscine butylbromide therapy on severity of spasms, pain/cramps, sleep disturbances, eating or drinking difficulties, and frequent crying, all as evaluated by the practitioner. Both treatments were very well tolerated. For patients opting for a homeopathic therapy, Spascupreel seems to be an effective and well-tolerated alternative to conventional therapies in children suffering from gastrointestinal spasms.

Consult a physician or medical guidebooks to determine if your complaint is serious or not. In the meantime, consider using homeopathic medicines to provide some relief. Also, consult other sections in this guide if you want more information on other digestive problems, such as Diarrhea, Indigestion, Nausea and Vomiting, and Irritable Bowel Syndrome.

* *Pulsatilla* (windflower): Commonly given to children and women, this remedy is known for stomach pain or heartburn after fatty food (ice cream, fried food) or pork, a lack of thirst, an aversion to stuffy rooms, and a desire for open air. Typically, these people are highly emotional, weepy, clingy to others, and desire sympathy and attention.

¹⁶ The ingredients of Spascupreel are: Belladonna 6X, Magnesia Phosphorica 6X, Phosphorus 6 X, Chamomilla 3X, Aconitum Napellus 6X, Gelsemium Sempervirens 6X, Cuprum Aceticum 6X, Colocynthis 4X, Agaricus 4X, Cuprum Sulphuricum 6X, Passiflora Incarnata 2X.

¹⁷ Hyoscine butylbromide is a leading conventional drug (brand name is Buscopan) for which studies have found to be effective in the treatment of abdominal cramps.

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* *Bryonia* (white bryony): People who feel digestive discomfort after any type of motion suggest this remedy. People who need this remedy tend to be constipated, irritable, desire to be alone, and have a great thirst for cold liquids. Stomach pains after eating and constipation with much dryness of the stools and the rectum also suggest this remedy.

* *Cuprum metallicum* (copper): Strong cramping pains in the abdomen that are aggravated by motion or by touching and that may be accompanied by vomiting upon waking are characteristic of this remedy. These people tend to crave cold drinks and feel better having them.

* *Magnesia phosphorica* (phosphate of magnesia): Strong cramping pains that are relieved by warm applications or by bending over suggest the need for this remedy.

* *Lycopodium* (club moss): This is a leading remedy for people who experience bloating, gas, and belching. People who need this medicine have an abdomen that is sensitive to any pressure, whether it is from a belt or elastic waistband. Typically, their symptoms are worse between 4-8pm and by warmth, while they are relieved by warm drinks and cold applications

* *Arsenicum album* (arsenic): This is a leading remedy for indigestion when there are burning pains, a great thirst but for only sips at a time, chilliness with an aggravation from exposure to cold, a general restlessness, and anxiety about one's health. These people experience an aggravation of their symptoms at midnight and afterwards.

* *Nux vomica* (poison nut): Stomach pain that starts after overeating, after over-consumption of alcohol, coffee, or drugs (therapeutic or recreational), or after mental stress are commonly relieved by this remedy. Heartburn, nausea, and gas are usually accompanied by increased irritability. Digestive problems are relieved by warm drinks or after vomiting.

* *Sulphur* (sulfur): People with heartburn from overeating or eating the wrong foods and who may also suffer from early morning diarrhea often benefit from this remedy. Typically, these people tend to feel a generalized heat from their body that makes exposure to cool or cold air feel good and leads to an aggravation of symptoms from warmth or heat.

References:

Muller-Krampe B, Oberbaum M, Dipl-Math PK, Weiser M., Effects of Spascupreel versus hyoscine butylbromide for gastrointestinal cramps in children. *Pediatr Int.* 2007 Jun;49(3):328-34. <http://www.ncbi.nlm.nih.gov/pubmed/17532830>

Stress

BOTTOMLINE: “Stress” is a general adaptive response of the bodymind, and it generally requires individualized treatment based on the person’s unique responses and symptoms. One study on calves found that Chamomilla 12C provided some relief of stress.

In 2012, a randomized, double-blind, placebo-controlled single center study was conducted over a 15 day period (Hellhammer and Schubert, 2012). A study included 40 women aged 30-50 years who regularly experienced impaired well-being when feeling stressed. Participants took three tablets daily for 14 days, half of whom were blindly given a placebo. On the final study day, participants took three pills in the morning and upon arrival at the study site. Thereafter, the Trier Social Stress Test (TSST) was performed.

Primary endpoints were saliva cortisol responses to the stress test. Secondary biological endpoints were plasma cortisol, adrenocorticotrophic hormone, epinephrine, and norepinephrine (NE) and heart rates. Psychological secondary endpoints were well-being, anxiety, stress, and insecurity during the stress test as well as sleep and quality of life.

Stress-induced cortisol levels did not differ between groups, but verum-treated participants were characterized by lower NE levels. Two weeks of treatment with the homeopathic substance resulted in a better sleep quality. Sleep improvement was associated with a higher hormonal response to the TSST in both groups. In addition, individuals with impaired sleep in the placebo group had higher unstimulated NE levels.

This study provides preliminary evidence for beneficial effects of dysto-loges S on sleep quality. Improvement of sleep quality was positively associated with a normalized neuroendocrine stress response during acute stress, whereas an altered hormonal response was observed in participants with impaired sleep. The researchers hypothesized that the test product may possibly reduce NE release.

Chamomilla is a homeopathic medicine made from the herb chamomile. Although herbalists have used this botanical remedy for a long time to help relax a person, homeopaths also use this remedy because they have found that overdose of chamomile cause hyper-irritable states.

One study sought to evaluate using homeopathic doses of this herb to evaluate its effects on preventing handling stress in bovines. Sixty Nelore calves were randomly distributed into two equal groups. One group was administered Matricaria chamomilla 12CH (aka 12C) into their food and the other the 'control' was not. Animals in both groups were maintained unstressed for 30 days to adjust to the feeding system and pasture, and were then stressed by constraint on the 31th, 38th, 45th and 60th experimental days. Blood samples were taken on these days after animals had been immobilization in a trunk contention for 5 minutes. Stress was followed by analyzing serum cortisol levels. These peaked on the 45th day and then decreased, but not to baseline, on the 60th day. On the 45th day cortisol levels were significantly lower in

animals fed *Matricaria chamomilla* 12CH, suggesting that this medicine reduces stress. These effects may be a consequence of its inhibiting cortisol production and its calming and anxiolytic effects.

Reference:

Hellhammer J, Schubert M. Effects of a Homeopathic Combination Remedy on the Acute Stress Response, Well-Being, and Sleep: A Double-Blind, Randomized Clinical Trial. *J Altern Complement Med*. 2012 Sep 10. <http://www.ncbi.nlm.nih.gov/pubmed/22963271>

Reis LS, Pardo PE, Oba E, Kronka SN, Frazetti-Gallina NM. *Matricaria chamomilla* CH(12) decreases handling stress in Nelore calves. *J Vet Sci*. 2006 Jun;7(2):189-92. <http://www.ncbi.nlm.nih.gov/pubmed/16645346>

Styes

BOTTOMLINE: Homeopathic treatment for styes usually provides rapid results. Recurrent styes may require professional homeopathic care. No studies have verified the efficacy of homeopathy in the treatment of styes.

A stye is a minor condition and complications from it are rare, but it is still irritating and its discomfort can be relieved with homeopathic medicines.

* *Pulsatilla* (windflower): This remedy is useful for relatively painless styes usually in the upper lid. In later stages, a yellow or greenish discharge may occur. This remedy is particularly common for children and women.

* *Hepar sulphuris* (Hahnemann's calcium sulphide): When a stye is painful and hypersensitive to touch or cold, consider this remedy. A characteristic symptom is if it feels as though a splinter is in the person's eye. Sometimes, people who need this remedy will not only feel physically hypersensitive but emotionally hypersensitive too.

* *Apis* (honeybee): People with a stye with a lot of swelling of the lid and with burning and/or stinging pains that are aggravated by heat and relieved by cold suggest this remedy.

Sunstroke or Heatstroke

BOTTOMLINE: Sunstroke represents an emergency medical condition that requires medical attention. Consider giving a homeopathic medicine on the way to the medical doctor.

Sunstroke can be a life-threatening emergency. Homeopathic medicines can be helpful, but they should be given while the person is taken to a doctor.

*****Belladonna*** (deadly nightshade): This is the leading remedy for people with a rapid onset of fever, throbbing headache, reddened face, dilated pupils, and stupor. This remedy is in every homeopathic medicine kit, while *Glonoine* isn't. Because treatment must begin as soon as possible, give *Belladonna* unless you have *Glonoine* and you are confident that *Glonoine* is the correct remedy.

* *Glonoine* (nitroglycerin): This remedy has similar symptoms as does *Belladonna*, though these people tend to feel worse when they bend their head backward and by applying cold water which can cause spasms.

* *Aconitum* (monkshood): This medicine is useful in sunstroke when there is a rapid onset of fever, a powerful headache, sensitivity to light, and a constriction of the pupils.

Surgery

BOTTOMLINE: Homeopathic medicines can be self-prescribed to help a person recover from surgery, though professional homeopathic care is sometimes necessary to help prevent the underlying disease from occurring again. There have been numerous studies using homeopathic medicine pre- and post-operatively, and several of these studies have shown efficacy from these medicines when compared with placebo, though some studies have also shown little or no difference between homeopathic treatment and placebo. There have also been several studies that have confirmed the efficacy of using homeopathic medicines to restore bowel function after abdominal surgery.

Professional homeopaths can sometimes prescribe homeopathic medicines that can prevent the need for surgery, but at other times, the best and only appropriate treatment for a person is a surgical procedure. It is good to know that homeopathic medicines can complement surgery and help a person recover more quickly from it.

One of the most commonly prescribed homeopathic medicines for surgical conditions is *Arnica*. Although homeopaths use this remedy frequently, individual cases require individualized prescriptions. A review of the effectiveness and safety of *Arnica* in post-surgical cases in various doses and potencies was published in 2014 (Iannitti, Morales-Medina, Bellavite, et al, 2014). While *Arnica* is often effective, it is certainly not always such. Here is where learning about other homeopathic medicines can be of great clinical use.

One of the world's leading surgery journals published a review of research on homeopathic *Arnica* and nutritional supplement, Bromelain (Knackstedt, Gatherwright, 2019). Written by two surgeons at the famed Cleveland Clinic, a triple database search was conducted with the keywords "arnica," "bromelain," and "surgery." References for each identified article were analyzed for additional articles. Articles were analyzed for methodology, outcomes, and conclusion. Articles were excluded if they did not involve human subjects, were published before 1990, and if they were not available in English. Level of evidence was determined based on methodology.

A total of 29 articles met inclusion criteria, with 20 testing *arnica* and 9 testing bromelain. This body of research found marked heterogeneity with regard to surgical procedure, dosing regimen, outcomes measured, and results. *Arnica* seems to have a mitigating effect on ecchymosis, most notably following rhinoplasty and facelifts/facial procedures. Bromelain is well supported across numerous studies in reducing trismus, pain, and swelling following molar extractions. However, there was no effect demonstrated when evaluating topical *arnica* following blepharoplasty procedures.

The researchers conclude: "In conclusion, a systematic review of the literature demonstrates the potential for *arnica* and bromelain to improve perioperative outcomes including edema, ecchymosis, and pain control. Future studies are required to determine safety and efficacy of dosing and interactions with other medications. We hope this article stimulates surgeons to consider using these interventions to improve perioperative outcomes in the context of well-done studies with an objective analysis of results."

Another systematic review and metaanalysis was conducted of all studies that used homeopathic *Arnica montana* in surgical situations and also published in a respected conventional journal of surgery (Gaertner, Baumgartner, Walach, 2021). Both randomized and nonrandomized studies were analyzed that compared homeopathic *Arnica* to a placebo or to another active comparator and calculated two quantitative metaanalyses and appropriate sensitivity analyses.

Twenty-three publications reported on 29 different comparisons. One study had to be excluded because no data could be extracted, leaving 28 comparisons. Eighteen comparisons used placebo, nine comparisons an active control, and in one case *Arnica* was compared to no treatment. The metaanalysis of the placebo-controlled trials yielded an overall effect size of Hedge's $g = 0.18$ (95% confidence interval $-0.007/0.373$; $p = 0.059$).

The researchers concluded that homeopathic *Arnica* has a small effect size over and against placebo in preventing excessive hematoma and other sequelae of surgeries. The effect is comparable to that of anti-inflammatory substances.

A randomized double-blind placebo-controlled study on the use of a novel programmed dosage regimen of *Arnica*, named SinEcchTM developed by Alpine Pharmaceuticals, a marketing division of Hahnemann Laboratories, Inc. (San Rafael, CA.) was conducted by the head of the Facial Plastic Surgery Department at the University of California San Francisco (Seeley, Denton, Ahm, Maas, 2006). SinEcch is comprised of *Arnica* 1M and 12C and was tested in the treatment of people undergoing an extensive deep level facelift. This is the first successful homeopathic *Arnica* trial to be published in a major surgery journal, let alone one published by the American Medical Association. *Arnica* 1M was given in three doses (pre-op, post-op, and bedtime on the day of surgery). *Arnica* 12C was given three times a day for three days, starting on the day after the surgery. Of special importance is the fact that this trial utilized a novel computerized model for objective analysis of skin color changes based on high quality digital photographs of the patients.

Patients receiving *Arnica* experienced decreased ecchymosis (bruising) as measured by the computer that calculated the number of square centimeters of ecchymosis for each patient on postoperative days 1, 5, 7, and 10 (all of the days in which this measurement was tested), with statistically significant differences on day 1 ($P < 0.005$) and on day 7 ($P < 0.001$). People who didn't take *Arnica* had between 11%-41% more bruising than those who took this homeopathic regimen and took 50% longer to reduce their level of bruising to the level of bruising with SinEcch. On post-op day 7, the placebo patients had 30 square centimeters (4.5 square inches) more bruising on their faces than the *Arnica* treated group.

Another study using SinEcch was conducting on 29 patients who underwent liposuction surgery (Kullick, 2002). The patients were all women aged 18 – 45. The surgeon also took photographs of the patients from the front, rear, left side, and right side on Postop weeks 1, 2, 3, and 4. Independent plastic surgeons with experience in liposuction were then asked to rank the 29 patients' photo sets from most to least bruising/swelling for week 1 and similarly for Postop weeks 2, 3, and 4 separately. There was no statistically significant difference in the volume of fat removed. ($P > 0.36$). The patients receiving *Arnica* were significantly younger than the treatment group (mean age

32.6 vs. 37.9) ($P < .02$). However, this difference in age was accounted for in the statistical analysis that included a linear mixed-effects model to include treatment group, post-treatment week, and the interaction of the treatment group, time, and patient age.

The results were highly statistically significant. The P values for three independent plastic surgeons were $P < 0.006$, $P < 0.003$, and $P < 0.0001$ in favor of SinEcch reducing bruising and swelling.

One more study was conducted using the Arnica protocol of Sinecch with 23 patients who were undergoing rhinoplasty surgery (Chaiet, Marcus, 2016). Subjects of this study were scheduled for rhinoplasty surgery with nasal bone osteotomies by a single surgeon were prospectively randomized to receive either oral perioperative Arnica montana (Alpine Pharmaceuticals, San Rafael, Calif) or placebo in a double-blinded study. Ecchymosis was measured in digital "three-quarter"-view photographs at 3 postoperative time points. Each bruise was outlined with Adobe Photoshop (Adobe Systems Incorporated, San Jose, Calif), and the extent was scaled to a standardized reference card.

The 9 subjects receiving homeopathic Arnica were compared with the 13 subjects taking a placebo had 16.2%, 32.9%, and 20.4% less extent on postoperative days 2/3, 7, and 9/10, a statistically significant difference on day 7 ($P = 0.097$). Color change initially showed 13.1% increase in intensity with Arnica montana but 10.9% and 36.3% decreases on days 7 and 9/10, a statistically significant difference on day 9/10 ($P = 0.074$). One subject experienced mild itching and rash with the study drug that resolved during the study period.

The researchers concluded that Arnica montana seems to accelerate postoperative healing, with quicker resolution of the extent and the intensity of ecchymosis after osteotomies in rhinoplasty surgery, which may dramatically affect patient satisfaction.

Studies of homeopathic therapies to decrease postrhinoplasty ecchymosis have previously used subjective measurements, limiting their clinical significance.

Subjects scheduled for rhinoplasty surgery with nasal bone osteotomies by a single surgeon were prospectively randomized to receive either oral perioperative Arnica montana (Alpine Pharmaceuticals, San Rafael, Calif) or placebo in a double-blinded fashion. Ecchymosis was measured in digital "three-quarter"-view photographs at 3 postoperative time points. Each bruise was outlined with Adobe Photoshop (Adobe Systems Incorporated, San Jose, Calif), and the extent was scaled to a standardized reference card. Cyan, magenta, yellow, black, and luminosity were analyzed in the bruised and control areas to calculate change in intensity. P value of < 0.1 was set as a meaningful difference with statistical significance.

Compared with 13 subjects receiving placebo, 9 taking Arnica montana had 16.2%, 32.9%, and 20.4% less extent on postoperative days 2/3, 7, and 9/10, a statistically significant difference on day 7 ($P = 0.097$). Color change initially showed 13.1% increase in intensity with Arnica montana but 10.9% and 36.3% decreases on days 7 and 9/10, a statistically significant difference on day 9/10 ($P = 0.074$). One subject experienced mild itching and rash with the study drug that resolved during the study period.

The researchers concluded, "Arnica montana seems to accelerate postoperative healing, with quicker resolution of the extent and the intensity of ecchymosis after osteotomies in rhinoplasty surgery, which may dramatically affect patient satisfaction."

The similar protocol as the above study was utilized in a trial of 30 men undergoing upper blepharoplasty (eye lid surgery)(Kotlus, Heringer, Dryden, 2010). A prospective, placebo-controlled, double-blind study was performed in which patients were randomly assigned to the administration of homeopathic Arnica montana or placebo concurrent with unilateral upper eyelid blepharoplasty followed by contralateral treatment at least 1 month later. Ecchymosis was evaluated at days 3 and 7 by rank order of severity and measurement of surface area of observable ecchymosis.

There was no statistically significant difference in area of ecchymosis or rank order of ecchymosis severity for days 3 and 7 after treatment with Arnica montana versus placebo, though there was a leaning towards benefit from those taking Arnica on day 7 ($p=0.125$). Additionally, there was no difference in ease of recovery per patient report, and there was no difference in the rate of ecchymosis resolution.

The authors of the above study noted that an earlier study using Arnica on patients undergoing rhinoplasty (a nose job) also didn't experience improvement, as compared with those given no treatment and those given steroids (10 mg of intravenous dexamethasone followed by a 6-day oral tapering dose of methyl-prednisone), for ecchymosis, but they did experience significant improvement in edema in the early postoperative period. In fact, the p-value for edema in those patients on day 2 given Arnica versus no-treatment was $p<0.0001$.

Forty-eight primary rhinoplasty patients were randomized into three groups: group P received 10 mg of dexamethasone (a steroid) during surgery followed by a 6-day oral tapering dose of methyl-prednisone; group A received Arnica three times a day for 4 days; and group C received neither agent and served as the control (Totonchi and Guyuron, 2007). Three blinded panelists rated the extent of ecchymosis, the intensity of the ecchymosis, and the severity of the edema.

On postoperative day 2, there were no significant differences in the ratings of extent and intensity of ecchymosis among the groups. There was a significant difference for the edema rating ($p < 0.0001$), with group C demonstrating more swelling compared with groups A and P. In addition, on postoperative day 8, group P demonstrated a significantly larger extent of ecchymosis ($p < 0.05$) and higher intensity of ecchymosis ($p < 0.01$) compared with groups A and C. There were no differences in the magnitude of edema by postoperative day 8 among the three groups. When the differences between day 2 and day 8 ratings were considered, groups A and C exhibited significantly more resolution of ecchymosis by day 8 compared with group P ($p < 0.05$).

This study suggests that both Arnica and corticosteroids may be effective in reducing edema during the early postoperative period. Arnica does not appear to provide any benefit with regard to extent and intensity of ecchymosis. The delay in resolution of ecchymosis for patients receiving corticosteroids may outweigh the benefit of reducing edema during the early postoperative period.

It should also be noted that although the above study suggested that there was no "significant" differences in ecchymosis, the p-value was leaning strongly towards a benefit from Arnica and day 2 ($p=0.06$) and was significant between Arnica and steroids on day 8 ($p=0.01$).

The researcher concluded that both Arnica and the steroids reduced significantly reduced edema within 2 days after surgery, with its resolution within 8 days, but those

patients taking steroids experienced almost significant ($p=0.06$) increased ecchymosis on day 2 and a delay in its resolution on day 8.

A triple-blind randomized controlled trial sought to compare the efficacy of homeopathic drug Arnica and Ibuprofen on the postextraction pain in children (Thakur, Katre, 2022). Forty-four healthy children between 8 and 12 years of age who required two clinical sessions of tooth extraction in two different quadrants of the oral cavity were selected for the study. All the children received both the drugs in this crossover trial with a washout of 10 days. Patient-rated and operator-assessed pain was compared to a 10-point validated Visual Analog Scale at baseline, 24, 48, and 72 hours using the paired t-test. Acceptance to taste and frequency of dosing was recorded at the end of three days using a five-point Likert scale and were compared using the Chi-squared test. Kappa statistics were performed to assess intraoperator variability.

Pain reduction by Ibuprofen was significantly more than Arnica only at 48 hours with respect to both patient-reported and operator-assessed pain [$(t = 3.567, p < 0.05)$, $(t = 2.834, p < 0.05)$]. As the age of the child increased, patient-reported pain significantly decreased. Children preferred the taste of Arnica over that of Ibuprofen ($\chi^2 = 56.76, p < 0.0001$).

The researchers concluded that there was no difference between Arnica and Ibuprofen in the postextraction pain management in 8-12-year-old children, and the researchers concluded that Arnica may be considered as an alternative to ibuprofen in managing postextraction pain in 8-12-year-old children, especially those with asthma, COPD, or known allergy to ibuprofen.

A randomized double blind, monocentric, placebo controlled clinical trial was conducted at a community hospital in Germany with inpatients undergoing lumbar sequestrectomy surgery (sequestrum—a fragment of dead bone or other tissue that has separated from healthy tissue as a result of injury or disease) (Raak, Scharbrodt, Berger, et al 2022). Homeopathic treatment with Hypericum perforatum 200C versus placebo in addition to usual pain management. Primary endpoint was pain relief measured with a visual analog scale. Secondary endpoints were the reduction of inpatient postoperative analgesic medication and change in sensory and affective pain perception.

Baseline characteristics were comparable between the groups. Pain perception between baseline and day 3 did not significantly differ between the study arms. With respect to pain medication, total morphine equivalent doses did not differ significantly. However, a statistical trend and a moderate effect ($d = 0.432$) in the decrease of pain medication consumption in favor of the Hypericum group was observed.

The patients who took Hypericum 200 in addition to usual pain management showed lower consumption of analgesics. Further investigations, especially with regard to pain medication, should follow to better classify the described analgesic reduction.

Seroma is a surgical complication created by the inflammatory process that is commonly experienced after mastectomy and reconstruction. Therefore, surgeons commonly insert surgical drains, which often remain in place for long periods and delay recovery. To explore the possibility of using homeopathic medicines to prevent this problem, a study was conducted to determine if seroma prevention after mastectomy and breast reconstruction is possible.

A prospective double-blinded randomized analysis of 55 consecutive patients (78 breasts) who underwent mastectomy and immediate breast reconstruction between January 2016 and August 2017 was conducted in Israel (Lotan, Gronovich, Lysy, 2020). Patients were randomly assigned and treated with *Arnica montana* 30C and *Bellis perennis* 30C or placebo from surgery and up to the time of drain removal.

The dosing schedule was as follows:

1. One dose of A or matched placebo (3 pills) on the morning of surgery.
2. One dose each of A and B, or matched placebo, 4–6 times over the first 24 h after surgery (as soon as patients were stable, conscious, and nausea- and vomit-free).
3. One dose each of A and B, or matched placebo, 3 times daily until 4 days after surgery.
4. One dose of B, or matched placebo, 3 times daily until removal of the surgical drain.

The mean patient age was 47.9 years. Comorbidities included obesity, diabetes mellitus, essential hypertension, fibromyalgia, and hypothyroidism (1, 4, 6, 2, and 4 patients respectively). Age, body mass index, mastectomy type, and lymph node dissection were similar among groups. Forty-two breasts underwent one-stage procedure, and the remaining were two-stage. *Arnica montana* and *Bellis perennis* significantly reduced drain removal time (discharge < 30 ml) by 18% (2.4 days, $p < 0.05$), 11.1 (6.1) days in the study groups compared with 13.5 (6.4) days in the placebo group. Patient opioid intake was lower ($p < 0.057$) in the study group. Quality of life, postoperative pain, hemoglobin and cortisol levels, and complications were not associated with any treatment.

Arnica montana and *Bellis perennis* have been shown to reduce seroma formation and opioid intake following mastectomy and reconstruction. As this treatment lacks side effects and is inexpensive, it should serve as a valuable treatment adjunct in patients undergoing mastectomy and reconstruction.

In a randomized double-blinded, parallel-group study, the efficacy of *Arnica* D4 (aka 4X) (taken 3 times per day) and diclofenac sodium, 50 mg taken 3 times per day) were investigated for equivalence in 88 patients 4 days after bunion (*hallux valgus*) surgery (Karow, Abt, Frohling, 2008). Diclofenac is a popular nonsteroidal anti-inflammatory drug that is commonly prescribed after this surgery. *Arnica* D4 and diclofenac were found to be equivalent for wound irritation and patient mobility. A descriptive analysis showed the superiority of *Arnica* D4 with respect to patient mobility ($p = 0.045$). With respect to pain, *Arnica* D4 was inferior to diclofenac, though there was no significant differences in the use of additional analgesics during the 4 postoperative days. *Arnica* D4 was significantly better tolerated than diclofenac ($p = 0.049$). Nine (9) patients (20.45%) of the diclofenac group and 2 (4.5%) of the *Arnica* D4 group reported intolerance. There was no disturbance in wound healing in any of the patients. *Arnica* D4 is 60% cheaper than diclofenac.

Ultimately, the researchers concluded that after bunion foot operations, *Arnica* D4 can be used instead of diclofenac to reduce wound irritation.

A randomized, double blind, placebo-controlled trial to evaluate the efficacy of the homeopathic preparation Traumeel S® in minimizing post-operative pain and analgesic consumption following surgical correction of hallux valgus (Singer, Amit-Kohn, Weiss, et al, 2010) . Eighty consecutive patients were randomized to receive either

Traumeel tablets or an indistinguishable placebo, and took primary and rescue oral analgesics as needed. Maximum numerical pain scores at rest and consumption of oral analgesics were recorded on day of surgery and for 13 days following surgery.

Traumeel was not found superior to placebo in minimizing pain or analgesic consumption over the 14 days of the trial, however a transient reduction in the daily maximum postoperative pain score favoring the Traumeel arm was observed on the day of surgery, a finding supported by a treatment-time interaction test ($p=0.04$).

This trial has several limitations. By choosing a cumulative 14-day measure for our primary outcome, the researchers may have inadvertently diluted any effect that may have been present in the first days after surgery - those with the greatest pain.

A secondary outcome measure for this trial was the number of days on which rescue analgesics were required. This difference was not significant, but because the homeopathic patients needed on average ONE day of additional treatment, with a standard deviation of 3.1 days, and the placebo patients needing only 1.5 days, with a standard deviation of 2.0 days, there was no need to evaluate this trial over 14 days.

While the mechanism of action of this preparation remains unknown, recent research has shown that Traumeel reduces secretion of pro-inflammatory cytokines from various human immune cells in vitro, both at rest and when activated by PHA-, PMA-, or TNF- α . Interleukin-1 β secretion was reduced by 70%, TNF- α by 65% and 54% (resting and activated), and IL-8 by 50% ($P<0.01$ for all comparisons) (Porozov, Cahalon, Weiser, 2004).

Pain management after performing flap surgery is of great benefit to dental patients. Due to the side effects of nonsteroidal anti-inflammatory drugs (NSAIDs) and the safety of homeopathic medication, the analgesic and anti-inflammatory properties of ibuprofen (NSAID) and Traumeel (a homeopathic combination medicine) following flap surgery were evaluated (Das R, Deshmukh J, Asif, et al, 2019).

A randomized, triple-blinded, split-mouth clinical trial, with a sample size of 20 (age range of 20-60 years) was conducted. The 20 subjects included patients diagnosed with moderate chronic generalized periodontitis. Two quadrants for each subject were operated on, with an interval of 3 weeks. Random assignment of the operated quadrants to the following medication protocols was carried out by a third person: Ibuprofen, 600 mg and traumeel, 600 mg (up to three tablets) every 8 hours for the first 24 hours and SOS (Si Opus Sit, meaning only once/if needed) thereafter for a period of 1 week as pain medication, respectively. After 1 week, sutures were removed. The primary outcomes were mean postoperative pain (modified visual analog scale) and number of tablets consumed in 1 week. The secondary outcome was postoperative tissue response. Any adverse effects were recorded.

The number of tablets consumed and pain perception was substantially lower in the Traumeel subjects compared to the Ibuprofen Group ($P < 0.001$). A better tissue response was shown by the group treated with Traumeel as compared to the Ibuprofen receiving group ($P < 0.05$). Three patients reported adverse drug reactions after consumption of ibuprofen, but none after Traumeel.

A randomized and blinded study was conducted to evaluate the benefits of Arnica montana 1M on post-operative blood loss and seroma production in women undergoing

unilateral total mastectomy (Sorrentino L, Piraneo S, Riggio, et al, 2017). From 2012 to 2014, 53 women were randomly assigned to Arnica montana or placebo and were followed up for 5 days. The main end point was the reduction in blood and serum volumes collected in drainages. Secondary end points were duration of drainage, a self-evaluation of pain, and the presence of bruising or hematomas.

The per-protocol analysis revealed a lower mean volume of blood and serum collected in drainages with Arnica (-94.40 ml; 95% confidence interval [CI]: 22.48-211.28; $P = 0.11$). A regression model including treatment, volume collected in the drainage on the day of surgery, and patient weight showed a statistically significant difference in favor of Arnica (-106.28 ml; 95% CI: 9.45-203.11; $P = 0.03$). Volumes collected on the day of surgery and the following days were significantly lower with Arnica at days 2 ($P = 0.033$) and 3 ($P = 0.0223$). Secondary end points have not revealed significant differences.

Arnica 1M was found to reduce post-operative blood and seroma collection in women undergoing unilateral total mastectomy. Larger studies are needed with different dilutions of Arnica to further validate these data.

In a single-blinded and randomized trial, 41 adults aged 19-76 years old with chronic rhinosinusitis with nasal polyposis and meeting inclusion criteria were randomly divided into two groups, Arnica 30C and control (Salinas and Bato, 2016). The former took 5 sublingual Arnica montana 30C pellets, 12 hours, then 1 hour prior to surgery; the latter did not. Both groups had routine oxymetazoline and lidocaine-epinephrine decongestion. Intraoperative blood loss, surgical field bleeding quality and operative time were assessed by blinded surgeons and anesthesiologists.

The mean estimated blood loss was 187ml (SD 100.14) for controls versus 72ml (SD 12.59) for the Arnica group; ($p < 0.05$). Mean operative time was 3.55 hours (SD 1.25) for controls and 3.44 hours (SD 1.57) for the Arnica group; ($p=0.9$). Surgical field bleeding was graded slight with 75% needing occasional suctioning (grade 2) and 25% needing frequent suctioning (grade 3) in the Arnica group, versus moderate bleeding with more frequent suctioning (grade 4) in 71% and slight bleeding but needing frequent suctioning (grade 3) in 29% of controls.

In a randomized, double-blind, placebo-controlled trial with 60 patients who underwent varicose vein surgery, 43% of those patients given *Arnica* 12X (also called D12) pre- and postoperatively experienced remission or improvement in pain, while only 27% of those taking a placebo experienced a similar degree of relief (Wolfe, 2003). There were also trends towards a beneficial effect in the size of the hematoma (the pooling of blood under the skin) between groups. The homeopathic group took Arnica the night before the surgery, then once preoperatively and hourly postoperative dosages during the first day and three times a day during days 2-14.

Randomised double blind, placebo controlled trial at a tertiary referral center was conducted with 190 patients over the age of 18 undergoing tonsillectomy (Robertson A, Suryanarayanan R, Banerjee A, 2007). Patients were randomised into intervention and control groups receiving either *Arnica* 30C or identical placebo, 2 tablets 6 times in the first post-operative day and then 2 tablets twice a day for the next 7 days. The primary outcome measure was the change in pain scores (visual analogue scale) recorded by the

patient on a questionnaire over 14 days post-operatively; Secondary outcome measures were: analgesia consumption, visits to the GP or hospital, antibiotic usage, the day on which their swallowing returned to normal and the day on which they returned to work.

The researchers found that 111 (58.4%) completed questionnaires were available for analysis. The *Arnica* group had a significantly larger drop in pain score from day 1 to day 14 (28.3) compared to the placebo group (23.8) with $p < 0.05$. The two groups did not differ significantly on analgesic consumption or any of the other secondary outcome measures (number of post-operative visits to GP, use of antibiotics and secondary haemorrhage readmissions). The results of this trial suggest that *Arnica* given after tonsillectomy provides a small, but statistically significant, decrease in pain scores compared to placebo.

A randomized double-blind, placebo-controlled of 60 patients (33 women and 27 men, with an average age of 39) who were suffering from dental neuralgia after tooth extraction were either prescribed a placebo or *Arnica* 7C and *Hypericum* 15C (alternatively at four hour intervals)(Albertini, Goldberg, Sanguy, et al, 1985). Patients who were using anti-inflammatory drugs were excluded from the study. The patients were treated for three days and asked to assess their pain on a decimal scale. The patients were also asked whether reasonable pain control had been achieved. This study found that patients given the two homeopathic medicines experienced a statistically significant ($p < 0.01$) reduction in pain on days 2 and 3 (not on day 1). A statistically significant percentage of patients given the homeopathic medicines deems that the treatment achieve reasonable pain control as compared to those given the placebo ($p < 0.01$).

A review of several studies on patients who underwent abdominal surgery found that homeopathic medicines help restore bowel function after surgery (Barnes, et al., 1997). *Raphanus* and *Opium* were the most commonly used remedies in these studies. This review noted that some of the “higher quality” studies showed a negative result from homeopathic treatment, but these results only influenced the studies that were with homeopathic potencies greater than 12C (what might be deemed homeopathy’s “high potency medicine” which are more dilute). However, quoting from this review that was written by authors who are normally antagonistic to homeopathy, they asserted that their “meta-analysis of studies comparing homeopathic remedies $< 12C$ with placebo indicated a statistically significant ($p < 0.05$) WMD in favour of homeopathy.”

Another study found that people on long-term IV usage benefited from homeopathic doses of *Arnica* (Amodeo, 1997). A randomized, double-blind, placebo-controlled study of 130 consecutive patients undergoing saphenous stripping were prescribed a single dose of *Arnica* 5C or a placebo (Ramelet, Buchheim Lorenz, 2000). Clinical evaluation of hematomas was conducted 6 days postoperatively, but there was no statistical significance ($p = 0.342$). A serious problem with this study, however, was that the researchers only allowed a single dose of *Arnica* 5C before the operation and one dose just afterwards. This is clearly an inadequate dosing of this remedy, especially in the lower potency of 5C. One might also wonder if these results might have been different if researchers evaluated the patients earlier than six days because most people would not have any hematomas at this time whether there was an effective treatment or no treatment.

Not all research testing homeopathic medicines for pre- and post-surgical treatment has found positive results. A low potency complex of homeopathy (*Arnica*

montana 5 CH, *Bryonia alba* 5 CH, *Hypericum perforatum* 5 CH and *Ruta graveolens* 3 DH) was compared with placebo in the treatment of people undergoing knee ligament reconstruction (Paris, Gonnet, Chaussard, 2008). Treatment was administered the evening before surgery and continued for 3 days. The primary end-point was cumulated morphine intake delivered by PCA during the first 24 hour inferior or superior/equal to 10 mg day(-1). One hundred and fifty-eight patients were randomized (66 in the placebo arm, 67 in the homeopathic arm and 25 in the noninterventional group). The homeopathy treatment had no effect on morphine intake between 24 and 72 hour or on the visual analogue pain scale, or on quality of life assessed by the SF-36 questionnaire. In addition, these parameters were not different in patients enrolled in the open-label noninterventional control arm.

Not all studies testing *Arnica* in surgical situations have shown efficacy. A double-blind, placebo-controlled randomized study tested *Arnica* 30C for pain and infection after total abdominal hysterectomy (Hart, Mullee, Lewith, 1997). A total of 93 women entered the study, but 20 didn't complete it (nine patients were in the treatment group and 11 were in the placebo group). The researchers found no statistically significant benefit from *Arnica* in this study.

Despite some trials testing *Arnica* that have had a negative outcome, some basic science research has confirmed the anti-inflammatory activity of *Arnica* 6C (Macedo, Ferreira, Perazzo, 2004). The anti-inflammatory effect of *Arnica montana* 6CH (also called *Arnica* 6C) was evaluated using acute and chronic inflammation models. In the acute, model, carrageenin-induced rat paw oedema,¹⁸ the group treated with *Arnica montana* 6CH showed 30% inhibition compared to control ($P < 0.05$). Treatment with *Arnica* 6CH, 30 min prior to carrageenin, did not produce any inhibition of the inflammatory process. In the chronic model, Nystatin-induced edema, the group treated 3 days previously with *Arnica montana* 6CH had reduced inflammation 6 hours after the inflammatory agent was applied ($P < 0.05$). When treatment was given 6 hours after Nystatin treatment, there was no significant inhibitory effect. In a model based on histamine-induced increase of vascular permeability, pretreatment with *Arnica montana* 6CH blocked the action of histamine in increasing vascular permeability. In addition to the above clinical studies, a study on rats who underwent a titanium micro-implant is worthy of reference (Sakakura, Neto, Bellucci, et al, 2008). Eight rats were divided into two groups of 24 animals each: a control group (C) and a test group (SO). Each animal received one titanium micro-implant placed in the tibia. The animals in Group SO were subjected to 10 drops of comfrey 6CH per day mixed into their drinking water until the day of sacrifice. Eight animals of each group were sacrificed at 7, 14 and 28 days post-surgery, respectively.

Standardized digital radiographs were obtained on the day of implant installation (baseline images) and on the day of sacrifice (final images). Digital subtraction of the two

¹⁸ Explanation of the above experiment: Carrageenin-induced edema or swelling is an experimental model that is widely used as an evaluation of anti-inflammatory activity of medications. This model is used to evaluate acute responses because the participation of mediators such as prostaglandins and kinins are particularly active during the third hour after exposure. The swelling induced by Nystatin is used for the evaluation of anti-inflammatory drugs for chronic inflammation because the swelling can last for 15 days after exposure to Nystatin. Histamine causes increased swelling, but *Arnica* 6C pretreatment regimes (given 3 times a day beginning 30 minutes before exposure to histamine) reduced this swelling.)

corresponding images was performed to evaluate changes in bone density and the area related to change around the implant between baseline and final images. Subtraction images demonstrated that a significant difference existed in mean shade of gray at 14 days post-surgery between Group SO (mean 175.3 ± 14.4) and Group C (mean 146.2 ± 5.2). Regarding the area in pixels corresponding to the bone gain in Group SO, the differences observed between the sacrifice periods and groups were only significant at 7 days sacrifice between Group SO (mean 171.2 ± 21.9) and Group C (mean 64.5 ± 60.4).

The fact that this study showed improved healing more rapidly (within 7 days) suggests a therapeutic benefit from this homeopathic medicine.

It is best to individualize a homeopathic medicine to people based on the symptoms that they are having. For instance, if they are having indigestion or a headache after surgery, rather than use one of the below remedies, look in the Indigestion or Headache sections of this ebook.

Homeopathy for Specific Ailments After Surgery

Some common conditions after surgery for which homeopathic medicines are often effective include the following:

Fear of Death: Aconitum 30 is indicated (every hour for up to four doses).

Bleeding

Arnica 30 helps to slow or stop bleeding after surgery. Phosphorus 30 is the primary remedy for helping to stop bleeding when Arnica does not work adequately. Ipecacuanha 30 is indicated when there is much bleeding of bright red blood, often accompanied by nausea. Secale 30 is effective in treating uterine bleeding that is aggravated by heat and relieved by cold. Cinchona 30 is helpful for people whose bleeding and general loss of fluids lead them to feel weak and faint or have ringing in the ears. This remedy is sometimes indicated several weeks, months, or years after much fluid has been lost, after either an illness or an operation. Arsenicum 30 is useful when profuse bleeding leads to great weakness, burning pains, restlessness, anxiety, and fear, along with a characteristically large thirst for only sips at a time.

Dose: Take the remedy every hour until bleeding stops, not more than four doses. If bleeding has not significantly slowed, consider another remedy. The next day, take one more doses whichever works to reduce the possible complications of blood loss.

Trauma to Tissue

Arnica topically and Arnica 6 or 30 are useful when the muscle feels bruised or swollen and when there is any pooling of blood under the skin. Hamamelis topically and Hamamelis 6 or 30 are effective when the person has weak veins, passive hemorrhage, bleeding hemorrhoids, or varicose veins. Capillaries are enlarged and congestion is marked. Calendula in external application (gel, ointment, tincture, spray) is indicated to

heal wounds or incisions. *Bellis perennis* 6 or 30 is a remedy for use after abdominal surgery and when deep internal tissue has been traumatized.

Dose: Apply external remedies at least once a day, and apply again if bathing washes them off. Generally, only two to eight doses of the internal remedy over a two day period will be necessary to complete the healing process.

Wound Infection

External applications of *Calendula* and *Hypericum*, either alone or preferably together, help to both prevent and treat infection of surgical wounds. If pus has developed and caused hypersensitivity of the wound, *Hepar sulphur* 30 is recommended. Because *Hepar sulphur* is an effective remedy for helping to push out splinters, pieces of glass, and various foreign objects that get stuck under the skin, it also has a tendency to push out surgical stitches. Thus, it is not recommended to use this remedy when there are stitches, except towards the end of the healing process, when their removal is part of the healing. If the wound becomes purplish, *Lachesis* 30 or *Gunpowder* 30 is indicated. If there is much burning in the wound or wound area, *Sulphur* 30 is helpful.

Dose: Apply external remedies at least once a day, and apply again if bathing washes them off. Take internal remedies every two to four hours during the first 24 hours and four times a day for two to five more days.

Scarring and Adhesions:

Apply *Thiosinaminum* tincture externally or use an external combination formula that also contains *Calendula* (some injury gels include these ingredients). Take *Graphites* 12 internally.

Dose: Apply external remedies at least once a day, and apply them again if bathing washes them off. You may need to do this for several weeks or months. Internal remedies should be taken three times a day for two days, and if necessary, repeated one month later.

Constipation and Bowel Obstruction

Good research published in major medical journals has shown that homeopathic medicines can aid in the restoration of bowel function after abdominal or gynecological surgery. There have been seven different studies conducted on this subject. The most common remedies used in these studies were *Raphanus sativus*, *Opium*, *Arnica*, and *China*, or a combination of these remedies. *Raphanus* 6 or 30 is indicated when there is constipation with no urgings for a stool and/or when there is painful gas. *Opium* is indicated when the person is in a dreamy, stuporous state with generalized sluggishness (please note that at present the FDA does not allow even homeopathic doses of *Opium* to be sold in the US; one has to obtain it from a foreign homeopathic pharmacy). *Arnica* is useful if the person is in a state of shock, and *China* is useful when the person lost a great deal of bodily fluids (blood) in the surgery.

Dose: Take this remedy in 30C or 1M three times a day for up to four days.

Nausea and Vomiting

Nux vomica 6 or 30 is good for violent retching, especially when there is generally ineffectual retching that does not lead to vomiting. Phosphorus 6 or 30 helps to prevent or treat nausea after surgery; it is indicated when the patient has a strong thirst for ice drinks; he or she may also have a concurrent headache. Ipecac 6 or 30 is effective for persistent nausea with vomiting, when vomiting does not provide relief. Arsenicum 6 or 30 treats violent and incessant vomiting which is made worse by drinking water, especially cold water, or eating. There may also be burning pain in the stomach.

Dose: Take a remedy every two hours during intense symptoms and every four hours during less intense discomfort. If improvement is not obvious after 24 hours, consider another remedy.

Gas

Carbo veg 6 or 30 helps people who suffer from great distension and offensive gas, who get some relief from release of gas, and who desire carbonated drinks because they seem to help them release gas. Cinchona 6 or 30 is useful when there is more pain than distension, frequent rumbling in the abdomen, and no relief from releasing gas. Raphanus 6 or 30 is a common remedy for people who have a distended abdomen but are unable to expel gas. Because this condition is extremely common after surgery, especially abdominal surgery, this remedy is often indicated. Colocynthis 6 or 30 is effective when there is more pain than distension, and also cramps that are relieved by bending over.

Dose: Take a remedy every two hours during intense pain and every four hours during mild discomfort. If improvement is not obvious after 24 hours, consider another remedy.

--**Bedsore**s: Arnica is generally the best internal remedy because it is a leading remedy for bruises or from sensations of being bruised as well as a remedy for people who feel that the bed is too hard (a common statement for people with bedsore)s. Calendula is a leading external remedy to help heal the sores.

--Dilation and curettage: Belladonna 30, every 6 hours

--Hysterectomy: Causticum 30, three times a day (some homeopaths recommend Staphysagria 6 or 30, three times a day)

--Caesarean section or episiotomy: Staphysagria 30 or Bellis perennis 30, three times a day

--Abortion or miscarriage: Ignatia 30, every four hours

--Plastic surgery on the breast: Bellis perennis 6 or 30, three times a day

--Amputation of the breast or a lump: Hamamelis 30, every 4 hours

* Circumcision: Staphysagria 30 and Arnica 30, every four hours for a day.

* Prostate surgery: Staphysagria 30, three times a day

* Abdominal surgery: Staphysagria 30 or Bellis perennis 30, three times a day

* Appendectomy: Rhus tox 30, three times a day

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- * Gastrectomy: *Raphanus* 30, three times a day
- * Gall bladder surgery: *Lycopodium* 30, three times a day
- * Nose surgery: *Arnica* 30 and *Ruta* 30C, three times a day
- * Eye surgery: *Ledum* 30, every four hours
- * Tonsillectomy and adenoidectomy: *Rhus tox* 30, every four hours
- * Orthopedic surgery
 - involving cartilage, bone, and/or periosteum: *Ruta* 30, every four hours
 - involving the spine: *Hypericum* 30, every four hours
 - Surgery for bullet wounds and/or stab wounds: *Staphysagria* 30, four times a day
- * Plastic surgery: *Arnica* 30 (internally) and *Calendula*, (externally) four times a day
- * Amputation: *Hypericum* 30, every four hours
- * Hemorrhoids: *Staphysagria* 30 or *Aesculus* 30, every four hours for two or three days
- * Varicose veins: *Ledum* 30, three times a day
- * Dental surgery: *Hypericum* 30 and *Ruta* 30, alternating every two to four hours

** *Arnica* (mountain daisy): This is the leading remedy to consider taking pre- and post-surgery to help reduce surgical shock and reduce potential bruising. If there is much bruising and black and blueness under the skin, take this remedy. This is a key remedy used in plastic surgery and in orthopedic surgery. Also, use this remedy to relieve the pain of bedsores. It is recommended to use *Arnica* 1M for at least three doses initially after surgery.

* *Aconitum* (monkshood): If a person experiences great fear or anxiety after surgery and may even think he or she is dying, consider this remedy immediately.

* *Gelsemium* (yellow jessamine): This remedy is useful to help relieve anxiety that a person may feel prior to surgery, especially if the anxiety is great enough to cause the person to tremble in any way.

* *Hypericum* (St. John's wort): If surgery included nerve-rich areas, such as the head, back, genitals, eyes, toes, and hands or if there is any sharp or shooting pains, use this remedy. This is also an important remedy for amputations and for dental surgery.

* *Staphysagria* (stavesacre): For abdominal surgery, caesarian section, episiotomy, circumcision, prostate, or bladder surgery, consider this remedy. This remedy is known to be useful for surgical wounds that are red and very sensitive to touch.

* *Ruta* (rue): Any dental or bone surgery (including nose surgery) should include use of this remedy.

* *Bellis perennis* (daisy): For breast surgery, whether it is for cosmetic or therapeutic reasons, consider this remedy. It is indicated for surgery involving organs such as the liver, spleen, uterus, kidney, and intestines. Consider it when there is excessive pain after hysterectomy or laparoscopy.

* *Raphanus* (black garden radish): If the person has had abdominal surgery, use this remedy to help re-establish bowel function.

* *Opium* (opium): This is an important remedy for people undergoing abdominal surgery or when, post-operatively, the person experiences constipation with no urging. It is also indicated when the person experiences stupor, drowsiness, painlessness, and torpor.

* *Phosphorus* (phosphorus): Consider this remedy when there is excessive bleeding during or after surgery or when the person experiences disorientation, fear, nausea, vomiting, or weakness from anesthesia.

* *Strontium carbonicum* (carbonate of strontium): This remedy is called the “surgeon’s grave robber remedy.” Consider it when the person becomes cold, collapsed, and seems to be failing.

* *Calendula* (external application): Use this remedy externally on the surgical incision in order to speed its healing.

* *Hypericum* (external application): Use this remedy externally on the deep surgical incisions in order to speed its healing.

DOSE: Use the 30th potency of *Arnica* just prior to the surgery and immediately afterwards in order to help with the surgical shock (experienced homeopaths may want to use higher potencies when they are confident on their prescription). Thirty minutes after taking the second dose of *Arnica* (mountain daisy): use the 6th or 30th potency of *Arnica* or the indicated remedy every other hour during the first day and every four to six hours during the second day. Consider taking a remedy until the pain is minimal or gone, usually not longer than four days.

REFERENCES:

Albertini, H, Goldberg, W, Sanguy, BB, Toulza, C, Homeopathic Treatment of Dental Neuralgia Using Arnica and Hypericum: A Summary of 60 Observations,” Journal of the American Institute of Homeopathy, 78,3: September, 1985: 126-128.

Amodeo, C, et al., “The Role of Arnica in the Prevention of Venous Pathology from Long-term Intravenous Therapy,” Ninth National Conference for the Italian Society for Vascular Pathology, Capannello, June 6-9, 1987.

Barnes, J, Resch, KL, Ernst, E, "Homeopathy for Post-Operative Ileus: A Meta-Analysis," Journal of Clinical Gastroenterology, 1997, 25: 628-633.
<http://www.ncbi.nlm.nih.gov/pubmed/9451677>

Chaiet SR1, Marcus BC. Perioperative Arnica montana for Reduction of Ecchymosis in Rhinoplasty Surgery. *Ann Plast Surg.* 2016 May 7, 76(5):477-82. doi: 10.1097/SAP.0000000000000312. <http://www.ncbi.nlm.nih.gov/pubmed/25954844>

Das R, Deshmukh J, Asif K, Sindhura H, Devarathanamma MV, Jyothi L. Comparative evaluation of analgesic and anti-inflammatory efficacy of ibuprofen and traumeel after periodontal flap surgery: A randomized triple-blind clinical trial. *J Indian Soc Periodontol.* 2019 Nov-Dec;23(6):549-553. doi: 10.4103/jisp.jisp_85_19. <https://www.ncbi.nlm.nih.gov/pubmed/31849401>

Ernst, E, Pittler, MH, "Efficacy of Homeopathic Arnica," *Archives in Surgery,* 133(November, 1998):1187-1190. <http://www.ncbi.nlm.nih.gov/pubmed/9820349>

Gaertner K, Baumgartner S, Walach H. Is Homeopathic Arnica Effective for Postoperative Recovery? A Meta-analysis of Placebo-Controlled and Active Comparator Trials. *Front Surg.* 2021 Dec 17;8:680930. doi: 10.3389/fsurg.2021.680930. PMID: 34977136; PMCID: PMC8718509. <https://pubmed.ncbi.nlm.nih.gov/34977136/>

Hart, O, Mullee, MA, Lewith, G, et al., Double-blind, Placebo-controlled, Randomized Clinical Trial of Homoeopathic Arnica C30 for Pain and Infection After Total Abdominal Hysterectomy, *Journal of the Royal Society of Medicine,* February 1997;90(4):239-40. <http://www.ncbi.nlm.nih.gov/pubmed/9068434>

Iannitti T, Morales-Medina JC, Bellavite P, Rottigni V, Palmieri B. Effectiveness and safety of Arnica Montana in post-surgical setting, pain, and inflammation. *American Journal of Therapeutics.* September 14, 2014: <http://www.ncbi.nlm.nih.gov/pubmed/25171757>

Karow, Jens-Hagen, Abt, Hans-Peter, Froling, Markus, Ackermann, Hanns. Efficacy of Arnica montana D4 for Healing of Wounds After Hallux Valgus Surgery Compared to Diclofenac. *The Journal of Alternative and Complementary Medicine.* January, 2008, 14(1): 17-25. doi:10.1089/acm.2007.0560. <http://www.ncbi.nlm.nih.gov/pubmed/18199022>

Knackstedt R, Gatherwright J., Perioperative Homeopathic Arnica and Bromelain: Current Results and Future Directions. *Ann Plast Surg.* 2019 Nov 19. doi: 10.1097/SAP.0000000000002043 <https://www.ncbi.nlm.nih.gov/pubmed/31800557>

Kotlus BS, Heringer DM, Dryden RM. Evaluation of homeopathic Arnica montana for ecchymosis after upper blepharoplasty: a placebo-controlled, randomized, double-blind study. *Ophthal Plast Reconstr Surg.* 2010 Nov-Dec;26(6):395-7. <http://www.ncbi.nlm.nih.gov/pubmed/20683279>

Kulick, M, Clinical Research Study of SinEcch (Alpine Pharmaceuticals brand and dosage regimen of Homeopathic Arnica Montana) in the Reduction of Ecchymosis and Edema in Liposuction. Reported at the Research and Innovative Technology Scientific

Session of the American Society of Aesthetic Plastic Surgery meeting, Las Vegas, April 29, 2002

Lotan, A.M., Gronovich, Y., Lysy, I. et al. Arnica montana and Bellis perennis for seroma reduction following mastectomy and immediate breast reconstruction: randomized, double-blind, placebo- controlled trial. Eur J Plast Surg (2020) doi:10.1007/s00238-019-01618-7 <https://link.springer.com/article/10.1007/s00238-019-01618-7>

Macedo, SB, Ferreira, LR, Perazzo, FF, and Tavares Carvalho, JC, Anti-inflammatory Activity of Arnica Montana 6CH: Preclinical Study in Animals, Homeopathy (2004)93:84-87. https://www.researchgate.net/publication/8567040_Anti-inflammatory_activity_of_Arnica_montana_6cH_Preclinical_study_in_animals

Paris A, Gonnet N, Chaussard C, Belon P, Rocourt F, Saragaglia D, Cracowski JL. Effect of homeopathy on analgesic intake following knee ligament reconstruction: a phase III monocentre randomized placebo controlled study. Br J Clin Pharmacol. 2008 Feb;65(2):180-7. <http://www.ncbi.nlm.nih.gov/pubmed/18251757>

Porozov S, Cahalon L, Weiser M, Branski D, Lider O, Oberbaum M: Inhibition of IL-1beta and TNF-alpha secretion from resting and activated human immunocytes by the homeopathic medication Traumeel S®. Clin Dev Immunol. 2004;11:143-9. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2270708/>

Raak CK, Scharbrodt W, Berger B, Büssing A, Schönenberg-Tu A, Martin DD, Robens S, Ostermann T. Hypericum perforatum to Improve Postoperative Pain Outcome After Monosegmental Spinal Sequestrectomy (HYPOS): Results of a Randomized, Double-Blind, Placebo-Controlled Trial. J Integr Complement Med. 2022 Feb 15. doi: 10.1089/jicm.2021.0389. Epub ahead of print. PMID: 35171041. <https://pubmed.ncbi.nlm.nih.gov/35171041/>

Ramelet, AA, Buchheim, G, Lorenz, A, et al., Homeopathic Arnica in Postoperative Hematomas: A Double-blind Study, *Dermatology*, 2000;201(4):347-8. <http://www.ncbi.nlm.nih.gov/pubmed/11146347>

Robertson A, Suryanarayanan R, Banerjee A. Homeopathic Arnica montana for post-tonsillectomy analgesia: a randomised placebo control trial. Homeopathy. 2007 Jan;96(1):17-21. <http://www.ncbi.nlm.nih.gov/pubmed/17227743>

Sakakura CE, Neto RS, Bellucci M, Wenzel A, Scaf G, Marcantonio E Jr. Influence of homeopathic treatment with comfrey on bone density around titanium implants. A digital subtraction radiography study in rats. Clin. Oral Impl. Res. 2008;19,6:624-628. doi: 10.1111/j.1600-0501.2007.01514.x <http://www.ncbi.nlm.nih.gov/pubmed/18422987>

Salinas, MLT, and Bato, CRE. Arnica Montana and Blood Loss, Surgical Field

Bleeding and Operative Time in Endoscopic Sinus Surgery: A Randomized-Controlled Trial. Philippine Journal Of Otolaryngology-Head And Neck Surgery. 31,1:January – June 2016, 14-16. <https://journal.pso-hns.org/wp-content/uploads/2016/07/ORIG-ARTICLE-Arnica-Montana.pdf>

Seeley BM, Denton AB, Ahn MS, Maas CS, Effect of homeopathic Arnica montana on bruising in face-lifts: results of a randomized, double-blind, placebo-controlled clinical trial. Arch Facial Plast Surg. 2006 Jan-Feb;8(1):54-9. <http://www.ncbi.nlm.nih.gov/pubmed/16415448>

Singer SR, Michal Amit-Kohn M, Weiss S et al, Traumeel S for pain relief following Hallux Valgus surgery: a randomized controlled trial. BMC Clin Pharmacol. 2010 Apr 12;10(1):9. <http://www.biomedcentral.com/content/pdf/1472-6904-10-9.pdf>

Sorrentino L, Piraneo S, Riggio E, Basilicò S, Sartani A, Bossi D, Corsi F. Is there a role for homeopathy in breast cancer surgery? A first randomized clinical trial on treatment with Arnica montana to reduce post-operative seroma and bleeding in patients undergoing total mastectomy. J Intercult Ethnopharmacol. 2017 Jan 3;6(1):1-8. doi: 10.5455/jice.20161229055245. <https://www.ncbi.nlm.nih.gov/pubmed/28163953>

Thakur JH, Katre AN. Comparison of the Efficacy of Homeopathic Drug Arnica and Ibuprofen on Postextraction Pain in Children: A Triple-blind Randomized Controlled Trial. Int J Clin Pediatr Dent 2022;15(3):332-337. <https://pubmed.ncbi.nlm.nih.gov/35991790/>

Totonchi A, Guyuron B. A randomized controlled comparison between arnica and steroids in the management of postrhinoplasty ecchymosis and edema. Plast Reconstr Surg 2007;120:271-4. <http://www.ncbi.nlm.nih.gov/pubmed/17572575>

Wolf, M, Tamachke, C, Mayer, W, Heger, M [Efficacy of Arnica in Varicose Vein Surgery: Results of a Randomized, Double-blind, Placebo-controlled Pilot Trial][Article in German] Forsch Komplementarmed Klass Naturheilkd. 2003, Oct;19(5):242-7. <http://www.ncbi.nlm.nih.gov/pubmed/14605480>

Teething

BOTTOMLINE: Homeopathic medicines are wonderfully effective in treating infants for this common troublesome complaint. Both individually chosen homeopathic remedies and homeopathic combination products are fast-acting and effective, though no formal studies have confirmed the efficacy of homeopathic treatment.

Teething is a problem that drives infants and their parents crazy, and yet, it is a simple problem that homeopathic medicines solve easily. Besides the below listed single homeopathic medicines, there are homeopathic combination remedies that are readily accessible at health food stores and pharmacies that are also effective. In fact, many people initially get introduced to homeopathic medicine through these remedies.

Three randomized and two non-randomized clinical trials were included in a metaanalysis of treatment strategies for teething infants. The outcomes of these five articles were classified as high or serious risk of bias. Three studies using homeopathy reported improvement in appetite disorders, gum discomfort, and excess salivation. However, because these studies were deemed to have a high or serious risk of bias, these studies are not considered reliable.

**** *Chamomilla* (chamomile):** This is the most common remedy for teething. It is indicated for infants who are very irritable, who demand something but push it away when it is offered, and who only stop crying temporarily while they are held and rocked...and start up again when they are put down. Sometimes, one cheek is red and hot and the other is cold and pale. This is also a common remedy for infants with diarrhea or an earache along with teething.

*** *Calcarea carbonica* (calcium carbonate):** This remedy is useful in infants who begin teething a tad late and for babies with a large head and a lot of baby fat who sweat profusely, especially on the head and neck.

*** *Belladonna* (deadly nightshade):** Consider this remedy when the baby's gums are noticeably red, swollen, and throbbing. Typically, such babies have a flushed red face and glassy eyes with much heat emanating from the body but little or no sweat.

*** *Calcarea phosphorica* (calcium phosphate):** This remedy is indicated in infants who are peevish, fretful, and discontented. The baby wants to nurse often but is frequently gassy. Such babies tend to be pale and thin.

*** *Silicea* (silica):** Infants who are frail, thin, delicate, and constipated often benefit from this remedy.

Reference:

Canto FMT, Costa Neto OC, Loureiro JM, Marañón-Vásquez GA, Ferreira DMTP, Maia LC, Pithon MM. Efficacy of treatments used to relieve signs and symptoms associated with teething: a systematic review. *Braz Oral Res.* 2022 May 2;36:e066. doi: 10.1590/1807-3107bor-2022.vol36.0066. PMID: 36507753.
<https://pubmed.ncbi.nlm.nih.gov/36507753/>

Thalassemia

BOTTOMLINE: Thalassemia is a serious genetic disorder that requires the attention and treatment of a professional homeopath. One study has shown significant benefits from professional homeopathic treatment when prescribed in conjunction with the conventional medicine treatment of Hydroxyurea therapy. The results of this treatment were significant better than from Hydroxyurea therapy alone.

There are two main types of thalassemia, alpha and beta, which are named for the two protein chains that make up normal hemoglobin. Hemoglobin is the oxygen-carrying component of the red blood cells, and it consists of two different proteins, an alpha and a beta. When the body doesn't produce enough of either of these two proteins, the red blood cells do not form properly and then cannot carry sufficient oxygen. This problem results in anemia that begins in early childhood and lasts throughout life.

Several homeopathic remedies, specifically, *Pulsatilla nigricans* (30th potency), *Ceanothus Americanus* (both mother tincture and 6th potency) and *Ferrum metallicum* (30th potency) selected individually as per homeopathic methodology were administered to 38 thalassemic patients who concurrently received Hydroxyurea (HU) therapy (Hydroxyurea is a chemotherapy agent with potent effects on the bone marrow). Levels of serum ferritin (SF), fetal hemoglobin (HbF), hemoglobin (Hb), platelet count (PC), mean corpuscular volume (MCV), mean corpuscular hemoglobin concentration (MCHC), mean corpuscular hemoglobin (MCH), white blood cell (WBC) count, bilirubin content, alanine amino transferase (ALT), aspartate amino transferase (AST) and serum total protein content of patients were determined before and 3 months after administration of the homeopathic remedies in combination with HU to evaluate additional benefits, if any, derived by the homeopathic remedies, by comparing the data with those of 38 subjects receiving only HU therapy.

Preliminary results showed that there was a significant decrease in the SF and increase in HbF levels in the combined treated subjects. Although the changes in other parameters were not as significant, there was a significant decrease in size of spleen in most patients with splenomegaly and improvement in general health conditions along with an increased gap between transfusions in most patients receiving the combined homeopathic treatment. Because homeopathic remedies are inexpensive and without any known side-effects, they have great potential in bringing additional benefits to thalassemic patients, particularly in the developing world where blood transfusions suffer from inadequate screening and fall short of the stringent safety standards followed in the developed countries.

References:

Banerjee, Antara, Chakrabarty, Sudipa Basu, Karmakar, Susanta Roy, et al., Can Homeopathy Bring Additional Benefits to Thalassemic Patients on Hydroxyurea Therapy? Encouraging Results of a Preliminary Study. eCAM 2007; doi:10.1093/ecam/nem161 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2816384/>

Throat Ailments

BOTTOMLINE: Treatment with homeopathic medicines can provide effective results for people with a sore throat. People with recurrent sore throat infections should seek professional homeopathic care. To date, several studies have now confirmed the efficacy of homeopathic treatment of people with a sore throat, even those with chronic sore throat symptoms.

Symptoms of sore throat may result from a bacterial or viral infection or from irritation as the result of a cough. Most sore throats are self-limiting and can and will eventually heal by themselves, but homeopathic medicine can reduce the pain and discomfort and speed up a person's healing.

Many people are fearful of developing a strep, not because the throat infection itself is a problem but because it is thought that the infection can spread to the heart and can cause a serious condition called rheumatic fever. What is not commonly recognized today is that rheumatic fever has almost disappeared even for people who have a strep throat and don't take antibiotics. Further, when rheumatic fever has occurred, the vast majority of cases were among people who didn't even have a sore throat within the previous three months. For those people who *did* have a sore throat, the vast majority of them took antibiotics, and they still got rheumatic fever. This research suggests that rheumatic fever today is not related to strep throat or simple sore throats, and antibiotics are not effective in preventing rheumatic fever when one does have a strep throat.

Antibiotics are one possible treatment for patients with recurrent acute throat infections (ATI), but effectiveness can be modest. In view of concerns of antibiotic resistance, treatment methods that reduce recurrence of ATI are vitally important from a public health perspective.

A 4-state Markov model was used to compare the cost-effectiveness of a homeopathic formula medicine, SilAtro-5-90,* as adjuvant homeopathic therapy to care as usual with care as usual alone in reducing the recurrence of acute throat infections (ATI) for children and adults with suspected moderate recurrent tonsillitis (Ostermann, Park, De Jaegere, et al, 2021). The analysis was performed from a societal perspective in Germany over a 2-year period. Results are reported separately for children < 12 and for individuals aged 12 and over. The model draws on evidence from a multi-centre randomised clinical trial that found this strategy effective in reducing recurrence of ATI. Costs in 2019 € and outcomes after 1 year are discounted at a rate of 3% per annum.

SilAtro-5-90 is a homeopathic formula medicine that includes Atroperinum sulph D5, Mercurius bin-iodide (also known as Mercurius iodatus ruber) D8, Kali bic D4, and Silicea D2.

For adults and adolescents aged 12 years and over, the incremental cost per ATI reduced by the adjuvant therapy group was €156.64. If individuals enter the model on average with a history of 3.33 previous ATIs, adjuvant therapy has both lower costs and better outcomes than care as usual. For children (< 12 years) adjuvant therapy had both lower costs and ATI than care as usual. The economic case is stronger if adjuvant treatment reduces surgical referral. At a hypothetical cost per ATI averted threshold of

€1000 probabilistic sensitivity analysis suggests Silatro-5-90 has a 65% (adults) and 71% (children) chance of being cost-effective.

The researchers found therapeutic and financial benefits when homeopathy is used as adjuvant therapy in the treatment of ATIs in individuals with recurrent tonsillitis from a socio-economic perspective. Further evaluation should assess how differences in uptake and sustained use of homeopathic adjuvant therapy, as well as changing patterns of antibiotic prescribing, impact on cost effectiveness.

A prospective double-blind, randomized trial was conducted to evaluate the efficacy and safety of homeopathic treatment in children with recurrent tonsillitis, with surgical indication (Furuta, Weckx, Figueiredo, 2017). “With surgical indication” means that these children will be scheduled for surgery if new treatment isn’t effective within four months. This study included 40 children aged 3 to 7 years, 20 children were treated with individualized homeopathic medication and 20 children received placebo. The study duration of each patient was 4 months. The evaluation of the results was clinical, through a standard questionnaire, on otorhinolaryngological examination, on the first and last day of treatment. The occurrence of 5 to 7 episodes of acute tonsillitis per year was used as the criterion for recurrent tonsillitis.

Two patients in the homeopathy group dropped out, though in both cases because they lived far from the hospital; five patients in the placebo group dropped out, one moved to another town, one had tonsillitis and had to be treated and three ignored requests to return for treatment.

All the participants had surgery already indicated; the 14 children in group homeopathy had no longer tonsillitis and thus were spared from surgery

Of the 18 children who completed the homeopathic treatment, 14 did not present any episodes of acute bacterial tonsillitis after treatment; Of the 15 children who received placebo for 4 months, 5 patients did not present tonsillitis, with statistically significant differences ($p = 0.015$). None of the patients had any side effects to prescribed medications.

The researchers concluded that homeopathic treatment was effective in children with recurrent tonsillitis when compared to placebo, excluding 14 children (78%) of the surgical indication. The homeopathic drug did not cause adverse events in children. Homeopathic treatment was effective in children with recurrent tonsillitis when compared to placebo, excluding 14 children (78%) of the surgical indication. The homeopathic drug did not cause adverse events in children. Homeopathic treatment was effective in children with recurrent tonsillitis when compared to placebo, excluding 14 children (78%) of the surgical indication. The homeopathic drug did not cause adverse events in children.

An international, pragmatic, controlled clinical trial, 256 patients (6-60 years) with moderate recurrent tonsillitis were randomized to receive either a homeopathic formula medicine called SilAto-5-90¹⁹ in addition to standard symptomatic treatment, or to receive standard treatment only (Palm, Kishchuk, Uljed, et al., 2017). The primary outcome was the mean time period between consecutive acute throat infections (ATI) within 1 year (analyzed via repeated events analysis).

¹⁹ Ingredients of SilAto-5-90: Atropinum sulfuricum (D5), Mercurius bijodatus (D8), Hepar sulfuris (D3), Kalium bichromicum (D4), Silicea (D2)

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During the evaluation year, the risk of getting an ATI was significantly lower (hazard ratio: 0.45, proportional means model, $p = 0.0002$, ITT) with SilAtro-5-90 compared to control. Tonsillitis-specific symptoms were significantly reduced ($p < 0.0001$, ITT) and the need of antibiotics to treat acute throat infections ($p = 0.0008$; ITT) decreased. 3 non-serious adverse drug reactions were reported for SilAtro-5-90. These results show substantial significance in the homeopathic treatment of people with recurrent tonsillitis.

This study has verified that an integrative treatment approach where homeopathic SilAtro-5-90 is given alongside mainstream symptomatic treatment may bring therapeutic benefit to patients suffering from recurrent tonsillitis.

Adenotonsillar hypertrophy (ATH) is one of the most common upper respiratory tract ailments in children. This condition can lead to sleep apnea and cognitive disturbances. A study was conducted to evaluate the role of individualized homeopathic medicines in the management of symptomatic ATH in children.

A multicenter prospective observational study was conducted at five institutes under the Central Council for Research in Homeopathy, India (Ponnam, Varanasi, Shil, et al, 2023). Primary and secondary outcomes (symptom score for adenoids, other symptoms of ATH, Mallampati score, tonsillar size, Sleep-Related Breathing Disorder of the Paediatric Sleep Questionnaire [SRBD-PSQ]) were assessed through standardized questionnaires at baseline and at 3, 6, 9 and 12 months. Radiological investigations for assessing the adenoid/nasopharyngeal (A/N) ratio were carried out at baseline, 6 and 12 months.

A total of 340 children were screened and 202 children suffering from ATH were enrolled in the study and received monthly follow-up visits for 12 months. Each patient received individualized homeopathic treatment based on the totality of symptoms. Statistically significant reductions in adenoid symptom score, Mallampati score (including tonsillar size), SRBD-PSQ sleep quality assessment and A/N ratio were found over time up to 12 months ($p < 0.001$). Homeopathic medicines frequently indicated were *Calcarea carbonicum*, *Phosphorus*, *Silicea*, *Sulphur*, *Calcarea phosphoricum*, *Pulsatilla*, *Lycopodium* and *Tuberculinum*. No serious adverse events were recorded during the study period.

The results of this study found that homeopathic medicines may play a beneficial role in the management of symptomatic ATH in children.

The effectiveness of homeopathic combination remedy, called Gripp-Heel,²⁰ was compared with that of conventional treatments in a prospective, observational cohort study in 485 patients with mild viral infections and symptoms such as fever, headache, muscle pain, cough or sore throat (Rabe, Weiser, and Klein, 2004). Practitioners specialized in homeopathy or conventional treatment, or practiced both to similar extents. As evaluated by the practitioners, the homeopathic treatment was effective to similar or greater degree than the conventional therapies: 67.9% of patients were considered asymptomatic at the end of Gripp-Heel therapy vs. 47.9% of patients in the control group.

²⁰ Ingredients of Gripp-Heel: *Aconitum napellus* 4x 120 mg; *Bryonia alba* 4x, *Lachesis mutus* 12x 60 mg; *Eupatorium perfoliatum* 3x, *Phosphorus* 5x

Practitioners judged homeopathic treatments as 'successful' in 78.1% of cases vs. 52.2% for conventional therapies. Tolerability and compliance were good in both treatment groups, with the verdict 'very good' given for 88.9% of patients in the homeopathic group vs. 38.8% in the conventional treatment group.

A study was conducted with 499 children between 18 months and 4 years of age who had had at least five bouts of acute rhinopharyngitis (cold and sore throat) in 1999 and who had consulted a physician in 2000 either for preventive treatment or for treatment of a current episode (Trichard, Chaufferin, and Nicoloyannis, 2005). A post-hoc analysis was conducted of these children, 268 of whom were treated by a homeopathic MD and 231 who were treated by a non-homeopathic MD. The researchers evaluated the children who had received at least one homeopathic medicine but no antibiotics and compared them with those children who were treated with antibiotics but no homeopathic medicines.

The researchers found that the children who were prescribed a homeopathic medicine were significantly more likely to experience a positive result of treatment compared with those children prescribed an antibiotic (2.71 vs. 3.97, $P < 0.001$). The researchers also found that the children given a homeopathic medicine had significantly fewer complications and a higher quality of life. Further, the study found that the parents of the children given the homeopathic medicine had significantly less sick-leave days than the parents of children given an antibiotic (9.5% vs. 31.6%; $P < 0.001$).

A randomized, double-blind and placebo controlled study with 190 patients who underwent tonsillectomies was conducted using Arnica 30C with statistically significant results (Robertson, Suryanarayanan, Banerjee, 2007). For details about this study, see the chapter on Surgery.

A relatively small study of 30 children under 5 years of age who had been suffering from an upper respiratory tract infection was conducted (Ramchandani, 2010) (13 of the 30 cases included children with tonsillitis or pharyngitis). This study compared the number of respiratory tract infections for the 6 months before treatment and the 6 months after treatment. This study utilized individually determined homeopathic treatment and was not blinded or randomized. The results showed a highly significant result in favor of homeopathic treatment. However, it is generally known that the older a child gets, the fewer respiratory tract infections s/he receives. Still, it seems that the difference between the before and after treatment suggests that homeopathic medicines may have had a beneficial effect, though no age-adjusted statistical analysis was provided.

A randomized, double-blind, placebo-controlled, 6-day pilot study was conducted on thirty children, age 6 to 12 years, with acute viral tonsillitis who were recruited from a primary school in Gauteng, South Africa (Malapane, Solomon, Pellow, 2014). Participants took two tablets of the medication four times daily. The treatment group received lactose tablets medicated with the homeopathic complex (Atropa belladonna D4, Calcarea phosphoricum D4, Hepar sulphuris D4, Kalium bichromat D4, Kalium muriaticum D4, Mercurius protoiodid D10, and Mercurius biniodid D10). The placebo consisted of the unmedicated vehicle only.

The Wong-Baker FACES Pain Rating Scale measured pain intensity, and a Symptom Grading Scale assessed changes in tonsillitis signs and symptoms. The

treatment group had a statistically significant improvement in the following symptoms compared with the placebo group: pain associated with tonsillitis, pain on swallowing, erythema and inflammation of the pharynx, and tonsil size. The researchers concluded that the homeopathic complex used in this study exhibited significant anti-inflammatory and pain-relieving qualities in children with acute viral tonsillitis. No patients reported any adverse effects.

Homeopathic medicines offer a reasonable alternative to antibiotics, especially since many sore throats are viral. Homeopathic combination remedies for sore throats are readily available in most health food stores and in select pharmacies. Consider taking a combination remedy if you cannot figure out which single medicine to give or if that single medicine isn't readily available.

**** *Belladonna* (deadly nightshade):** This remedy is generally useful during the first 48 hours and is particularly effective when the person has reddened tonsils, burning pain in the throat, flushed red skin, and a fever, all of which started very rapidly. The tonsils may be swollen but there will be no pus on them, and they are usually more swollen on the right side. The slightest touch of the throat is irritating, as is any swallowing, especially liquids.

*** *Aconitum* (monkshood):** Consider this remedy during the first 24 hours, especially if there is rapid onset from exposure to cold weather and the person has a noticeably increased thirst. The person usually has a high fever, flushed red face, restlessness, and some anxiety and fear about their condition.

*** *Apis* (honeybee):** This medicine is valuable when the person has noticeably red and swollen tonsils and a burning, stinging throat pain that is relieved by sucking on ice or cold things and aggravated by eating or drinking warm things. A keynote symptom of people who need this remedy is when the person has a large and swollen uvula (the little “V” shaped thing dangling at the top of the throat).

*** *Hepar sulphuris* (Hahnemann’s calcium sulphide):** In the later stages of a sore throat when pus has developed, this remedy is often useful, especially when there is a sensation of a splinter or something stuck in the throat, when the throat is sensitive to any touch or swallowing, and when the person is aggravated by exposure to cold of any kind. Warmth and warm drinks provide some relief.

*** *Lachesis* (bushmaster snake venom):** When a person develops a sore throat that is noticeably worse on the left side, that begins on the left and moves to the right, and that is particularly painful upon waking, consider this remedy. People who benefit from this remedy also tend to be sensitive to any clothing around the neck and tend to feel worse in general from exposure to heat. The person has a constant desire to swallow, which causes pain. Clearing the throat and coughing is also irritating. The throat and tonsils tend to be deep red or possibly purplish. The person may feel as though they have a lump or a constricting feeling in the throat.

* *Lycopodium* (club moss): This remedy should be considered for people who experience a sore throat on the right side or that starts on the right and moves to the left. Another characteristic symptom of people who need this remedy is that they are relieved by warm drinks or warm food and feel worse between 4-8 pm.

* *Ignatia* (St. Ignatius bean): When a person feels pain in the throat as though they have a lump or some foreign object there and when the sore throat starts after the person experiences an emotional problem (usually grief), consider this remedy. Different than most other remedies, these people tend to feel less pain while or just after swallowing.

* *Mercurius* (mercury): This remedy is one of the most common remedies for throat infections with pus and swollen glands. There is usually much pus on the tonsils, especially the right one. People who have a sore throat that is sensitive to extremes of heat and cold temperature and who experience profuse sweating at night often benefit from this remedy. They also tend to have increased salivation at night in bed, a swollen tongue in which one can see teeth imprints, and noticeably offensive bad breath.

* *Mercurius iodatus ruber* (bin-iodide of mercury): This remedy has symptoms similar to *Mercurius*, but the throat symptoms reside on the left side. Also, this person tends to have less salivation than those that usually need *Mercurius*.

* *Mercurius iodatus flavus* (proto-iodide of mercury): This remedy has symptoms similar to *Mercurius*, but the throat symptoms reside on the right side or start on the right and move to the left.

* *Phytolacca* (pokeroor): This remedy is important for the later stages of a sore throat, especially when the throat is dark red or perhaps bluish or purplish, the person has repeated desire to swallow, there are swollen neck glands and a sensation of a lump in the throat, and the throat pain sometimes extends to the ear upon swallowing. These people are worse by swallowing warm or hot drinks and may be unable to do so, and they feel better swallowing cold drinks.

* *Sulphur* (sulphur): Consider this remedy for people who experience recurrent sore throat with offensive breath when other seemingly indicated remedies haven't worked. It is indicated for a sore throat with great dryness, rawness, and burning. Warm drinks tend to provide some relief to the sore throat, even though exposure to warm (or stuffy) rooms tends to make them feel lethargic or ill.

REFERENCES:

Furuta SE, Weckx LLM, Figueiredo CR. Clinical, double-blind, randomized study in children with recurrent tonsillitis undergoing homeopathic treatment. *Revista de Homeopatia*. 80,1/2 (2017) <http://aph.org.br/revista/index.php/aph/article/view/398>

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Malapane E, Solomon EM, Pellow J. Efficacy of a Homeopathic Complex on Acute Viral Tonsillitis. *J Altern Complement Med*. 2014 Sep 19.

<http://www.ncbi.nlm.nih.gov/pubmed/25238506>

Ostermann T, Park AL, De Jaegere S, Fetz K, Klement P, Raak C, McDaid D. Cost-effectiveness analysis for SilAtro-5-90 adjuvant treatment in the management of recurrent tonsillitis, compared with usual care only. *Cost Eff Resour Alloc*. 2021 Sep 19;19(1):60. doi: 10.1186/s12962-021-00313-4. PMID: 34538271.

<https://pubmed.ncbi.nlm.nih.gov/34538271/>

Palm J, Kishchuk VV, Ulied À, Fernández JP, De Jaegere S, Jong MC, Keller T, Kosakovskiy A, Kompaniets K, Mityuryayeva-Korniiko I, Pukhlik SM, Tretiakovich Z, Weber S, Wienhold K, Klement P. Effectiveness of an add-on treatment with the homeopathic medication SilAtro-5-90 in recurrent tonsillitis: An international, pragmatic, randomized, controlled clinical trial. *Complement Ther Clin Pract*. 2017 Aug;28:181-191. doi: 10.1016/j.ctcp.2017.05.005. <https://www.ncbi.nlm.nih.gov/pubmed/28779928>

Ponnam HB, Varanasi R, Shil RC, R VE, Goel M, Ramteke S, Karthikeyan D, Arya DD, Swain TL, Bagdi N, Srivastava P, Manchanda RK, Oberai P. Individualized Homeopathic Medicines in the Management of Symptomatic Adenotonsillar Hypertrophy in Children: A Prospective Observational Study. *Homeopathy*. 2023 Apr 4. doi: 10.1055/s-0043-1762591. Epub ahead of print. PMID: 37015280.

<https://pubmed.ncbi.nlm.nih.gov/37015280/>

Rabe, A, Weiser, M, Klein, P, Effectiveness and tolerability of a homeopathic remedy compared with conventional therapy for mild viral infections. *Int J Clin Pract*. 2004 Sep;58(9):827-32. <http://www.ncbi.nlm.nih.gov/pubmed/15529515>

Ramchandani NM. Homeopathic treatment of upper respiratory tract infections in children: Evaluation of thirty case series. *Complementary Therapies in Clinical Practice* 16 (2010):101-108. <http://www.ncbi.nlm.nih.gov/pubmed/20347842>

Robertson A, Suryanarayanan R, Banerjee A. Homeopathic *Arnica montana* for post-tonsillectomy analgesia: a randomised placebo control trial. *Homeopathy*. 2007 Jan;96(1):17-21. <http://www.ncbi.nlm.nih.gov/pubmed/17227743>

Trichard, M, Chaufferin, Nicoloyannis, N., Pharmacoeconomic Comparison Between Homeopathic and Antibiotic Treatment Strategies in Recurrent Acute Rhinopharyngitis in Children, *Homeopathy* (2005)94, 3-9.

<http://www.ncbi.nlm.nih.gov/pubmed/15751328>

Tinnitus

BOTTOMLINE: Tinnitus is a condition that is best treated by a professional homeopath, but one study showed some success in using a homeopathic formula for this condition.

Two studies using homeopathic combination medicines were prescribed for people with tinnitus.

One tinnitus study was conducted at Department of Otolaryngology, Health Science Center at Brooklyn, State University of New York over a 12-week period (Goldstein, Shulman, Avitable, 2007). The medicine, called Clear Tinnitus,²¹ was given to 15 tinnitus patients (14 male, 1 female; mean age, 47.6 years). Eleven of 15 patients completed the study. Seven responders reported tinnitus relief; four did not respond. Tympanometry and MEP (middle ear pressure) measurement indicated a significant difference in MEP with an improvement on average of -58.18 in the right ear and -40.90 in the left ear for the 11 patients. Quantitative electroencephalography analysis revealed a marked difference in the number of significant abnormal recordings between the different frequency bands, with the delta band significantly higher than the theta, alpha, and beta bands for both the overall cohort of patients (n = 11) and those reporting tinnitus relief (n = 7). The tinnitus outcome questionnaires--the tinnitus intensity index, the tinnitus annoyance index, and the tinnitus reaction questionnaire--revealed a significant difference for the patients (7 of 11) obtaining tinnitus relief. The subjective report of tinnitus relief was experienced in seven patients and was supported by objective measures of analysis in five of these patients, while two of the seven patients recorded normal MEP before and after the study. Results of the tinnitus stress test, the tinnitus handicap index, and the measurement of depression scale before and after the study were not statistically significant.

Another study compared a homeopathic combination remedy in the 60th potency with a placebo and found that the remedy was no more effective than the placebo based on audiological parameters or in the VAS (Simpson, 1998). However, the study also found that the 13 of the 28 patients responded positively to the homeopathic medicine, while only 2 patients responded positively to the placebo (p<0.031). The researchers also concluded that these results are comparable with commonly prescribed conventional medications for this condition.

The homeopathic medicines used in the formula were: *Natrum salicylicum*, *Chenopodium*, *Conium*, and *Chininum sal*. This formula is not available in the United States, and these medicines are also generally not available in the 60X potency, though a similar potency that is available is 30C. These medicines will have to be purchased individually.

REFERENCES:

²¹ "Clear Tinnitus" is a blend of homeopathic medicines and Chinese herbs.

Goldstein B, Shulman A, Avitable MJ. Clear Tinnitus, middle-ear pressure, and tinnitus relief: a prospective trial. *Int Tinnitus J*. 2007;13(1):29-39.

<http://www.ncbi.nlm.nih.gov/pubmed/17691660>

Simpson, JJ, Donaldson, I, and Davies, WE, Use of Homeopathy in the Treatment of Tinnitus, *British Journal of Audiology*, 32(1998):227-233.

<http://www.ncbi.nlm.nih.gov/pubmed/9923984>

Tonsillitis (see Sore Throat)

Toothache

(See chapter on Dental Problems for a review of clinical trials in the treatment of this condition)

BOTTOMLINE: Homeopathic medicines can sometimes provide relief from a toothache, and although they are safer than conventional drugs, they do not tend to be as reliably effective in relieving pain from toothaches.

God bless whatever works to help relieve the pain of a toothache. Such pain can be excruciating, and it is good to know that homeopathic medicines provide one option.

* *Hepar sulphuris* (Hahnemann's calcium sulphide): This is a common remedy for sharp, needle-like pain from abscessed teeth, especially when the tooth is extremely sensitive to touch and to cold things. Bad breath is typically also present.

* *Coffea* (crude coffee): When a toothache is temporarily relieved by holding cold water in the mouth but gets worse as the water gets warm, consider this remedy. Hot food or drinks aggravate the pain that also tends to be worse at night. Typically, the toothache makes the person extremely restless physically and mentally.

* *Ruta* (rue): This is a leading remedy for people who experience pain after dental surgery. It is also an important remedy for dry socket.

* *Belladonna* (deadly nightshade): People with a throbbing toothache that comes and goes and returns suddenly often benefit from this remedy. Usually people who need this remedy have gums that are extremely red, the mouth is dry, and the person's face may be flushed red.

* *Chamomilla* (chamomile): People who experience violent toothaches with unbearable pain and strong irritability tend to benefit from this medicine. These people can't bear to be touched due to their hypersensitivity, though they may get some relief by having cold water in the mouth and are aggravated by warm food or drink.

* *Mercurius* (mercury): People with severe tooth pain who salivate excessively suggest the need for this remedy. The tooth pain tends to be worse at night, from eating or drinking anything too hot or too cold, and may even have pain that extends to their ears or face. These people tend to have bad breath and a coated tongue.

* *Arnica* (mountain daisy): This remedy can be helpful before and after a tooth extraction to help deal with the surgical shock.

* *Hypericum* (St. John's wort): This remedy is useful for shooting dental pain, suggesting some type of nerve problem.

Trigeminal Neuralgia

BOTTOMLINE: Trigeminal neuralgia is a chronic ailment that requires the attention of a professional homeopath, rather than homeopathic self-care, and may benefit from medical supervision. One small clinical trial that significant benefits of using individually prescribed homeopathic medicines.

Trigeminal neuralgia, (also called *Tic Douloureux*) is a neuropathic disorder of the trigeminal nerve that causes episodes of intense pain in the eyes, lips, nose, scalp, forehead, and jaw. This ailment tends to develop after the age of 40, though there have been cases with patients who are much younger. Trigeminal neuralgia is considered to be among a very painful condition, and it is labeled the suicide disease, as a result of the significant numbers of people who take their own lives because they were unable to have their pain controlled with medications or surgery.

A non-controlled study with 15 patients who had physician-confirmed trigeminal neuralgia were treated with homeopathy (Mojaver, Mosavi, Mazaherinezhad, 2007). The patients received individualized homeopathic medicines as oral liquid 30C once per month and were followed-up at the end of first, second, third and fourth month. Visual analogue scale (VAS) was used for the evaluation of pain intensity and descriptive criteria were used for evaluation of attack frequency.

All 15 patients completed treatment. The results for both the reduction of pain intensity and attack frequency were statistically significant ($P < 0.001$) during the four-month evaluation. The researchers observed overall reductions of more than 60% in pain intensity using homeopathic treatment.

Reference:

Mojaver, Y.N. Mosavi, F. Mazaherinezhad, A., Shahrदार, A, and Manshaee, K. Individualized homeopathic treatment of trigeminal neuralgia: an observational study, *Homeopathy* 96, 2, April 2007: 82-86. <http://www.ncbi.nlm.nih.gov/pubmed/17437933>

Tuberculosis

BOTTOMLINE: Tuberculosis is a serious ailment for which self-care treatment is not appropriate and where some type of medical supervision seems required. One study found significant improvements in health in TB patients who were treated conventionally but who relapsed. Another study found “add on” homeopathy helped people with multi-drug resistant tuberculosis.

Patients who were initially cured and had completed conventional anti-tuberculosis treatment within a period of 5 years but who relapsed were enrolled in a randomized double-blind placebo-controlled trial (Sharma and Sharma, 2012). Individualized homeopathy treatment was given to 61 patients and identical placebo to 57 patients. Symptomatic changes, pulmonary function tests, and health related quality of life were assessed prior to treatment, after 6 months of intervention, and followed up for a year after completing the intervention.

Significant improvement was observed with the homeopathy treatment in FEV1 ($p < 0.001$), forced vital capacity ($p < 0.001$), and FEV1/FVC ratio ($p = 0.002$). Symptom scores for cough and breathlessness were significantly lower with homeopathy than with placebo ($p < 0.001$). At the end of treatment, patients on homeopathy had increased body weight ($p < 0.0001$), and better quality of life ($p < 0.05$) compared with placebo ($p = 0.003$). Benefits were maintained in the homeopathy group after a year whereas symptoms ($p < 0.01$) and impact score ($p < 0.001$) deteriorated in placebo. Physicians visits were reduced in the homeopathy group by 58.0% ($p = 0.002$) compared to placebo ($p < 0.0001$).

Multi drug resistant-tuberculosis (MDR-TB) [resistant to Isoniazid and Rifampicin] is a major global public health problem. In India the incidence is rising in spite of implementation of Revised National Tuberculosis Control Program. Standard MDR-TB drugs are second generation antibiotics taken for 24-27 months. A randomized, double blind, placebo controlled study was conducted to evaluate the efficacy of add on homeopathic intervention to the standard MDR-TB regimen (SR).

120 diagnosed MDR-TB patients (both culture positive and negative) were enrolled and randomized to receive Standard Regimen + individualized homeopathic medicine (SR + H) or Standard Regimen + identical placebo (SR + P). The medicines have been prescribed in infrequent doses. The outcome measures were sputum conversion, changes in chest X-ray (CXR), hemoglobin, erythrocyte sedimentation rate (ESR), weight gain, and clinical improvement.

RESULTS:

There was an improvement in all the outcome measures as per intention to treat (ITT) and per protocol (PP) analyses. ITT analyses revealed sputum culture conversion from positive to negative in 23 (38.3%) in SR + H; 23 (38.3%) patients in SR + P group; ($p = 0.269$) and 27 (55.1); 21 (42.8%), $p = 0.225$ as PP analyses. The mean weight gain in SR + H group was 2.4 ± 4.9 and in SR + P was 0.8 ± 4.4 ; [$p = 0.071$], reduction in ESR in SR + H was -8.7 ± 13.2 ; SR + P was 3.9 ± 15.4 [$p = 0.068$]. The mean increase in

hemoglobin was by 0.6 ± 1.7 in SR + H & 0.3 ± 2.3 [$p = 0.440$] in SR + P group at 95% confidence interval. Statistically significant improvement was seen in CXR in 37 (61.7%) in SR + H and 20 (33.3%) patients in SR + P group ($p = 0.002$). Subgroup analyses of culture positive patients showed statistically significant improvement in CXR ($p = 0.0005$), weight gain ($p = 0.026$), increase in hemoglobin ($p = 0.017$) and reduction in ESR ($p = 0.025$) with add on homeopathy. The cure rate was 11.4% more in SR + H group as compared to placebo group. Change in sputum culture conversion, was not statistically significant.

Add on homeopathy in addition to standard therapy appears to improve outcome in MDR-TB. Larger scale studies using a standardized homeopathic treatment regime should be conducted.

Homeopathy is effective in improving lung capacity and health status. Benefits remain evident after a year. This suggests that homeopathy could make an important contribution to post treatment tuberculosis pulmonary impairment.

References:

Chand KS, Manchanda RK, Mittal R, Batra S, Banavaliker JN, De I. Homeopathic treatment in addition to standard care in multi drug resistant pulmonary tuberculosis: a randomized, double blind, placebo controlled clinical trial. Homeopathy. 2014 Apr;103(2):97-107. doi: 10.1016/j.homp.2013.12.003.
<http://www.ncbi.nlm.nih.gov/pubmed/24685414>

Sharma S, Sharma N. Long term evaluation of homeopathy on post treatment impairment of pulmonary tuberculosis. BMC Complementary and Alternative Medicine 2012, 12(Suppl 1):P223 doi:10.1186/1472-6882-12-S1-P223
<http://www.biomedcentral.com/content/pdf/1472-6882-12-S1-P223.pdf>

Ulcers

BOTTOMLINE: Ulcers represent a serious enough disease that people should seek professional homeopathic care for their treatment. No studies have tested the efficacy of the homeopathic treatment of this condition.

Vaginitis

BOTTOMLINE: Individually chosen homeopathic medicines or homeopathic combination formulas are often effective, though women with chronically recurrent vaginitis should seek the care of a professional homeopath. One study that compared conventional and homeopathic treatment found that women who received conventional treatment experienced initial improvement as well as improvement 12 months after treatment than women who received homeopathic care.

Vaginitis is an all-too-common complaint of women today. When women take antibiotics for infection in another part of their body, these drugs disturb the delicate microbial balance that exists in a woman's vagina that can then lead to a vaginal infection. A woman can also get vaginitis from chemical irritation after exposure to diaphragm jelly, feminine hygiene products, tampons, or foreign objects in the vagina.

Because vaginitis could be the result of various possible infections, it is recommended to seek medical attention for diagnosis. Homeopathic medicines can be given before one goes to the doctor as well as along with whatever conventional medication is prescribed.

As a result of the excessive use of antibiotic and antimycotic treatments, the risk of resistant microbes and fungi has been increasing for decades. Many surveys have confirmed that many women with (recurrent) urinary tract infection (UTI) and/or vaginal infections (VIs) utilize alternative treatment strategies to reduce the use of antibiotics and antifungals and avoid short- and long-term adverse effects. A new survey was conducted to determine which complementary medicine (CM) and self-care strategies are used by women who suffer from (recurrent) UTI and VI in The Netherlands and how they perceive their effectiveness. A cross-sectional online survey was performed among women, ≥ 18 years old, with a history of UTIs; 162 respondents were included in the data analysis, with most participants aged between 50 and 64 years (36.4%) (Witteman, van Wietmarschen, van der Wer, 2021).

One-third (30.8%) of the respondents acknowledged using CM in daily life (not UTI/VI-specific). Consulting a homeopath (11.7%) was most frequently reported, followed by consulting an acupuncturist (10.5%) and/or an herbal physician (8.6%).

More than half of the women (51.2%) who used homeopathic remedies for UTIs reported this treatment as effective (versus 12.2% reporting the remedy not to be effective).

Women who were suffering from VI most often used antimycotic cream ($n = 31$) and report this as being effective in 45.2% of the cases; 29 women reported the use of probiotics (which was perceived to be effective by 17.2% of the cases).. Only 11 women used homeopathic remedies, but over 50% of these women indicated the homeopathic remedy as effective, and none of them perceived it as not effective.

Only 25% of the women used homeopathic remedies to treat UTI, with only 14% using them to treat VI, but the majority of users of homeopathic medicines reported the treatment as effective (over 50% for both indications).

A study sought to compare the efficacy of classical homeopathy (CH) and a conventional medical treatment, itraconazole (an anti-fungal drug), in reducing the frequency of recurrent vulvovaginal candidiasis (RVVC) episodes. A prospective, randomised trial with 150 with a history of RVVC and an acute episode of VVC was conducted. Women were randomised into 3 groups: itraconazole with lactobacilli (group 1), itraconazole without lactobacilli (group 2) and CH (group 3). Itraconazole treatment of acute infection was followed by a 6-month maintenance regimen with monthly single-day itraconazole (200 mg bid). Women in group 1 were given additional vaginal lactobacilli for 6 days per month throughout the maintenance regimen. After this initial treatment, patients were followed without treatment for 6 months. CH treatment was performed for 12 months. Women in groups 1 and 2 reached a culture-free status significantly earlier than women in group 3 (log-rank test; $P < 0.0001$). Specifically, before the start of the maintenance regimen, 44 of 49 women (89.8%) in group 1 and 40 of 47 women (85%) in group 2 were free of *Candida* detectable by culture, 22 of 46 (47%) women in group 3 reached a culture-free status after the first visit, but had a recurrence significantly earlier compared with women in groups 1 and 2 (log-rank test; $P = 0.002$). After 12 months, 19 of 25 (76%) women in group 1, 18 of 23 (78%) women in group 2 and 9 of 23 (39%) women in group 3 were free of culture-detectable *Candida*. Assessment of RVVC-associated complaints by VAS score showed that women in group 3 had a significantly higher level of discomfort (36.8, 25.1 and 27.7 respectively; $P < 0.001$) and were significantly less satisfied (59.2, 68.2 and 71.7 respectively; $P < 0.001$) than patients in groups 1 and 2. Monthly cycle-dependent itraconazole is more effective than CH in the treatment of RVVC. Lactobacilli do not confer an added benefit. (Concerns about the side effects of treatment were not evaluated, and although itraconazole is considered relatively well-tolerated, but there are cases of congestive heart disease, jaundice, fatigue, and nausea and vomiting.)

Another study sought to evaluate the antifungal activity of different homeopathic mother tinctures against the growth of *Candida albicans* (Prajapati, Sharma, Gupta, et al, 2017). Homeopathic mother tinctures (ϕ) *Syzygium jambolanum*, *Ficus religiosa*, *Ocimum sanctum*, *Allium cepa*, *Thuja occidentalis*, *Holarrhena antidysenterica* and *Eucalyptus globulus* were evaluated for their antifungal activity against the growth of human pathogenic fungi *C. albicans* using paper disc agar diffusion method as per guidelines of clinical and laboratory standard (M44-A) with slight modification. The diameters of zone (mm) of inhibition were measured, and the obtained results were compared with that of the vehicle control. Ketoconazole was used as reference standard fungicide.

Seven homeopathic mother tinctures were used in this study and the results indicates that some of the homeopathic drugs in the study showed significant inhibitory activity against the growth of *C. albicans* as compared to control. Out of the seven medicines tested, *S. jambolanum* showed a maximum zone of inhibition as compared to other mother tinctures used. The effectiveness of zone inhibition against the growth of human pathogenic fungi *C. albicans* are *S. jambolanum* > *T. occidentalis* > *A. cepa* > *F. religiosa* > *E. globulus* > *O. sanctum* > *H. antidysenterica*. The present study suggests the inhibitory role of homeopathic medicines against human pathogenic fungi *C. albicans*.

Women who experience repeated vaginitis should seek professional homeopathic care for constitutional treatment.

* *Kreosotum* (creosote): When the woman experiences great irritation, itching, rawness, and especially burning of the vagina with an offensive smelling discharge that is irritating to the skin it touches, consider this remedy. The vaginal discharge tends to be worse in the morning or upon standing, and the vaginal itching is aggravated by scratching.

* *Borax* (sodium borate): Vaginal discharges that are milky white suggest the need for this remedy, especially when the woman has a strong sensitivity to sudden noise, a discharge that is worse midway between the menstrual cycle, and/or a discomfort from downward motion.

* *Pulsatilla* (windflower): This remedy is indicated in women who tend to be very weepy, moody, desirous of sympathy, averse to heat and warm rooms, crave open air, and are without thirst. The vaginal discharge may be of any color (the color and its attendant symptoms tend to be changeable) but is not usually of a burning nature.

* *Sepia* (cuttlefish): Women with vaginitis who have a sensation of pressure or a weight that gives them a feeling of bearing-down pains suggest the need for this remedy. The woman is fatigued, depressed, irritable, and overwhelmed. Walking may aggravate their symptoms, but vigorous exercise tends to invigorate the woman. This remedy is commonly used during and after pregnancy.

* *Calcarea carbonica* (calcium carbonate): This remedy tends to be indicated in women who are overweight, have loose muscle tone, are very chilly, and are easily exhausted.

References:

Prajapati S, Sharma M, Gupta P, Kumar M, Dwivedi B, Arya BS. Evaluation of antifungal activity of different homeopathic mother tinctures against *Candida albicans*. Indian J Res Homoeopathy [serial online] 2017 [cited 2017 Dec 29];11:237-43. Available from: <http://www.ijrh.org/text.asp?2017/11/4/237/221957>

Witt A, Kaufmann U, Bitschnau M, Tempfer C, Ozbal A, Haytaoglu E, Gregor H, Kiss H. Monthly itraconazole versus classic homeopathy for the treatment of recurrent vulvovaginal candidiasis: a randomised trial. BJOG. 2009 Jul 7. <http://www.ncbi.nlm.nih.gov/pubmed/19583713>

Witteman L, van Wietmarschen HA, van der Werf ET. Complementary Medicine and Self-Care Strategies in Women with (Recurrent) Urinary Tract and Vaginal Infections: A Cross-Sectional Study on Use and Perceived Effectiveness in The Netherlands. Antibiotics (Basel). 2021 Mar 3;10(3):250. doi: 10.3390/antibiotics10030250. PMID: 33802263 <https://pubmed.ncbi.nlm.nih.gov/33802263/>

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Varicose Veins

BOTTOMLINE: One well controlled and conducted study found significant improvement in the treatment of people with varicose veins with a homeopathic combination remedy, and one other well-controlled trial found benefits from a single homeopathic medicine for those people undergoing varicose vein surgery.

A randomized, double-blind, placebo-controlled study of 61 patients with primary varicose veins was conducted (Ernst, Saradeth, Resch, 1990). The group was split into two groups. One group received placebo and the other group received the following homeopathic formula called Poikiven, which consists of *Melilotus offic.* D1, *Aesculus D1*, *Hamamelis D1*, *Carduus marianus D1*, *Arnica mother tincture*, *Lycopodium D4*, *Lachesis D4*, and *Rutin D1* (Note: D potencies are the same as X potencies). Patients were given 3 doses daily for 24 days.

Venous filling time, leg volume, calf circumference, haematological measurements and subjective symptoms were recorded (cramps, itching, leg heaviness, pain during standing and the need to elevate the legs). Venous filling time improved in the treatment group by 44% and deteriorated in the placebo group by 18%. There were no significant changes in calf circumference in either group.

Leg volume fell significantly in the treatment group. There were significant differences in the treatment group in the following subjective symptoms – cramps (71% of homeopathic subjects experienced amelioration of cramps vs. 43.3% of those given a placebo, itching (67.7% of homeopathic subjects experienced reduced itching vs. 43.3% of placebo subjects), leg-heaviness (83.9% vs. 66.7%), pain on prolonged standing (83.9% vs. 66.7%), and the need to elevate the legs (80.6% vs. 50.0%).

The above trial is of particular significance because its lead author is a well-known critic of homeopathy. Ironically (but predictably), he rarely, if ever, gives reference to this study.

In one randomized, double-blind, placebo-controlled trial with 60 patients who underwent varicose vein surgery, 43% of those patients given *Arnica* 12X (also called D12) pre- and postoperatively experienced remission or improvement in pain, while only 27% of those taking a placebo experienced a similar degree of relief (Wolfe, 2003). There were also trends towards a beneficial effect in the size of the hematoma (the pooling of blood under the skin) between groups. The homeopathic group took *Arnica* the night before the surgery, then once preoperatively and hourly postoperative dosages during the first day and three times a day during days 2-14.

REFERENCE:

Ernst, E, Saradeth, T, and Resch, KL, Complementary Treatment of Varicose Veins - A Randomised, Placebo-controlled, Double-blind Trial. *Phlebology*. September 1990;5,157-163. <https://doi.org/10.1177/026835559000500303>

Wolf, M, Tamachke, C, Mayer, W, Heger, M [Efficacy of Arnica in Varicose Vein Surgery: Results of a Randomized, Double-blind, Placebo-controlled Pilot Trial][Article in German] Forsch Komplementarmed Klass Naturheilkd. 2003, Oct;19(5):242-7.
<http://www.ncbi.nlm.nih.gov/pubmed/14605480>

Vertigo

BOTTOMLINE: Vertigo is a symptom of a complex process in an individual that is best treated by a professional homeopath. If vertigo is experienced for the first time or is infrequently experienced, see the section on Motion Sickness for further information, including a reference to a good study on the homeopathic treatment of vertigo.

Vitiligo

Bottomline: Vitiligo is a chronic ailment that requires the treatment of a professional homeopath and isn't appropriate for self-care. A study of a series of 14 people with vitiligo showed significant improvement after individually selected homeopathic medicines were prescribed by professional homeopaths.

Vitiligo, also known as leukoderma, is an autoimmune skin condition that results in the loss of melanin pigment. Vitiligo is not a rare condition but is difficult to treat and is associated with psychological distress.

A series of 14 cases of vitiligo are presented that were treated with individualized homeopathic remedies that were based on plant, animal, or mineral compounds. There were 13 women and one man in the case series, with a mean age 29.8 years, and a mean follow-up from treatment of 58 months. The mean time between the onset of the appearance of vitiligo and the first consultation at our clinic was 96 months. Homeopathic treatment for patients is holistic and was performed on an individualized basis as described in this case series. Photographic images of the skin are presented before and after treatment.

In 14 patients with vitiligo treated with individualized homeopathy, the best results were achieved in the patients who were treated in the early stages of the disease. We believe that homeopathy may be effective in the early stages of vitiligo, but large controlled clinical studies are needed in this area.

Reference:

Mahesh S, Mallappa M, Tsintzas D, Vithoulkas G. Homeopathic Treatment of Vitiligo: A Report of Fourteen Cases. Am J Case Rep 2017; 18:1276-1283. DOI: 10.12659/AJCR.905340. <https://www.amjcaserep.com/download/index/idArt/905340>

Whiplash Injuries

(see Chapter on “Nerve Injuries”)

Warts

BOTTOMLINE: The homeopathic treatment of warts is sometimes effective using a remedy known for warts, though it sometimes requires constitutional homeopathic care prescribed by a professional homeopath. One study using a homeopathic combination remedy was not found to be effective for plantar warts, while another study that prescribed medicines individually found impressive results.

Warts are an extremely common skin problem that is usually effectively treated with homeopathic medicines. If self-treatment is unsuccessful or if warts continue to return, professional homeopathic care is recommended because warts can be an expression of an underlying chronic malady.

A double-blind, randomized, placebo-controlled trial (n = 60) was conducted at the dermatology outpatient department of D.N. De Homoeopathic Medical College and Hospital, West Bengal in the treatment of patients with cutaneous warts (Dey, Hashmi, Saha, et al, 2021). Patients were randomized to receive either IH (n = 30) or identical-looking placebo (n = 30). Primary outcome measures were numbers and sizes of the warts; secondary outcome was the Dermatology Life Quality Index (DLQI) questionnaire measured at baseline, and every month up to 3 months. Group differences and effect sizes were calculated on the intention-to-treat sample.

The attrition rate was 11.6% (IH, 3; placebo, 4). Intra-group changes were significantly greater (all $p < 0.05$, Friedman tests) in IH than placebo. Inter-group differences were statistically non-significant (all $p > 0.05$, Mann-Whitney U tests) with small effect sizes-both in the primary outcomes (number of warts after 3 months: IH median [inter-quartile range; IQR] 1 [1, 3] vs. placebo 1 [1, 2]; $p = 0.741$; size of warts after 3 months: IH 5.6 mm [2.6, 40.2] vs. placebo 6.3 [0.8, 16.7]; $p = 0.515$) and in the secondary outcomes (DLQI total after 3 months: IH 4.5 [2, 6.2] vs. placebo 4.5 [2.5, 8]; $p = 0.935$). Thuja occidentalis (28.3%), Natrum muriaticum (10%) and Sulphur (8.3%) were the most frequently prescribed medicines. No harms, homeopathic aggravations, or serious adverse events were reported.

The researchers concluded that the preliminary study was inconclusive, with a statistically non-significant direction of effect favoring homeopathy. The trial succeeded in showing that an adequately powered definitive trial is both feasible and warranted.

Dey S, Hashmi S, Saha S, Mandal M, Shaikh AR, Agrawal E, Ghosh P, Sehrawat N, Koley M, Saha S. A Randomized, Double-Blind, Placebo-Controlled, Pilot Trial of Individualized Homeopathic Medicines for Cutaneous Warts. Homeopathy. 2021 Mar 24. doi: 10.1055/s-0040-1722232. Epub ahead of print. PMID: 33761570. <https://pubmed.ncbi.nlm.nih.gov/33761570/>

One double-blind study of 162 patients tested using a homeopathic formula (*Thuja* 30C, *Antimonium crudum* 7C, and *Nitric acid* 7C) for the treatment of plantar warts found no statistically significant difference as compared to patients given a placebo

(Labrecque, Audet, Latulippe, 1992). Although these three homeopathic medicines are often given to people with warts, they are not generally indicated for people with plantar warts. Also, two of the most common remedies for plantar warts were not an ingredient in this formula (*Natrum mur* and *Ruta*). Another study showed that over 90% of 66 patients with various types of warts who were prescribed individually chosen homeopathic medicines had their warts disappear within six months, though this trial was not double-blind or randomized (Gupta, Bhardwaj, and Manchanda, 1991). More recently, an article published in *Clinics in Dermatology* reported about this research (McCusker, Sidbury, 2016).

A prospective, randomized double-blind and placebo-controlled trial was conducted with 60 children aged 6-12 years with common warts on the back of the hands (Kainz, Kozel, Haidvogel, et al, 1996). The children were treated either with an individually selected homeopathic preparation (n = 30) of at least a 1:1,012 dilution or with a placebo in the form of saccharose globuli (n = 30). The area occupied by warts was measured by computerized planimetry before and after 8 weeks of treatment. Reduction of the warty area by at least 50% was considered a response.

There were a total of 16 responders: 9 of 30 patients in the homeopathic therapy group and 7 of 30 patients in the placebo group ($\chi^2 = 0.34$, $p = 0.56$). Total cure of warts occurred in 5 patients in the treated group and in 1 patient in the placebo group ($\chi^2 = 1.46$, $p = 0.22$).

Although the researchers concluded that there was no apparent difference between the effects of homeopathic treatment and placebo in children with common warts, one in six children treated with homeopathy experienced a cure of this simply symptom, while only 1 in 30 given a placebo experienced this same degree of cure.

One of the most common homeopathic medicines for warts is *Thuja*, and it is prescribed in internal and external applications (in ointment form). An external application should be applied at least once a day or after every washing. If improvement isn't obvious after 14 days, consider another remedy or seek professional homeopathic care. Use the 6, 12, or 30th potency of the indicated internal remedy twice a day for up to three days. Wait at least 2 weeks after the final dose to determine if the remedy has been successful. If not, consider another internal remedy. It is OK to use internal and external remedies concurrently.

**** *Thuja* (arbor vitae):** This is the most common homeopathic remedy for various kinds of warts, except plantar warts. If no other remedy is obviously indicated, consider this one. It is particularly indicated in isolated, jagged warts that may bleed and may smell foul. It is also common for warts on the genitals.

*** *Causticum* (potassium hydrate):** People who have old, large warts on the face (especially the nose) or on the tips of their fingers that bleed easily suggest the need for this remedy. The warts also tend to be hard, inflamed, and painful. People who benefit from this remedy tend to be intensely sympathetic to the pains and plights of others and tend to have a fear that something awful is impending.

* *Nitric acid* (nitric acid): This remedy is indicated in treating large, jagged warts that bleed upon washing them and that itch and sting. This remedy is also indicated in people who experience great anxiety about their health and who have a particular fear of cancer.

* *Antimonium crudum* (black sulphide of antimony): People who have hard, smooth warts, have a thickly coated white tongue, and are excessively irritable suggest the need for this remedy. These people tend to overeat frequently and have various digestive complaints.

* *Natrum muriaticum* (salt): This is an important remedy for plantar warts and for warts on the palms of the hand.

* *Ruta* (rue): This is a leading remedy for plantar warts, especially on the palms of their hand.

REFERENCES:

Gupta, R, Bhardwaj, OP, and Manchanda, RK. Homeopathy in the Treatment of Warts, British Homoeopathic Journal, April 1991, 80,2:108-111.

Kainz JT, Kozel G, Haidvogel M, Smolle J. Homoeopathic versus placebo therapy of children with warts on the hands: a randomized, double-blind clinical trial. Dermatology. 1996;193(4):318-20. <https://www.ncbi.nlm.nih.gov/pubmed/8993956>

Labrecque, M, Audet, D, Latulippe, LG et al., Homeopathic Treatment of Plantar Warts, Canadian Medical Association Journal, 1992, 146,10:1749-1753.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1488713/>

McCusker M, Sidbury R. Nutrition and skin: Kids are not just little people. Clin Dermatol. 2016 Nov - Dec;34(6):698-709. doi: 10.1016/j.clindermatol.2016.07.004. Epub 2016 Jul 9. <https://www.ncbi.nlm.nih.gov/pubmed/27968929>

Weight Loss

A randomized, controlled, double-blinded clinical trial was conducted in Brazil with the intention to evaluate the efficacy of a homeopathic treatment in preventing excessive weight gain during pregnancy in overweight or obese women who were suspected of having a common mental disorder and to evaluate the health of the newborn (Vilhena and Castilho, 2016).

For the homeopathic group, 9 drugs were preselected, including (1) Pulsatilla nigricans, (2) Sepia succus, (3) Lycopodium clavatum, (4) sulphur, (5) Lachesis trigonocephalus, (6) Nux vomica, (7) Calcarea carbonica, (8) phosphorus; and (9) Conium maculatum. From those 9 drugs, 1 was prioritized for administration for each participant. After the first appointment, a reselection or selection of a new, more appropriate drug occurred, using the list of preselected drugs. The dosage was 6 drops orally 2 ×/day, in the morning and at night, on 4 consecutive days each week, with an interval of 3 days between doses, up until the next appointment medical appointment. The control group received the equivalent placebo drug. Both groups also received a diet orientation.

The researchers evaluated pregnant women who were overweight or had class 1 or 2 obesity and were suspected of having a common mental disorder, with no concomitant diseases, in 2 groups: those receiving a placebo (control group, n = 72); and those receiving homeopathic treatment (homeopathy group, n = 62). Weight change during pregnancy was defined as the difference between the body mass index (BMI) at the initial evaluation and that recorded at the final evaluation, adjusted for 40 week of gestation. In addition, the APGAR index in the newborn was evaluated as a possible complication.

The mean variation between baseline BMI and BMI at week 40 of gestation was +4.95 kg/m² in the control group and +5.05 kg/m² in the homeopathy group. The difference between the 2 groups was not significant (P = .815; 95% confidence interval [CI], -0.916 to 0.722). However, APGAR 10 at 5 min (59.6% in homeopathy group and 36.4% among control) was statistically significant (P = .016).

The researchers concluded that homeopathy does not appear to prevent excessive body mass gain in pregnant women who are overweight or obese and suspected of having a common mental disorder. However, the evidence observed at APGAR 10 at minute 5 suggests that homeopathy had a modulating effect on the vitality of newborns, warranting further studies designed to investigate it.

Reference:

Vilhena EC, Castilho EA. Homeopathic Treatment of Overweight and Obesity in Pregnant Women With Mental Disorders: A Double-blind, Controlled Clinical Trial. *Altern Ther Health Med*. 2016 Oct;22(S3):14-22.
<https://www.ncbi.nlm.nih.gov/pubmed/27866182>

Whooping Cough

Bottomline: Homeopathic medicine has a long history of treating people with various infectious diseases, including whooping cough, though there are limited reports on the recent experience. A review of 20 cases of whooping cough is reported by a physician working at a Chicago hospital and who prescribes homeopathic medicines successfully.

A series of case history study took place at one of the suburban hospital clinics of the Ann & Robert H. Lurie Children's Hospital of Chicago (Chung, 2018).

A total of 20 patients aged 21 months to 20 years of age, of whom 11 were female and 18 were male, who visited the hospital clinic for treatment of the chronic cough that is characteristic of whooping cough.

The three representative patients described in this case review all received 1 dose weekly of a 30C dilution of homeopathic Pertussinum (the whooping cough nosode) and a 6C dilution of homeopathic Drosera 3 times daily. The homeopathic medicines most often used for the other participants were the same doses of Pertussinum and Drosera.

Verbal feedback from patient or family was obtained at the follow-up visits. The intensity and duration of participant's coughs were alleviated within days to 1 wk in most cases. The researcher concluded that homeopathic medicines can alleviate the intensity or reduce the duration of whooping cough, with no adverse effects.

Non-medically trained people should seek professional homeopathic and/or conventional medical treatment if the sick person is suspected of having whooping cough.

References:

Chung, Youngran. Whooping Cough Alleviated by Homeopathic Medicines: A Case Report. *Alternative Therapies in Health and Medicine*. March/April 2018, 24, 2.
<http://alternative-therapies.com/abstracts/9580.html>

Women's Health

(see Chapters on specific disease name for other useful information)

A prospective randomized controlled pragmatic (not blinded) trial was conducted within the Brazil system of public health with 106 patients who were divided into two independent groups, one group underwent homeopathic treatment in the first 6-month period and the other did not receive any homeopathic treatment (Champs, Lopes, Sousa, et al, 2021). In both randomized groups, patients maintained their conventional medical treatment when necessary. The World Health Organization Quality of Life abbreviated questionnaire (WHOQOL-BREF) was used for "Quality of Life" (QoL) analysis prior to treatment and 6 months later.

Patients eligible for the study were women aged 18 years and over, with at least one chronic complaint, who were not being treated with any CIM practice prior to the study and who had never been treated with homeopathy. Most patients suffered from anxiety, joint problems, headache, arterial hypertension, and dizziness. There was no significant difference between Groups 1 and 2 regarding the frequency of complaints.

A significant improvement of health perception in Group 1 after 6 months of homeopathic treatment ($p < 0.01$) but remained similar in the control group ($p = 0.954$), resulting in significant difference between groups in Interview 2 ($p = 0.001$). The median number of homeopathic consultations was 2.0 for the 6-month period. Randomization afforded similar baseline results in three domains of QoL analysis for both groups. After 6 months' treatment, there was a statistically significant difference between groups in the physical domain of WHOQOL-BREF: the average score improved to 63.6 (SD) 15.8 in the homeopathy group, compared with 53.1 (SD) 16.7 in the control group.

Homeopathic treatment showed a positive impact at 6 months on the QoL of women with chronic diseases. Further studies should be performed to determine the long-term effects of homeopathic treatment on QoL and its determinant factors.

A double-blind, randomized, placebo-controlled trial was conducted at the gynecology outpatient department of Mahesh Bhattacharyya Homoeopathic Medical College and Hospital, West Bengal, India (Ghosh, Ravindra, Modak, et al 2021). Patients were randomized to receive either "individualized homeopathy" (IH) ($n = 64$) or an identical-looking placebo ($n = 64$). Primary and secondary outcome measures were 0-10 numeric rating scales (NRS) measuring intensity of pain of dysmenorrhea and verbal multidimensional scoring system (VMSS) respectively; all measured at baseline, and every month, up to 3 months.

The groups were comparable at baseline. Attrition rate was minimal, 10.9% (IH: 7, placebo: 7). Substantial differences between groups in both pain NRS and VMSS favored IH over placebo at all time points (all $p < 0.001$, unpaired t-tests and two-ways repeated measures analysis of variance) with medium to large effect sizes. *Natrum muriaticum* and *Pulsatilla nigricans* ($n = 20$ each; 15.6%) were the most frequently prescribed medicines. No serious adverse events and intercurrent illnesses were recorded in either of the groups.

The researcher concluded that homeopathic medicines acted significantly better than placebo in the treatment of PD. Independent replication is warranted.

Reference:

Champs NS, Lopes JG, Sousa PC, Souza CC, Justo BLT, Dutra DM, Mendes AMS, Santos CP, Tavares RLC. Impact of Homeopathic Treatment on the Quality of Life of Women with Chronic Diseases: A Randomized Controlled Pragmatic Trial. Homeopathy. 2021 Mar 4. doi: 10.1055/s-0040-1721062. Epub ahead of print. PMID: 33662995. <https://pubmed.ncbi.nlm.nih.gov/33662995/>

Ghosh S, Ravindra RK, Modak A, Maiti S, Nath A, Koley M, Saha S. Efficacy of individualized homeopathic medicines in primary dysmenorrhea: a double-blind, randomized, placebo-controlled, clinical trial. J Complement Integr Med. 2021 Jun 3. doi: 10.1515/jcim-2020-0512. Epub ahead of print. PMID: 34085495. <https://pubmed.ncbi.nlm.nih.gov/34085495/>

CONFERENCE REPORT 2006

Improving the Success of Homeopathy 5:

A Global Perspective

London -- January 26-27, 2006

Royal London Homoeopathic Hospital

Published in *Homeopathy* (an Elsevier publication), July, 2006

By Dana Ullman, MPH

Since 1997, the Royal London Homeopathic Hospital has sponsored a conference on homeopathic research almost every two years. This year's conference, entitled "Improving the Success of Homeopathy: A Global Perspective," took place on January 26-27, 2006, and the conference's chairperson was again Dr. Peter Fisher, the hospital's medical director, the current Physician to the Queen of England, as well as the editor of the leading academic journal in the field, "Homeopathy."

This year's conference included a large variety of presentations on clinical research, outcome studies, cost-effectiveness studies, as well as various controlled scientific studies on plants, animals, and biological systems.

The conference's first presentation was to be made by Dr. Xiaorui Zhang, head of the Traditional Medicine department at the World Health Organization (WHO). Sadly, she was unable to attend due to a special meeting that she was required to attend at WHO. However, she did send a presentation that was read by Dr. Fisher. A special report on homeopathy is presently being prepared at the WHO, though some skeptics of homeopathy received an unpublished draft of this document and issued a public attack on WHO because the report was supposedly "too positive" for homeopathy. Despite these attacks, Dr. Zhang asserted that the WHO will (!) publish their report at some point in the near future.

Dr. Zhang's presentation highlighted the fact that 60% to 80% of the world's poor population depend on "traditional medicine" (the WHO uses these words in place of what others refer to as "alternative medicine" or "natural medicine") for primary health care, and even 70% of the general population of Canada and 80% of Germans used traditional medicines as complementary or alternative treatment.

CONTROLLED CLINICAL TRIALS

There was only one new double-blind, placebo controlled randomized studies presented at this conference. In Brazil, a double-blind randomized and placebo-controlled clinical trial was conducted on 52 subjects who were occupationally exposed to mercury (48 dentists and 4 miners) (Berings-Bueno and Paschalicchio, 2006 – no abstract was provided in the conference book, though a printed summary was given to attendees). The treatment group was given *Mercurius 7C* or *12C* (7 drops three times a day during 7 days, stopping for 14 days, and then repeating this process over a total of 60 days). Patients submitted their blood, urine, and hair for analysis prior to treatment and at 30 and 60 days after treatment. The level of mercury reduction in the hair sample was

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statistically significant. The treatment group experienced a greater increase in mercury excretion through the urine than the placebo at 30 days, though this was not significant. There was no significant difference in results from subjects given *Mercurius* 7C vs. *Mercurius* 12C.

The remaining clinical trials discussed below in this section were not presented at this conference but are worthy of mention because they were discussed during the conference's workshops.

In light of the above-mentioned mercury trial, the first toxicological study on human subjects who were exposed to arsenic was published just prior to this research conference (Khuda-Bukhsh, AR, Pathak, S, Guha, 2005). A potentized homeopathic remedy, *Arsenicum album* 30C, was administered to a group of arsenic exposed people in West Bengal, and thereafter the arsenic contents in their urine and blood were periodically determined. The activities of various toxicity marker enzymes and compounds in the blood, namely aspartate amino transferase, alanine amino transferase, acid phosphatase, alkaline phosphatase, lipid peroxidation and reduced glutathione, were also periodically monitored up to 3 months. The results are highly encouraging and suggest that the drug can alleviate arsenic poisoning in humans. Subjects given homeopathic *Arsenicum* experienced higher excretion amounts of arsenic in their urine for the first 11 days than those given a placebo, with statistical significance on days 1, 2, 3, 4, 6, and 8 (day 8 found the highest significance).

A double-blind, placebo controlled randomized trial on 50 patients with chronic obstructive pulmonary disease in which either *Kali bichromicum* 30C or a placebo was prescribed, for the thick and tenacious tracheal discharge that people suffering from this condition commonly experience. This study found highly significant effects in the treatment of people with this very serious illness (Frass, Dielacher, Linkesch, et al, 2005). Extubation (the removal of obstructive mucus from the lung with a tube) could be performed significantly earlier in the treatment group ($p < 0.0001$). Similarly, length of stay was significantly shorter in the treatment group (4.20 ± 1.61 days vs 7.68 ± 3.60 days, $p < 0.0001$ [mean \pm SD]). This study was briefly discussed at the conference, and it was announced that this study is presently being replicated in Israel.

A new randomized double-blind placebo-controlled study on the use of a novel programmed dosage regimen of *Arnica*, named SinEcchTM developed by Alpine Pharmaceuticals, a marketing division of Hahnemann Laboratories, Inc. (San Rafael, CA.) was just published (Seeley, Denton, Ahm, Maas, 2006). SinEcch is comprised of *Arnica* 1M and 12C and was tested in the treatment of people undergoing an extensive deep level facelift. This is the first successful homeopathic *Arnica* trial to be published in a major surgery journal, let alone one published by the American Medical Association. *Arnica* 1M was given in three doses (pre-op, post-op, and bedtime on the day of surgery). *Arnica* 12C was given three times a day for three days, starting on the day after the surgery. Of special importance is the fact that this trial utilized a novel computerized model for objective analysis of skin color changes based on high quality digital photographs of the patients.

Patients receiving *Arnica* experienced decreased ecchymosis (bruising) as measured by the computer that calculated the number of square centimeters of ecchymosis for each patient on postoperative days 1, 5, 7, and 10 (all of the days in which this measurement was tested), with statistically significant differences on day 1 ($P < 0.005$)

and on day 7 ($P < 0.001$). People who didn't take *Arnica* had between 11%-41% more bruising than those who took this homeopathic regimen and took 50% longer to reduce their level of bruising to the level of bruising with SinEcch. On post-op day 7, the placebo patients had 30 square centimeters (4.5 square inches) more bruising on their faces than the *Arnica* treated group.

An important study on the homeopathic treatment of fibromyalgia was published in a major rheumatology journal (Bell, Lewis, Brooks, et al., 2004), and it was announced that some researchers at the University of Sheffield (U.K.) are just starting a replication trial. Because Dr. Bell attended this conference, it was a special pleasure for me to introduce her to Clare Renton who is one of the researchers in this replication trial.

CLINICAL OUTCOME STUDIES

"Clinical outcome studies" are not conducted to convince skeptics of the efficacy of homeopathic medicines but instead are generally conducted to evaluate the results of the entire package of care provided by homeopaths. Distinct from double-blind and randomized clinical trials, outcomes research better represents the actual way that homeopaths provide care and that patients receive it. The outcomes research described below is diverse in focus but consistent in positive results that show a high level of positive clinical outcome and high patient satisfaction.

There were numerous clinical outcome studies presented at this conference that evaluated the results of homeopathic treatment, often comparing it with conventional medical treatment. One international primary care outcomes study compared the homeopathic and conventional treatment for acute respiratory and ear complaints (Jong, Riley, and Haidvogel, 2006). A total of 2,055 patients suffering from acute runny nose, sore throat, ear pain, sinus pain, or cough were recruited and given either homeopathic (1,200 patients) or conventional treatment (829 patients). Follow-up was conducted by independent investigators at 7, 14, and 28 days after treatment.

Children (under 18 years of age) who received homeopathic treatment experienced "complete recovery" or "major improvement" at a significantly higher rate compared with children undergoing conventional medical treatment at days 7 and 14, but not at day 28 (because virtually all children will be better by this date). Adults who received homeopathic treatment experienced a similar beneficial result as adults who received conventional treatment, and both groups experienced a high level of satisfaction with treatment.

Another outcome study of interest involved 14 physicians of the UK Faculty of Homeopathy (13 NHS GPs and 3 private practitioners) (Mathie and Robinson, 2006). The outcome scores from 958 individual patient conditions having two or more appointments found that 75.9% experienced a "positive outcome," 14.7% had no change, and 4.6% experienced deterioration in health. The high positive scores (+2 or +3 on a 7 point Likert scale from -3 to +3) were achieved in the treatment of anxiety, catarrh, colic, cystitis, depression, eczema, irritable bowel syndrome, and PMS.

A randomized controlled trial of homeopathic care vs. self-prescribed homeopathic treatment in the prevention of upper respiratory tract infections (URTI) in children was conducted (Steinsbekk, Lewith, Fonnebo, Bentzen, 2006). A total of 208 children under 10 years of age were recruited by post from those who had previously

been diagnosed with URTI. These children were then randomized into individualized professional homeopathic treatment (the HC group) or who self-prescribed one of three homeopathic medicines in 30C (the SPH group), during a 12 week period.

The mean number of days where parents rated their child as ill was 10.0 in the HC group and 13.7 in the SPH group ($P=0.394$). The caregivers of the children had a significantly less number of days off work due to childhood illness ($p=0.048$), and there was a non-significant tendency for those in the HC group to use less conventional medical treatment.

An interesting outcomes review of 18 routine referrals to the Bristol Homeopathic Hospital was conducted in which patients with chronic fatigue, irritable bowel syndrome, or eczema were offered the opportunity to join the study until six patients were recruited for each condition (T. Thompson, M. Weiss, 2006). The patients were interviewed before and after a course of five homeopathic consultations with one of three homeopathic physicians over eight months.

Seventeen of the 18 patients completed the study. One-third had “substantial health gain,” one-third were “helped,” and one-third were “not helped.” The researchers acknowledged that the treatment effect was not simply due to the homeopathic drug but also to the homeopathic process, patient expectation, the engendering of hope, specific psychotherapeutic interventions, and general empathy.

An unusual outcomes study was conducted in France in which 149 homeopathic doctors whose name was simply selected from the Yellow Pages and who were asked how they treated patients with six specific pathologies (sore throat, osteoarthritis, asthma, contact dermatitis, essential hypertension, sleep disorders) during three different days in 2001 (Trichard and Chauferin, 2006). The physicians were asked if they prescribed “only homeopathic medicines and no allopathic drugs,” “allopathic drugs but no homeopathic medicines,” “homeopathic and allopathic drugs,” or “other products.”

Although this observational study did not seek to evaluate results of treatment, it is very interesting to note that these homeopathic doctors prescribed “only homeopathic medicines” to 63% of patients with sore throat, 58% with osteoarthritis, 62% with asthma, 82% with contact dermatitis, 10% with essential hypertension, and 85% with sleep disorders. The important point in this study was that these homeopathic physicians relied entirely on homeopathic treatment for the majority of these patients.

A clinical outcomes study was also conducted evaluating United Kingdom veterinary practices (Mathie, Hansen, Elliott, Hoare, 2006). Eight veterinary surgeons of the UK Faculty of Homeopathy participated. A total of 534 individual cases (390 dogs, 112 cats, 25 horses, 7 others) from two or more homeopathic appointments per patient condition were evaluated, with 80.1% experiencing a positive outcome, no change in 11.8%, a deterioration in 6.2%, and a failure to record outcome in 1.9% of cases.

At this conference there were several presentations on the clinical results and the biological activity of a popular Brazilian homeopathic combination medicine called “Canova.” Unlike most homeopathic combination medicines that are primarily marketed to the general public for minor acute ailments or that are used by clinicians for generally self-limiting conditions, Canova is used in Brazil for people with serious illness and immunological deterioration, including patients with AIDS and cancer. Canova is made from *Aconitum* 11X, *Thuja* 19X, *Bryonia* 18X, *Arsenicum* 19X, and *Lachesis* 18X.

One clinical observational trial was conducted with 43 patients who either had AIDS or were HIV+ (Stroparo, DiBernanrdi, Buchi, 2006). Although the study found various improvements in the quality of life and even significant reductions in the viral load in patients, the researchers noted that some patients took some conventional drugs concurrently and some patients did not take any conventional drugs. Because there was no control group, it is impossible to determine from this trial if this drug was effective or not.

Despite the problems with the above clinical study testing Canova in human subjects, other researchers have conducted some biological investigations of this homeopathic combination remedy. One group of university researchers showed that Canova, as compared with a control placebo treatment, increased the formation and function of macrophages (large cells that are an important part of immune response) (Cesar, Lopes, Abud, Guimaraes, Gabardo, Gremski, Buchi, 2006).

Another study testing Canova was just published in the *Journal of Infection* (de Oliveira SM, de Oliveira, Godoy, Gabardo, Bucci, 2005) and found that there were relevant differences in gene expression (45 upregulated and 102 downregulated genes) in the Canova-treated group as compared with a control group. These genes were primarily involved in transcription, immune response, cellular signalization and transport.

COST-EFFECTIVENESS STUDIES

A cost-effectiveness and quality of life study was conducted in France that compared the results of treatment from homeopathic general practitioners with that of non-homeopathic GPs and pediatricians in the medical management of recurrent acute rhinopharyngitis in children and infantile bronchiolitis (Trichard and Chauferin, 2006). The study involved 499 patients with recurrent acute rhinopharyngitis and found that homeopathic GPs produced better results in medical effectiveness and quality of life with equivalent costs reimbursed by the French national health insurance. The homeopaths also prescribed significantly less antibiotics: 21% vs. 90%.

Evaluating the results of 520 patients with infantile bronchiolitis, the study found that homeopathic GPs vs. pediatricians obtained better results in medical effectiveness with lower costs reimbursed by the national health insurance, while homeopathic GPs vs. non-homeopathic GPs had equivalent efficacy of treatment but lower costs to insurance. Further, only 16% and 24% of the infants treated by homeopathic GPs received antibiotics and corticosteroids respectively, vs. 65% and 63% of infants treated by non-homeopathic GPs and 35% and 57% of infants treated by pediatricians.

A retrospective observational study on all patients with respiratory pathologies who lived in Lucca, Italy (in the Tuscany region) were evaluated one year before the first homeopathic consultation and then for the first and second year after this consultation (Rossi, Crudeli, Endrizzi, Garibaldi, 2006). Because Italians receive free medical treatment, computerized records are available to evaluate the numbers of drugs prescribed, the kind of drugs prescribed, and the cost of drugs. Patients with asthma and recurrent episodes of respiratory tract infections who were chronic users of conventional drugs were compared with matched controls.

People with asthma who received homeopathic treatment reduced their conventional drug costs by 73.12% in the first year and 66.83% in the second year.

People with allergies who received homeopathic treatment reduced their conventional drug costs of 66.31% in the first year and 66.16% in the second year.

The costs of consultation and the costs of various lab work were not evaluated, though the cost per doctor visit to either homeopathic physicians or to allopathic physicians is regulated at the same cost.

In the Tuscany region of Italy, complementary medicine has become so popular that the Regional Health Services is actively promoting homeopathic medicine, acupuncture, and herbal therapy. For the first time in Italy, a local government is formally advocating the use of these natural treatments to the public via an informational campaign which consists of posters placed in public transport, leaflets in regional health offices, and advertising in local and national newspapers.

HEALTH SERVICES RESEARCH

“Health services research” is a relatively new field of applied research that is observational or experimental and it is concerned with how health technologies and social/financial & individual factors affect the effectiveness and cost of health care as well as access to and use of health care, ultimately focused on its impact on health and well-being.

One presentation of health services research evaluated the prevalence and predictors of complementary and alternative medicine (CAM) by Kaiser (HMO) patients in Northern California who suffer from cancer, breast cancer, prostate conditions, or asthma (Borneman, Cohen, Gordon, 2006). The most common predictors for people to use CAM were: female, college educated, former smoker, higher health rating, lower health satisfaction, low satisfaction with advice from their physician, and a high "emotional belief" in the notion that belief and practices influence health.

PLANT AND ANIMAL STUDIES

Two presentations on plant studies were a part of a panel, and together, these studies presented different but complementary results. One group of researchers tested gibberellin (a plant hormone) in various homeopathic potencies to observe what effects, if any, they had on the growth of *lemna gibba* (duckweed)(Scherr, Baumgartner, Spranger, Simon, 2006). Duckweed is one of the smallest flowering plants known, and they are commonly used on ecotoxicological studies because they are hypersensitive to various substances in low concentrations.

These blinded studies tested various potencies of gibberellin and found that the 17X and 23X had highly significant effects on DECREASING the growth of this plant.

A different set of studies was conducted using gibberellin on dwarf peas (*Pisum sativum* l.)(Baumgartner, Thurneysen, Heusser, 2006). Dwarf peas are “gibberellin deficient mutants. What is interesting is that these studies found that Gibberellin 17X had the most significant effect (23X had the second most significant effect), but these potencies INCREASED the dwarf peas growth.

A possible explanation for potencies of gibberellin for opposite effects is that crude doses of gibberellin increase growth of plants, and homeopathic

Another plant study tested *Cina* 30C and *Santonin* 30C on root-knot disease which is caused by a nematode parasite that affects vegetable and other crops in many parts of the world (Sukul, Ghosh, Sukul, Sinhababu, 2006). The researchers tested five groups of pots of Lady's Finger (*Abelmoschus esculentus*): 1) uninoculated untreated; 2) inoculated untreated; 3) inoculated and treated by foliar spray with Ethanol 30; 4) inoculated and treated with *Cina* 30C; 5) inoculated and treated with *Santonin* 30. The groups of pots that were treated with either *Cina* 30C or *Santonin* 30C had a significantly reduced nematode infestation ($P < 0.01$) in terms of the root-gall number the nematode population in the roots and soil and root-protein content. This experiment was repeated twice with similar results.

REFERENCES:

Note: Those references that are a part of the conference will have abstracts of their presentation at the website of the Royal London Homeopathic Hospital (www.rlhh.org.uk). Interested parties can also see at this website abstracts from the previous four homeopathic research conferences sponsored by the RLHH.

Below are references to studies mentioned above and for which no formal presentation was made at the conference and no abstract is provided at the website.

de Oliveira CC, de Oliveira SM, Godoy LM, Gabardo J, Buchi DD., Canova, a Brazilian medical formulation, alters oxidative metabolism of mice macrophages. *Journal of Infection*, December 28, 2005

Frass, M, Dielacher, C, Linkesch, M, Endler, C, Muchitsch, I, Schuster, E, Kaye, A. Influence of potassium dichromate on tracheal secretions in critically ill patients, *Chest*, March, 2005.

Khuda-Bukhsh, AR, Pathak, S, Guha, B. Can Homeopathic Arsenic Remedy Combat Arsenic Poisoning in Humans Exposed to Groundwater Arsenic Contamination?: A Preliminary Report on First Human Trial, *Evidence-Based Complementary and Alternative Medicine*, October 27, 2005. doi:10.1093/ecam/neh124

Seeley BM, Denton AB, Ahn MS, Maas CS., Effect of homeopathic *Arnica montana* on bruising in face-lifts: results of a randomized, double-blind, placebo-controlled clinical trial. *Arch Facial Plast Surg*. 2006 Jan-Feb;8(1):54-9.

LIST OF MEDICINES AND THEIR COMMON NAMES

Aconitum: monkshood
Aesculus: horse chestnut
Aethusa: fly agaric
Allium cepa: onion
Aloe socotrina: socotrine aloes
Ambrosia: ragweed
Anacardium: marking nut
Antimonium crudum: black sulphide of antimony
Antimonium tarticum: tartar emetic
Apis: honeybee
Argentum nitricum: nitrate of silver
Arnica: mountain daisy
Arsenicum: arsenic trioxide
Arum triphyllum (jack in the pulpet)
Asafoetida (gum of the stinkasand)
Aurum metallicum (gold)
Belladonna: deadly nightshade
Bellis perennis: daisy
Borax: sodium borate
Bryonia: white bryony
Calcarea carbonica: carbonate of lime
Calcarea phosphorica: phosphate of lime
Calendula: marigolds
Candida albicans: candida albicans (a yeast)
Cantharis: Spanish fly
Carbo vegetabilis: vegetable charcoal
Cardiospermum (commercially sold as “Florasone”)
Castor equi: rudimentary thumbnail of the horse
Caulophyllum: blue cohosh
Causticum: Hahnemann's potassium hydrate
Chamomilla: chamomille
Chelidonium: greater celandine
Chloralum: chloral hydrate
Cicuta: water hemlock
Cimicifuga: black snakeroot
Cina: wormseed
Cinchona: Peruvian bark
Cocculus: Indian cockle
Coccus cacti: cochineal insect
Coffea: crude coffee
Colchicum: meadow saffron
Collinsonia: stone root
Colocynthis: bitter cucumber
Croton tiglium: croton oil seed

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Cuprum metallicum: copper
Eupatorium perfoliatum: boneset
Euphrasia: eyebright
Euphorbium: euphorbia resinifera
Folliculinum: estrogen
Gelsemium: yellow jessamine
Glonoine: nitroglycerine
Gnaphalium: eternal flower
Graphites: graphite
Hamamelis: witch hazel
Hellaborus: Christmas rose
Hepar sulphuris: Hahnemann's calcium sulphide
Histiminium: histamine
House dust mite: house dust mite
Hypericum: St. John's wort
Hyoscyamus: henbane
Ignatia: St. Ignatius bean
Influenzinum: influenza virus
Ipecacuahna: ipecac root
Iris: blue flag
Jaborandi: pilocarpus
Kali bichromicum: bichromate of potash
Kalmia (mountain laurel)
Kreosotum: beechwood kreosote
Lachesis: bushmaster snake venom
Lacticum acidum: lactic acid
Ledum: marsh tea
Lobelia: Indian tobacco
Luffa operculata: esponjilla
Lycopodium: club moss
Magnesium phosphorica: phosphate of magnesia
Mercurius: mercury
Mercurius iodatus flavus: proto-iodide of mercury
Mercurius iodatus ruber: bin-iodide of mercury
Millefolium:: yarrow
Natrum muriaticum: salt
Natrum sulphur: sulphate of sodium
Nitric acid: nitric acid
Nux vomica: poison nut
*Oscillococcinum*TM: heart and liver of a duck
Passiflora: passion flower
Petroleum: crude rock oil
Phosphorus: phosphorus
Phytolacca: pokeroor
Podophyllum: mayapple
Pulsatilla: windflower

Raphanus: black garden radish
Rhus toxicodendron: poison ivy
Rumex: yellow dock
Ruta: rue
Sabadilla: cevadilla seed
Sambucus: elder
Sanguinaria: bloodroot
Sarsaparilla: smilax
Sepia: inky juice from the cuttlefish
Silicea: silica
Solidago: goldenrod
Spigelia: demerate pinkroot
Spongia: roasted sponge
Squilla: sea onion
Staphysagria: stavesacre
Stramonium: datura stramonium
Strontium carbonicum: carbonate of strontium
Sulphur: sulfur
Symphytum: comfrey
Tabacum: tobacco
Tarentula hispanica: Lycosa tarentula
Urtica urens: stinging nettle
Veratrum album: white hellebore
Vespa: wasp
Viola odorata: violet
Wyethia: poison weed

RESOURCES

**** Homeopathic Organizations**

**** Homeopathic Books**

Homeopathic Organizations and Resource Centers

National Center for Homeopathy
1120 Route 73 Suite 200
Mount Laurel NJ, 08054
856.437.4752

www.HomeopathyCenter.org

This is the most important homeopathic organization in the United States. They publish a monthly magazine and a directory of practicing homeopaths, maintain an active network of homeopathic study groups, hold annual conferences and short summer training programs for laypeople and health professionals, and provide spokespersons to the media.

American Institute of Homeopathy
c/o Sandra M. Chase, MD, DHt, Trustee
10418 Whitehead St.
Fairfax, VA 22030
888-445-9988

Email: admin@homeopathyUSA.org

<http://www.homeopathyusa.org/>

Founded in 1844 and the oldest national medical society in the United States, this organization admits only medical doctors and osteopaths as voting members. It publishes a journal and sponsors or co-sponsors an annual conference. It also interfaces with government agencies on issues relating to the homeopathic profession.

Foundation for Homeopathic Education and Research
812 Camelia St.
Berkeley, CA. 94704 (510) 649-1955

This organization works to educate the medical community and the general public about research in homeopathy. It provides speakers on homeopathic research to hospitals, medical schools, industry, and community groups.

Homeopathic Academy of Naturopathic Physicians
P.O. Box 15508
Seattle, WA 98115 206-941-4217

www.hanp.net

This is the organization of naturopathic physicians who specialize in homeopathy. It certifies qualified naturopaths and publishes a professional journal.

North American Society of Homeopaths
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NASH certifies only unlicensed practitioners of homeopathy. To obtain certification one must have completed an approved training program and clinical internship and pass a comprehensive examination in homeopathy. Although this certification does not grant legal right to practice homeopathy, it is beginning to lay the groundwork for a distinct homeopathic profession.

Council for Homeopathic Certification

PMB 187

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Suite #100

Covington, WA 98042

(866) 242-3399

www.homeopathicDirectory.com

This organization provides certification for licensed health professionals (MD, DO, ND, DC, PA, RN, CA, DDS, etc.). A rigorous examination must be passed, as well as an analysis of at least 10 cases.

Homeopathic Educational Services

812 Camelia St.

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www.homeopathic.com

This resource center is the leading source for homeopathic books, tapes, medicines, medicine kits, software, and distance learning programs.

Homeopathic Books

*Books of note

Introductory and Family Guidebooks

Miranda Castro, RSHom., *The Complete Homeopathy Handbook*. New York: St. Martin's, 1990.

* Peter Chappell, RSHom., *Emotional Healing with Homeopathy: Treating the Effects of Trauma*. Berkeley: North Atlantic Books, 2003.

* Dennis Chernin, MD, MPH. *The Complete Homeopathic Resource for Common Ailments*. Berkeley: North Atlantic Books, 2006.

* Jane Cicchetti, *Dreams, Symbols, and Homeopathy: Archetypal Dimensions of Healing*. Berkeley: North Atlantic Books, 2003.

* Stephen Cummings, MD, and Dana Ullman, MPH, *Everybody's Guide to Homeopathic Medicine*. New York: Jeremy Tarcher/Putnam, 2004.

Richard Grossinger, PhD., *Homeopathy: The Great Riddle*. Berkeley: North Atlantic, 1998.

* Asa Hershoff, ND, DC, *Homeopathic Remedies*. New York: Avery, 1999.

* Shelley Keneipp, *The Patients' Guide to Homeopathy*. Berkeley: North Atlantic, 2015.

* Thomas Kruzel, ND, *Homeopathic Emergency Guide*. Berkeley: North Atlantic, 2003.

Wayne Jonas, MD, and Jennifer Jacobs, MD, *Healing with Homeopathy*. New York: Warner, 1996.

* Amy Lansky, PhD., *The Impossible Cure: The Promise of Homeopathy*. Portola Valley: RL Ranch, 2003.

* Lennihan, Burke. *Your Natural Medicine Cabinet*. Cambridge, MA: Green Healing Press, 2012.

Andrew Lockie, MD, *The Family Guide to Homeopathy*. New York: Fireside, 1993.

Andrew Lockie, MD, and Nicola Geddes, MD, *The Complete Guide to Homeopathy*. New York: Dorling and Kindersley, 1995.

* Larry Malerba, DO, *Green Medicine: Challenging the Assumptions of Conventional Medicine*. Berkeley: North Atlantic Books, 2010.

Maesimund Panos, MD, and Jane Heimlich, *Homeopathic Medicine at Home*. New York: Tarcher, 1980.

* Dana Ullman, *The Homeopathic Revolution: Why Famous People and Cultural Heroes Choose Homeopathy*. Berkeley: North Atlantic Books, 2007.

Dana Ullman, MPH, *Essential Homeopathy*. Novato, CA: New World Library, 2002.

Dana Ullman, MPH, *Homeopathy A-Z*. Carlsbad, CA.: Hay House, 1999.

* Dana Ullman, MPH, *Discovering Homeopathy*. Berkeley: North Atlantic, 1991.

Dana Ullman, MPH, *The Consumer's Guide to Homeopathy*. New York: Jeremy Tarcher/Putnam, 1996.

* Robert Ullman, ND, and Judyth Reichenberg-Ullman, ND, MSW, *The Quick and Simple Guide to Homeopathic Self-Care*. Roseville, CA.: Prima, 1997.

* Edward C. Whitmont, MD, *The Alchemy of Healing*. Berkeley: North Atlantic, 1993.

Specialized Self-Care Books

* Miranda Castro, *Homeopathy for Pregnancy, Birth and Your Baby's First Year*. New York: St. Martin's, 1993.

* Peter Chappell, RSHom, *Emotional Healing with Homeopathy: Treating the Effects of Trauma*. Berkeley: North Atlantic, 2003.

* Asa Hershoff, DC, ND, *Homeopathic Medicines for Musculoskeletal Healing*. Berkeley: North Atlantic, 1997.

* Richard Moskowitz, MD, *Homeopathic Medicine for Pregnancy and Childbirth*. Berkeley: North Atlantic, 1992.

* Ravi Roy and Carola Lage-Roy, *Homeopathic Guide for Travellers*. Berkeley: North Atlantic, 2010.

Michael A. Schmidt, *Healing Childhood Ear Infections: Prevention, Home Care, and Alternative Treatments*. Berkeley: North Atlantic, 1996.

* Dana Ullman, MPH, *Homeopathic Medicine for Children and Infants*. New York: Jeremy Tarcher/Putnam, 1992.

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* Robert Ullman, ND, and Judyth Reichenberg-Ullman, ND, MSW, *Ritalin-Free Kids: Homeopathic Treatment of A.D.D. and other Behavioral and Learning Problems*. Edmonds, WA: Picnic Point Press, 2014.

* Robert Ullman, ND, and Judyth Reichenberg-Ullman, ND, MSW. *Prozac-Free: Homeopathic Alternatives to Conventional Drug Therapies*. Edmonds, WA: Picnic Point Press, 2002.

* Robert Ullman, ND, and Judyth Reichenberg-Ullman, ND, MSW. *Homeopathic Treatment of Depression, Anxiety, Bipolar Disorders, and other Mental and Emotional Problems*. Edmonds, WA: Picnic Point Press, 2012.

* Robert Ullman, ND, and Judyth Reichenberg-Ullman, ND, MSW. *Rage-Free Kids*. Edmonds, WA: Picnic Point Press, 1999.

Philosophy and Methodology

Note: Books on homeopathic philosophy and methodology are primarily for students or practitioners of homeopathy, though anyone with a serious interest in the healing process will learn much from them.

* Samuel Hahnemann, MD, *Organon of Medicine*. New Delhi, India. Reprint. A newly translated edition that is considered the most accurate translation of this book is: *The Organon of the Medical Art*, Seattle: Birdcage, 1996.

* James Tyler Kent, MD, *Lectures on Homoeopathic Philosophy*. Berkeley: North Atlantic Books, 1979. Reprint.

Gerhard Koehler, MD, *The Handbook of Homeopathy*. Rochester, VT.: Healing Arts, 1987.

H.A. Roberts, MD, *The Principles and Art of Cure by Homoeopathy*. New Delhi: B. Jain. Reprint.

* Todd Rowe, MD, *Homeopathic Methodology*. Berkeley: North Atlantic, 1998.

* George Vithoulkas, *The Science of Homeopathy*. New York: Grove, 1980.

* Elizabeth Hubbard Wright, MD, *A Brief Study Course in Homeopathy*. St. Louis: Formur, 1977.

Materia Medica and Repertories

A *materia medica* is a book that describes homeopathic medicines and the various symptoms and syndromes they are known to cure. A *repertory* is a listing of symptoms and the various medicines that have been found to cause them in overdose and cure them in homeopathic doses. Students and practitioners of homeopathy generally have several *materia medica* and at least one repertory.

Most of these books are primarily useful for professional homeopaths, though these books are usually not technical and can be understood by laypeople and non-homeopaths. By adding a *materia medica* and a *repertory* to your library, you can be more precise in the selection of an individualized remedy.

* Philip Bailey, MD, *Homeopathic Psychology: Personality Profiles of the Major Constitutional Remedies*. Berkeley: North Atlantic, 1995.

* William Boericke, MD, *Pocket Manual of Materia Medica with Repertory*. Santa Rosa: Boericke and Tafel. Reprint.

* Peter Chappell, RSHom, *Emotional Healing with Homeopathy: Treating the Effects of Trauma*. Berkeley: North Atlantic, 2003.

* Jane Cicchetti, *Dreams, Symbols, and Homeopathy: Archetypal Dimensions of Healing*. Berkeley: North Atlantic, 2003.

* John Clarke, MD, *Dictionary of Practical Materia Medica* (3 volumes). Saffron, Walden, England: C.W. Daniel. Reprint.

* D.M. Gibson, MD, *Studies of Homoeopathic Remedies*. Beaconsfield, England: Beaconsfield Publishers, 1987.

Constantine Hering, MD, *Guiding Symptoms of Our Materia Medica* (10 volumes). New Delhi: B. Jain (reprint).

* Paul Herscu, ND, *The Homeopathic Treatment of Children: Pediatric Constitutional Types*. Berkeley: North Atlantic, 1991.

* Kantor, Jerry M. *The Toxic Relationship Cure: Clearing Traumatic Damage from a Boss, Parent, Lover, or Friend with Natural, Drug-free Remedies*. Wellesley Hills, MA: Right Whale, 2013.

* James Tyler Kent, MD, *Lectures on Homoeopathic Materia Medica*. New Dehli: B. Jain. Reprint.

* James Tyler Kent, MD, *Repertory of Homoeopathic Materia Medica*. New Dehli: B. Jain. Reprint.

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- * Lalor, Liz. *Homeopathic Guide to Partnership and Compatibility*. Berkeley: North Atlantic, 2004.
- * Roger Morrison, MD, *Desktop Guide to Keynotes and Confirmatory Symptoms*. Berkeley: Hahnemann Publishing, 1993.
- * Robin Murphy, ND, *Nature's Materia Medica*. Blacksburg, VA: Lotus, 2006.
- *Rajan Sankaran, *Synergy in Homeopathy*. Bombay: Homeopathic Medical Publishers, 2014.
- * Rajan Sankaran, *The Soul of Remedies*. Bombay: Homeopathic Medical Publishers, 1997.
- * F. Schroyens, MD, *Synthesis Repertorium*. London: Homeopathic Book Publishers, 2001.
- Margaret Tyler, MD, *Drug Pictures*. Saffron Walden, England: C.W. Daniel, 1952.
- *Frans Vermuelen, MD, *Prisma Materia Medica: Similar and Parallels Between Substance and Remedy*. Haarlem, The Netherlands: Merlijn, 2002.
- * Frans Vermuelen, MD, *Synoptic Materia Medica*. Haarlem, The Netherlands, Merlijn: 1994, 1996 (2 volumes).
- * Frans Vermuelen, MD, *Concordance Materia Medica*. Haarlem, The Netherlands: Merlijn, 1994.
- * Edward C. Whitmont, MD, *Psyche and Substance: Essays on Homeopathy in the Light of Jungian Psychology*. Berkeley: North Atlantic, 1991.

Science and Research

- * Paulo Bellavite, MD, and Andrea Signorini, MD, *The Emerging Science of Homeopathy: Biodynamics, Complexity, and Nanopharmacology*, Berkeley: North Atlantic, 2002. (a 1995 edition of this book was entitled *Homeopathy: A Frontier in Medical Science*)
- Harris L. Coulter, PhD., *Homoeopathic Science and Modern Medicine: The Physics of Healing with Microdoses*. Berkeley: North Atlantic, 1980.
- * Michael Emmans Dean, *The Trials of Homeopathy*. Stuttgart: KVC, 2004.

Bill Gray, MD, *Homeopathy: Science or Myth*. Berkeley: North Atlantic Books, 2000.

* Claudia Witt, MD, and Henning Albrecht. *New Directions in Homeopathy Research*. Essen, Germany: KVC Verlag, 2009.

History of Homeopathy

Trevor Cook, PhD., *Samuel Hahnemann: His Life and Times*. Wellingborough: Thorsons, 1981.

* Harris L. Coulter, PhD., *Divided Legacy: A History of the Schism in Medical Thought* (4 volumes). Berkeley: North Atlantic, 1975, 1977, 1981, 1994.

* Michael Emmans Dean, *The Trials of Homeopathy*. Stuttgart: KVC, 2004.

John Haller, *The History of American Homeopathy: The Academic Years 1820-1935*. New York: Pharmaceutical Products Press, 2005.

* Rima Handley, PhD., *A Homeopathic Love Story*. Berkeley: North Atlantic, 1990.

Rima Handley, PhD., *In Search of the Later Hahnemann*. Beaconsfield, England: Beaconsfield Publishers, 1996.

Ann Kirschmann, PhD., *A Vital Force: Women in American Homeopathy*. New York: Rutgers, 2004.

* Julian Winston, *Heritage of Homeopathic Literature*. Tawa, New Zealand: Great Auk, 2002.

* Julian Winston, *The Faces of Homeopathy: An Illustrated History of the First 200 Years*. Tawa, New Zealand: Great Auk, 1999.

Matthew Wood, *Vitalism: The History of Herbalism, Homeopathy, and Flower Essences*. Berkeley: North Atlantic, 1992 (new edition in 2000).

Source of Homeopathic Books, Tapes, Medicines, Courses, and Software

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HOMEOPATHY RESOURCES AVAILABLE ONLINE 150727

This document has been put together by Petter Viksveen in order to provide homeopathy researchers and homeopaths with an overview of existing resources available over the Internet. Some resources are freely available, others are open to paying members only. For proposals for additions, please contact homeopat@email.com

Content list

(To go directly from content list to relevant chapter: Place cursor above desired chapter, hold Ctrl and click)

A. RESEARCH**i. Databases (* open for subscription members only)**

CINAHL Cumulative Index to Nursing and Allied Health Literature *

<http://www.ebscohost.com/cinahl/>

ClinicalTrials.gov <http://clinicaltrials.gov/ct2/search> US NIH service for planned, ongoing and completed trials.

Cochrane Library

<http://www.thecochranelibrary.com/view/0/index.html> Limited number of reviews, abstracts freely available.

CRD Centre for Reviews and Dissemination, National Institute for Health Research

<http://www.crd.york.ac.uk/> 3 databases: DARE NHS EED HTA

Systematic reviews, economic evaluations, health technology assessments

CSA Sociological Abstracts *

<http://www.proquest.com/products-services/socioabs-set-c.html>

EMBASE Excerpta Medica Database *

<http://www.embase.com/>

EU Clinical Trials Register <https://www.clinicaltrialsregister.eu/index.html>

EU register for planned, ongoing and completed trials.

PsycINFO American Psychological Association

<http://www.apa.org/pubs/databases/psycinfo/index.aspx> (Click “Search PsycINFO Now)

PubMed/MEDLINE (National Library of Medicine)

<http://www.ncbi.nlm.nih.gov/pubmed/> Or easier to remember www.pubmed.com

Major medical research website. Some articles with abstracts and some full articles available.

PubMed searches journals in the MEDLINE database + other journals.

The world's largest library of health sciences, based at the US National Institute of Health.

It links 2 700 journals and over 11 million citations.

Research Gate <https://www.researchgate.net>

Various research articles may be found here, including over 1000 on homeopathy

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ii. CAM-specific Databases (*open for subscription members only)

Alt Health Watch

<https://www.ebscohost.com/academic/alt-healthwatch>

AMED Allied and Complementary Medicine *

<http://www.ovid.com/site/catalog/databases/12.jsp>

CAM base http://cambase.dmz.uni-wh.de/opencam/index_en.html

Over 1000 articles on research on homeopathy, some with summaries. Full articles must be ordered.

CAM Quest run by Carstens Stiftung at <http://www.cam-quest.org/en/>

German site with optional English text. Good homeopathy/CAM research site.

Searches must be carried out, but full articles are not available.

Carstens Stiftung <http://www.carstens-stiftung.de/eng/index.html> (English version)

Carstens Stiftung veterinary database <http://www.carstens-stiftung.de/clinresvet/index.php>

CLIFCOL (Clinical File Collection) <http://www.clifcol.net/>

Database for uploading, searching for and downloading homeopathy cases.

Run by ECH, HEHI and LMHI

CORE-Hom Freely available search option for homeopathy research (must register)

<http://www.carstens-stiftung.de/core-hom/login.php>

Durban, South Africa: Durban University of Technology <http://ir.dut.ac.za/handle/10321/12>

This University website has student research freely available in a searchable database.

It includes clinical research, provings and other original work.

Homeopathy Research Institute <https://www.hri-research.org/resources/research-databases/>

This website gives access to a new database established in cooperation with the British Homeopathic Association. Provides titles of RCTs.

HomBRex Database <http://www.carstens-stiftung.de/hombrex/index.php>

The Carstens Stiftung database. May search for article titles, membership for full access.

Research Database in Homeopathy

<https://drnancymalik.wordpress.com/article/research-database-in-homeopathy-2/>

<https://drnancymalik.wordpress.com/article/scientific-research-in-homeopathy/>

This website contains an overview of various trials in homeopathy, including many free full version articles.

iii. Research and other online Journals

Annals of Internal Medicine www.annals.org/cgi/search?fulltext=homeopathy

Includes research on homeopathy, 85 titles, mostly on subscription, some free.

BMC Complementary and Alternative Medicine www.biomedcentral.com/1472-6882

Research on CAM (also when searching for homeopathy), summaries free of charge, some full articles available, others may be ordered.

BMC homeopathy article www.biomedcentral.com/1472-6882/1/12

An article on the quality of homeopathy research.

British Medical Journal <http://bmj.com> Includes articles on homeopathy research.

Search for 'homeopathy', 'homoeopathy'. May also use *

Complementary Therapies in Clinical Practice

<http://www.sciencedirect.com/science/journal/17443881>

About 80 titles on homeopathy may be found, abstracts available, full articles must be purchased.

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Complementary Therapies in Medicine

<http://www.sciencedirect.com/science/journal/09652299>

Over 300 titles on homeopathy may be found, abstracts available, full articles must be purchased.

Complementary Therapies in Nursing and Midwifery

<http://www.sciencedirect.com/science/journal/13536117>

This journal has been continued as Complementary Therapies in Clinical Practice.

About 200 titles on homeopathy may be found, abstracts available, full articles must be purchased.

Evidence-based complementary and alternative medicine

<http://www.hindawi.com/journals/ecam/contents/>

CAM research journal with search function and open access articles.

Prof. Harald Walach's beginners course in research Freely available at http://www.europa-uni.de/en/forschung/institut/institut_intrag/Forschung/Free-Methodology-Online-Course.html

Homeopathy <http://www.sciencedirect.com/science/journal/14754916>

The journal 'Homeopathy', former 'British Homeopathic Journal'.

Main focus on homeopathy research. The only MEDLINE indexed homeopathy journal.

Abstracts available for many articles, most full versions must be purchased.

Indian Journal of Research in Homoeopathy <http://www.ijrh.org/> Open access

International Journal of High Dilution Research

<http://www.feg.unesp.br/~ojs/index.php/ijhdr/index> (Archive)

Membership free, full access to research articles.

Interhomeopathy www.interhomeopathy.org Free online journal, some articles on research.

Journal of Alternative and Complementary Medicine

<http://www.liebertpub.com/products/product.aspx?pid=26>

Journal of Evidence-Based Complementary & Alternative Medicine (JEBCAM)

<http://chp.sagepub.com/>

Searchable, abstracts available, full articles must be purchased.

iv. Other Research Websites**AS Promoting Scientific Research in Homoeopathy**

<http://www.audesapere.in/>

<http://www.facebook.com/audsapere.in>

Indian homeopathy research website with various resources freely available.

ETHOS Electronic Thesis Online Service <http://ethos.bl.uk/SearchResults.do>

Search for homeopathy gives several theses freely available.

Faculty of Homeopathy (UK) research website <http://www.facultyofhomeopathy.org/research>

Formal Case Study (FCS) – a potential method for assessing single cases (article)

<http://www.biomedcentral.com/1471-2288/4/4/abstract>

Google search tutorial <http://mashable.com/2012/06/07/google-search-tips/>

This is not a source for finding homeopathy or other research articles, BUT a simple introduction for how to search the internet using Google

Groupe International de Recherche sur l'Infinitésimal www.giriweb.com

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French website with research on homeopathy. A limited number of articles may be downloaded. Includes links to other websites containing homeopathy research.

IN-CAM <http://www.incamresearch.ca/index.php?id=40,0,0,1,0,0&menu=0>

Canadian Interdisciplinary Network for CAM Research.

Informationen zur Homöopathie <http://www.informationen-zur-homoeopathie.de/>

German site with news, interviews, etc.

Iris Bell on homeopathy and research – video presentations, debate & radio interviews

<http://www.youtube.com/watch?v=wYO6nNQGeIM> (other parts of presentations are also available on Youtube)

<http://www.homeopathycenter.org/educational-materials> (homeopathy info incl. research by Dr. Iris Bell)

Making Cases Count (MCC) Resource page for homeopaths who wish to collect data in their practice

<http://www.makingcasescount.org/>

Mendeley Reference Manager <http://www.mendeley.com/>

This website gives you access to a FREE reference manager.

Dr Nancy Malik Scientific Research in Homeopathy

<https://drnancymalik.wordpress.com/article/scientific-research-in-homeopathy/>

New Scientist www.newscientist.com A lot of articles critical to homeopathy.

NAFKAM www.nafkam.no **NIFAB** www.nifab.no

Norwegian national CAM research and information centres, University of Tromsø. Publicly funded.

NCCAM National Center for Complementary and Alternative Medicine

<http://nccam.nih.gov/health/homeopathy/>

Website run by the US National Institutes of Health. Limited info on homeopathy research.

National Centre for Homeopathy <http://www.nationalcenterforhomeopathy.org/articles-research>

A regularly updated website with some summaries on research on homeopathy.

National Institutes of Health (US NIH) <http://nccam.nih.gov/health/providers/>

New Zealand CAM site – Complementary and Alternative Medicine www.cam.org.nz

Some CAM research, four homeopathy reviews. Funded by NZ Government.

Open PDF <http://openpdf.com/ebook/homoeopathy-pdf.html>

Some pdf files on homeopathy research freely available.

Official Indian research centre www.ccrhindia.org

Information on homeopathy in general and some homeopathy research.

Society of Homeopaths (UK) research website

<http://www.homeopathy-soh.org/research/>

The Research Council for Complementary Medicine www.rccm.org.uk

CAM research in general. Website currently not functioning well (many outdated links).

Townsend Letter www.townsendletter.com Research on CAM in general.

Vifab <http://www.srab.dk> Danish public website with CAM research info

B. PROVINGS

Durban, South Africa: Durban University of Technology <http://ir.dut.ac.za/handle/10321/26>

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This University website has student research freely available in a searchable database. It includes clinical research, provings and other original work.

Great Lakes Provings <http://www.greatlakesprovings.com/>

Limited number of provings, some with info

Homeopathy Home <http://www.homeopathyhome.com/reference/provings.shtml>

Mostly not available or available through other websites

Luminos Homeopathic Courses Ltd. <http://homeopathycourses.com/>

Have some provings freely available

Provings.com <http://www.provings.com/>

App. 1200 provings, some with info, others with email contact

Provings.info www.provings.info/en/index.html Developed by Jörg Wichman.

Alphabetical overview of provings. Some proving info free.

Advanced search options and more info accessible by subscription 25 Euro / annum.

The Provings of New Homœopathic Remedies <http://www.hominf.org/proving.htm>

23 remedies, detailed information

The Dynamis School for Advanced Homœopathic Studies <http://www.dynamis.edu/provings/>

Adding new provings. Cooperate with Provings.com

C. HOMEOPATHY MATERIA MEDICA, REPERTORIES, BASIC LITERATURE

Allen HC. Keynotes and characteristics with comparisons of some leading remedies.

<http://homeoint.org/books/allkeyn/index.htm>

<http://homeoint.org/seror/allkeynf/index.htm> (French)

Allen TF. Allen's clinical hints. <http://homeoint.org/books2/allenclin/index.htm>

Arndt HR. First lessons in the symptomatology of leading homœopathic remedies.

<http://homeoint.org/books2/arndt/index.htm>

Bidwell GI. How to use the repertory with a practical analysis of forty homeopathic remedies.

<http://homeoint.org/books2/bidwhow/index.htm>

Boericke OE. Repertory. <http://homeoint.org/books4/boerirep/index.htm>

Boericke W. Homœopathic material medica. <http://homeoint.org/books/boericmm/index.htm>

Boger CM. Boenninghausens's characteristics materia medica and repertory.

<http://homeoint.org/books2/boenchar/index.htm>

Boger CM. Studies in the philosophy of healing (and others writing including the study of material medica and taking the case). <http://homeoint.org/books/bogphilos/index.htm>

Boger CM. General analysis and card index. <http://homeoint.org/seror/boggaic/index.htm>

Boger M. A Synoptic Key of the Materia Medica.

<http://www.homeoint.org/books2/bogersyn/index.htm>

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Boger CM. Boenninghausen's Characteristics - Materia Medica.

<http://www.homeoint.org/books2/boenchar/index.htm>

Cehovsky J. Homeopathy – more than a cure. <http://www.alternativa.cz/book/index.htm>

Clarke JH. A dictionary of practical materia medica. <http://www.homeoint.org/clarke/index.htm>

Accessible through membership only.

Clarke JH. (1915) Gunpowder as a war remedy. <http://homeoint.org/seror/clarkgun/index.htm>

Clarke JH. The 13 remedies of Dr. John Henry Clarke. <http://homeoint.org/books3/clarke13/index.htm>

Cleave E. Cleave's biographical cyclopædia of homoeopathic physicians and surgeons.

<http://www.homeoint.org/history/cleave/index.htm>

Close SM. The genius of homeopathy, lectures and essays on homeopathic philosophy.

<http://homeoint.org/books4/close/index.htm>

Curie PF. Practice of homoeopathy. <http://homeoint.org/books2/curiepra/index.htm>

Dearborn FM. American homeopathy in the world war. <http://homeoint.org/books2/ww1/index.htm>

Felter HW. (1922) The eclectic material medica, pharmacology and therapeutics.

<http://www.swsbm.com/FelterMM/Felters.html>

http://www.swsbm.com/FelterMM/Felters_Materia_Medica.pdf

Guernsey HN. Key-notes to the material medica. <http://homeoint.org/books4/guernsey/index.htm>

Hahnemann CFS. Chronic diseases. <http://homeoint.org/books/hahchrdr/index.htm>

Hahnemann CFS. Organon of medicine.

<http://www.homeopathyhome.com/reference/organon/organon.html>

<http://www.homeoint.org/books4/organon/index.htm> (German version)

<http://www.library.ucsf.edu/collections/homeopathy> (Original Organon online)

<http://www.mickler.de/organon-der-heilkunst.htm> (Original Organon online + other docs)

<http://www.homeoint.org/books4/organon/> (Institut für Geschichte der Medizin der Robert Bosch Stiftung)

<http://organonofmedicine.com/aphorisms> (Aphorisms in Organon of Medicine)

http://www.library.ucsf.edu/sites/all/files/digital_collections/organon/organon.html (USCF Library)

Hatherley P. Provings <http://www.patriciahatherly.com/proving.html>

Hutchison JW. Seven-Hundred Red Line Symptoms from Cowperthwaite's Materia Medica.

<http://www.homeoint.org/books2/hutch700/index.htm>

<http://www.henriettesherbal.com/eclectic/felter/index.html>

http://www.swsbm.com/FelterMM/Felters_Materia_Medica.pdf

Jones S. The mnemonic similia. <http://homeoint.org/books2/jonemnem/index.htm>

Kent JT. Kent's repertory. <http://homeoint.org/books/kentrep/index.htm>

Kent JT. Lectures on homoeopathic philosophy. <http://homeoint.org/books3/kentlect/index.htm>

Kent JT. Lectures on homoeopathic material medica. <http://homeoint.org/books3/kentmm/index.htm>

Kent JT. Kent' new remedies. <http://homeoint.org/books2/kentnewr/index.htm>

Kent JT. Clinical cases. <http://homeoint.org/books2/kentnewr/index.htm>

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Kent JT. Lesser writings. <http://homeoint.org/books2/kentnewr/index.htm>

Kent JT. Aphorismes de Kent <http://homeoint.org/books2/kentnewr/index.htm>

Kent JT. What the doctor needs to know in order to make a successful prescription.
<http://homeoint.org/books2/kentwhat/Kentintus.htm>

Kent HI. Reversed Kent's repertory. <http://www.homeoint.org/hidb/kent/index.htm>

Life-tree Online repertorisation program <https://www.life-tree.net/home>

Lippe A. (Text Book of Materia Medica)
<http://www.henriettesherbal.com/eclectic/e...wood/index.html>
<http://www.homeoint.org/books1/lippemm/index.htm>

Lippe A. Keynotes of homoeopathic materia medica. <http://www.homeoint.org/books2/lippkeyn/index.htm>

Massimo Mangialavori <http://www.mangialavori.it/Inglese/prima.htm> Remedies, cases, etc.

Morrell P. Articles on homeopathy. <http://homeoint.org/morrell/articles/index.htm>

Nash EB. Regional Leaders <http://www.homeoint.org/books/nashregi/index.htm>

Nash EB. Leaders in homoeopathic therapeutics. <http://homeoint.org/books2/nashtherap/index.htm>

Roberts HA. The principles and art of cure by homoeopathy. <http://homeoint.org/books4/roberts/index.htm>

Talcott SH. Mental diseases and their modern treatment. <http://homeoint.org/seror/psy/talcusindex.htm>

Vithoukas Compass Online repertorisation program <http://www.vithoukascompass.com/>

Several materia medica (most are listed above) <http://homeoint.org/english/index.htm>

D. INTERNATIONAL HOMEOPATHY ORGANISATIONS

European Coalition for Homeopathic and Anthroposophic Medicine Producers (ECHAMP)
www.echamp.eu European umbrella organisation for manufacturers of homeopathic medicinal products.
Mostly information on production of HMPs.

European Central Council of Homeopaths (ECCH) www.homeopathy-ecch.eu
Umbrella organisation for associations representing homeopaths who are not statutorily regulated healthcare practitioners and/or who are not. Several documents available, including some on research.

European Committee for Homeopathy (ECH) www.homeopathyeurope.org
Umbrella organisation for associations representing medical doctors practising homeopathy.
Various information, including some articles on research.

European Federation of Homeopathic Patients' Associations <http://www.efhpa.com/cms/>

World Homeopathy Awareness Organization (WHAO) <http://www.worldhomeopathy.org/>

E. OTHER RESOURCES

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Agrohomeopathy <http://www.agrohomeopathy.org/presentations.html>

Online presentations of conference on the use of homeopathic potencies for plants + links to other websites.

Ainsworths <http://www.ainsworths.com/news/default.aspx>

Manufacturer with some homeopathy news articles.

History of the Glasgow Homoeopathic Hospital <http://homeoint.org/morrell/glasgow/index.htm>

History of the London Homoeopathic Hospital

<https://www.uclh.nhs.uk/OURSERVICES/OURHOSPITALS/RLHIM/Pages/historyofrlhim.aspx>

History of homeopathy in Australia www.historyofhomeopathy.com.au

Holcombe: The scientific basis of homoeopathy. 1853

<http://www.archive.org/details/64311080R.nlm.nih.gov>

Homeopathic Educational Services <http://www.homeopathic.com/>

http://www.homeopathic.com/Articles/Homeopathic_research

Various homeopathy articles, including research.

Homeopathy for Africa <http://www.homeopathyforhealthin africa.org/>

Non-profit organization providing free holistic treatment for people living with HIV/AIDS

<https://www.youtube.com/playlist?list=PLHq1CUGGQt6uOux9XqBW9q7-IzpUCooJv> Videos

Homeopathy Helpline <http://www.homeopathyhelpline.com/articles-resources>

Some articles on various topics, including reports on treatment of acutes and historical articles.

HomeopathyHome www.homeopathyhome.org Info on homeopathy and links to other sites.

Homeopathy World Community <http://homeopathyworldcommunity.com/> Discussion and resource website.

Hpathy <http://www.hpathy.com/> Various info, limited info on research.

Huffington Post on homeopathy by Dana Ullman <http://www.huffingtonpost.com/dana-ullman>

Nancy Malik, A repository of downloadable resources on homeopathy

<http://drnancymalik.wordpress.com/2014/04/04/download/>

Narayana Verlag <http://www.narayana-publishers.com/index.php>

Nature-Reveals.com <http://www.nature-reveals.com/homeopathy.html>

Pharmacy – Helios Homeopathic Pharmacy <http://www.helios.co.uk/>

Something To Say Productions – <http://www.somethingtosayproductions.com/film-clips-recent>

Company which has produced some interesting clips about homeopathy.

Sue Young Histories <http://sueyounghistories.com/> Website with several biographies of homeopaths.

Whole Health Now – Homeopathy timeline

http://www.wholehealthnow.com/homeopathy_pro/homeopathy_1755_1799.html

Whole Health Now – Homeopathy events calendar

http://www.wholehealthnow.com/homeopathy_pro/calendar_hip.html

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WissHom Wissenschaftliche Gesellschaft für Homöopathie www.wisshom.de

Homeopathy website primarily focusing on three areas: quality assurance, research and education.
In German only.

F. MEDICAL

Dermnet Skin disease atlas

Photos of various skin diseases

<http://www.dermnet.com/dermatology-pictures-skin-disease-pictures/>

Primary Care Dermatology Society, Skin lesions

Photos of skin disease <http://www.pcds.org.uk/image-atlas/skin-lesions>

G. FACEBOOK PAGES

ECCH The Facebook page of the European Central Council of Homeopaths. Open access.

<https://www.facebook.com/ECCH.homeopathy>

ECH The Facebook page of the European Committee for Homeopathy. Open access.

<https://www.facebook.com/pages/European-Committee-for-Homeopathy/201359239880319>

ENHR European Network for Homeopathy Research. Open to members of ENHR.

ENHR has been set up to facilitate dissemination of research information and discussion about research issues.

<https://www.facebook.com/groups/ENHR1/>

HAAGS Homeopathy for autism and ADHD.

ONLY open to homeopaths and homeopathy students.

Anyone interested must request permission to join on the FB page + email homeopat@email.com

<https://www.facebook.com/groups/theHAAGS/>

Homeo Article A number of hints to remedies. Open access.

https://www.facebook.com/Homeoarticle?notif_t=fbpage_fan_invite

Homeopathy Research Institute Organisation supporting and carrying out research in homeopathy

<https://www.hri-research.org/>

<https://www.facebook.com/pages/Homeopathy-Research-Institute/149919208404782?fref=ts>

NHL The Facebook page of the Norwegian Homeopathic Association (Norske Homeopaters Landsforbund)

<https://www.facebook.com/nhl.no?fref=ts> Open access

Informationen zur Homöopathie <http://www.informationen-zur-homoeopathie.de/>

German site with news, interviews, etc.

New Scientist www.newscientist.com A lot of articles critical to homeopathy.

Official Indian research centre www.ccrhindia.org

Information on homeopathy in general and some homeopathy research.

NAFKAM www.nafkam.no **NIFAB** www.nifab.no

Norwegian national CAM research and information centres, University of Tromsø. Publicly funded.

NCCAM National Center for Complementary and Alternative Medicine

<http://nccam.nih.gov/health/homeopathy/>

Website run by the US National Institutes of Health. Limited info on homeopathy research.

National Centre for Homeopathy <http://www.nationalcenterforhomeopathy.org/articles-research>

A regularly updated website with some summaries on research on homeopathy.

National Institutes of Health (US NIH) <http://nccam.nih.gov/health/providers/>

New Zealand CAM site – Complementary and Alternative Medicine www.cam.org.nz

Some CAM research, four homeopathy reviews. Funded by NZ Government.

Open PDF <http://openpdf.com/ebook/homoeopathy-pdf.html>

Some pdf files on homeopathy research freely available.

The Research Council for Complementary Medicine www.rccm.org.uk

CAM research in general. Website currently not functioning well (many outdated links).

Townsend Letter www.townsendletter.com Research on CAM in general.

Vifab www.vifab.dk Danish publicly funded CAM research organisation, links to Cochrane reviews.