

***EVIDENCE BASED
HOMEOPATHIC
FAMILY MEDICINE***



DANA ULLMAN, MPH, CCH

The edition of this eBook is from [July 2, 2025](#), and it supersedes all previous editions. This eBook is updated regularly. 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 Even more problematic is the fact that many books become out-of-date shortly after they are published.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

The information provided in this ebook is to inform people about how homeopaths use homeopathic medicines to treat people with various ailments that have been diagnosed by licensed health and/or medical professionals. All materials in this course are for informational and educational purposes only and do not constitute diagnosis, treatment, cure or prevention for any physical or mental illness. Nothing in this ebook and/or course is intended to substitute for the medical advice of physicians or psychologists. You are responsible for your own medical and healthcare choices. Never disregard or delay seeking professional medical and psychological advice or treatment because of something you have read or seen in any book, article, website, blog, or video. The author makes no representation or warranties of any kind in this book, and assumes no liability for any loss or damage arising out of your use of the information in this ebook or course.

How to Use this eBook

There are a couple of simple ways to move around this eBook. For PC USERS:

- 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 BOTTLIN 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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NOTE: At the end of the Table of Contents there is a listing of new chapters and new information that has been posted to “old” chapters!

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Part II: Homeopathic Family Medicine

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Drug Addiction
Earaches
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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?

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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?

Primary Assumption: Respecting the Wisdom of the Human Body

The basic assumption behind homeopathy is that symptoms of illness are not simply something "wrong" with the person but are actually responses and efforts of the organism to defend and heal itself against infection and/or stress. The human organism does not become ill by surrendering to these forces but as a result of the body's efforts to fight them.

Every organism survives because it has incredible adaptive capabilities, and one of the ways that an organism adapts is through the creation of symptoms. The inflammatory process is one of the important ways that an organism begins to learn what has infected it and how to deal with it. The creation of symptoms is one of the ways that the organism learns to live in its environment.

The word "symptom" comes from a Greek root and refers to "something that falls together with something else." Symptoms then are a sign or signal of something else, and treating them doesn't necessarily change that "something else."

In 1942 Walter B. Cannon, a medical doctor, wrote *The Wisdom of the Body*. This book, which is a classic in medicine, detailed the impressive and sophisticated efforts that the body deploys to defend and heal itself.

A growing number of physiologists, including the late Dr. Hans Selye, who is considered to be the father of stress theory, have taken Cannon's work further, recognizing that symptoms are actually efforts of the organism to deal with stress or infection. Rather than viewing symptoms simply as signs of the body's breakdown, these medical doctors see symptoms as defenses of the body that attempt to protect and heal itself.

Concepts in new physics offer further support for the notion that living and non-living systems have inherent self-regulating, self-organizing, and self-healing capacities. This ongoing effort to maintain homeostasis (balance) and to develop higher and higher levels of order and stability have been described in detail by Nobel Prize-winning physicist Ilya Prigogine in *Order Out of Chaos*, Fritjof Capra in *The Turning Point*, and Erich Jantsch in *The Self-Organizing Universe*.

The implications of recognizing that symptoms are efforts of the body to defend itself are significant. Many conventional drugs are specifically prescribed to control or suppress symptoms. As the result of this action, these drugs may well inhibit the body's defense and immune processes. Such drugs should be avoided, except in special circumstances.

On one hand, conventional medical thinking maintains great respect for the human organism, its defensive functions, and its symptoms, and yet, on the other hand, it commonly assumes that symptoms must be inhibited, suppressed, and controlled. Fevers must be lowered. Inflammation must be suppressed. Discharges must be stopped.

Because these symptoms are important ways that the human organism is trying to learn and trying to heal itself, efforts that impede this process tend to provide short-term relief of pain and discomfort but also tend to create more long-term health problems. For instance, basic pathology texts affirm that fever is an important effort that the body

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deploys to fight and burn out infection, that inflammation is vital for the body to wall off pathogenic material, and that discharge is an essential way that the organism expels dead cells and infective organisms. Therapies or drugs that suppress the body's natural defenses create new, deeper, and more chronic health problems.

Inherent in much of conventional medical thinking about health is the assumption that whatever the body is doing is "wrong." On the other hand, inherent in homeopathic thinking is the assumption that there is an internal wisdom to the human organism. This difference in assumptions leads to completely different approaches to healing.

It is useful to note that the very word "symptom" is derived from Greek and means "sign" or "signal." A symptom is best understood not as the disease itself, but a sign or signal of the disease. Treating the sign or signal is akin to unscrewing a flashing oil light on a car. Although this treatment "works" (the light goes off), it does not solve the fundamental problem. Remember: the symptom is a signal of something; don't simply unplug the signal!

Primary Principle: The Principle of Similars

If one recognizes that symptoms are beneficial responses of the organism to defend and heal itself, the primary principle of homeopathy, called "the principle of similars," is completely logical. The principle of similars refers to an ancient method that utilized small doses of a substance, individually chosen, for its capacity to cause in overdose the similar symptoms as those that the sick person is experiencing.

Because symptoms are actually defenses of the body, using a medicinal substance that causes and mimics these defenses augments a person's healing abilities.

It is not simply a coincidence that two of the very few conventional medical treatments that augment immune response are immunizations and allergy treatments, both of which are ultimately based on the homeopathic principle of similars and using "like to treat like."

Even Dr. Emil Adolph Von Behring, the "father of immunology," directly pointed to the origins of immunizations when he asserted, "(B)y what technical term could we more appropriately speak of this influence than by Hahnemann's word "homeopathy" (Von Behring, 1906).

Conventional medicine also uses homeopathic-like therapy in choosing radiation to treat people with cancer (radiation causes cancer), digitalis for heart conditions (digitalis creates heart conditions), and Ritalin for hyperactive children (Ritalin is an amphetamine-like drug which normally causes hyperactivity). Other examples are the use of nitroglycerine for heart conditions,¹ gold salts for arthritic conditions, and colchicine for gout.

It should be remembered that although these conventional medical treatments utilize the homeopathic law of similars, they do not follow other fundamental principles of homeopathy. They are not individually prescribed to the degree of selectivity common in homeopathy, and they are not prescribed in a similar safe, extremely small dose.

The law of similars also is a basic principle of physics, one in which many of us might have learned in elementary school. My first grade teacher showed us magnets and how opposite poles attract while similar poles repel. She also showed how to recharge a weakened magnet: place similar poles next to each other, eventually the magnet will be recharged and will again repel itself from the other. As in homeopathy, like recharges/regenerates/heals like.

Besides being used in conventional medicine and science, the law of similars has a global and historical basis in healing. In the 4th century B.C., Hippocrates was known to have said, "Through the like, disease is produced, and through the application of the like it is cured." The Delphic Oracle proclaimed the value of the law of similars, stating, "that which make sick shall heal." Another story from Greek mythology that gave an example of the similars principle in action, though in a magical rather than medicinal

¹ Nitroglycerine was actually first utilized as a medicine by Constantine Hering, a homeopathic physician. For a more detailed history of the use of nitroglycerine in medicine, see W.B. Fye, "Nitroglycerine: A Homeopathic Remedy," *Circulation*, January, 1986, 73,1, 21-29. Also, for a historical discussion of various homeopathic drugs in which have been incorporated into conventional medicine, see Harris Coulter's *Homoeopathic Influences in Nineteenth Century Allopathic Therapeutics* (St. Louis: Formur, 1973).

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way, was when Telephus, a Trojan hero who was speared, needed to obtain the original spear for his healing.

Paracelsus, a well-known 15th century physician and alchemist, used the law of similars extensively in practice and referred to it in writings. His formulation of the "Doctrine of Signatures" spoke directly of the value in using similars in healing. He affirmed, "You there bring together the same anatomy of the herbs and the same anatomy of the illness into one order. This simile gives you understanding of the way in which you shall heal." (Coulter, 1975)

Even Shakespeare recognized the value of similars when he wrote in Romeo and Juliet:

"Tut, man, one fire burns out another's burning;
One pain is lessened by another's anguish,
Turn giddy and be holp by backward turning;
One desperate grief cures with another's languish.
Take thou some new infection to the eye,
And the rank poison of the old will die."

And Johann Wolfgang Goethe affirmed its special value in his most famous play Faust:

"To like things like, whatever one may ail;
there's certain help."

The use of the similars concept has Eastern roots as well. The martial art, aikido, is based on the principle that by using the force of the attacker against himself, a person is more able to defend himself than if he attempts to butt up directly against the attacker's blows. Aikido practitioners are known to blend and flow with the force of the attacker and, without much effort, are able to throw an attacker to the ground. In a similar vein, homeopathic medicines are chosen for their ability to match and mimic the symptoms of the sick person and thereby go with, rather than against, the body's effort to heal itself. It is thus understandable that Stewart Brand, editor of the Whole Earth Catalog, referred to homeopathy as "medical aikido" (Brand, 1974)

The law of similars may indeed have various applications, but its use in healing comprises the very basis of homeopathic medicine. And its use in healing makes clear and obvious sense because symptoms are defenses of the body, it is logical to aid rather than suppress them.

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Part II: HOMEOPATHIC FAMILY MEDICINE

Homeopaths commonly say that they do not treat “diseases” but “syndromes of symptoms” of which the disease is a part. One person’s headache syndrome is understandably different than another’s, and homeopathy embodies a systematic method of individualizing medicines to each person based on their unique syndrome. Your use of homeopathic medicines will be more successful when you learn to individualize a medicine to each person.

The information about each homeopathic medicine provided in this ebook primarily highlights the key features of a homeopathic remedy. This content is the most significant information that you may want or need to provide effective primary care treatment. This content does not provide complete information about each remedy. Readers are encouraged to complement the information provided here with homeopathic guidebooks, materia medica, and repertories in order to learn how to use homeopathic medicines with the greatest accuracy and effectiveness. See the Resources section in Part III for recommendations on the best books on homeopathic medicine.

Reference is made to clinical research when such investigations have been published. One of the differentiating features of the information provided below is the orientation towards “evidence based medicine.” *Please note, however, that just because no research has yet been conducted on a specific ailment does not mean that homeopathy is not effective in treating people who suffer with this condition.* Historically, homeopaths have claimed the best results in treating people who suffer from various chronic diseases. Because many of these chronic diseases are life-threatening, many research centers do not consider it ethical to conduct research using “experimental” methods such as homeopathic medicines. Also, because there are such limited funds available for research on homeopathic medicines, there are many chronic ailments for which little or no research has been conducted. Still, there is actually a lot more research on homeopathy than most people realize, and review of this material will confirm this assertion. Also, there is over 200 years of clinical experience by hundreds of thousands of homeopaths and by tens of millions of patients.

- It should also be noted that there are two types of research in homeopathy:
- 1) Research that “proves” homeopathy: attempts to prove (or disprove) the efficacy of homeopathy in the treatment of people with a specific ailment
 - 2) Research that seeks to “improve” homeopathic care: efforts that help homeopaths gain greater knowledge about which remedies are most effective (or least effective) in treating people suffering from a specific ailment

Due to widespread skepticism about homeopathy, most research conducted today has been “defensive” research that has sought to prove homeopathy rather than improve it. Hopefully this trend will change in the coming years.

*****" Suggests that the medicine is the most commonly successful remedy for the ailment in question.**

A Note about Dose and Potency

This ebook assumes that most readers are not “expert homeopaths.” Because of this, we tend to recommend relatively low potencies in the treatment of most people (the 6th, 12th, and 30th potencies). Generally, the more knowledgeable you become of homeopathy and the more confident you are in using these medicines, the more comfortable you will be in using higher potencies (200th, 1M, and 10M: 1M = 1,000th potency; 10M = 10,000th potency).

The word "potency" refers to the number of times a medicine is potentized. Homeopaths have discovered that the more a medicine is potentized, the faster and deeper it acts and the fewer doses of it are generally required for treatment. However, it is not recommended to use the highest potencies in homeopathy, unless you know how and when to use them (this is reserved to expert homeopaths).

Some people who are new to homeopathy fret about which potency of a medicine to give. Such anxiety is needless. It is generally recognized in homeopathy that the choice of the correct medicine is significantly more important than the correct potency. Giving the incorrect potency will generally still promote healing, albeit slightly slower healing. It is likewise unnecessary to worry about whether to give an "X" or a "C" potency. They are both very similar in action, though the "C" potencies are considered slightly more powerful and therefore require slightly more precision in prescribing.

The word "dose" refers to the number of times a medicine is taken. The more intense a person's symptoms, the more frequent should be the dose, though the response to treatment also directly affects dosage (you should slow down or stop taking the medicine as healing takes place.)

Determining the correct dose is important because in infrequent instances excessive dosages can lead to a "proving" (the experience of symptoms caused by the overdose). However, only rarely will a person experience a proving because it is difficult to elicit symptoms from a proving while a person is ill. Even in the rare cases that symptoms of a proving are created, the symptoms dissipate shortly after the remedy is stopped.

Here are nine general rules for helping you determine the frequency of doses and level of potency of a homeopathic medicine.

1) The basic rule in prescribing homeopathic medicines is to give as few doses as possible but as much as is necessary. In intense acute disease a person's body usually needs repetition of a homeopathic remedy to continue to catalyze a healing response. However, because homeopathic medicines stimulate the body's own defenses (so that it can heal itself), it is not always necessary to give continual doses of the medicines. Observe the person's symptoms. If the person is cured or even significantly better after only one or two doses, stop giving the remedy. If, however, the person has improved a little after several doses but is still sick, continue to give the remedy, unless it is now clear to you that another medicine is indicated. Do not, however, simply continue to give a remedy that doesn't seem to be working.

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Remember, homeopathic medicines are not vitamins; they are medicines that, when accurately prescribed, catalyze the body's own healing process. They are not necessarily made more effective by taking more doses of them.

2) For people who are relatively new to homeopathy, it is recommended to use the 6th, 12th or 30th potency (usually described as 6X or 6C, 12X or 12C, 30X or 30C). The dose commonly recommended when using the 6th, 12th or 30th potency is three to six times a day, depending upon the intensity of the symptoms. However, during the first day of a high fever or other inflammatory condition, you may need to give the remedy every hour or every other hour during the first 24 hour period of the illness. Typically, some degree of relief from an acute problem is usually observed after a night's rest. Chronic or recurring complaints take longer and may require constitutional care from a professional homeopath.

3) It is generally recommended not to use any potencies higher than the 30th unless you are very familiar with homeopathic philosophy, methodology, and materia medica. Although higher potencies have a smaller material dose of the substance, homeopaths usually find that they are actually stronger than the less potentized doses. These higher potencies sometimes cause a healing crisis -- that is, a temporary worsening of symptoms prior to a deep cure. Practitioners trained in homeopathy are more likely to know when worsening of symptoms is really a healing crisis or if it simply represents the person is becoming more ill.

4) The more severe symptoms a person experiences, the more frequent repetition of a remedy is necessary. For high fevers, intense inflammatory conditions, or strong pain, you may need to give the remedy every hour or every other hour. For mild symptoms, it is common to give a remedy three or four times in a day. Usually you can give the 6th or 12th potency for up to a week, while the 30th potency is not commonly given for more than three days at a time.

5) The more intense the symptoms, the higher the potencies are recommended. If the person's symptoms are intense, as opposed to mild or simply persistent, it is recommended to use the 30th potency; it will act faster and deeper than the 6th potency.

6) Generally, the more confident you are in the selection of your remedy, especially if the medicine matches the general symptoms, the higher the potency should be used. Using the 30th potency requires more precision in prescribing than using the 6th or the 12th. The higher the potency used, the closer to the bull's eye the remedy should be.

7) Allow enough time for the remedy to act before changing to another remedy. Homeopathic medicines sometimes act very rapidly, but they can also act slowly. Sometimes a person may still be sick after taking a remedy for a couple of days, though some key symptoms have improved. It is important to avoid changing remedies while the person is in the process of improvement. If, however, the person is having intense symptoms and there is no improvement after 24 hours, a new remedy should be considered.

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If a person has mild symptoms, wait at least 36-48 hours before considering a new remedy. (One important exception to this rule is if sick person develops new symptoms, and you are now confident that another remedy is more accurate; then, you can consider switching remedies.)

8) Try to avoid giving too many remedies per episode of illness. Some people are impatient and expect a homeopathic medicine or any medicine to immediately cure their child. Try to avoid switching medicines too quickly or too often. If you give too many different remedies per episode of illness, you are not giving the remedies enough time to act. In rare instances it is possible to antidote the correct remedy by giving another medicine too soon. Do not give more than three or four medicines per episode; ideally, you should use just one or two.

9) You can stop giving the remedy once you notice that the sick person is considerably better. Although some practitioners or parents give additional doses of a remedy when a child still has minor symptoms, the general rule in homeopathy is to use as few doses as possible. If a medicine has obviously provided considerable benefit, the person's body will be able to complete the healing. In cases when this doesn't happen, either a couple more doses of the original remedy is indicated, or a new medicine can be chosen that fits the present symptoms.

Abuse

BOTTOMLINE: Homeopathic medicines can be effective in helping people deal with the variety of emotions that are experienced after abuse, though no controlled studies have verified this observation. In severe or persistent cases, professional homeopathic care is recommended in addition to psychotherapy.

Emotional support and comfort are essential in helping a person who has been physically, emotionally, or sexually abused, and homeopathic medicines can be a very important and often effective adjunct to a person's care. When people experience chronic physical or psychological symptoms after abuse, professional homeopathic care should be sought. Professional psychological care, at least short-term, is generally recommended for anyone who has been abused.

**** *Ignatia* (St. Ignatius bean):** This medicine is homeopathy's leading remedy for acute stages of grief. It is not only useful in relieving various emotional symptoms that a person who is abused feels but also in relieving various physical symptoms that manifest in the process. This remedy is particularly indicated when the person sighs frequently, has a lump in the throat, and prefers to cry when they are alone rather than in public. When they do cry, it is usually in great sobs rather than just simple tears. People who need this remedy usually blame themselves for the abuse they experience.

**** *Staphysagria* (stavesacre):** This is a key remedy for people who have been in long-term abusive relationships. This remedy is indicated when the person who is abused has suppressed the anger until he or she explodes. This remedy is also valuable when a person has experienced great humiliation. People who benefit from this remedy do not usually blame themselves; they blame the abusers to whom they feel rage against.

*** *Stramonium* (datura stramonium):** When the person who is abused is truly terrified and if there was great violence to the abuse, this medicine is often extremely useful.

*** *Pulsatilla* (windflower):** Consider this for people who blame themselves for the abuse they experience, especially in weepy, affectionate, moody people whose nature it is to crave sympathy and attention.

*** *Colocynthis* (bitter cucumber):** People who benefit from this remedy feel humiliated and heightened anger that leads them to various cramping pains.

*** *Aurum metallicum* (gold):** This remedy is useful for people who feel great shame along with a sense of duty for the abuse they experienced. They blame themselves for their problems and feel great depression because of this.

Acne

BOTTOMLINE: Acne is treatable with internal medicines individually prescribed by a professional homeopath. To date, three studies on the homeopathic treatment of acne have been published. One study was a randomized double-blind and placebo controlled study that showed some benefits from individualized homeopathic treatment, and the second was an observational study testing just one medicine, but the results were quite encouraging. The third study was a randomized double-blind and placebo-controlled trial which showed benefits from homeopathic treatment as compared with placebo, but the results were not significant.

According to homeopathy, acne, like all skin diseases, is best treated with medicines taken internally because skin diseases are considered internal ailments that simply manifest on the skin.

Although some homeopaths may Calendula topically, such treatment provides only temporary reduction in the inflammation part of acne, not the underlying disease itself.

A double-blind, randomized, placebo-controlled trial was conducted at the National Institute of Homoeopathy, India, with 126 patients suffering from acne vulgaris (AV) were randomized to receive either IHM (verum) in centesimal potencies or identical-looking placebo (control) (Rai S, Gupta GN, Singh, et al, 2022). The primary outcome measure was the Global Acne Grading System score; secondary outcomes were the Cardiff Acne Disability Index and Dermatology Life Quality Index questionnaires - all measured at baseline and 3 months after the intervention. Group differences and effect sizes (Cohen's d) were calculated on the intention-to-treat sample.

Improvements were greater in the IHM group than placebo, with small to medium effect sizes after 3 months of intervention; however, the inter-group differences were statistically non-significant. Sulphur (17.5%), Natrum muriaticum (15.1%), Calcarea phosphorica (14.3%), Pulsatilla nigricans (10.3%), and Antimonium crudum (7.1%) were the most frequently prescribed medicines; Pulsatilla nigricans, Tuberculinum bovinum and Natrum muriaticum were the most effective of the medicines used. No adverse effects or unintended effects were reported from either group.

Arctium lappa (known as Lappa in Latin; common name is burdock root) is used in traditional Western and Chinese medicine for acne. It is mentioned in homeopathic literature for acne, but its effect has not previously been evaluated.

An uncontrolled observational interventional study was conducted on human subjects with acne vulgaris who fulfilled the inclusion criteria and gave written informed consent (Miglani, Manchanda, 2014). Lappa was prescribed in potencies starting from 6C rising to 1M as required, over a period of 6 months. Objective assessment was change in acne lesion counts supplemented with Global Acne Grading System (GAGS) and subjective assessment by using Acne-Specific Quality of Life questionnaire (Acne-QoL).

Out of the 34 human subjects, 32 completed the follow-up. Statistical significant results were seen in lesion counts, GAGS and Acne-QoL score (p value <0.001).

The researchers concluded that Lappa has shown positive effects in the treatment of acne especially of inflammatory type. Further controlled, randomized studies with larger sample size are desirable.

Reference:

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AIDS

BOTTOMLINE: Homeopathy has an impressive history of success in treating people with serious infectious diseases. There is a preliminary body of research that suggests that homeopathy may be efficacious in treating people with AIDS, though there is less evidence that it is helpful for people who are HIV+ and are asymptomatic. There was also a very provocative study using homeopathic doses of a conventional drug in order to reduce the side effects from this drug. It is now becoming increasingly common for people with AIDS to go on “drug holidays” (also called “structured treatment interruptions”), in which the patient significantly reduces or does not take any conventional AIDS treatment drugs. Homeopathic medicines can and should also be considered during these times. People with AIDS and those who are HIV+ will benefit from medical supervision of their health.

Famed medical pioneer Jonas Salk once said that there are two primary approaches in dealing with sick people: one that attacks the problem itself and one that seeks to strengthen the person’s own defenses. While conventional medicine has focused its resources on the former, homeopathic medicine has specialized in the latter.

Most people don’t know it, but homeopathic medicine became extremely popular in the 19th century in the United States and Europe primarily because of the impressive results it experienced in treating the infectious diseases of that era, including cholera, typhoid, yellow fever, scarlet fever, and others. Homeopathy’s history of success in treating infectious disease is significant, and in this new century when scientists and physicians continue to discover new bacteria and viruses, many of which are already resistant to conventional drugs, homeopathy will soon establish itself as a leading medical treatment for our modern-day infectious diseases.

Quite distinct from the approach used in conventional medicine by its use of antibiotics and antiviral medications, homeopathy uses medicines that are prescribed individually to augment a person’s own immune and defense system. Because of this, homeopathy is uniquely appropriate as a primary treatment for AIDS.

Professional homeopathic care would primarily seek to strengthen the person’s overall defenses by finding a “constitutional remedy,” that is, an individualized remedy for the person’s unique health history and present physical and psychological symptoms. In addition to this constitutional care, homeopaths can also treat the various acute and chronic symptoms that emerge as a part of the overall disease of AIDS.

Although homeopaths can treat people who are on conventional drugs, homeopaths generally have found best results with patients who resort less to conventional drugs.

A 2010 study was an open clinical trial using individualized homeopathic medicines selected through repertorization (Dey, Prasad, Siddiqui, et al, 2016). The aim of study was to observe the changes in CD4 and Viral load volumes after intervention of individualized homeopathic medicines. 90 seropositive patients were enrolled in two study centers of Central Council for Research in Homoeopathy (CCRH). 72 patients, who completed the follow up period of six months, were assessed. There was significant change in Viral load volume as compared to the baseline data

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(95% CI, 0.16, 1.24, $p=0.012$), but no significant changes was observed in CD4 cells (95% CI, -9.31, 57.84, $p=0.154$). The other parameters like Body Mass Index (BMI) (95%, -1.12, -.57, $p<0.001$) showed significant improvement. After homeopathic intervention, WHO-QOL (Quality of Life) parameters showed statistical significant changes at $p<0.05$ in physical health, psychological and environmental domains but in social domain no significant change was noted.

The homeopathic medicines that were found to create the most significantly beneficial results (in order of significance) were: Lycopodium, Sulphur, and Pulsatilla.

Few studies have yet surveyed people with AIDS who use homeopathic medicines, though a survey conducted between June, 1996, and December, 1999, in Belgium found that between 14% and 22% of people with AIDS used homeopathic medicines (Colebunders, 2003). This survey found that people with AIDS who used homeopathic medicines tended to have a higher education level and a lower CD4+ lymphocyte count.

A review of clinical and laboratory studies used homeopathic medicines and Ayurvedic remedies was published in 2008 and concluded, “Overall, the studies reported positive effects and even ‘cure’ and reversal of HIV infection, but frequent methodological flaws call into question their internal and external validity. Common reasons for poor quality included small sample sizes, high drop-out rates, design flaws such as selection of inappropriate or weak outcome measures, flaws in statistical analysis, and reporting flaws such as lack of details on products and their standardization, poor or no description of randomization, and incomplete reporting of study results” (Fritts, Crawford, Quibell, et al 2008).

Despite the various problems in how studies were conducted, the following trials suggest the value of homeopathic medicines in the treatment of people with AIDS.

As the 17th annual International AIDS Conference in Mexico City (August 3, 2008), Germany’s leading broadcasting service, Deutsche Welle, spoke to one of Germany’s leading AIDS researchers Hans Jaeger. Dr. Jaeger says he's optimistic about finding a cure to the deadly viral disease. Jaeger’s team made presentations on 10 research projects at this conference, and he highlighted to this news service the research about which he was most excited—

<http://www.dw-world.de/dw/article/0,2144,3530953,00.html>

Jaeger told the news service, “One project of interest around the world has to do with a homeopathic medicine: It was originally developed in Brazil and then very heavily used in South Africa, but it was one in which we did not think much could be done with. We conducted a pilot study and found that patients who did not show satisfactory improvement to their immune systems when treated with our regular medicines did, in fact, improve when they received this homeopathic medicine for a period of several months.

“This shows the closing of a circle. A medicine from Brazil travels to South Africa, is then researched and tested by us in a Western country. We were very skeptical about the project and can show in Mexico that this relatively inexpensive homeopathic substance can lead to improvements of the immune system.”

More specifically, his pilot trial studied 10 HIV+ patients with suppressive HAART but low CD4 counts; inclusion criteria were a stable clinical situation, viral load <40 cop/μl and an unchanged CD4 count <250 /μl for 12 months. Patients received a

homeopathic formula called Canova♦ in addition to HAART over a period of 16 weeks (3x10 drops/day with succussion). Patients were monitored during treatment with Canova and up to 6 months after stopping Canova.

At the start of the trial (Jaeger, Eger, Koegl, 2008), the median CD4 count was 161/ μ l (range: 102/ μ l-259/ μ l); 48 weeks before Canova start, median CD4 count was 151/ μ l (- 7/ μ l, p=n.s.) and 24 weeks before Canova start median CD4 count was 166/ μ l (+ 4/ μ l, p=n.s.) - reflecting a stable low CD4 count prior to Canova. There was a significant increase of +28 CD4/ μ l (median; p=0.02) after 8 weeks on Canova, which could not be confirmed after 16 weeks (p=n.s.). Two patients reported subjective improvement of general well-being. Two months after stopping Canova, median CD4 change was +54/ μ l (p=0.03) and after 6 months median CD4 change was still +39/ μ l (p=0.04).

In summary, this pilot study showed a benefit from a 16 week-treatment with the homeopathic drug combination Canova. After an observation time of nearly 6 months after stopping Canova, we still observed an immunological improvement compared to the pre Canova period.

A pilot study conducted in Kenya evaluated the efficacy of the new homeopathic drug, Iquilai, in the treatment of 228 people with AIDS or HIV+ (Ombaka, Gelder, Scholten, et al., 2008). The patient population comprised both patients under ARV (anti-retroviral) treatment as well as patients who were not undergoing any ARV therapy.

78% of the patients in this study were in the advanced or very advanced stage of the WHO classification (CD4 <200). About half the patients were already using regular anti-retroviral treatment (ART-monotherapy). Following a positive HIV test at the start of the treatment, the patients received a dose of the drug once a day for five days (no potency information of Iquilai was provided). The follow-up was recorded over a period of between four and nine months.

The results of this pilot study in the treatment of HIV/AIDS are as follows:

- More than 90% of the patients had a positive response to the remedy, defined as an increase of 10 points or more on the Karnofsky score. 68% had an increase of 20 points or more.
- There was a strong improvement in their health status. Opportunistic infections healed without further intervention.
- 65% of the patients at the beginning of the study required assistance (with Karnofsky score < 60) and changed their status to being able to perform their normal duties again (Karnofsky>80).
- The CD4 cell values of the tested group showed significant increases (average of 123 points).
- Side effects from regular ART were reduced.

Researchers working in the Indian government conducted a double-blind placebo controlled study of 100 HIV+ individuals, 50 of whom were in CDC stage II

♦ Canova, a homeopathic combination that includes but is not limited to Aconitum napellus (11DH) Arsenicum album (19DH), Bryonia alba (18DH), Thuya occidentalis (19DH), is used in situations where the immune system is compromised. There is some data from pilot studies in India and Brazil that Canova can increase CD4 cells and improve general well-being in HIV-patients (<http://www.canovadoBrasil.com.br/english/works.htm>)

(asymptomatic) and 50 of whom were in CDC stage III (with persistent generalized lymphadenopathy/PGL)(Rastogi, 1999). Each subject was interviewed in the same fashion, though half were given a homeopathic medicine and the other half given a placebo during a 15-month period of time. Patients with PGL who were given an individualized homeopathic medicine experienced elevation in CD4 T-cells from pre- to post-treatment ($P < .01$) and in CD8 lymphocytes ($P < .05$). There was also a statistically significant difference in CD4 cells between treatment and placebo groups.

The researchers found no statistically significant results in patients with CDC stage II HIV infection. This research suggests that homeopathic medicines are more effective in treating those people who are HIV+ who have some symptoms rather than those who are asymptomatic. This is not surprising, as homeopaths utilize symptoms as “clues” to help determine the best choice of a remedy.

These researchers earlier conducted a study that showed significant improvement in immune panels and blood work in HIV+ and AIDS patients as the result of homeopathic treatment (Rastogi, 1993).

These same researchers also conducted a study on the immunological status of 34 HIV+ patients (Singh, 1994). After six months of individualized homeopathic treatment, 23 (67%) of the 34 subjects' immune profiles improved. Thirteen patients experienced a 0-10% increase in CD4 lymphocytes (a higher number of CD4 lymphocytes suggests a stronger immune response) and 10 patients experienced a greater than 10% increase. Because there is a tendency for people with HIV to have continually decreasing CD4 lymphocytes, this study suggests that homeopathic medicines provided a benefit to the subjects.

Thirty-seven HIV-infected persons were registered for a clinical trial where the HIV nosode in the 30C and 50C was prescribed (Shah, 2015). Ten participants dropped out from the study, leaving 27 subjects in the study. The HIV nosode 30C was given three times a day for first 3 months and 50C for next 3 months. Participants were monitored every 6 weeks during follow-up visits.

Out of 27 participants, 7 (25.93%) showed a sustained reduction in the viral load from 12 to 24 weeks. The study found that nine participants (33.33%) showed an increase in the CD4+ count by 20% in 12th and 24th week. Significant weight gain was observed at week 12 ($P = 0.0206$). 63% and 55% showed an overall increase in either appetite or weight. The viral load increased from baseline to 24 week though 12 week in which the increase was not statistically significant ($P > 0.05$). 52% (14 of 27) participants have shown either stability or improvement in CD4% at the end of 24 weeks, of which 37% participants have shown improvement (1.54-48.35%) in CD4+ count and 15% had stable CD4+ percentage count until week 24 week. 16 out of 27 participants had a decrease (1.8–46.43%) in CD8 count. None of the adverse events led to discontinuation of study.

The study results revealed improvement in immunological parameters, treatment satisfaction, reported by an increase in weight, relief in symptoms, and an improvement in health status, which opens up possibilities for future studies. However, due to the 25% dropout rate and the fact that this study didn't have a control group must have us question whether these improvements were the result of homeopathic treatment or just the ebb and flow of the disease.

In addition to the above controlled studies using conventional homeopathic medicines to treat people with AIDS, there is an interesting body of preliminary clinical trials using homeopathic doses of growth factors to treat people with AIDS (Ullman, 2003).

Two preliminary double-blinded, placebo controlled clinical studies (one original and one set of replication studies) in eight different cities throughout the United States over 8-16 weeks with 77 PWAs who used only natural therapies and no antivirals or steroids were conducted (Brewitt, et al, 2002). Two other follow-up studies were conducted spanning 2.5 years that evaluated long-term effects of these homeopathic medicines on 27 subjects in an open-label format (Brewitt, et al., 2000). One of these follow-up studies compared natural approaches with and without homeopathic growth factors to antiviral drug therapies. Seven subjects received homeopathic growth factors plus natural therapies, six subjects were given natural therapies without homeopathic growth factors, and 14 subjects were given conventional anti-viral therapies (Brewitt, et al, 2002).

The homeopathic medicines used in all of these studies were newly developed from those growth factors well known to have profound regulatory effects during G₁ phase of the cell-cycle. This phase is critical to decision making about the cell's destiny for division, specialization, or death. HIV abrogates G₁ during HIV infection, thus the decisions critical to immune system function, immune cell diversity, and the regulation of DNA expression are hostage to viral control rather than host cell control. The homeopathic treatments used in the studies consisted of a combination of four homeopathic growth factors: insulin-like growth factor-1, platelet-derived growth factor BB, transforming growth factor beta-1, and granulocyte-macrophage colony stimulating factors. Each of these medicinal agents was prepared homeopathically to the 30C, 200C, and/or 1M potencies (equivalent to 100⁻³⁰, 100⁻²⁰⁰, and 100^{-1,000} molar respectively). Patients were given 10 drops three times a day from each of four bottles of either the homeopathic medicines or placebo.

These studies found physical, immunological, neurological, metabolic, and quality of life benefits from the homeopathic growth factors.

Although these studies are provocative, these results and replication of findings were small and preliminary studies. Thus, one cannot yet determine what specific benefits accrued from the homeopathic growth factors. Larger studies conducted by independent researchers seem warranted.

A small but provocative study was conducted in Germany using 12C of *Staphylococcus aureus* Cowan I to treat people with AIDS (Danniger, Gallenberg, Kraeling, 2003). The use of this gram-positive bacteria is based on the authors' observation that HIV-DNA entry into target cell genomes and the development of AIDS occurs in the presence of additional CD4 T-cell stimulating antigens (such as bacterial toxins). The authors tested their hypothesis by using homeopathic doses of what is the most ubiquitous strain of gram-positive bacteria to reduce a person's susceptibility to AIDS. The authors present the results of treating five European and seven African patients with HIV (only 1 European was diagnosed with AIDS, while four of the African patients had advanced stage AIDS). Due to the small size of this study, the following statistics must be understood and used with caution. In the African patients the average

CD4 increased significantly ($p < .05$) from 10.2% to 26.0%, and there was also an equally significant change in the average CD4/CD8 ratio from 0.23 to 0.49.

As yet, only one study has asked the question: can homeopathic medicines be used to reduce the side effects of conventional medications? Trimethoprim-sulphamethoxazole (TMP-SMX) is a drug to prevent the onset of PCP. However, up to 80% of HIV-infected patients experience hypersensitive reactions to this drug. Researchers conducted an open, uncontrolled, prospective study using homeopathic doses of TMP-SMX to see if it could reduce the side effects of this drug (Bissuel, Cotte, Crapanne, et al, 1995). Twenty HIV-infected patients with a history of reactions in the previous 12 months were given a 9C dose twice daily for 10 days and then a 15C dose twice daily for 10 days prior to taking conventional doses of TMP-SMX. With a mean follow-up of 6 months, 13 patients tolerated the TMP-SMX rechallenge well without any adverse reactions, and none developed PCP or toxoplasmosis during follow-up. Six patients developed skin reactions within 24 hours, one of whom later developed PCP and one who developed cerebral toxoplasmosis. One other patient developed a skin reaction within three months. Because two-thirds of the patients responded well to the use of this homeopathic approach to desensitization, the researchers suggested that these findings be confirmed by a double-blind, placebo-controlled trial.

Although homeopathic medicines are not considered to have traditional antiviral action, their ability to augment the body's own defenses suggests that they have antiviral effects. One study on chicken embryo viruses showed that eight of ten homeopathic medicines tested inhibited the growth of the viruses by 50 to 100% (Singh and Gupta, 1985). A similar study done by the same researchers did find, however, that none of the four homeopathic medicines tested for their effects on a mouse virus had any effect (Singh and Gupta, 1985). Taken together, these studies suggest that homeopathic medicines can have significant antiviral effects, but it is necessary to find the individualized remedy for each situation.

Despite this preliminary work, it is important to understand that homeopathic medicines do not have traditional antiviral effects but seem to have immunomodulatory effects ("immunomodulatory effects" refers to a tonification of the body's immune system--that is, an ability to augment immune response when it needs to be stimulated and to depress an already overstimulated immune system). One laboratory study showed that the homeopathic medicine *Silicea* had dramatic effects on *stimulating* macrophages, an important part of the body's immune system, by 55.5% to 67.5% (Davenas, 1987). On the other hand, another clinical trial showed the efficacy of individualized homeopathic medicines on the treatment of people with rheumatoid arthritis (Gibson, 1980), an autoimmune disease, which is when a person's immune system is overly active, leading the body to attack itself. This study suggests that homeopathic medicines *decreased* the overly active immune system.

Other studies have shown the immunomodulatory effects of homeopathic medicines (Bastide, 1987; Durat, 1988), though their description is too technical for this body of information (See P. Bellavite and A. Signorini, *The Emerging Science of Homeopathy: Biodynamics, Complexity, and Nanopharmacology*. Berkeley: North Atlantic, 2002).

It is now becoming increasingly common for people with AIDS to go on "drug holidays" (also called "structured treatment interruptions"), in which the patient

significantly reduces or does not take any conventional AIDS treatment drugs. Homeopathic medicines can and should be considered during these times (Ullman, 2003).

In Summary

The history of homeopathy's successes in treating infectious disease epidemics, the research that suggests the immunomodulatory effects of homeopathic medicines, and the clinical research on HIV+ and AIDS patients that indicates beneficial response to homeopathic medicines should command attention of physicians, scientists, and public health officials. Despite this body of work, it is both surprising and disappointing that homeopathic medicine is consistently ignored as a viable part of a comprehensive program to treat HIV+ and AIDS patients.

Homeopathy is not the only alternative being ignored by the AIDS medical community. Even though a large number of people with AIDS, especially long-term survivors, are using one or more alternative treatments, there is little data on their use or success. Even the leading AIDS organizations are likewise ignoring any serious investigation of their use. Until AIDS activists, the concerned general public, and open-minded health professionals insist that research on alternatives be performed, potentially valuable therapies will continue to be ignored, and the AIDS epidemic will continue to devastate our society. When these alternative therapies are integrated within a comprehensive program that includes public health measures that seek to prevent infection, the AIDS epidemic will finally begin to recede.

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Alcoholism

A randomized controlled, open-label, comparative trial, was conducted, in which alcohol dependents were screened verbally using the CAGE scale (Manchanda, Janardanan Nair, Varanasi, et al, 2016). The 80 participants were randomized either IH (individualized homeopathy) (n=40) or SA (standard allopathic/conventional medicine) (n=40) and treated with follow up for 12 months. The primary outcome was more than 50% reduction in the Severity of Alcohol Dependence Questionnaire [SADQ] rating scale at 12th month.

The statistics below show a substantially significant benefit from the individualized homeopathic treatment as compared with conventional medical treatment of people with alcoholism. The intention to treat (ITT) analysis reflected 80% (n = 32) of the patients in IH and 37.5% (n = 15) of the patients in the SA responding to CI before 2.4 treatment with absolute difference was 42.5% (42.5 [95% confidence interval [CI]: 23.0, 61.6]) and estimated effect: 6.6 (95% C.I: 2.4, 18.2), P = 0.0002. A significant difference favoring IH was also observed in three out of four domains of WHO QOL-BREF. Statistically significant difference was found in the number of drinking days (median difference: -24.00; CI: -39.0--8.0; P = 0.001) and number of drinks per drinking day (median difference: -6.3 [95% CI: -11.3--1.9]; P = 0.004), favoring IH. The results showed a similar trend in PP analysis.

The researchers concluded that IH is not inferior to SA in the management of AD patients. More rigorous studies with large sample size are however desirable.

Patients allocated to SA group were treated with Chlordiazepoxide along with thiamine for 10–14 days for detoxification. Thereafter, the patients were given medication for AD such as Baclofen or Disulfiram. The treatment was decided by the consultant (a psychiatrist). Counseling has been given to patients of both the groups by the psychiatrist involved in the study. Psychiatric social work (PSW) helped the investigators in motivating patients during treatment and maintaining follow-up through home visits.

Secondary outcome measures comprise changes in the quality of life (QOL), management of detoxification, and changes in alcohol consumption pattern in terms of quantity and frequency.

The IH medicine was prescribed in either 30 CH or 200 CH potency in a single dose or two doses in the first prescription. Successive prescriptions were either repetition of the same or change into higher potency up to 1M. There were six different remedies prescribed, namely, Sulphur, Lycopodium clavatum, Arsenic album, Nux vomica, Phosphorus, and Lachesis during the patients' treatment period. The most frequently prescribed medicines were Sulphur: 11 (27.5%) and Nux vomica: 10 (25%).

Apart from improvement in craving for alcohol, other frequently associated symptoms found to be improved are mentioned in Table 5. A significant difference was found in symptom irritability and craving for alcohol (P = 0.001) when compared between IH and SA. There was no reporting of severe withdrawal symptoms, thus none of the patients required rescue conventional medication during the study period in both the groups. CIWA-Ar score was assessed in only two patients who were in SA group and treated with the assigned group medication.

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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 (Wiesenaue, 1996).

This team of researchers actually conducted seven studies with this medicine, and they have consistently found it to be effective (Wiesenaue, 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 biostatistcian 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 11am. 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.

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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"⁸ 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.

⁸ 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”⁹ 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,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 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

¹⁰ 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.

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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.

Three 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.

A systematic review was conducted on the use of homeopathy in rheumatic diseases and was published in a conventional medical journal (RDs)(de Carvalho, Lerner, Benzvi, 2024). PubMed and Embase databases were examined for literature on homeopathy and RDs between 1966 and April 2023, and 15 articles were found with a total of 811 patients. The diseases treated included osteoarthritis (n=3), followed by rheumatoid arthritis (n=3), ankylosing spondylitis (n=1), hyperuricemia (n=1), and tendinopathy (n=1). Age varied from 31 to 87 years old, and male gender ranged from 56.7% to 100%. Homeopathy was tested as a fixed medicine to an individualized homeopathy. Most studies (9/15) demonstrated improvements after homeopathy. Side effects were not experienced or were minimal and were comparable to placebo groups. The researchers confirmed that homeopathy is a promising and safe therapy for RD treatment. However, the data needs to be reproduced in future more extensive studies.

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

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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 \pm 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.

A double-blind, multi-center, randomized, saline-controlled trial was conducted with 232 patients meeting the American College of Rheumatology criteria for osteoarthritis (OA) of the knee (Lozada, del Rio, Reitberg, et al, 2017). The patients were randomized to weekly intra-articular Tr14/Ze14 (n = 119) or saline (n = 113) injections (Tr14/Ze14 are a combination of two homeopathic formula medicines, Traumeel and Zeel). The primary efficacy endpoint was knee pain change from baseline (day 1) to end-of-study visit (day 99), as measured by the WOMAC Pain Subscore. Secondary endpoints included measures of WOMAC OA Index total and subscores, 50-foot walk test, and patient (PGA) and physician (PhGA) global assessments. Safety was assessed by vital signs, treated knee examinations, adverse events (AEs), and concomitant medications use.

For the primary endpoint Tr14/Ze14 was significantly superior to saline (-32.0 vs. -25.5; p = 0.0383, 95% CI for difference: -12.40, -0.35). WOMAC and 50-foot walk pain measures showed statistically significant efficacy for pain relief over study days 15-99 (except Day 29). Safety profile showed no serious adverse events related to the treatment. PhGA indicated significant improvement for Tr14/Ze14 on Days 29, 71 and Day 85.

In this study, intra-articular Tr14/Ze14 provided significant pain relief compared to saline-control throughout the observation period. Treatment effect sizes were clinically relevant, since these were comparable to those reported for standard-of-care treatments. The safety profile was benign.

An independent review of research on hip and knee osteoarthritis acknowledged that the Tr14/Ze14 homeopathic product showed therapeutic potential at week 6 compared to placebo (SMD:-0.42, 95%CrI,-0.71 to -0.11, 63.5% probability of reaching

the MID) (Pereira, Saadat, Bobos, et al, 2024). MID is the minimal clinically important between-group difference.

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. 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 individualized homeopathy treatment on pain symptoms and quality of life of patients with chronic musculoskeletal pain. The study was pragmatic, randomized 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 (Rhus 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 (Shiple, 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.

In another trial, 45 people who were radiographically diagnosed to have knee osteoarthritis (OA), excluding Grade 4 of knee OA, were allocated equally and randomly into two treatment groups (Sexena, 2023). The patients in Group A received placebo and physiotherapy, while patients in Group B received the homeopathic osteoarthritic nosode, and physiotherapy.

The changes in patients' symptomatic and functional domain were evaluated by Knee Outcome Survey-Activity of Daily Living Scale (KOS- ADLS) questionnaire score assessed at the baseline and after 3 months (6 follow-ups at 15 days interval) of treatment. The results showed that the patients with knee OA in Group B had significant improvement in both symptomatic and functional domains after treatment when compared with their initial status and when compared with Group A. Group A showed non-significant to no improvement in 72% of cases and 16% were aggravated when assessed on the symptomatic and functional domains. Group B showed mild to marked improvement in 80% of cases, whereas 12% showed non-significant to no improvement when assessed on the symptomatic and functional domains.

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.

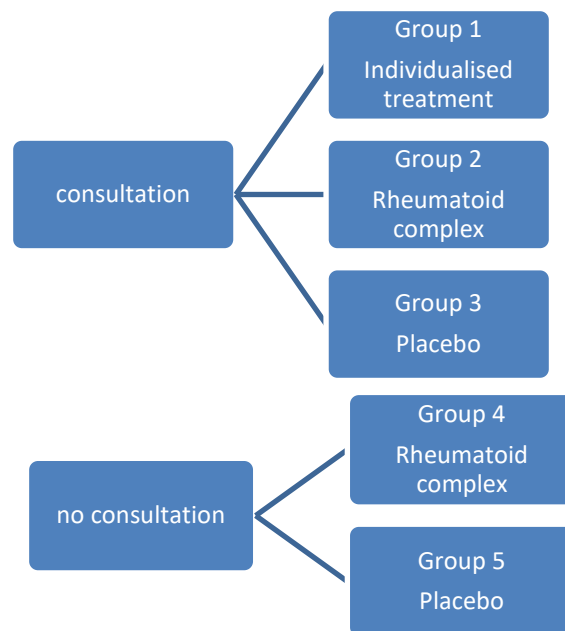
Reductions in serum uric acid over 3 months were comparatively higher ($p=0.057$) in the UUMT group than others, however, the differences were narrowed over 6 months ($p=0.119$). Per protocol analysis of serum uric acid level revealed similar trend of significantly higher reduction in the UUMT group 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 mean score,^{*11} 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

¹¹ 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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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 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.

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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.

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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).

We will describe this metaanalysis below, however, as of November, 2023, it must be noted that this paper was retracted by this journal due to “deficiencies” (Paper on homeopath, 2023).

Corresponding author Michael Teut of Charité Universitätsmedizin Berlin in Germany told us:

“Homeopathy is a very controversial subject, so critics have looked closely at the work. Unfortunately, a transcription error was made in the data extraction, which is relevant to the overall result. From this, one can justify a retraction of the work. Ultimately, it is good that the error was made transparent; the scientific community worked here. However, we authors would have preferred a correction in the form of an amendment, which we asked the journal to publish. Three further points of criticism are, in our view, contentious and less relevant. The journal communicated professionally.”

The last author, Harald Walach, lost two papers – as well as a university affiliation – in 2021. One paper, which claimed that children’s masks trap too much carbon dioxide, was republished in another journal after its retraction from JAMA Pediatrics. The other claimed that COVID-19 vaccines caused two deaths for every three deaths they prevented.

To the author of this ebook you are reading, it seems clear that the work of Harald Walach is simply “upsetting the apple cart of dominant medicine and Big Pharma. If the subject of the above metaanalysis was on conventional medicine, the journal would most likely NOT retract the article, but instead, they would provide the simple correction due to the error. However, because the subject of the article was “homeopathy” and because one of its authors is particularly controversial in his reviews and critiques of conventional medical treatments, this more recent review of homeopathic research on patients with ADHD was formally retracted.

Teut and Walach both agreed with the retraction, according to the notice, but the first author (Gaertner) did not.

Below is a statement from one of the authors (Walach)(reprinted here with author’s permission):

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A short methodological comment on the occasion of a “retraction” of our homeopathy-ADHD meta-analysis (by Harald Walach)

We were happy too soon. Last summer I reported that we were able to publish a meta-analysis on homeopathy for ADHD, which showed a significant effect size of $g = 0.6$ [1]. It was recently [retracted](#), by the Journal, not by us.

The background to this: We had made an extraction error and coded an effect size positively that should actually have been coded negatively. This is one of the pitfalls in a meta-analysis that I have now stumbled upon myself. Because you always have to ask yourself: Do the effects of a study point in the direction of the suspected hypothesis, i.e. support the assumption that the difference speaks for the effectiveness of a treatment, or against it? In this case [2] the result was not only not significant for homeopathy, but also pointed in the other direction. This should have been marked with a minus sign in the analysis, which I simply overlooked. And my colleagues didn't notice it either and so this very stupid mistake crept in.

What is the effect of such an error? In the originally published and now withdrawn analysis, the effect across all six studies is $g = 0.569$, with an error probability of $p < .001$. The estimation procedure is a random effects model that does justice to the wide spread of effect sizes. So the effect was very clear in this analysis. With the corrected sign, the result is $g = 0.568$ with the random effects model and is therefore very similar in terms of the estimate. What changes, however, is the significance estimate. It changes to $p = 0.053$ and just misses the formal significance limit.

If one only considers the four placebo-controlled studies, the new effect estimate is $g = 0.592$, also estimated using the random effects model. The published analysis reported $g = 0.605$, slightly higher. This effect was significant with $p = 0.03$. Now the effect is numerically slightly smaller; still relatively large, but no longer significant, namely $p = 0.2$. With a fixed effects model, this effect would be smaller ($g = 0.561$) but significant ($p < .001$). But such a model would not be appropriate because the studies are not homogeneous enough.

So we see: The sign primarily has an effect on the significance of the analysis, rather than on the estimate of the size of the effect. This is precisely because the effect of this study is numerically small compared to the other studies, especially compared to the long-term study from India, which has a very large effect of $g = 1.9$ and dominates the analysis. Therefore, the negative sign in this one study results in a much larger range of fluctuation, which in turn influences the significance estimate.

Because of this large variation, a fixed effects model is also inappropriate, even if it would yield significant effects.

Fixed and random effects model

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What is the difference? In a meta-analysis you always apply a statistical model to the data. A fixed effects model assumes that the true effect to be estimated is the effect of the mean of all studies plus some variation, or sampling error. This is estimated based on the deviations of the individual studies from the mean in relation to the number of all studies, comparable to the definition of a standard error in normal statistics.

The random effects model now assumes that, in addition to the sampling error, there is also a systematic fluctuation, the true size of which is not known but simply estimated using an additional estimation procedure. It is therefore assumed that the true values do not simply fluctuate randomly around an average, but that they fluctuate randomly *and* that there is also a systematic fluctuation. This is usually the more realistic assumption. This model usually leads, especially when appropriate, to different, often larger, effect size estimates, but to more conservative significance estimates. The significance here is not only estimated from the sampling error, but from this and the systematic fluctuation.

In the meta-analyses that I have calculated and seen so far, random effects were almost always appropriate.

The retraction

The journal criticized this error in particular. That was indeed a mistake. We would have liked to improve it with a corrigendum. From our point of view, that would have been possible. Because the overall assessment doesn't change much. This was: Homeopathy is promising, but the analysis is based on few and too wide-ranging studies and therefore it should be examined more closely. What changes, as I have shown, is not so much the assessment of the size of the effect, but rather the significance of the overall model. And when it comes to significance, there are very different statements anyway. The doyen of psychological methodology, Harvard methodologist Robert Rosenthal, once published an article in which he wrote "Surely, God loves the 0.6 as he loves the 0.5" [3, p. 1277]. By this he meant: Fixating on a certain level of probability of error is pure convention and not always wise. What is important, he emphasized this again and again and has become established at least in psychology, is the effect size itself. It goes without saying that these have to be protected against random fluctuations. And so you could say: The effect size doesn't change much, but the assessment of how strongly it represents a random fluctuation does change. That's correct. But that doesn't change our assessment: Homeopathy for ADHD is definitely interesting and should be further investigated. Incidentally, a new study has now been published, which we will include in an improved analysis, which we will then publish again, this time without sign errors.

The journal made two further points: that we were wrong in our risk-of-bias assessment and that when estimating the effect size of the Indian study, we should have used the published effect sizes and not our own estimate. Regarding the last accusation, I can say: In my opinion, this is wrong because the effect size estimates published by the Indian publication were obviously wrong. Why is another question. But I recalculated them based on the published data and they are wrong. Therefore, I used my calculated

effect sizes. All I can say about the incorrect risk of bias assessment is that it depends very much on the information you use as a basis. Authors often don't publish everything they've done, for example because they didn't realize that in 10 years everyone would be looking for that information and because they need to save space. But if you know how the authors worked because you know them and have talked to them, you can make different assessments. One can argue about whether this is good or bad, possible or wrong. Also, some assessments are really very subjective to a certain extent. Of course, you can always try to swing to the very conservative side. If you do that, nothing is really good and reliable anymore, except in very few cases.

The only, from my point of view, actually valid error, which we immediately admitted, was the coding error. Whether you have to react to this with a retraction, I'll leave that judgment to others. Personally, I think one could have responded with a correction.

When I think, for example, that Viola Priesemann's working group published a paper in *Science* that was demonstrably and admittedly operated with false data and that they did not retract this work [4, 5], then one asks oneself by what standards who is measured. We homeopathy researchers, because we are on the sidelines, take very strict measures. A working group at the Max Planck Institute that serves the government's favorite narrative is allowed to feed incorrect data into its model without the FAZ becoming nervous.

If you don't believe me, we have published everything in detail and proven it with links in our recently published work in *Futures* [6]. Ms. Priesemann's blog is also linked there, where she admitted that we are right [5]. I can send the article in PDF to anyone who is interested. Email is sufficient.

What do I learn from this? I will definitely not code data for meta-analyses after 8 p.m.

Sources and literature

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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) with 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 hellebore) 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.

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[7168;year=2013;volume=7;issue=4;spage=158;epage=167;aualast=Oberai;type=2](http://www.ijrh.org/downloadpdf.asp?issn=0974-7168;year=2013;volume=7;issue=4;spage=158;epage=167;aualast=Oberai;type=2)

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Judyth Reichenberg-Ullman, ND, MSW, and Robert Ullman, ND. *Homeopathic Treatment of Depression, Anxiety, Bipolar 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.

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.

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www.homeopathy.org

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

16915 SE 272nd Street

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.

Berkeley, CA. 94710 (510) 649-0294

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.

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* 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.

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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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- * Lator, 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.
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- *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.

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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.clificol.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 *

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<http://www.sciencedirect.com/science/journal/17443881>

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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/audesapere.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/bogphilo/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>

<http://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 cyclopaedia 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. Proving <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.

Biographies of homeopaths: <https://www.hahnemannhouse.org/biographies/> Website with several biographies of homeopaths.

Dana Ullman's blog: <https://danaullman.substack.com/>

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/>

<https://homeopathic.com/category/homeopathic-research/>

Various homeopathy articles, including research.

Homeopathic Research Institute: <https://www.hri-research.org/>

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.

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Sue Young Histories <https://www.hahnemannhouse.org/biographies/> 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

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.pcids.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/ENHRI/>

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.

The State of the State of Homeopathy Internationally... (as of August 13, 2024)

Today, homeopathic medicine represents a minor market in the great and exceedingly profitable drug industry. Although the homeopathic industry is at present very small in the United States, it has much greater popularity throughout the rest of the world. However, there is at present a significant and growing interest in “complementary and alternative medicines” in the U.S., either as an adjunct to or a replacement for conventional medical treatments.

Homeopathic medicine is a type of nanopharmacology by its use of extremely small but powerful drug doses, and there is considerably more research in the field than is commonly realized.

According to the Clinton commission’s report, a September 1999, National Science and Technology Council predicted that nanotechnology’s impact on the health, wealth, and security of the world’s population is expected to be “at least as significant as the combined influences of antibiotics, the integrated circuit, and human-made polymers.”³³ Of particular significance is the report’s reference to nanotechnology having the “combined” influence of these other major inventions.

This worldwide status report on homeopathy shows the impressive number of physicians and members of the general public who use homeopathic medicines.

Before discussing the country-by-country analysis of the use and popularity of homeopathic medicine, a 2024 survey of 16 countries provides important insights about the use of and thoughts about homeopathy

For 18 months, the opinion polling institute Toluna Harris Interactive conducted an international survey for Laboratoires Boiron to measure the perception and use of homeopathy around the world.³⁴

This quantitative study was conducted online from August 2022 to December 2023 in the following 16 countries: France, Spain, Italy, Germany, UK, United States, Canada, Colombia, Brazil, Bulgaria, Hungary, Poland, Czech Republic, Romania, Slovakia and India.

A total of 16,334 people were interviewed for this survey, more than 1,000 people per country selected, according to criteria of gender, age (over 18) and socio-professional category in order to be representative of the population of each country.

Summary of results:

➤ **Almost 6 out of 10 people say they have used homeopathy in the past.**

The survey found that 57% of people say they have used homeopathy during their life and 55% plan to use it in the future, because they believe that homeopathic treatments

³³ Roco MC, Williams S, Alivisatos P (eds.): Nanotechnology research directions: IWGN workshop report, National Science and Technology Council, Committee on Technology, Interagency Working Group on Nanoscience September 1999.

³⁴ Toluna Harris Interactive Survey for Boiron Laboratories. https://harris-interactive.fr/opinion_polls/lusage-de-lhomeopathie-dans-le-monde-2/

are natural and without side effects. In reference to the last 12 months, on average 48% of people have used homeopathy, either regularly or occasionally.

➤ **Current main usage rates, from one country to another.**

In the 16 countries surveyed, the use in the last 12 months ranges from 27% (in Canada) to 78% (in India) . These variations can be explained by the history of homeopathy in the country, the number of laboratories offering homeopathy, the population's appetite for complementary medicines, the functioning of the country's health system or the presence of health professionals practicing homeopathy.

Several countries were found to have a very deep-rooted use of homeopathy, especially India (78%), Colombia (71%) and France (59 %).

In Europe, several countries are close to the 50% user rate, including Germany, Italy, Bulgaria, and Romania.

➤ **Satisfaction is the order of the day for more than 8 out of 10 homeopathy users**

The survey found that 83% of homeopathy users were satisfied with the results of homeopathic treatment. It is also noted that all countries* have a satisfaction rate of over 75% (*Except Canada).

In many of the European countries surveyed, more than 8 out of 10 people surveyed are satisfied with their homeopathic treatments, including those in the Czech Republic (81%), Spain (84%), Italy (81%), and Hungary (82%). On the other side of the Atlantic Ocean, the score is very high in the USA and Colombia where 9 out of 10 people were satisfied with their results from homeopathic treatment. In Brazil, the satisfaction rate from homeopathic treatment was at its highest: 96%.

➤ **A wide range of uses throughout life**

People were found to use homeopathic medicines in a variety of ways. Homeopathic treatment was found to be suitable for everyone: from pregnant women to infants to the elderly.

There were found to be three main reasons that have led people to use homeopathy in their lives.

- Respondents explain that they mainly turn to homeopathy: to treat a child, in the context of a chronic illness or following an ineffective treatment.
- In some countries, homeopathy is also very popular to accompany the practice of a sport. Homeopathic medicines have been found to promote recovery from sports injuries. This use of homeopathic medicines in sports injuries is particularly popular in the USA, Colombia, Italy, and Spain.

➤ **More than 1 in 2 people consider using homeopathy: A promising future**

Homeopathy is considered for the future and its anticipated use is part of a form of continuity. More than 1 in 2 people plan to use homeopathy in the future. India, Colombia, Brazil, France, and Bulgaria are the top five countries resolutely turned towards homeopathy in the future.

Among regular or occasional users of homeopathy, the rate is higher. 74% of them want to turn to homeopathy again to treat themselves in the near and distant. This figure reveals a significant appreciation for this type of medical treatment.

Naturalness: The first motivation for using homeopathy in the future was the perceived “naturalness” of homeopathic medicines.

Safety: Unanimously, the number one reason given by people intending to use homeopathy in the future is that homeopathic treatments perceived to be very safe and to lack of side effects from treatment.

Greater respect for their health: Homeopathic medicines respect the inner wisdom of the body.

Efficiency of treatment: The experience of a large majority of users of homeopathic medicines is that they work.

The significant use of homeopathic medicines by health and medical professionals: In almost 80% of cases, people considering using homeopathy in the future will first turn to their healthcare professionals (pharmacist, general practitioner or homeopathic doctor) for advice, and many of these professionals now recommend the use of homeopathic medicines.

In detail, the primary sources of advice for the main countries are as follows:

- From pharmacists: France: 59%; Slovakia: 54%; Czech Republic: 52%; Germany: 47%
- From general practice medical doctors: Romania: 58%; Bulgaria: 52%; Poland: 47%; Italy: 45%
- From homeopathic physicians: Columbia: 65%; India: 64%; Brazil: 62%

The United States is an exception, where users of homeopathic medicines were more likely to consult the Internet (50%) to obtain information about or purchase homeopathic medicine.

Homeopathy in North America

Homeopathy is not widely known throughout the United States, but this lack of awareness is an exception to the rule. Homeopathy is very popular in Europe, especially France, Germany, and England, as well as in Asia, especially India. In fact, it is so popular in other parts of the world it would be inappropriate to consider homeopathy an "alternative medicine" there.

Homeopathy almost died out in the 1950s and 1960s, though according to the Food and Drug Administration, sales of homeopathic medicines grew by 1,000% from the late 1970s to the early 1980s.³⁵

In the 1990s homeopathic industry grew up to \$250 million per year in sales, with an annual growth rate of 20-25%.³⁶ Although the size of this industry is relatively small by most American standards, its growth rate is considered significant. Homeopathy is no longer invisible, and it is becoming more mainstream every day. In 1994, more than 50%

³⁵ "Riding the Coattails of Homeopathy," FDA Consumer, March, 1985: 31.

³⁶ "Market Report: Herbal and Homeo," OTC Market Report Update USA, July, 1994: 217-28.

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of the chain drugstores sold some homeopathic medicines. A survey of American pharmacists discovered that 27% consider homeopathic medicines "useful," while only 18% consider them "useless."³⁷ While over 75% of American pharmacists didn't know enough about homeopathy to have an opinion, this survey showed that of those who do know enough about it to have an opinion, many more consider homeopathic medicines beneficial.

Homeopathic medicines are prescribed by a wide variety of health and medical professionals, including medical doctors, osteopaths, naturopaths, chiropractors, veterinarians, dentists, nurses, physician assistants, midwives, and professional homeopaths. According to the 1993 Job Analysis of Chiropractic, 37% of the more than 50,000 US chiropractors prescribe some form of homeopathy, which represents over 18,000 practitioners.

In 2004, the Los Angeles Times estimated that the homeopathic market in the U.S. was \$400 million and its market growth was described as "strong."³⁸ In June, 2007, the Natural Food Merchandiser estimated homeopathic sales in "natural products stores" to be \$272 million, an 11.3% increase from the previous year.

Sales of a homeopathic cough drop (Cold-Eeze) in 2002 represented a 6% market share of this category, making it the 5th leading product or about \$20 million in sales.³⁹

A 2005 report from the National Center for Alternative and Complementary Medicine within NIH surveyed medical doctors and discovered that 5.9% of MDs have used homeopathy...and an impressive 27.9% "would use" homeopathy.⁴⁰ A chapter in a prestigious medical textbook noted that a review of 25 surveys found that 9% of American physicians use homeopathic medicines in some way.⁴¹ A 2007 survey of osteopathic medical schools in the U.S. found that 48% of them teach homeopathy.⁴² These numbers suggest that a strong minority of physicians are interested in homeopathic medicine.

A one-year survey ending December 1, 2007, found that sales of homeopathic medicines in conventional food and markets increased 19% and in natural foods supermarkets by 35%.⁴³

A 2000 survey of seniors in the US found that 5.8% have used homeopathy in the past year.⁴⁴ The survey found that homeopathy had the highest positive response to

³⁷ M.V. Nelson, G.R. Railie, and H. Areny, "Pharmacists' Perceptions of Alternative Health Approaches: A Comparison Between U.S. and British Pharmacists," *Journal of Clinical Pharmacy and Therapeutics*, 1990, 15: 141-6.

³⁸ Furmer, Melinda, Homeopathic Remedies Thrive in the Mainstream, Los Angeles Times March 22, 2004. <http://www.religionnewsblog.com/6521/homeopathic-remedies-thrive-in-mainstream>

³⁹ Cough Remedies, OTC Update, September 2002, p. 230.

⁴⁰ National Center for Alternative and Complementary Medicine, Percentage of Physicians Who Have Used or Who Would Use CAM Practices by Specialty (n-783), 2005.

⁴¹ Jonas, W.B., Chez, R.A. Complementary & alternative medicine. In *Current Diagnosis & Treatment in Family Medicine*. South-Paul, JE, Matheny, SC and Lewis, EL (Eds). New York: McGraw-Hill 2007; pp.549-557. ([View Article](#))

⁴² Dale W. Saxon, PhD; Godfrey Tunnicliff, PhD; James J. Brokaw, PhD, MPH; Beat U. Raess, PhD Status of Complementary and Alternative Medicine in the Osteopathic Medical School Curriculum. *JAOA*, 104,3: March 2004, 121-126.

⁴³ SPINscan Conventional, powered by Nielsen, published in NFM, March 2008, 152.

⁴⁴ Astin JA, Pelletier KR, Marie A, and Haskell WL. Complementary and Alternative Medicine Use Among Elderly Persons: One-Year Analysis of a Blue Shield Medicare Supplement, *J Gerontol A Biol Sci Med Sci* (2000) 55 (1): M4-M9.

doi: 10.1093/gerona/55.1.M4 <http://biomedgerontology.oxfordjournals.org/content/55/1/M4.long>

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treatment amongst all CAM treatments. The study found that 86% of those who used homeopathy experienced "a lot" or "quite a lot" of symptom relief. Other positive results included: guided imagery 84%, acupuncture 58%, and traditional Chinese medicine 57%.

This survey also found that 58% of respondents did not discuss their use of CAM treatments with their medical doctors. Among those aged 65-69, 46% reported CAM use compared with 31 % among the 80-84 age group, and with 23% for over 85 years of age. Of the elders who use CAM, 53% had a graduate degree.

In 2016, an important survey on the usage of homeopathic medicines in the USA was published in the most respected public health journal in the USA, "The American Journal of Public Health."⁴⁵ The authors of this survey were from Harvard's School of Public Health and Beth Israel Deaconess Medical Center, a Harvard Medical School affiliated hospital.

Among US adults, 2.1% used homeopathy within the past 12 months. Respiratory and otorhinolaryngology complaints were most commonly treated (18.5%). Homeopathy users were more likely to use multiple complementary and integrative medicine therapies and to perceive the therapy as helpful than were supplement users.

This survey noted that homeopathic studies "suggest potential public health benefits such as reductions in unnecessary antibiotic usage, reductions in costs to treat certain respiratory diseases, improvements in peri-menopausal depression, improved health outcomes in chronically ill individuals, and control of a Leptospirosis epidemic in Cuba."

Two-thirds of homeopathy users ranked homeopathy as one of their top three CAM therapies. Homeopathy users who saw a professional homeopath were significantly more likely to feel that homeopathy was "very important in maintaining health and well-being" and that it helped their health condition "a great deal" than were homeopathy users who did not see a professional homeopath.

Previous governmental surveys in 2002 and 2007 found that homeopathy was used by 1.7% and 1.8% of American adults respectively. This new survey found that in 2012 the usage of homeopathy had grown approximately 15% to 2.1% of U.S. adults. The most common conditions for which people sought homeopathic treatment were respiratory and ear-nose-and-throat complaints as well as musculoskeletal pain syndromes.

The researchers concluded, "Because of potential public health benefits associated with the use of homeopathy, further research on this modality and targeted studies of users are warranted."

A 2016 survey of Hispanics in California who suffer from colorectal cancer found that 6.7% use homeopathic medicines and 41% use some type of complementary and integrative treatment method.⁴⁶

Homeopathy in Canada has a slightly higher degree of acceptance. In Canada approximately 70% of the sales of homeopathic medicines are in pharmacies, 10% in

⁴⁵ Dossett ML, Davis RB, Kaptchuk TJ, Yeh GY. Homeopathy Use by US Adults: Results of a National Survey. *Am J Public Health*. 2016 Feb 18:e1-e3. <http://www.ncbi.nlm.nih.gov/pubmed/26890179>

⁴⁶ Black David S., Lam Chun Nok, Nguyen Nathalie T., Ihenacho Ugonna, and Figueiredo Jane C.. *The Journal of Alternative and Complementary Medicine*. May 2016, ahead of print. doi:10.1089/acm.2015.0332. <http://online.liebertpub.com/doi/full/10.1089/acm.2015.0332>

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health food stores, and 20% by practitioners.⁴⁷ In contrast, the vast majority of sales of homeopathic medicines in America are through health food stores, though this is rapidly changing.

Homeopathy is particularly popular among Canadian families. A 1994 survey in Pediatrics discovered that 11% of parents in Montreal brought their children to alternative practitioners, and 25% of those parents sought the care of a homeopath.⁴⁸ Because this survey was conducted in a hospital clinic, these numbers are probably lower than what is actually the case because some parents who use alternative medicine do not visit hospital clinics or at least may not do so as often. The survey also showed that parents of these children tended to be better educated than those who did not seek alternative care, and further, that parents who sought out alternatives were more likely to be health professionals themselves. The researchers, who themselves were not partial to alternative health care, had to admit, "[These parents] had more access, more information, they knew more people, and they had a more questioning attitude."

Another Canadian study looked at CAM usage by a population of parents attending a pediatric outpatient clinic at a university-affiliated general hospital in Quebec, Canada over a four-week period.⁴⁹ CAM therapies included chiropractic, naturopathy, homeopathy, massage, acupuncture, Reiki/energy care, hypnosis, osteopathic manipulation, folk remedies, and any hands-on techniques to promote health. A questionnaire was completed for each child. A total of 114 children were included in the study, and 54 percent of these children had received CAM care, a higher number than reported in previous studies. The most popular forms of treatment were homeopathy, chiropractic, and naturopathy, all of which we would define as holistic systems of pediatric care. It is interesting that 39 percent of these families had sought homeopathic care for their child, a higher figure than in most other studies. The next most frequently used modality was chiropractic (24 percent), then naturopathy (23 percent). The fact that most of these children presented to this clinic for chronic problems may explain the high level of holistic care and the high level of homeopathic care in this population.

An even more recent study of CAM usage by Canadian children found even higher rates of usage.⁵⁰ This survey was carried out at Children's Hospital in western Canada (Edmonton) and Children's Hospital in central Canada (Ottawa). The questionnaires were completed by parents in either French or English. Although demographic characteristics of the two populations were similar, CAM use at the western hospital was 71% (n = 704) compared with 42% (n = 222) at the central hospital (P < .0001). Most respondents agreed or strongly agreed that they feel comfortable discussing CAM in their clinic. The most common CAM products currently used were multivitamins/minerals, herbal products, and homeopathic remedies (37% of children were found to have used homeopathic medicines, a number even higher than the use of herbal remedies). The most common CAM practices currently used were massage, chiropractic, relaxation, and aromatherapy.

⁴⁷ "Market Report," 226.

⁴⁸ L. Spigelblatt, "The Use of Alternative Medicine by Children," *Pediatrics*, December, 1994:811-14.

⁴⁹ Jean D, Cyr C. Use of complementary and alternative medicine in a general pediatric clinic. *Pediatrics*. July 2007; 120 (1):e138-e141.

⁵⁰ Adams D, Dagenais S, Clifford T, Baydala L, King WJ, Hervas-Malo M, Moher D, Vohra S. Complementary and Alternative Medicine Use by Pediatric Specialty Outpatients. *Pediatrics*. 2013 Jan 14. This eBook represents the dedicated application of intelligent research, writing, editing, and formatting. Your subscription to this eBook helps us to expand and improve this intellectual property. Please honor our efforts by not duplicating this eBook and keep us informed of copyright violations. People who don't honor our copyright risk prosecution.

In Mexico homeopathy is even more popular than it is in the U.S. or Canada. There are two homeopathic medical schools in Mexico City, one of which typically has 800 students enrolled, and there are several postgraduate homeopathic courses for physicians throughout Mexico. A very large number of pharmacies throughout Mexico sell homeopathic remedies alongside conventional drugs.

In 2016, a survey of CAM knowledge and usage was conducted with 100 biomedical researchers and Ph.D. students and 107 specialized physicians and residents of a medical specialty in Guadalajara, México.⁵¹ The survey found that homeopathy was the most well-known CAM treatment, with 100% of people knowing about it. Homeopathy was also the most popular CAM treatment used by interviewees' family members. Homeopathy was the most popular CAM treatment to which physicians referred patients (16.8%). For the group of researchers, the percentage of CAM recommendations to acquaintances was highest for homeopathy (25%), followed by herbal medicine (19%), and massage therapy (18%). In terms of their own experience, researchers had taken more meditation and yoga courses (6.06%), while physicians had taken more homeopathy courses (12.2%). In the group of researchers, the CAM therapies with the greatest perceptions of safety were yoga (56.7%) and meditation (56.6%), while in the group of physicians, the CAM approach with the greatest perception of safety was homeopathy (53.7%). The survey found that the CAM approaches that researchers and physicians thought should be part of medical curricula were homeopathy (35.3% and 43.7%, respectively). The CAM therapies to which researchers and physicians thought should receive priority in resources for scientific research were also homeopathy (59% and 61.8%, respectively) and herbal medicine (71% and 51%, respectively).

In a survey of people in Mexico who suffered from rheumatoid arthritis (RA) 250 patients were interviewed; 92% used complementary therapies.⁵² Of them, the most frequently used were herbal medicine (65%), homeopathy (64%), and cannabis and its derivatives (51%). In the univariable logistic regression analysis, the factors associated with problems in the therapeutic adherence to cs-DMARDs were age ($p = 0.019$), the presence of other comorbidities ($p = 0.047$), and the use of complementary therapies ($p = 0.042$). After controlling for potential confounders, the use of complementary therapies increased the risk of problems with therapeutic adherence to cs-DMARDs (adjusted OR = 2.84, 95% CI = 1.06-7.63, $p = 0.037$). This survey found that the use of complementary therapies decreases the adherence to conventional medical treatment.

⁵¹ Brambila-Tapia AJ, Rios-Gonzalez BE, Barragan LL, Saldaña-Cruz AM, Rodriguez-Vazquez K. Attitudes, Knowledge, Use, and Recommendation of Complementary and Alternative Medicine by Health Professionals in Western Mexico. *Explore (NY)*. 2016 Mar 3. pii: S1550-8307(16)00032-X. doi: 10.1016/j.explore.2016.02.002. <https://www.ncbi.nlm.nih.gov/pubmed/27084337>

⁵² Santiago-Garcia AP, Gamez-Nava JI, Avalos-Salgado FA, Cerpa-Cruz S, Amaya-Cabrera EL, Gutierrez-Ureña S, Nava-Valdivia CA, Gonzalez-Vazquez S, Arevalo-Simental DE, Gomez-Camarena JJ, Ponce-Guarneros JM, Rodriguez-Jimenez NA, Saldaña-Cruz AM, Cardona-Muñoz EG, Gonzalez-Lopez L; Research Group for Factors Related to Therapeutic Outcomes in Autoimmune Diseases. Complementary Therapies and Their Association with Problems in Therapeutic Adherence to Conventional Synthetic DMARDs in Rheumatoid Arthritis: A Cross-Sectional Study. *Healthcare (Basel)*. 2023 Dec 25;12(1):49. doi: 10.3390/healthcare12010049. PMID: 38200955; PMCID: PMC10779410. <https://pubmed.ncbi.nlm.nih.gov/38200955/>

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Homeopathy in Europe

The entire field of “alternative and complementary medicine” is growing by leaps and bounds in Europe. According to a market survey, the field of complementary medicine was second only to the computer industry for growth during the 1980s.⁵³

In 1998, homeopathy was the most frequently used CAM therapy in 5 out of 14 surveyed countries in Europe and among the three most frequently used CAM therapies in 11 out of 14 surveyed countries.⁵⁴ Three Europeans out of four know what homeopathy is, and of these people, an impressive 29 % use it for their health care.⁵⁵ It has been estimated that 45,000 medical doctors have received training or education in homeopathy and that many more physicians use some of its medicines in individual cases: in total, 25-40% of general practitioners (GPs) use homeopathic medicines from time-to-time and 6-8% use homeopathic medicines on a regular basis.⁵⁶

According to a 2013 survey, approximately 305,000 registered CAM providers can be identified in the European Union (~160,000 non-medical and ~145,000 medical practitioners). Acupuncture (n = 96,380) is the most available therapeutic method for both medical (80,000) and non-medical (16,380) practitioners, followed by homeopathy (45,000 medical and 5,800 non-medical practitioners).⁵⁷

The sales of homeopathic and anthroposophical medicines grew by 60% between 1995 and 2005, from 590 Euros in 1995 to 775 Euros in 2001 and to \$930 Euros in 2005.⁵⁸

The Federal Association of Drug Manufacturers has published its latest market statistics with the figures for 2021.⁵⁹ In 2021, sales of homeopathic medicines reached 610 million euros, compared to 633 million euros in 2020. In the year before Corona, 2019, 677 million euros of homeopathic medicines were sold.

The share of homeopathy in the overall market for over-the-counter medicines (OTC and OTX) remains relatively high: in 2021 the sales of homeopathic medicines represented 9 percent of OTC sales in Europe (610 million euros in sales for homeopathic medicines - 6.8 billion euros for OTC/OTX).

⁵³ "Alternative Medicine/Alternative Medical Market," Frost and Sullivan Ltd. Report #E874, London, 1986.

⁵⁴ Norges offentlige utredninger, NOU 1998:21 Alternativ medisiner. (Official report published by the Norwegian Department of Health. Available at:

<http://www.regjeringen.no/en/ministries/hod/Documents/NOUer/1998/NOU-1998-21.html?id=141407>

⁵⁵ Homeopathic medicinal products. Commission report to the European Parliament and the Council on the application of Directives 92/73 and 92/74.

⁵⁶ The regulatory status of Complementary and Alternative Medicine for Medical Doctors in Europe. CAMDOC Alliance, 2010. http://www.camdoc.eu/Pdf/CAMDOCRRegulatoryStatus8_10.pdf

⁵⁷ Gabriella H, von Ammon K, Frei-Erb M, et al., Complementary and Alternative Medicine Provision in Europe—First Results Approaching Reality in an Unclear Field of Practices. *Forschende Komplementärmedizin / Research in Complementary Medicine* 19(Suppl. 2) · July 2013. <https://www.ncbi.nlm.nih.gov/pubmed/23883943>

⁵⁸ ECHAMP, Facts and Figures, Second edition, 2007. www.echamp.eu

⁵⁹ Patients Love Homeopathy, as the Latest Market Figures Show: They Buy 87% Themselves, December 6, 2022. <https://homoeopathiewatchblog.de/2022/12/06/patienten-lieben-homoeopathie-wie-auch-neueste-marktzahlen-zeigen-sie-kaufen-87-prozent-selbst/#acpwd-9038>

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What has remained the same is that patients buy most homeopathic medicines themselves. In 2021 87% of sales of homeopathic medicines (535 million euros) were out-of-the-pocket sales by consumers, the year before that the value was also 87%. The number of medicines prescribed by doctors for homeopathy has changed: in 2021 the value was 75 million euros, in 2020 it was 83 million euros.

A 2005 survey on the use of complementary and alternative medicines (CAM) among cancer patients in Europe reported that 36% of those patients with cancer used one or more CAM therapy.⁶⁰ Herbal medicines and remedies were the most commonly used CAM therapies, together with homeopathy, vitamins/minerals, medicinal teas, spiritual therapies and relaxation techniques.

A systematic review summarized the international findings for prevalence and predictors of CAM use among children/adolescents.⁶¹ The prevalence rates for overall CAM use, homeopathy, and herbal drug use were extracted with a focus on country and recall period (lifetime, 1 year, current use). As predictors, the researchers extracted socioeconomic factors, child's age, and gender. The database search and citation tracking yielded 58 eligible studies from 19 countries. Prevalence rates for overall CAM use ranged from 10.9-87.6 % for lifetime use and from 8-48.5 % for current use. The respective percentages for homeopathy (highest in Germany, United Kingdom, and Canada) ranged from 0.8-39 % (lifetime) and from 1-14.3 % (current). Herbal drug use (highest in Germany, Turkey, and Brazil) was reported for 0.8-85.5 % (lifetime) and 2.2-8.9 % (current) of the children/adolescents. Studies provided a relatively uniform picture of the predictors of overall CAM use (higher parental income and education, older children), but only a few studies analyzed predictors for single CAM modalities.

Despite the various coordinated efforts by skeptics to delegitimize homeopathy by getting some governments (France and Great Britain) to withdraw reimbursement for homeopathic medicines from their national health services, the newest evidence on overall sales of homeopathic medicines in Europe are actually showing a slight INCREASE in sales, not decrease.

According to the Federal Association of Drug Manufacturers, the market statistics for 2019 found sales of homeopathic medicines were 677 million euros, compared to 666 million euros in 2018. This is an increase of 1.6 percent.⁶²

Most homeopathic medicines are bought by patients themselves, namely for 578 million euros. This corresponds to a share of 85 percent. Homeopathics are prescribed for 99 million euros, which is 15 percent of all globules.

Sales, i.e. the amount of packs sold, remained the same: 54 million pack units. In 2017 the figure was 53 million

The numbers also provide possible answers to two questions: What is the impact of the anti-homeopathy campaign and the public defense of the therapy? Apparently, patients (who buy 85% of the globules) perceive that the homeopathy community is more

⁶⁰ Molassiotis A, [Fernandez-Ortega P](#), [Pud D](#), et al, Use of complementary and alternative medicine in cancer patients: a European survey. *Ann Oncol*, 16: 655-663, 2005.

⁶¹ Italia S1, Wolfenstetter SB, Teuner CM. Patterns of Complementary and Alternative Medicine (CAM) use in children: a systematic review. *Eur J Pediatr*. 2014 Apr 30.

⁶² The Latest Sales Figures for the Homeopathy Market Surprise: Sales in 2019 Changes by 1.6%, August 6, 2020

<https://homoeopathiewatchblog.de/2020/08/06/die-neuesten-umsatzzahlen-fuer-den-homoeopathie-markt-ueberraschen-umsatz-2019-um-16-prozent-veraendert/> (subscriber protected)

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committed to defending therapy. Apparently, patients are not so strongly influenced in their decisions by the media work of the anti-homeopathy campaign as is assumed. Or the uncertainty caused by this campaign is offset by the activities of the homeopathy community.

Homeopathy is particularly popular in **France**, where it is the leading alternative therapy. In 1982, 16% of the population used homeopathic medicine, rising to 29% in 1987, and to 36% in 1992.⁶³ In 2004, 62% of French mothers used homeopathic medicines in the previous 12 months.⁶⁴ In 2012, a phone survey found that over half (56%) of the French population has used homeopathic medicines and 11% use these medicines regularly.⁶⁵ A survey of French pharmacists was conducted in 2004 and found that an astounding 94.5% reported advising pregnant women to use homeopathic medicines.⁶⁶

A large survey of licensed health practitioners in France was conducted in 2011-12 drawn from the prescribing habits from the national health insurance database.⁶⁷ A total of 6,705,420 patients received at least one reimbursement for a homeopathic preparation during the 12-month period, i.e. 10.2% of the overall population, with a predominance in females (68%) and a peak frequency observed in children aged 0-4 years (18%). About one-third of patients had only one reimbursement, and one-half of patients had three or more reimbursements. A total of 120,110 healthcare professionals (HCPs) prescribed at least one homeopathic drug or preparation. They represented 43.5% of the overall population of HCPs, nearly 95% of general practitioners, dermatologists and pediatricians, and 75% of midwives. Homeopathy accounted for 5% of the total number of drug units prescribed by HCPs. Allopathic medicines were co-prescribed with 55% of homeopathic prescriptions.

A survey in November, 2007, was carried out by a leading French insurance company in collaboration with a French market research business.⁶⁸ They found that users of natural medicine in France tend to be people belonging to the highest socio-professional categories (50%) which make more the call to natural medicines, the employees (41%) more than the pensioners (37%) and the workmen (31%). More than 1 out of 2 (55%) consider them effective in accompaniment of the treatment of serious diseases (i.e., cancers, Parkinson, Alzheimer).

⁶³ L'Homeopathie en 1993. Lyons: Syndicat National de la Pharmacie Homeopathique, 1993 (Quoting COFREMCA and IFOP public opinion surveys).

⁶⁴ Transactions, Nutrition Business Journal, July 7 2004.

⁶⁵ Etude IPSOS réalisée en janvier 2012 auprès de 1 005 personnes interrogées par téléphone. (IPSOS study conducted in January 2012 among 1,005 respondents by telephone) Available at: http://www.ipsos.fr/sites/default/files/attachments/presentation_conference_de_presse_boiron_140212_v2.pdf

⁶⁶ 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.

⁶⁷ Piolot M, Fagot JP, Rivière S, Fagot-Campagna A, Debeugny G, Couzigou P, Alla F. Homeopathy in France in 2011-2012 according to reimbursements in the French national health insurance database (SNIIRAM). *Fam Pract.* 2015 Apr 28. <http://www.ncbi.nlm.nih.gov/pubmed/25921648>

⁶⁸ MFIF and IFOP. www.mfif.fr.

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All the consecutive patients at the Lucien Neuwirth Cancer Institute (France) who were treated between November 2017 and June 2018 were screened.⁶⁹ These patients' reasons for using CAMs and their usage habits were collected. Of the 209 patients screened, 200 patients were included. CAMs were widely used (n = 166, 83%), the first being osteopathy (n = 99, 49.5%), the second homeopathy (n = 78, 39.0%), and finally acupuncture (n = 76, 38.0%). The CAM, satisfaction rates were high (median satisfaction: 61-81%). CAMs were mainly used to prevent/treat side effects of anticancer treatments (81.2% for healing touch), increase well-being (55.4% for naturopathy), improve the immune system (16.9% for homeopathy), and treat cancer (n = 3, 5.1% for homeopathy). Patients could easily consider using CAMs, as up to 50.8% would have accepted a consultation.

In 2019, researchers surveyed CAM usage in pediatric cancer patients.⁷⁰ This study population comprised children and young people treated from 2011 to 2012 in 2 French centers (Nantes, Paris). An anonymous self-administered questionnaire was addressed to families and data was collected from them and from the medical record.

Out of the 202 patients selected for the study, 111 families answered the questionnaire (55%). Fifty-four (48.6%) of respondents reported CAM used. Forty-seven (87%) patients used CAM during initial therapy of cancer. Thirty-two (59.3%) of them talked about their CAM usage with health professionals, whose 25 (75.8%) with their oncologist. The three most common therapies used were homeopathy (75.8%), chiropractic (31.5%) and faith healing (42.6%). The main reason for the use of CAM was to control the side effects of conventional treatment (85.2%). Overall perceived satisfaction was rated 7.4/10.

A survey was conducted in France with 5,237 women, 23.0% who reported OCAM (oncological complementary and alternative medicine) use overall (49.3% at diagnosis, 50.7% starting post-diagnosis), mostly homeopathy (65.4%).⁷¹ The mean (SD) CRF (chronic fatigue) score was 27.6 (24.0) at diagnosis and 35.1 (25.3) at post-diagnosis. The survey found that intense CRF was consistently associated with OCAM use at diagnosis and post-diagnosis [adjusted odds ratio (aOR) for 10-point increase 1.05 (95% Confidence interval 1.01-1.09) and 1.04 (1.01-1.09) vs. never use, respectively]. The odds of using OCAM at diagnosis were higher among older [for 5-year increase, 1.09 (1.04-1.14)] and more educated patients [college vs. primary 1.80 (1.27-2.55)]. Women with income > 3000 [vs. < 1500 euros/month, 1.44 (1.02-2.03)], anxiety [vs. not, 1.25 (1.01-1.54)], and those receiving chemotherapy [vs. not, 1.32 (1.04-1.68)] had higher odds of using OCAM post-diagnosis.

⁶⁹ Gras M, Vallard A, Brosse C, et al., Use of Complementary and Alternative Medicines among Cancer Patients: A Single-Center Study. *Oncology*. 2019 May 27;1-8. doi: 10.1159/000499629. <https://www.ncbi.nlm.nih.gov/pubmed/31132779>

⁷⁰ Menut V, Seigneur E, Gras Leguen C, Orbach D, Thebaud E. [Complementary and alternative medicine use in two French pediatric oncology centers: A common practice]. *Bull Cancer*. 2019 Feb 13. pii: S0007-4551(19)30068-2. doi: 10.1016/j.bulcan.2018.11.017. <https://www.ncbi.nlm.nih.gov/pubmed/30771881>

⁷¹ Lapidari P, Djehal N, Havas J, Gbenou A, Martin E, Charles C, Dauchy S, Pistilli B, Cadeau C, Bertaut A, Everhard S, Martin AL, Coutant C, Cottu P, Menvielle G, Dumas A, Andre F, Michiels S, Vaz-Luis I, Di Meglio A. Determinants of use of oral complementary-alternative medicine among women with early breast cancer: a focus on cancer-related fatigue. *Breast Cancer Res Treat*. 2021 Sep 24. doi: 10.1007/s10549-021-06394-2. Epub ahead of print. PMID: 34559354. <https://pubmed.ncbi.nlm.nih.gov/34559354/>

The survey found that one-in-four patients reported use of OCAM. More severe CRF was consistently associated with its use. Moreover, older, better educated, wealthier, more anxious women, and those receiving chemotherapy seemed more prone to use OCAM. Characterizing profiles of BC patients more frequently resorting to OCAM may help deliver targeted information about its benefits and potential risks.

In 2017, a survey in France was conducted by VICAN (a leading company that conducts such surveys) on people who had survived the diagnosis of cancer for at least two years.⁷² Among the 4,349 participants, 16.4% reported that they used CAM treatments, and 45.3% of this group had not used CAM before cancer diagnosis (new NCM users). Commonly, CAM treatments used were homeopathy (64.0%), acupuncture (22.1%), osteopathy (15.1%), herbal medicine (8.1%), diets (7.3%) and energy therapies (5.8%). CAM use was found to be significantly associated with younger age, female gender and a higher education level. Previous CAM use was significantly associated with having a managerial occupation and an expected 5-year survival rate $\geq 80\%$ at diagnosis; recent NCM use was associated with cancer progression since diagnosis, impaired quality of life and higher pain reports.

A survey was conducted in 2015 with the parents of 50 different French children treated for malignant diseases.⁷³ A questionnaire was used to collect support general data on the child as well as information on the CAM use. Most of parents (48%) used one or more CAM for their child in the context of cancer. The most used type of CAM was homeopathy, dietary supplements and aromatherapy. The most frequent goal for CAM use was to limit the side effects of conventional treatment (75% of parents). For 87.5% of users, the CAM was effective.

The use of complementary and alternative medicine (CAM) in French children with cancer is common. A bicentric study (Nantes and Paris) of practice was conducted and included all families of children and adolescents in charge of cancer between 2011 and 2012.⁷⁴ Of the 202 patients selected, 111 families (55%) responded. Fifty-four (48.6%) used complementary and alternative medicine for their child, 47 (87%) during initial cancer treatment. Thirty-two (59.3%) spoke to a health professional, 25 (75.8%) to their oncologist. The three most used complementary and alternative medicines were homeopathy (50%), the use of a magnetizer (42.6%) and osteopathy (31.5%). The main motivation was the reduction of side effects to treatment (85.2%). The average satisfaction score felt 7.4 / 10.

Homeopathy is popular not only among the French public but also among the French medical community. As many as 70% of physicians are receptive to homeopathy and consider it effective, at least 25,000 physicians prescribe homeopathic medicines for

⁷² Sarradon-Eck A, Bouhnik AD, Rey D, Bendiane MK, Huiart L, Peretti-Watel P. Use of non-conventional medicine two years after cancer diagnosis in France: evidence from the VICAN survey. *J Cancer Surviv.* 2017 Feb 1. doi: 10.1007/s11764-017-0599-y. <https://www.ncbi.nlm.nih.gov/pubmed/28150122>

⁷³ Philibert C, Hoegy D, Philippe M, Marec-Bérard P, Bleyzac N. [A French survey on the resort of oral alternative complementary medicines used in children with cancer]. *Bull Cancer.* 2015 Sep 17. pii: S0007-4551(15)00233-7. doi: 10.1016/j.bulcan.2015.06.008. <http://www.ncbi.nlm.nih.gov/pubmed/26387822>
Philibert C1, Hoegy D1, Philippe M1, Marec-Bérard P2, Bleyzac N3.

⁷⁴ Menut V1, Seigneur E2, Gras Leguen C1, Orbach D2, Thebaud E3. [Complementary and alternative medicine use in two French pediatric oncology centers: A common practice]. *Bull Cancer.* 2019 Mar;106(3):189-200. doi: 10.1016/j.bulcan.2018.11.017. Epub 2019 Feb 14. <https://www.sciencedirect.com/science/article/abs/pii/S0007455119300682?via%3Dihub>

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their patients. Homeopathy is taught in at least seven medical schools: Besancon, Bordeaux, Lille, Limoges, Marseille, Paris-Nord, and Poitiers, and there are numerous postgraduate training programs. Courses in homeopathy are taught in 21 of France's 24 schools of pharmacy, and also taught in two dental schools, two veterinary medical schools, and three schools of midwifery.

France is home to the largest homeopathic company in the world, Boiron. They have reported 2005 sales to be up by 24.4% y/y to 361.6 million euro, with an operating profit up by 3.8% year-on-year (y/y) to 32.5 million euro.⁷⁵

Boiron's sales in 2008 totaled 466.7 million euros (\$606.4 million), a 7.5% rise on the year before, as net income soared 44.3% to 39.1 million euros. Boiron's operating income rose 28% to 57.2 million euros and its net cash position as of December 31, 2008, was 74.5 million euros, a 48.1% year-on-year improvement. Boiron saw domestic sales grow 0.2% to 264.7 million euros, while overseas revenues jumped 19.6% to 202.0 million euros. The company's biggest-selling product category was over-the-counter specialties, which earned 206.9 million euros, up 21.3%, while income from non-proprietary homeopathic medicines declined 1.4% to 258.6 million euros.⁷⁶

Earlier this century homeopathy was primarily kept alive in **Great Britain** as the result of support and patronage from the Royal family. There are four homeopathic hospitals working within the National Health Service, some of them with a two-year waiting list for non-emergency visits to a homeopath.

The most recent survey of usage of homeopathic medicine determined that every year around one million people in the U.K. have treatment from homeopaths and around two million use homeopathic medicines.⁷⁷

According to a House of Lords report (2000), 17% of the British population use homeopathic medicines.⁷⁸ The respect accorded homeopathy and homeopathic practice by British physicians is evidenced by a 1986 survey in the *British Medical Journal* that showed that 42% of physicians referred patients to homeopathic doctors.⁷⁹ Other evidence of support from health professionals was a 1990 survey of British pharmacists that found 55% considered homeopathic medicines "useful," while only 14% considered them "useless."⁸⁰ The normally conservative British Pharmaceutical Association held a debate in 1992 to decide whether pharmacists should promote homeopathic medicines. They concluded by a large majority that they should.⁸¹

The field of complementary medicine has gained much support in the 1990s. In 1993 the British Medical Association published a book entitled, *Complementary*

⁷⁵ Thompson, Mira, **Disappointment as Boiron Sees Net Profit-Rise by Just 3.8%-in 2005**, *World Markets Analysis*, March 20, 2006

⁷⁶ Pharma Maretletter, March 18, 2009. http://homeopathic.org/media/in_the_news_view.jsp?id=902

⁷⁷ Relton C, et al., Prevalence of homeopathy use by the general population worldwide: a systematic review, *Homeopathy* (2017), <http://dx.doi.org/10.1016/j.homp.2017.03.002>

⁷⁸ House of Lords Science and Technology Report, November, 2000
<http://www.publications.parliament.uk/pa/ld199900/ldselect/ldsctech/123/12303.htm>

⁷⁹ Richard Wharton and George Lewith, "Complementary Medicine and the General Practitioner," *British Medical Journal*, 292 (June 7, 1986): 1498-1500.

⁸⁰ Nelson, op. cit.

⁸¹ Steven Kayne, "Homeopathic Pharmacy: Education, Research and Optimism," *British Homeopathic Journal*, October, 1993: 225.

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Medicine: New Approaches to Good Practice.⁸² Britain's health minister, Dr. Brian Mawhinney, stated, "Complementary medicine has generally proved popular with patients, and a recent survey found that 81% of patients are satisfied with the treatment they received."⁸³ Another health minister stated that 80% of general practitioners want training in complementary therapies; 75% now refer patients to complementary therapists.

The Avon Longitudinal Study of Parents and Children (ALSPAC), a population-based cohort in the South-West of England, has collected homeopathic data through self-completion questionnaires posted to the mother at regular time points throughout childhood.⁸⁴ Eleven and eight-tenths percent (11.8%) of this cohort used a homeopathic medicine at least once up to 8.5 years of age. Parents were most likely at 81 months (6.75 years of age) to prescribe homeopathic medicines for their children (46.3% of all prescription sources) and 10% of products were prescribed by general practitioners.

In **Scotland**, 12% of general practitioners use homeopathic medicines and 49% of all general practitioner practices prescribe them (at least one medical doctor in a group practice).⁸⁵

The use of homeopathic medicines is not simply popular in the treatment of humans but also animals. Although there is little data presently available on this subject, one survey discovered that 20% of Irish milk producers have tried homeopathic medicines to treat mastitis or high cell count cows, and 43% believe that they work. In the herds surveyed, 50% added homeopathic medicines to the cow's drinking water, 27% administered medicines via injection, 6% orally doses the cows, and 6% of herds placed the medicines in the cow's vagina.⁸⁶

A survey in **Ireland** was conducted at 13 pediatric settings over a 4-month period.⁸⁷ They found that 57% of parents reported using CAM for their child. Use was significantly higher in the 2-4 years age group (34/105, 32%, P = 0.005). The most common medicinal CAMs used were vitamins (88%), fish oils (27%) and Echinacea (26%). The most common non-medicinal CAMs used were homeopathy (16%) and craniosacral therapy (14%). Only 13% of parents had informed their pediatrician of their child's CAM use.

According to a 2010 article in the BMJ (British Medical Journal), an impressive 57% of people in **Germany** use homeopathic medicines.⁸⁸ Other surveys have shown

⁸² British Medical Association, *Complementary Medicine: New Approaches to Good Practice*, Oxford: Oxford University, 1993.

⁸³ Universal News Services, June 16, 1994.

⁸⁴ Thompson EA, Bishop JL, Northstone K. The Use of Homeopathic Products in Childhood: Data Generated over 8.5 Years from the Avon Longitudinal Study of Parents and Children (ALSPAC). *J Altern Complement Med*. 2010 Jan;16(1):69-79.

⁸⁵ Ross, S, Simpson, CR, McLay, JS. British Homoeopathic and herbal prescribing in general practice in Scotland. *Journal of Clinical Pharmacology*, 62,6: December 2006, 647-652.

⁸⁶ Buss, Jessica. Irish Turn to Homoeopathy. *Farmers Weekly*, October 16, 1998.

⁸⁷ Low E, Murray DM, O'Mahony O, O'B Hourihane J. Complementary and alternative medicine use in Irish paediatric patients. *Ir J Med Sci*. 2008 Apr 22.

⁸⁸ Tuffs A. German doctors and politicians disagree on reimbursement for homoeopathy. *BMJ* 2010;341:33902. <http://www.bmj.com/content/341/bmj.c3902>

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that 60% of the German population uses homeopathic medicines regularly.⁸⁹ Surprisingly, some German politicians recently sought to stop governmental reimbursement for homeopathic treatment. Much to the surprise of these politicians, however, the BMJ reported that the German Medical Association has announced its support for homeopathy and for reimbursement for homeopathic care. Further, the association's president, Jörg-Dietrich Hoppe, has defended homeopathic treatment in an official statement. He said that homeopathy was an important part of medicine.

The German people are so supportive of complementary medicine that the German government mandated that all medical school curricula include information about complementary medicines. Approximately 10% of German doctors specialize in homeopathy, with approximately 10% more prescribing homeopathic remedies on occasion. In 1993, there were 1,993 medical doctors who had formally qualified in homeopathy, while in 2006, this number jumped over 100% to 6,073.⁹⁰ In Germany there are 9,000 natural health practitioners called *heilpraktiker* in 1993 and over 20,000 in 2007. Approximately 20-30% of *heilpraktiker* specialize in homeopathy.

In 2015, sales of homeopathic medicines in Germany were 595 million euros, representing an increase of 12.8% compared to the previous year. In 2016, sales increased again by 4.5% to 622 million euros, and in 2019 to 664 million euros, falling to 530 million euros in 2022.⁹¹

Despite the huge popularity of homeopathic medicine in Germany, the country's Health Minister, Karl Lauterbach, made an executive position that no homeopathic medicines should be reimbursed by any governmental agency or insurance company.

However, a 2023 and another in 2024 opinion survey was conducted which found significant support for the reimbursement of homeopathic medicines. According to a survey by the Allensbach Institute for Demoscopy from February 2024 among 1063 respondents aged 16 and over and the comparative study by the same institute from February 2023,⁹² they found:

- First: Every second person wants health insurance companies to continue offering homeopathy.
- Second: Twice as many respondents want to continue treatment as reject it.

The majority of 50 percent are in favor of a minority of 23 percent who reject the therapy as a health insurance benefit. 27 percent are undecided. This is the survey from February 2024.

⁸⁹ Dinges, M. Medical pluralism in Europe and India: Concept, historical background, perspectives. *Indian J Res Homoeopathy*. 2017;11:118-22. <http://www.ijrh.org/downloadpdf.asp?issn=0974-7168;year=2017;volume=11;issue=2;spage=118;epage=122;aualast=Dinges;type=2>

⁹⁰ Joos S, Musselmann B, Miksch A, Rosemann T, and Szecsenyi J. The role of complementary and alternative medicine (CAM) in Germany - a focus group study of GPs. *BMC Health Services Research* 2008, 8:127. doi:10.1186/1472-6963-8-127

⁹¹ <https://nationworldnews.com/germany-removes-homeopathy-from-public-health-insurance/>

⁹² <https://homoeopathiewatchblog.de/2024/03/12/immer-mehr-menschen-wollen-homoeopathie-als-kassenleistung-erhalten-wie-eine-aktuelle-meinungsumfrage-vom-februar-2024-belegt/#acpwd-9680>

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A 2021 survey shows that the proportion of adults in Germany who have used homeopathic medicines or who would be willing to try them remains as high as the previous year.⁹³

More than half the respondents (54%) say they have had experience with homeopathy or have used homeopathic medicines. This proportion is consistent with user numbers at the beginning of last year: in the Forsa survey in February 2020, 55% percent of those surveyed stated that they had experience with homeopathy.

A further 16% are generally willing to try homeopathic medicines. This proportion of potential users is also stable compared to 2020 (15%). In total, 70% of German adults are open to homeopathy or have already had experience with this form of treatment.

More women use homeopathic medicines than men – 64% compared to 42%. The use of homeopathy is most widespread among 45-59 year olds, 61% of whom said they had experience with homeopathy. They are closely followed by the 30-44 year olds (59%). Even among younger adults (18-29 years), significantly more than half (57%) have used homeopathy.

The lowest user base is found amongst the over 60s, at 43%.

A clear majority (67%) of those with experience of homeopathy have so far been satisfied (48%) or very satisfied (19%) with the effectiveness and tolerability of homeopathic medicines.

The survey was carried out by Forsa on behalf of DHU (Deutsche Homöopathie-Union) between 30th July and 9th August 2021.

In 2023, the German Ministry of Health has begun to suggest that all government funding of homeopathic treatment should stop. However, it seems that the German population disagrees with him on this subject.

According to a survey by the Institute for Demoscopy Allensbach, the institute's director Prof. Dr. Renate Köcher presented the results of their survey at the homeopathy conference of the Evangelische Akademie Bad Boll on March 15th, 2023. The conclusion of the opinion researcher Prof. Köcher was stated simply: "Homeopathy is a much less controversial and charged topic among the population than in the public discussion."⁹⁴

The attitude of those surveyed towards reimbursement by health insurance companies shows a clear majority: 48% believe that health insurance companies should continue to reimburse homeopathy on a voluntary basis (20% are against, 32% are undecided). The opinion on the question of a ban on homeopathic medicines is even clearer: 67% are against a ban, 19% in favor. This also coincides with the opinion of the respondents on the topics spread by the anti-homeopathy lobby in the media. Only 5% of respondents agree that homeopathy has no place in modern medicine. And only 10% agree with the (unsubstantiated) argument that homeopathy prevents effective medical treatment.

People experience success with homeopathy and naturopathic treatments for themselves and others - and the proportion is increasing: 18% of all respondents in 2022 have already had positive experiences - in 2000 it was 10%. And 29% have already heard about positive experiences from friends and acquaintances.

⁹³ <https://www.dhu.de/presse/forsa-umfrage-zur-homoeopathie-2021.html>

⁹⁴ <https://homoeopathiewatchblog.de/detail-ergebnisse-der-neuen-meinungsumfrage-zur-homoeopathie-des-instituts-allensbach/>

The proportion of those who do not consider homeopathy effective is decreasing (14% in 2022, 20% in 2020). The proportion of those who consider homeopathy effective remains almost constant (23% in 2022, 22% in 2020). The proportion of undecided will increase from 45% in 2020 to 51% in 2022.

A study was conducted to determine the prevalence and methods of CAM use in breast cancer (BC) and gynecological cancer (GC) patients, to compare CAM users vs. non-CAM users regarding their sociodemographic and medical characteristics, and to investigate the relationship between CAM use and QoL.⁹⁵

In a sub-analysis from a multicenter, cross-sectional study in Germany, researchers examined 1,214 female cancer patients (897 with BC and 317 with GC). Researchers obtained data from self-reports via standardized questionnaires and measured QoL with the EORTC QLQ-C30.

The researchers found that 565 of the 1,214 patients (46.5%) used some form of CAM. Its use was higher in BC than in GC patients (48.6% vs. 40.7%). In both cancer groups, the users evaluated CAM as being helpful (BC: 60.8%, GC: 59.6%) The most frequently used CAM methods were vitamins/minerals/micronutrients, homeopathy, and mistletoe therapy. CAM users are younger, more highly educated, and financially better off than non-CAM users. They are also characterized by having been diagnosed with cancer a longer time ago, being at more advanced stages of the disease, and experiencing higher distress levels. CAM use is significantly associated with a lower global health status/ QoL in GC patients. Predictors for CAM use are: high level of vocational education, middle or high monthly income, time span since diagnosis of more than 12 months, the status of currently ongoing chemotherapy or hormone therapy treatment, and distress.

A survey was conducted in Germany to explore the interest from parents in the medical treatment of their children. This survey was conducted of parents who visited the Pediatric Department of the Elisabeth Hospital, Essen, Germany and the Children's Hospital St. Marien, Landshut, Germany with their children in 2015 and 2016. Both outpatients and inpatients were interviewed.⁹⁶

A total of 1,323 parents participated in the survey which discovered that 40 % of parents stated that they already use complementary and integrative medicine (CIM) for their children. Homeopathy was the most frequently desired treatment with almost 60 %, followed by osteopathy and phytotherapy. More than 80 % of the participants supported the expansion of the CIM offers in respective hospitals.

The survey found that 40% of parents stated that they already use CIM for their children at home. A significant majority (88%) stated that they would be willing to pay extra costs if the therapy is not covered by their insurance.

⁹⁵ Stöcker A, Mehnert-Theuerkauf A, Hinz A, Ernst J. Utilization of complementary and alternative medicine (CAM) by women with breast cancer or gynecological cancer. *PLoS One*. 2023 May 12;18(5):e0285718. doi: 10.1371/journal.pone.0285718. PMID: 37172048; PMCID: PMC10180689. <https://pubmed.ncbi.nlm.nih.gov/37172048/>

⁹⁶ Anheyer D, Koch AK, Anheyer M, Amarell C, Eckert M, Dobos G, Cramer H. Integrative pediatrics survey: Parents report high demand and willingness to self-pay for complementary and integrative medicine in German hospitals. *Complement Ther Med*. 2021 Aug;60:102757. doi: 10.1016/j.ctim.2021.102757. Epub 2021 Jul 8. PMID: 34246995. <https://pubmed.ncbi.nlm.nih.gov/34246995/>

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In 2006 people aged 18 and over were questioned nationwide as part of a population-representative, multi-topic survey.

A cross-sectional survey was conducted in a large random sample of 516 German outpatient care physicians with qualifications in 13 medical fields representative of a basic population of 118,085 statutory health insurance physicians in November and December 2005 as part of a national healthcare survey.⁹⁷ In this survey, 51% were in favor of CAM use (26% were very much in favor, 25% were in favor). This survey found that 38% of the medical doctors prescribed homeopathic medicines.

One of the most significant surveys to show the immense popularity of homeopathy in Germany was a survey of German veterinarians. Published in a respected conventional medical journal, a survey was conducted amongst German veterinarians on their usage of complementary and alternative medicines.⁹⁸ A total of 85.4% (n = 679 of total 795 non-blank data sets) of all the questionnaire participants asserted that they used naturopathy and complementary medicine. The treatments most commonly used were complex homeopathy (70.4%, n = 478), phytotherapy (60.2%, n = 409), classic homeopathy (44.3%, n = 301) and biophysical treatments (40.1%, n = 272). The most common indications were orthopedic (n = 1798), geriatric (n = 1428) and metabolic diseases (n = 1124). Over the last five years, the human companions of animals have had an increased demand for naturopathy and complementary treatments by 57.9% of respondents (n = 457 of total 789). Veterinarians most commonly used scientific journals and publications as sources for information about naturopathic and complementary contents (60.8%, n = 479 of total 788). These were followed by advanced training acknowledged by the ATF (Academy for Veterinary Continuing Education, an organization that certifies independent veterinary continuing education in Germany) (48.6%, n = 383). The current information about naturopathy and complementary medicine was rated as adequate or nearly adequate by a plurality (39.5%, n = 308) of the respondents of this question.

The most commonly named advantages in using veterinary naturopathy and complementary medicine were the expansion of treatment modalities (73.5%, n = 566 of total 770), customer satisfaction (70.8%, n = 545) and lower side effects (63.2%, n = 487). The ambiguity of studies, as well as the unclear evidence of mode of action and effectiveness (62.1%, n = 483) and high expectations of owners (50.5%, n = 393) were the disadvantages mentioned most frequently. Classic homeopathy, in particular, has been named in this context (78.4%, n = 333 of total 425). Users of veterinary naturopathy and complementary medicine tended to be older, female, self-employed and a higher percentage of them completed their studies at the University of Berlin.

A survey of departments of obstetrics in hospitals in the state of North Rhine-Westphalia, Germany, found that acupuncture and homeopathic medicine were the two most commonly used CAM practices.⁹⁹ A total of 187 department of obstetrics were

⁹⁷ Stange R, Amhof R, Moebus S. Complementary and alternative medicine: attitudes and patterns of use by German physicians in a national survey. *J Altern Complement Med.* 2008 Dec;14(10):1255-61.

⁹⁸ Stanossek I, Wehrend A (2022) Application of veterinary naturopathy and complementary medicine in small animal medicine—A survey among German veterinary practitioners. *PLoS ONE* 17(2): e0264022. <https://doi.org/10.1371/journal.pone.0264022>

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0264022>

⁹⁹ Munstedt K, et al. Clinical indications and perceived effectiveness of complementary and alternative medicine in departments of obstetrics in Germany: A questionnaire study. *Eur J Obstet Gynecol* (2009), doi:10.1016/j.ejogrb.2009.05.013

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identified, and 138 (73.4%) responded to a questionnaire. Almost 96% of the obstetrical departments offered homeopathic medicines for obstetrical care, including 7.2% exclusively for prophylaxis and 4.8% for complications of birth.

In Germany, complementary medicine is used by up to 62% of patients, but type and extent of in-patient complementary care are not known. In 2020, an independent and comprehensive website screening of all 389 Bavarian acute hospitals, including all departments, was conducted by two independent raters. Complementary medicine procedures offered were analysed in total as well as separately by specialty.¹⁰⁰

Among all 389 Bavarian acute care hospitals, 82% offered at least one and 66% at least three different complementary procedures on their website. Separated by specialty, complementary procedures were most common in psychiatry/psychosomatics, where 60% of hospitals integrated homeopathic medicine into their treatment of patients.

A total of 209 pharmacy employees answered the survey (108 in Sweden and 101 in Germany). German participants estimated their knowledge higher than the Swedish participants ($p < 0.01$).¹⁰¹ In both countries, most participants thought that pharmacy employees should have knowledge about homeopathy. Although most Swedish participants stated that they receive questions about homeopathy, the German pharmacy employees receive questions about homeopathy more frequently ($p < 0.01$). Swedish participants reported less experience of own use of homeopathic medicines and less belief in their effectiveness as compared to the German participants ($p < 0.01$). However, in both countries, most participants stated that homeopathic medicines should be sold in pharmacies. More specifically, 53% of German pharmacy employees and 32% of Swedish employees said that knowledge of homeopathic medicines “is important,” and only 13% of German and 10% of Swedish employees considered knowledge of homeopathic medicines as not necessary.

Researchers assessed the existing demand for complementary and integrative medicine (CIM) methods from parents of children in clinical primary care and then assess whether the parents are willing to cover the costs privately.¹⁰² Parents who visited the Pediatric Department of the Elisabeth Hospital, in Essen, Germany and the Children's Hospital St. Marien, Landshut, Germany with their children in 2015 and 2016 were asked to take part in a paper-pencil survey. Both outpatients and inpatients were interviewed.

A total of 1323 parents participated in the survey. 40% of these parents stated that they already use CIM for their children. Homeopathy was the most frequently mentioned with almost 60%, followed by osteopathy and phytotherapy. More than 80% of the parents endorsed the expansion of the CIM offers in respective hospitals. Homeopathy

¹⁰⁰ Kollikowski A, Schiffmann L, Gabriel K, Gágyor I, Heuschmann P, Langhorst J, Keil T, Löffler C. Wie verbreitet sind komplementärmedizinische Verfahren in bayerischen Krankenhäusern? Eine Vollerhebung für Bayern mittels Website-Screening [How Common are Complementary Medicine Procedures in Bavarian Acute Care Hospitals? Results of A Bavarian-wide Website Screening]. *Gesundheitswesen*. 2022 Dec 21. German. doi: 10.1055/a-1961-1064. Epub ahead of print. PMID: 36543259. <https://pubmed.ncbi.nlm.nih.gov/36543259/>

¹⁰¹ Essling E, Khalaf A. Pharmacy employees' self-rated knowledge, use and attitudes toward homeopathy: a comparative survey in Sweden and Germany, *European Pharmaceutical Journal*. 31 Jul 2018. DOI: <https://doi.org/10.2478/afpuc-2018-0006>.

¹⁰² Anheyer D, Koch AK, Anheyer M, Amarell C, Eckert M, Dobos G, Cramer H. Integrative pediatrics survey: Parents report high demand and willingness to self-pay for complementary and integrative medicine in German hospitals. *Complement Ther Med*. 2021 Jul 8;60:102757. doi: 10.1016/j.ctim.2021.102757. Epub ahead of print. 34246995. <https://pubmed.ncbi.nlm.nih.gov/34246995/>
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was the method most desired by the parents, followed by osteopathy, phytotherapy and massage therapies. The vast majority of the parents (88%) stated that they would like to take advantage of an extended range of services, including extra services that they would have to pay privately for.

The 2003-2006 German Health Interview and Examination Survey for Children and Adolescents (KiGGS) found a higher than expected use of homeopathic medicine amongst German children.¹⁰³ The survey found that pediatric homeopathy is quite popular in Germany, particularly among children from families with a higher socioeconomic status. Nearly half of the homeopathic preparations were obtained by prescriptions from medical doctors or Heilpraktiker (non-medical practitioners) and used most often to treat certain self-limiting conditions. About 60% of homeopathy users concomitantly received conventional medicines. Homeopathy use was closely related to socioeconomic factors, with a significantly higher prevalence rate found in the 0-6 year age group [prevalence 6.2%, odds ratio 2.2, 95% confidence intervals (CIs) 1.7-2.9], among children residing in the former West Germany [5.1%, 2.2(1.5-3.2)] or the south of Germany [6.6%, 1.7(1.3-2.4)], among children with a poor health status [6.8%, 3.0(2.2-4.2)], with no immigration background [5.3%, 3.7(2.2-6.1)], who received breast-feeding >6 months [7.6%, 2.1(1.6-2.9)], were from upper social-class families [7.4%, 1.8(1.1-2.8)] and whose children's mothers were college educated [7.2%, 1.6(1.2-2.2)].

In a university hospital's neuropaediatric department parents of patients aged 0-18 years suffering from epilepsy were consecutively invited to take part in a structured interview during 4 months in 2014.¹⁰⁴ Of the invited parents, 164/165 (99%) agreed to participate. From those, 21/164 (13%) stated that they used CAM in their child. The highest independent predictive value of CAM use was the occurrence of adverse drug events (ADE) of anticonvulsants as judged by parents. Patients affected by ADE had a 5.6 higher chance of receiving CAM compared to patients without ADE. Most commonly used were homeopathy (14/21, 67%) and osteopathy (12/21, 57%). Of the parents, 10/21 (48%) described positive effects of CAM on seizure frequency, 12/21 (57%) on general condition of their child, and 20/21 (95%) wished to continue CAM for epilepsy therapy. From the non-users of CAM, 91/143 (66%) expressed the desire to learn more about CAM for epilepsy therapy.

A survey of German children evaluated their use of conventional medical drugs, CAM therapies, and homeopathic medicines.¹⁰⁵ In collecting information from 3,013 children, they discovered that 26% of the 2,489 drugs prescribed for children were medicinal CAM treatments. The 4-week prevalence for homeopathy and herbal drug use was 7.5% and 5.6% respectively. In evaluating usage of homeopathy during the past year, the researchers found that 53.7% of children that used a CAM therapy used homeopathic medicines, while 30.8% used herbal drugs.

¹⁰³ Du Y, Knopf H. Paediatric homoeopathy in Germany: results of the German health interview and examination survey for children and adolescents (KiGGS). *Pharmacoepidemiol Drug Saf.* 2009 Feb 23.

¹⁰⁴ Hartmann N, et al., Use of complementary and alternative medicine (CAM) by parents in their children and adolescents with epilepsy e Prevalence, predictors and parents' assessment, *European Journal of Paediatric Neurology* (2015), <http://dx.doi.org/10.1016/j.ejpn.2015.11.003>

¹⁰⁵ Italia S, Brand H, Heinrich J, et al, Utilization of complementary and alternative medicine (CAM) among children from a German birth cohort (GINIPlus): patterns, costs, and trends of use. *BMC Complementary Altern. Med.* 2015 Dec; 15(1):569. Doi: 10.1186/s12906-015-0569-8.

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An extensive survey was conducted of German children with cancer and their use of homeopathic medicines and CAM.¹⁰⁶ This survey contacted every family with a child under 15 years of age who had been diagnosed in 2001 with a type of cancer listed in the German Childhood Cancer Registry. Of the 1,063 families contact, 367 (35%) stated that they had used CAM in the course of their child's illness. Of these 367 families, 166 (45.2%) reported that they had used homeopathic medicine (this group represented the largest involvement in a CAM treatment). The survey found that 76.5% of parents who used homeopathic medicines for their child with cancer had had previous experience with CAM and "always of homeopathy." Also, 94% of parents who had their child with cancer be treated with homeopathy "would further recommend CAM" to others, while a slightly smaller percentage (85.6%) of CAM users who did not use homeopathy would recommend CAM treatments. Impressively, only 20% of hospital doctors in Germany advised against the use of CAM treatment, while 7% specifically recommended homeopathic treatment.

A total of 101 patients with primary immunodeficiencies at German hospitals were surveyed on their CAM use (further 14 patients rejected to participate).¹⁰⁷ Multiple psychological tests (MARS-D, WHO-5, PHQ9, EFQ) were conducted to investigate variations among personality traits associated with CAM use. Additionally, clinical and sociodemographic patient data was collected. A total of 72% of patients used CAM to treat their primary immunodeficiency. The three most frequently used methods were physical exercise or fitness training (65%), dietary supplements (58%), and homeopathy (49%). Most patients did not discuss CAM use with their doctors, mostly because they felt that there was no time for it. CAM plays an important role for patients with primary immunodeficiency in a high-resource health care setting such as Germany. In clinical practice, doctors should create a platform to discuss needs that go beyond conventional therapy.

A cross-sectional analysis was conducted among all patients being referred to the Department of Internal and Integrative Medicine at Essen, Germany, over a 3-year period.¹⁰⁸ The analysis examined whether patients had used homeopathy for their primary medical complaint before, the perceived benefit, and the perceived harm of homeopathy use. Odds ratios with 95% confidence intervals were calculated using multiple logistic regression analysis.

Of 2,045 respondents, 715 (35.0%) reported having used homeopathy for their primary medical complaint (diagnosis according to the International Statistical Classification of Diseases and Related Health Problems), with 359 (50.2%) reporting perceived benefits and 15 (2.1%) reporting harm. Homeopathy use was positively associated with female gender, high school level education, suffering from fibromyalgia

¹⁰⁶ Langler A, Spix C, Edelhauser F, et al. Use of homeopathy in pediatric oncology in Germany. *eCAM* 2011. doi:10.1155/2011/867151

¹⁰⁷ Harasim AS, Krone M, Tony HP, Gawlik M, Witte T, Joos S, Gernert M, Schmalzing M, Morbach H, Schwaneck EC. Use of Complementary and Alternative Medicine in Patients with Primary Immunodeficiency: a Multicentric Analysis of 101 Patients. *J Clin Immunol*. 2021 Jan 6. doi: 10.1007/s10875-020-00955-8. Epub ahead of print. PMID: 33403468. <https://pubmed.ncbi.nlm.nih.gov/33403468/>

¹⁰⁸ Steel A, Cramer H, Leung B, Lauche R, Adams J, Langhorst J, Dobos G. Characteristics of Homeopathy Users among Internal Medicine Patients in Germany. *Forsch Komplementmed*. 2016;23(5):284-289. Epub 2016 Oct 7.

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or subthreshold depression, and being fast food abstinent, while patients with osteoarthritis, spinal or other pain, smokers, and patients with a high external-social health locus of control were less likely to use homeopathy.

In 2002, the *British Medical Journal (BMJ)* reported that 75% of Germans have used complementary or natural medicine.¹⁰⁹ They also reported that 5,700 doctors received specialized training in natural medicine, with this number doubling to 10,800 by 2000. Homeopathic medicine is practiced by 4,500 medical doctors in German, almost twice as many as did so in 1994. The German government conducted this survey, and it also discovered that there was a 33% reduction in sick days if people used natural therapies, especially homeopathy or acupuncture. It was also reported that women used natural therapies more than men did, but when men used them, they benefited more than women did.

In 2009 a survey of Germans who used homeopathy or acupuncture was published.¹¹⁰ This survey found that 7% of the population used homeopathy and 10% used acupuncture. Individuals who had a high education level used homeopathy (68%), as compared with 53% who used acupuncture.

A different survey found similar statistics in the use of homeopathy and acupuncture as the study cited above, though this survey found that 21% of men and 10% of women who used acupuncture were “unsatisfied with the treatment,” while only 5% of men and 5% of women who used homeopathy were “unsatisfied with the treatment.”¹¹¹

A survey of patients in Germany with chronic lymphocytic leukemia found that 44% had used alternative treatments. No correlation was seen with educational level, gender, or previous or current chemotherapy. The most common alternative or complementary treatment modality was vitamin supplementation (26%), followed by mineral (18%), homeopathic (14%), and mistletoe therapy (9.2%).¹¹²

A 2008 survey of German children with cancer was conducted and which found that 35% of the responders had used CAM.¹¹³ The most frequently used methods were homeopathy, dietary supplements and anthroposophic medicine including mistletoe therapy. Factors which increased the probability of using CAM were the previous use of CAM, higher social status and poor prognosis of the child's disease. An impressively high percentage of parents of patients (89%) reported that they would recommend CAM to other parents.

Parents of pediatric patients with chronic conditions such as epilepsy increasingly opt for complementary and alternative medicine (CAM). However, data on the pattern and reasons of CAM use in childhood epilepsy are scarce. The objectives of this study

¹⁰⁹ Tuffs, Annette, Three out of Four Germans Have Used Complementary or Natural Remedies, *BMJ*, November 2 2002;325:990.

¹¹⁰ Bussing A, Matthiessen PF, Ostermann T. Differential usage of homeopathy and acupuncture in German individuals. 2009 North American Research Conference on Complementary and Integrative Medicine, May 2009, Minneapolis, MN. Published in *Alternative Therapies*. May/June 2009, 15,3:S141.

¹¹¹ Bussing A, Ostermann T, Raak C, Matthiessen PF. Adapting coping strategies and attitudes toward health and healing in German homeopathy and acupuncture users. *Explore* 2010;6:237-245.

¹¹² Hensel M, Zoz M, Ho AD. Complementary and alternative medicine in patients with chronic lymphocytic leukemia. [Support Care Cancer](#). 2008 May 6.

¹¹³ Laengler A, Spix C, Seifert G, Gottschling S, Graf N, Kaatsch P. Complementary and alternative treatment methods in children with cancer: A population-based retrospective survey on the prevalence of use in Germany. *Eur J Cancer*. 2008 Oct;44(15):2233-40.

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were as follows: first, to characterize CAM use among pediatric patients with epilepsy by assessing its spectrum, prevalence, costs, and frequency of use; second, to evaluate the influence of CAM use on compliance and satisfaction with conventional care as well as to explore parent-child neurologist communication concerning CAM; and third, to investigate predictors of CAM use.

A postal survey was administered to all parents of pediatric outpatients with epilepsy aged 6 to 12, who have received treatment at the neuropediatric outpatient clinic of the University Children's Hospital Heidelberg (Germany) between 2007 and 2009.¹¹⁴ One hundred thirty-two of the 297 distributed questionnaires were suitable for inclusion in statistical analysis (44.7%). Forty-nine participants indicated that their children used CAM during the previous year (37.1%). Thirty different types of CAM were used, with homeopathy (55.1%), osteopathy (24.5%), and kinesiology (16.3%) being the most commonly named. A mean of 86€ (0€-500€) and 3h (1h-30h) per month was committed to CAM treatment. Only 53% of the users informed their child's neurologist of the additional CAM treatment, while 85.6% of all parents wished to discuss CAM options with their child neurologist. Seventy-five percent of users considered the CAM treatment effective. Among the participants most likely to seek CAM treatment are parents whose children show a long duration of epileptic symptoms, parents who make use of CAM treatment themselves, and parents who value a holistic and natural treatment approach. A substantial portion of pediatric patients with epilepsy receive CAM treatment. The high prevalence of use and significant level of financial and time resources spent on CAM indicate the high importance of these treatment options for parents. On the other hand, communication concerning CAM with the child neurologist is largely insufficient despite the wish to speak about CAM.

Complementary and alternative medicine users' high compliance with conventional treatment and high perceived effectiveness of CAM support an integrative approach to CAM for pediatric patients with epilepsy. This survey implies that in addition to open parent-child neurologist communication, active inquiry on CAM treatments is necessary to enable informed decision making by parents and to establish the suitability of CAM treatment for the patient. Reliable predictors for CAM use, which allow for improved identification of patients with a high likelihood to receive CAM treatment, are the duration of the illness, use of CAM by the parents themselves, and the desire of the parents to receive a holistic and natural treatment for their child.

A survey of 647 German patients with cancer was conducted.¹¹⁵ Patients in the homeopathy cohort are younger, better educated and more often employed than patients in the conventional oncology cohort. The most pronounced differences indicate longer disease histories and different diagnostic and clinical pretreatment variables. Despite the clinical differences, QoL (quality of life) as well as anxiety, depression and fatigue was similar in both the groups. Homeopathic treatment is sought by cancer patients at a different phase during the course of the disease, which has particular implications for

¹¹⁴ Doering JH, Reuner G, Kadish NE, Pietz J, Schubert-Bast S. Pattern and predictors of complementary and alternative medicine (CAM) use among pediatric patients with epilepsy. *Epilepsy Behav.* 2013 Aug 6;29(1):41-46. doi: 10.1016/j.yebeh.2013.06.025

¹¹⁵ Guethlin C, Walach H, Naumann J, Bartsch HH, Rostock M. Characteristics of cancer patients using homeopathy compared with those in conventional care: a cross-sectional study. *Ann Oncol.* 2009 Oct 25. This eBook represents the dedicated application of intelligent research, writing, editing, and formatting. Your subscription to this eBook helps us to expand and improve this intellectual property. Please honor our efforts by not duplicating this eBook and keep us informed of copyright violations. People who don't honor our copyright risk prosecution.

research. However, expectancies toward the benefit of the treatment as well as QoL data are similar.

A study evaluated the extent to which German women with endometriosis are informed about, interested in, and make use of CAM, and to evaluate which of the methods are most often applied.¹¹⁶

A total of 592 patients were included in the study and received a survey; 114 (19.3 %) were included in the data analysis. Most (n = 75, 65.8 %) were interested in CAM, but only a minority (n = 12, 10.5 %) had detailed knowledge about it. A total of 81 patients (71.1 %) had used at least one CAM method for disease management; the five most frequently used CAM methods were exercise (n = 55, 48.2 %), vitamins (n = 40, 35.1 %), yoga (n = 38, 33.3 %), homeopathy (n = 32, 28.1 %), and trace elements (n = 27, 23.7 %).

This study found women with endometriosis are strongly interested in using CAM, but have only limited information about it. Ultimately, a majority of the patients had used at least one CAM method to relieve symptoms associated with the disease and the most often used was exercise.

The use of homeopathy and CAM in Germany by people with other chronic disease is also high, as was observed in a survey of German patients with multiple sclerosis.¹¹⁷ A 53-item survey was mailed to the members of the German Multiple Sclerosis Society, chapter of Baden-Wuerttemberg. Surveys of 1573 patients (48.5 +/- 11.7 years, 74% women, duration of illness 18.1 +/- 10.5 years) were analyzed. In comparison with conventional medicine, more patients displayed a positive attitude toward complementary and alternative medicine (44% vs 38%, P < 0.05), with 70% reporting lifetime use of at least one method. Among a wide variety of complementary and alternative medicine, diet modification (41%), Omega-3 fatty acids (37%), removal of amalgam fillings (28%), vitamins E (28%), B (36%), and C (28%), homeopathy (26%), and selenium (24%) were cited most frequently. Most respondents (69%) were satisfied with the effects of complementary and alternative medicine. Use of complementary and alternative medicine was associated with religiosity, functional independence, female sex, white-collar job, and higher education (P < 0.05). Compared with conventional therapies, complementary and alternative medicine rarely showed unwanted side effects (9% vs 59%, P < 0.00001).

Sales of homeopathic medicines in Germany were approximately \$428 million in 1991, growing at a rate of about 10% per year. Evidence of the significant support from the German medical community is the fact that 85% of these sales are prescriptions from physicians. Surveys indicate that 98% of pharmacies sell homeopathic medicines.

Over 10,000 of the 30,000 farms in Bavaria, Germany integrate the use of homeopathic medicines in the treatment of farm animals. An estimate four million dairy cows are treated with homeopathic medicines for their mastitis rather than antibiotics. If

¹¹⁶ Adamietz A, Boosz A, Mueller A, Hornung D, Trunk K, Beckmann MW, Dittrich R, Hack CC. Complementary and alternative medicine (CAM) in women with endometriosis. *Eur J Obstet Gynecol Reprod Biol.* 2021 May 4;262:7-12. doi: 10.1016/j.ejogrb.2021.05.002. Epub ahead of print. PMID: 33984728. <https://pubmed.ncbi.nlm.nih.gov/33984728/>

¹¹⁷ Schwarz S, Knorr C, Geiger H, Flachenecker P. Complementary and alternative medicine for multiple sclerosis. *Mult Scler.* 2008 Sep;14(8):1113-9.

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and when antibiotic treatment is provided, the milk must be discarded. That's 480 million liters of milk a year worth 144 million euros (\$170 million).¹¹⁸

A survey was conducted to get a general impression of the opinion of German equine vets on the topic of equine Lyme Borreliosis. The treatment of horses with positive laboratory results indicating Lyme disease and clinical symptoms assessed as suitable was carried out by 93% of the veterinarians with antibiotics and 7% with homeopathy.¹¹⁹

A survey published in 2015 found that homeopathy was the most popular alternative treatment in **Switzerland**. More specifically, the survey showed that the popularity of homeopathy increased by 28% in Switzerland in the time period from 2007 to 2012. Homeopathy moved from third to first place of all alternative treatments, with 12 month use increasing from 6.4% (95% CI 5.8, 6.9) to 8.2% (95% CI 7.7, 8.7) of the population. Further, 59.9% of the adult population in Switzerland had a supplemental health insurance that partly covered alternative health treatments.¹²⁰

A survey was conducted of all physicians working in outpatient care in the Swiss Canton of Zurich in the year 2015 (n=4,072). From the 38% of MDs who responded to this survey, they found that 23% of these medical doctors prescribed homeopathic medicine in the past year alone.¹²¹ The medical specializations that were most highly associated with prescribing homeopathy were those with no medical specialization (OR 3.9; 95% CI 1.7-9.0), specialization in pediatrics (OR 3.8 95% CI 1.8-8.0) and gynecology/obstetrics (OR 3.1 95% CI 1.5-6.7).

Among prescribers of homeopathic medicines, the authors of the survey noted that "only" 50% clearly intended to induce specific homeopathic effects, though good and educated homeopaths would expect "non-specific" and generalized (or "constitutional") effects from homeopathic treatment. The authors of this survey then showed that they were uninformed about homeopathy and had anti-homeopathy biases by asking the MDs whether they adhered "strongly" to "homeopathic principles," where they stated that they found "only" 27% said that they did. However (!), they defined "strong" adherence to homeopathic principles as ultimately those principles of "classical homeopathy" only, including the use of a single medicine and the belief and utilization of miasmatic theory (a principle that not even all of those people who have "strong" adherence to homeopathic principles utilize in their daily practice).

What was particularly interesting about this survey was what they discovered from the MDs who did not prescribe homeopathic medicines:

¹¹⁸ <https://homoeopathiewatchblog.de/2018/11/05/80-der-antibiotika-koennten-mit-homoeopathie-eingespart-werden-interview-mit-birgit-gnagl-der-bekannten-expertin-fuer-tierhomoeopathie/>

¹¹⁹ Gehlen H, Inerle KS, Briese B. Tierärztliches Meinungsbild zur Equinen Lyme-Borreliose – Ergebnisse einer Fragebogenstudie [Opinion among veterinarians on equine Lyme disease - results of a questionnaire study]. Tierarztl Prax Ausg G Grosstiere Nutztiere. 2022 Oct;50(5):315-322. German. doi: 10.1055/a-1934-5808. Epub 2022 Nov 2. PMID: 36323289. <https://pubmed.ncbi.nlm.nih.gov/36323289/>

¹²⁰ Klein SD, Torchetti L, Frei-Erb M, Wolf U (2015) Usage of Complementary Medicine in Switzerland: Results of the Swiss Health Survey 2012 and Development Since 2007. PLoS ONE 10(10): e0141985. doi:10.1371/journal.pone.0141985

<http://journals.plos.org/plosone/article?id=10.1371%2Fjournal.pone.0141985>

¹²¹ Markun S, Maeder M, Rosemann T, Djalali S. Beliefs, endorsement and application of homeopathy disclosed: a survey among ambulatory care physicians. Swiss Med Wkly. 2017 Oct 17;147:w14505. doi: 10.4414/smw.2017.14505. eCollection 2017 Oct 17. <https://smw.ch/article/doi/smw.2017.14505>

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- 46% of Swiss MDs who do not prescribe homeopathic medicines endorse homeopathy for non-specific symptoms for which no causative treatment is available.
- 26% of Swiss MDs who do not prescribe homeopathic medicine endorse homeopathy after exclusion of potentially dangerous or otherwise preventable diseases.
- 26% of Swiss MDs who do not prescribe homeopathic medicine endorse homeopathy for treating unfavorable side effects from conventional medical treatment.
- 43% of Swiss MDs who do not prescribe homeopathic medicine endorse the use of homeopathy "when academic medicine alone has insufficient effects on symptoms."
- 23% of Swiss MDs who do not prescribe homeopathic medicine believe that homeopathy is useful when conventional medicine shows its limitations

A government-sponsored survey was conducted in Switzerland that evaluated patient satisfaction and side effects in primary care and that compared homeopathic treatment and conventional medical treatment.¹²² A total of 3,126 adult patients responded to a questionnaire, 1,363 of whom received conventional medical treatment and 1,702 who received homeopathic treatment. This survey found that a higher percentage of homeopathic patients had chronic and severe conditions than the conventional medical patients, that homeopathic patients were more often “completely satisfied” with their treatment (53% vs. 43%), that homeopathic patients experienced significantly fewer side effects (7.3% vs. 16.1%), that the proportion of patients reporting complete resolution of symptoms was non-significantly higher in the conventional medical patients (28% vs. 21%). What is particularly important about this survey is the observation that homeopathic patients had a higher percentage of seriously ill patients but they expressed a much higher amount of satisfaction with their treatment than the patients who received conventional medical treatment. This survey also confirmed a common observation about people who seek homeopathic treatment and that is they were much more educated than those who didn’t (32.4% vs. 24.7% received “higher education”).

A survey was conducted in Switzerland which used health data of 18,832 Swiss to examine how the use of homeopathy or CAM changed between 2012 and 2017 (and published in 2022).¹²³ The investigation determined whether and which connections there are between the use of homeopathy and lifestyle, health-related and socio-demographic influencing factors.

The use of CAM including homeopathy increased significantly, from 24.7% to 28.9%. This means that over every fourth person used at least one complementary therapy in the last twelve months.

¹²² Marian F, Joost K, Saini KD, et al Patient satisfaction and side effects in primary care: an observational study comparing homeopathy and conventional medicine. *BMC Comp Alt Med* 2008, 8:52. doi:10.1186/1472-6882-8-52.

¹²³ Meier-Girard D, Lüthi E, Rodondi P-Y, Wolf U (2022) Prevalence, specific and non-specific determinants of complementary medicine use in Switzerland: Data from the 2017 Swiss Health Survey. *PLoS ONE* 17(9): e0274334. <https://doi.org/10.1371/journal.pone.0274334>
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0274334>

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Study participants who were overweight were significantly underrepresented among CAM users, and users of homeopathy were less likely to be lifetime non-drinkers of alcohol.

If gender and age match homeopathy use, the study shows that women and younger people in particular use the therapy, as do people with higher education status. People in Switzerland who spoke French had a higher usage of homeopathy, as did people in Switzerland who originated from southern Europe and eastern Europe. Users of homeopathy also had a higher incidence of eating fruits and vegetables than those who didn't use homeopathy.

In 2012, there was an impressively high percentage of people who purchased supplementary insurance to cover CAM treatments (54.5%), and in 2017, this percentage increased to 57.8%.

The most frequently reported reason for CM use, as reflected in 84% of publications included in a worldwide systematic review, was the expected benefits of CM. This includes treatment of illnesses, alleviation of symptoms, reduction of side effects of conventional medicine, maintenance of well-being, or prevention of disease. There is evidence that CM is frequently used as an adjunct to biomedical treatment by patients with serious disease such as cancers, or to self-manage long-term health complaints like lower back pain. Having an internal health locus of control was a frequently reported reason for CM use in Western populations. Dissatisfaction with conventional medicine was reported in 37% of publications. Furthermore, only 8% of CM users in Europe were found to use CM exclusively (alternative use), without any visits to medical professionals in the last 12 months. This is in line with the increasing development of “medical pluralism” (i.e., the use of multiple forms of health care).

This survey found that homeopathy and herbal medicine users did not report more chronic disease than non-users, which is in accordance with the findings from the European Social Survey 2014 in which herbal medicine was more often employed to improve quality of life and the use of homeopathy was not associated with any specific health problems.

A survey in a hospital in Switzerland of children who had cancer found that 53% had used CAM (mostly classical homeopathy) and 25% of patients received information about CAM from medical staff.¹²⁴ Those diagnosed more recently were more likely to be informed about CAM options. The most frequent reason for choosing CAM was that parents thought it would improve the patient's general condition. The most frequent reason for not using CAM was lack of information. Of those who used CAM, a remarkable 87% perceived positive effects.

The Swiss Federal Office for Public Health issued a report to the government of Switzerland which concluded that “the effectiveness of homeopathy can be supported by clinical evidence, and professional and adequate application be regarded as safe.”¹²⁵ In

¹²⁴ Magi T1., Kuehni CE, Torchetti L, Wengenroth L, Lüer S, Frei-Erb M. Use of Complementary and Alternative Medicine in Children with Cancer: A Study at a Swiss University Hospital. *PLoS One*. 2015 Dec 22;10(12):e0145787. doi: 10.1371/journal.pone.0145787. eCollection 2015.

¹²⁵ Bornhoft, G, Wolf, U., von Ammon, et al, Effectiveness, Safety, and Cost-Effectiveness of Homeopathy in General Practice—Summarized Health Technology Assessment, *Forschende Komplementarmedizin*, 2006;13(suppl 2):19-29.

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2016, the government of Switzerland decided to include homeopathy, acupuncture, and herbal medicine as an integral part of the country's national insurance program.¹²⁶

A survey was published in 2019 that contacted 1890 Swiss pediatricians, 640 (34%) of whom responded.¹²⁷ Two-thirds of respondents were female, were aged between 35 and 55 years, trained as pediatric generalist and worked in a practice. 23% had attended training in CM, most frequently in phytotherapy, homeopathy, acupuncture/traditional Chinese medicine (TCM) and anthroposophic medicine. 65% were interested in CM courses and training. 16% provide CM services to their patients and almost all pediatricians (97%) are asked by patients/parents about CM therapies. More than half of the responding pediatricians use CM for themselves or their families. 42% were willing to contribute to pediatric CM research.

Of the 103 Swiss participants with spinal cord injuries (66 men and 37 women), 73.8% stated that they have used some form of CAM since SCI (spinal cord injury), with acupuncture and homeopathy, which were the two CAM techniques that were used most frequently (31% each).¹²⁸ The most common indications for CAM use were pain and urinary tract infections (UTIs). CAM was used supplementarily rather than exclusively. Overall satisfaction (85.1%) as well as satisfaction rates for the different indications (pain: 85%; UTI: 90.5%) and for the most frequently used forms of CAM (homeopathy: 90.6%; acupuncture: 78.1%) were high.

The percentage of Austrians using homeopathy increased from 50% in 2016 to 62% in 2017. Homeopathy is the most popular complementary medicine in Austria. According to a recent survey 72% of Austrians consider homeopathy to be effective, 91% replied that homeopathic medicines do not have many side effects and 88% want that conventional medicine and homeopathy are combined. The main indication for which Austrians use homeopathy is upper respiratory tract disease.¹²⁹

A Gallup Institute's July 2022 survey for insurance company "Wiener Städtische" interviewed 1,000 Austrians between the ages of 16 and 70 about their health and therapy methods.¹³⁰

A large majority of those people who were surveyed (69%) had a positive attitude towards alternative and complementary medicine. Homeopathy received the highest support (42%) with Bach flowers (35%) and acupuncture (28%) in second and third place. The survey also evaluated differences by gender, age and housing and found that 65% of men and 74% of women approve of complementary medicine. Positive attitudes towards alternative and complementary medicine increase with age, reaching 72%

¹²⁶ Swiss to recognise homeopathy as legitimate medicine. March 29, 2016.

http://www.swissinfo.ch/eng/complementary-therapies_swiss-to-recognise-homeopathy-as-legitimate-medicine/42053830

¹²⁷ Huber BM, von Schoen-Angerer T, Hasselmann O, Wildhaber J, Wolf U. Swiss paediatrician survey on complementary medicine. *Swiss Med Wkly.* 2019 Jun 16;149:w20091. doi: 10.4414/smw.2019.20091.

<https://www.ncbi.nlm.nih.gov/pubmed/31203577>

¹²⁸ Pannek J, Pannek-Rademacher S, Wöllner J. Use of complementary and alternative medicine in persons with spinal cord injury in Switzerland: a survey study. *Spinal Cord.* 2015 Feb 24. doi: 10.1038/sc.2015.21. <http://www.ncbi.nlm.nih.gov/pubmed/25708665>

¹²⁹ <https://www.pressetext.com/news/20180927019>

¹³⁰ Austrians Love Homeopathy and Alternative Medicine (Gallup Survey), September 8, 2022.

<https://homoeopathiewatchblog.de/2022/09/08/oesterreicher-lieben-homoeopathie-und-alternativmedizin-das-zeigt-neue-meinungsumfrage/#acpwd-8971>

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between 56 and 70 and 70% between 36 and 55. The survey also found that complementary medicine tends to be valued even more in rural areas (75%) than in the city (65%).

In a survey conducted in Austria, 171 cancer patients were questioned.¹³¹ The survey found that 63.7% used CAM alongside oncological treatment or palliative care. The most common CAM therapies were biological and physical therapies, including homeopathy (30.3%), supplements (27.4%), herbs (26.6%), massage (24.8%), and acupuncture (22.0%). Four distinct symptom clusters were identified, of which the cluster drowsiness-depression-anxiety was associated with a 3.83-fold increased chance of using CAM compared to low-symptomatic cancer patients.

Other European countries in which homeopathy has a relatively strong presence include Switzerland, where different surveys have suggested that somewhere between 11% and 27% of general practitioners and internists prescribe homeopathic medicines; Italy where 9% of the medical doctors prescribe homeopathic remedies sometimes; and the **Netherlands** where 45% of physicians consider homeopathic medicines effective and 47% of medical doctors use one or more complementary therapies, with homeopathy (40% of these select doctors) being the most popular.¹³²

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%).¹³³

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

¹³¹ Huemer M, Pansi A, Hofmann G, Terbuch A, Sciri E, Lipp R, Spiegelberg JA, Jahn-Kuch D, Pichler M. Symptom clusters associated with complementary and alternative medicine use by cancer patients: A cross-sectional study. *PLoS One*. 2023 Dec 14;18(12):e0294641. doi: 10.1371/journal.pone.0294641. PMID: 38096236. <https://pubmed.ncbi.nlm.nih.gov/38096236/>

¹³² Fisher, Peter and Ward, Adam. "Complementary Medicine in Europe," *British Medical Journal*, 309, July 9, 1994: 107-10.

¹³³ 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/>

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).

The prevalence of CAM use in a sample of Swiss patients undergoing kidney transplant was 11.8%. The most frequently used alternative therapy used among these was homeopathy (42.9%).¹³⁴

Although there have not been any modern surveys to evaluate how many physicians in **Italy** use homeopathic medicines, a 2015 survey uncovered the fact that an impressive 21% of Italian physicians prescribe homeopathic medicines for respiratory allergies.¹³⁵ Further, 12% of pharmacists recommended homeopathic treatment for allergies, a similar percentage as those who recommended intranasal/oral corticosteroid drugs. A 2016 survey discovered that nearly one out of three pediatricians prescribe homeopathy usually along with conventional drug treatments. In 2012, 23% of Italian pediatricians acknowledged that they prescribe homeopathic medicines, showing a substantial increase in the past four years. Further, 30% of the physicians who use homeopathic medicines prescribe them every day in their practice. The survey is the result of an online consultation 5,400 pediatricians, 98% of which work for the Italy's National Health Services.¹³⁶

A survey was published in 2022 and was conducted with 97 Italian physicians, 78 of whom responded anonymously to a questionnaire.¹³⁷ These 97 MDs were selected by a committee of 13 experts from Italian universities, public hospitals, territorial services, and research institutes formed the Consensus Board. Physicians with experience in the use of complementary and alternative medicines, ascertained by scientific publications on the subject, were considered.

When deciding not to rely on conventional medicine, these physicians said that they instead recommended homeopathy (76.1% of patients who decide to be treated with CAM), followed by phytotherapy (58.7%), osteopathy (44.8%), acupuncture (29.6%), and, finally, chiropractic (20.4%).

More than half (65.4%) of responders answered that they use CAM in more than half of their patients, the most of them being experts in a type of homeopathy called

¹³⁴ Hess S, De Geest S, Halter K, Dickenmann M, Denhaerynck K. Prevalence and correlates of selected alternative and complementary medicine in adult renal transplant patients. *Clin Transplant*. 2008 Sep 11. *Clin Transplant*. 2008 Sep 11.

¹³⁵ Canonica GW, Triggiani M, Senna G. 360 degree perspective on allergic rhinitis management in Italy: a survey of GPs, pharmacists and patients. *Clin Mol Allergy*. 2015 Nov 2;13:25. doi: 10.1186/s12948-015-0029-5. eCollection 2015. <http://www.ncbi.nlm.nih.gov/pubmed/26528081>

¹³⁶ http://www.quotidianosanita.it/scienza-e-farmaci/articolo.php?articolo_id=43488

¹³⁷ Paoloni M, Agostini F, Bernasconi S, Bona G, Cisari C, Fioranelli M, Invernizzi M, Madeo A, Matucci-Cerinic M, Migliore A, Quirino N, Ventura C, Viganò R, Bernetti A. Information Survey on the Use of Complementary and Alternative Medicine. *Medicina*. 2022; 58(1):125.

<https://doi.org/10.3390/medicina58010125>

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homotoxicology (97.4%), phytotherapy (52.6%), homeopathy (43.6%), acupuncture (39.7%), traditional Chinese medicine (21.8%), and osteopathy (11.5%).

According to data from the EURISPES Italy 2017 Report (Institute of Political, Economic and Social Studies),¹³⁸ 21.2% of the population, equal to almost 13 million people, makes use of unconventional therapies (with a growth of 6.7% compared to 2012). According to this Report, homeopathy is the most popular non-conventional medicine in Italy, and of those who use unconventional treatments, 76.1% of Italians utilize homeopathy, followed by phytotherapy (with 58.7%), osteopathy (44.8%), acupuncture (29.6%), chiropractic (20.4%).

In Italy, according to the EMG Acqua 2016 survey, 4.5% of the population (about 2 million and 700 thousand citizens) continuously rely on homeopathic medical treatment with a daily or weekly frequency. More than 20% of Italians use homeopathic medicines at least once a year. And in general, over 80% of respondents say they know homeopathy.

22.6% of users were introduced to homeopathy by a pharmacist; others were introduced by family and friends (21.7%), their general practitioner (15.3%), or by a specialist (14.1%). 40.6% go to their pharmacist for information on homeopathic medicines, while 34.6% expect their general practitioners to provide information on homeopathy.

Homeopathic medicines are most frequently used for rhinitis, colds and flus (63.6%), joint or muscle pain (30.4%), allergies and respiratory problems (21.8%). The most popular medicine is arnica, used by 14.4% of Italians. Growth in use of homeopathic medicines is particularly evident in the treatment of children, with almost three out of ten Italians using them for children, in particular from six years upwards and especially for respiratory infections. A lack of side effects and contraindications (18.2%) is perceived to be the biggest benefit of homeopathic remedies, while 15.5% use them because they are non-toxic and 11.9% because they perceive them to be particularly suitable for less severe disorders such as anxiety, stress, cystitis and gastritis.¹³⁹

More recently, in 2013, the National Observatory on Women's Health (ONDA) investigating a sample of 1000 women interviewed between the ages of 25 and 54, found that over 70% of them said they had a positive experience with homeopathy.¹⁴⁰

In 2004 a total of 7.5 million Italians use homeopathic medicines (representing 12.5% of the population), 2.5 million more than a survey showed in 2000.¹⁴¹ In 2016, it was determined one in six Italians (16.67%) use homeopathic medicines at least once a year.¹⁴² Approximately 14% of Italian women and 10% of men prefer homeopathic medicine to conventional medicine. A total of 9.6% of children between three and five years of age are treated with homeopathic medicines. Almost 90% of Italians who have used such medicines say these treatments helped by them, with 30% saying that they used homeopathic medicines for pain syndromes and 24% for severe or chronic diseases.

A survey was conducted in Italy on the use of various conventional and alternative treatments for coughs. 33.8 % of the sample is in favor of homeopathic drugs,

¹³⁸ <http://www.eurispes.eu/content/eurispes-rapporto-italia-2017-comunicato-stampa>

¹³⁹ <https://www.echamp.eu/news-and-events/news/16-of-italians-use-homeopathy-once-a-year>

¹⁴⁰ <http://www.omeopatiasimoh.org/la-medicina-omeopatica-in-italia-e-nel-mondo-alcuni-dati/>

¹⁴¹ ANSA English Corporate Service, 7.5 Million Italians Use Homeopathic Drugs, May 20, 2004.

¹⁴² http://www.ansa.it/english/news/general_news/2016/02/23/one-in-six-italians-use-homeopathy_071cefbb-28c0-4cca-beb8-b56f688c88f4.html

while 23.2 % had already used a homeopathic anti-tussive syrup, and 27.6 % of subjects are really interested in using the homeopathic approach.¹⁴³

A 2020 survey of the population of Campania in South-West Italy (the area around Naples, the Amalfi coast, and Pompei) showed 71% of respondents had heard about homeopathy and 18% used it at least once a year.¹⁴⁴ On average, respondents had been using homeopathy for more than five years. 20% have used it for over a decade.

The survey was carried out by EMG Acqua in July, 2020, on behalf of Omeoimprese, the association representing companies in Italy that produce and distribute homeopathic medicines. This survey also discovered that users of homeopathy have a higher level of education than the average population and are more likely to be in employment. 39% of those who know about it learned about it from friends or relatives. Only 9% learnt about homeopathy from their doctor and 8% from their pharmacist.

The survey also addressed the need for political support for these products - 56% of all respondents and 90% of users thought it was very or quite important for politicians to pay attention to homeopathic medicines.

Starting in 2007, the prestigious European Science and Technology Observatory started to monitor the attitude of Italians towards homeopathy. In 2007 they found that 32.5% of Italians at least occasionally used homeopathic medicines. In 2009, they found that 38.6% of Italian at least occasionally used homeopathic medicines...and 37.8% in 2011.¹⁴⁵ They also found that those who use homeopathy regularly or exclusively, however, are almost the same as five years ago: the first was about 8.7% of the sample (2007), against 7.3% in 2011.

A 2005 survey on the use of complementary and alternative medicines (CAM) among cancer patients in Europe reported that 73% of the Italian cancer patients had used CAM, a number well above the European average of 36%.¹⁴⁶ The most popular treatment modalities used by cancer patients in Italy were high use of homeopathy, herbal medicine, and spiritual therapies. A 2008 survey in Tuscany, Italy found that the incidence of CAM use after cancer diagnosis was 17%, with the most widely used forms being herbal medicine (52%), homeopathy (30%) and acupuncture (13%).¹⁴⁷ Use was higher in the urban area and among women, breast cancer patients, and persons with a higher education.

In 2013, a survey was published of 803 patients from six Italian oncology departments were interviewed about CAM usage and completed two questionnaires to

¹⁴³ Dal Negro RW, Mazzolini M, Turco P, Zanasi A. Cough: impact, beliefs, and expectations from a national survey. *Multidiscip Respir Med*. 2016 Sep 27;11:34. eCollection 2016.

<https://www.ncbi.nlm.nih.gov/pubmed/27708777>

¹⁴⁴ <https://homeopathy-uk.org/news/new-survey-shows-italians-would-vote-for-homeopathy>

¹⁴⁵ *Annuario Scienza e Societa* 2012, edizioni Il Mulino Ottava edizione, a cura di F. Neresini e G. Pellegrini (Translated as: YEARBOOK OF SCIENCE AND SOCIETY)

http://www.observa.it/pubblicazioni_view.aspx?ID=1233&LAN=ITA

¹⁴⁶ Molassiotis A, [Fernandez-Ortega P](#), [Pud D](#), et al, Use of complementary and alternative medicine in cancer patients: a European survey. *Ann Oncol*, 16: 655-663, 2005.

¹⁴⁷ [Johannessen H](#), [von Bornemann Hjelmberg J](#), [Pasquarelli E](#), [Fiorentini G](#), [Di Costanzos F](#), [Miccinesi G](#)., Prevalence in the use of complementary medicine among cancer patients in Tuscany, Italy. *Tumori*. 2008 May-Jun;94(3):406-10.

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explore psychological distress and the resilience trait called sense of coherence (SOC).¹⁴⁸ Patients included in the study had different primary tumor sites and were in different phases of the disease and care process.

At the time of measurement, 37.9% of patients were using one or more types of CAM treatments. The most commonly used CAM treatments were diets and dietary supplements (27.5%), herbs (10.8%), homeopathy (6.4%), and mind-body therapies (5.5%). The Italian context is characterized by a high percentage of patients who informed their physicians about CAM use (66.3%) and who experienced benefits (89.6%); 75.2% of the patients had used CAMs in the past. Multivariate analysis revealed that young, female patients, who previously used complementary and alternative medicine in the past, appear more likely to use at least one type of CAM therapy.

A total of 469 people participated in a survey on the use of CAM in patients with bone or soft-tissue sarcoma: 409 were adults and 60 were under 18 years old.¹⁴⁹ The percentage of adults who used CAM was 44.7% and in minors 38.3%. The most common CAM treatment used was vitamins and minerals, followed by phytotherapy and homeopathy. The majority of patients used CAM after the sarcoma diagnosis. None used CAM alone in place of conventional chemotherapy. The benefits from CAM usage were reported by 75% of patients (22% experience "high benefits," while 53% experienced "some benefits") and side effects were experienced by 6.7%. A significant correlation was found with CAM use and female gender, young age (18-44) and higher education. Disclosure to the oncologist was 56% and 69% to their family doctors.

A survey of Italian children with cancer who were being treated at a conventional pediatric oncology unit found that 12.4% of the children used at least one type of CAM, with homeopathy being the most popular.¹⁵⁰ 83% of the parents of these children reported benefits, ranging from improved immune defenses, regression of diplopia, or improved blood values). This study confirmed the observation of many other surveys which found that users of CAM tended to be more educated than those who did not use CAM.^{151 152 153}

Five hundred and fifty-two patients who had inflammatory bowel disease and who were under treatment at an Italian tertiary medical referral center completed the questionnaire;¹⁵⁴ 156 (28%) reported using alternative and complementary therapies, of

¹⁴⁸ Bonacchi A, Fazzi L, Toccafondi A, Cantore M, Mambrini A, Muraca MG, Banchelli G, Panella M, Focardi F, Calosi R, Di Costanzo F, Rosselli M, Miccinesi G. Use and Perceived Benefits of Complementary Therapies by Cancer Patients Receiving Conventional Treatment in Italy. *J Pain Symptom Manage*. 2013 Jul 31. pii: S0885-3924(13)00271-6. doi: 10.1016/j.jpainsymman.2013.03.014.

¹⁴⁹ Longhi A, Setola E, Ferrari C, Carretta E. Complementary and alternative medicine in sarcoma patients treated in an Italian sarcoma center. *J Cancer Res Ther*. 2021 Apr-Jun;17(2):516-522. doi: 10.4103/jcrt.JCRT_348_20. PMID: 34121701. <https://pubmed.ncbi.nlm.nih.gov/34121701/>

¹⁵⁰ Clerici CA, Veneroni L, Giacon B, et al., Complementary and alternative medical therapies used by children with cancer treated at an Italian pediatric oncology unit. *Pediatric Blood Cancer*. June 2009. doi 10.1002/pbc.22093.

¹⁵¹ Gomez-Martinez R, Tlacuilo-Parra A, Garibaldi-Covarrubias R. Use of complementary and alternative medicine in children with cancer in Occidental, Mexico. *Pediatr Blood Cancer* 2007;49:820–823.

¹⁵² Gozum S, Arikan D, Bu"yu"kvaci M. Complementary and alternative medicine use in pediatric oncology patients in eastern Turkey. *Cancer Nurs* 2007;30:38–44.

¹⁵³ Nathanson I, Sandler E, Ram' rez-Garnica G, et al. Factors influencing complementary and alternative medicine use in a multisite pediatric oncology practice. *J Pediatr Hematol Oncol* 2007;29:705–708.

¹⁵⁴ 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.

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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%). 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.

The use of complementary alternative medicine (CAM) in pediatric populations has increased considerably, especially for pain and chronic conditions, as demonstrated by epidemiological surveys both in Europe and in the USA. In a 2014 study, CAM was used in 76% of patients of a cohort of 124 children affected by headache (age 4-16 years; 67% female; 70% migraine without aura, 12 % migraine with aura, 18% tension headache according to IHS criteria) consecutively recruited at a Pediatric Headache University Center. CAM was used as preventive treatment in 80% cases.¹⁵⁵ The main reasons for seeking CAM were: the wish of avoiding chronic use of drugs with their related side effects, the desire of an integrated approach, the reported inefficacy of conventional medicine, and a more suitable children disposition to CAM than to pharmacological compound. Female gender, younger age, migraine without aura, parents' higher educational status, maternal use of CAM and other associated chronic conditions, were found to be correlated with CAM use ($p < 0.05$). 73 % patients chose CAM also to treat other diseases (i.e. allergies, colitis, asthma, insomnia, muscle-skeletal disorders and dysmenorrhoea). The most used CAM practices were: herbal remedies (64 %); Homeopathy (47%) with *Silicea*, *Ignatia Amara*, *Pulsatilla*, *Aconitum*, *Nux Vomica*, *Calcarea phosphorica*; physical treatment (45 %) such as Ayurvedic massage, shiatsu, osteopathy; yoga (33 %); acupuncture (11 %). CAM-often integrated with conventional care-was auto-prescribed in 30% of the cases, suggested by non-physician in 22%, by the General Practitioner in 24% and by pediatrician in 24%. Both general practitioners and neurologists were mostly unaware of their patients' CAM use.

In **Spain**, homeopathy has gotten so popular that INE, the country's statistic institute, added expenditures on homeopathic medicines to their calculations for monthly inflation rates.¹⁵⁶ Sales of homeopathic medicines in Spain are growing at 10-15% annually, with approximately 15% of the population saying that they have used a homeopathic medicine and 25% said that they would be happy to try one.¹⁵⁷ In 2017, a survey was conducted and discovered that 52% of Spaniards believe that homeopathic

¹⁵⁵ Dalla Libera D1, Colombo B, Pavan G, Comi G. Complementary and alternative medicine (CAM) use in an Italian cohort of pediatric headache patients: the tip of the iceberg. *Neurol Sci.* 2014 May;35 Suppl 1:145-8. doi: 10.1007/s10072-014-1756-y.

¹⁵⁶ Reuters (Madrid) Tummy tucks join inflation calculation. February 12, 2007.

¹⁵⁷ Izmirlieva, Milena. *Global Insight*, March 28, 2007 (found in *Homeopathy Today*, May/June 2007, p.9).

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medicines are effective.¹⁵⁸ A 2020 survey found that pediatricians recommended homeopathy to 28.1% of parents.¹⁵⁹

The results of a 2018 survey showed that the typical user of homeopathy in Spain is a woman, with a socioeconomic middle- or upper-class position, with higher university studies and with a left-wing ideological position.¹⁶⁰ The typical homeopathy consumers are women (66.1%), with an average age of 46, which is significantly lower than that of the general population, which is 50. As for their level of maximum studies reached, 62.9% have higher education or professional training. This difference is significant with respect to the general population, where the percentage is 38.8% in the same categories.

A national study was conducted from June to July 2020 using an online questionnaire. Two e-mails were sent to pediatricians who were members of the Spanish Association of Pediatrics (AEP).¹⁶¹ Out of 1,414 responses received, acupuncture was considered as a science by 31.8% of the pediatricians. Homeopathy was recommended to parents by 28.1%. CAM was integrated into the practice of 21.3% of the pediatricians, and at least once, to improve their own health. The following variables were associated with a greater disposition to prescribe homeopathy: female, age over 45 years old, pediatricians working in Primary Care, and pediatricians working in private healthcare.

In 2008, the Observatory of Natural Therapies (based in Catalonia), published the results of a quantitative study exploring the frequency of use of some alternative therapies.¹⁶² A total of 2,000 individuals were interviewed, aged between 16 and 65, with a sampling error of +/- 2.25%, and a confidence level of 95%. The frequency of use of the techniques were: yoga, 32.5%; acupuncture / TCM, 31.5%; massage, 28.4%; Homeopathy, 23.0%; Reflexology, 16.1%; Tai-chi, 13.3%; Flower therapy, 12.0%; Lymphatic drainage, 9.1%; Naturopathy, 8.8%; Reiki, 8.4%; Osteopathy, 8.2%; Shiatsu, 3.9%; and Kinesiology, 2.1%.

A survey was conducted in **Turkey** between December 1, 2021 and February 1, 2022 among the students of the Faculty of Pharmacy, Karadeniz Technical University

¹⁵⁸ Salas J. More than half of Spaniards continue to believe that homeopathy works. El Pais. April 24, 2017. http://elpais.com/elpais/2017/04/21/inenglish/1492781093_629543.html

¹⁵⁹ Piñero Pérez R, Núñez Cuadros E, Cabrera García L, Díez López I, Escrig Fernández R, Gil Lemus MÁ, Manzano Blanco S, Rodríguez Marrodán B, Calvo C. Resultados de una encuesta nacional sobre conocimiento y uso de pseudociencias por parte de los pediatras [Results of a national survey on knowledge and use of complementary and alternative medicine by paediatricians]. *An Pediatr (Barc)*. 2020 Oct 30;S1695-4033(20)30426-4. Spanish. doi: 10.1016/j.anpedi.2020.09.010. Epub ahead of print. PMID: 33139207. <https://pubmed.ncbi.nlm.nih.gov/33139207/>

¹⁶⁰ Cano-Orón L, et al. 'Socio-demographic profile of the user of homeopathy in Spain'. *Atención Primaria* 2018. <https://doi.org/10.1016/j.aprim.2018.07.006>

¹⁶¹ Piñero Pérez R, Núñez Cuadros E, Cabrera García L, Díez López I, Escrig Fernández R, Gil Lemus MÁ, Manzano Blanco S, Rodríguez Marrodán B, Calvo C. Results of a national survey on knowledge and use of complementary and alternative medicine by paediatricians. *An Pediatr (Engl Ed)*. 2021 Dec 11;S2341-2879(21)00201-5. doi: 10.1016/j.anpede.2020.09.012. Epub ahead of print. PMID: 34906426. <https://pubmed.ncbi.nlm.nih.gov/34906426/>

¹⁶² Moreno-Castro, Carolina and Lopera-Pareja, Emilia H. Comparative study of the frequency of use of natural therapies among the Spanish population and their public image on digital media. 14th International Conference on Public Communication of Science and Technology (PCST), Istanbul, Turkey, 26-28 April 2016, <http://pcst.co/archive/> https://www.academia.edu/28122736/Comparative_study_of_the_frequency_of_use_of_natural_therapies_among_the_Spanish_population_and_their_public_image_on_digital_media?email_work_card=view-paper

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(KTU), through a face-to-face survey. In total, 418 questionnaires suitable for data quality were included in the study.¹⁶³

Students in the fifth year of pharmacy school ($p = 0.0001$) and those working in an income-generating job ($p = 0.026$) were found to be those most aware of homeopathy. The students of the Faculty of Pharmacy correctly knew the basic working principles of homeopathy ($p = 0.002$). 80.4% of the participants thought that homeopathy should be applied by pharmacists. 47.0% of the students wanted to learn more about homeopathy or to carry out studies in the field of homeopathy in their careers.

When the Iron Curtain was up, Hungary, Czechoslovakia, and East Germany banned homeopathy, but this medical iron curtain fell with communism. Homeopathy holds a unique place in Russia, where it has been widely accepted, but is not sanctioned by the state medical bureaucracy. Thus, homeopathic care is not free and has been a part of the new Russian economy where fees are paid for health services. Demand for homeopathic care is so great that Russians prefer to pay for homeopathic care than to receive free conventional medical care.

Some skeptics have asserted that homeopathy and natural medicines are becoming increasingly popular in **Russia** because "real medicine" is either unavailable or too expensive.¹⁶⁴ However, this assumption has been disproven, because the trend toward homeopathic and natural medicine is particularly popular among those Russians who are more educated and are in higher economic classes. Journalists and skeptics tend to assume that homeopathic medicines simply do not work, and thus they create fanciful theories about why the use of homeopathy is increasing.

A 2017 survey from TASS in Russia found that 16% of the Russian population believes in homeopathy, but 64% don't believe in homeopathy. When a Russian scientist from an Institute in the Russian Health Ministry wrote a report critical of homeopathy and proposed that all governmental clinics stop using homeopathic medicine, he was fired on orders from the head of this Institute.¹⁶⁵ Obviously, homeopathy has support in the highest places.

A survey of Russian physicians in three academic hospitals in St. Petersburg was published in 2008.¹⁶⁶ This survey found that 100% of the respondents had practice CAM and/or referred patients to at least two CAM therapies. On average, each physician had practiced or referred patients to 12.7 different CAM treatments. Homeopathic medicine was the 8th most popular, with 58% using or referring for homeopathic treatment, 31% using on themselves, 29% using it on their own patients, and 38% referring for homeopathic care.

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

¹⁶³ Renda G, Gökkaya İ, Kandemir G, Özyiğit T, Kurt T. Pharmacy Students' Knowledge and Attitudes about Homeopathy: A Descriptive Survey Conducted in Turkey. *Homeopathy*. 2023 Apr 27. doi: 10.1055/s-0043-1761267. Epub ahead of print. PMID: 37105218.
<https://pubmed.ncbi.nlm.nih.gov/37105218/>

¹⁶⁴ Clines, F. "With Medicine Itself Sick, Russians Turn to Herbs," *New York Times*, December 31, 1990.

¹⁶⁵ http://rbth.com/news/2017/03/07/homeopathys-tiny-doses-generate-huge-controversy_715286

¹⁶⁶ Brown, Samuel, **Use of Complementary and Alternative Medicine by Physicians in St. Petersburg, Russia**. *The Journal of Alternative and Complementary Medicine* Apr 2008, Vol. 14, No. 3: 315-319.

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medicine is among the top 20 drugs in the country, with sales of 3.8 billion rubles in 2017 (\$62M USD).¹⁶⁷

In **Hungary**, homeopathic literature was banned for 40 years until 1990. Homeopathy has now been accepted and integrated into regular medical education and is taught in two medical schools. The Hungarian Homeopathic Medical Association started with 11 members in 1990, grew to 75 after 18 months, and grew further to 302 members in 1994.

A survey was conducted in Hungary to measure the attitude of patients waiting for elective surgery towards naturopathic methods.¹⁶⁸ A questionnaire was given to patients and filled in individually and anonymously at the First Department of Surgery of Semmelweis University, between July 1, 2014 and April 30, 2016.

63.6% of the 519 participants (response rate = 21%) were interested in non-conventional therapies, and 26.8% of them applied naturopathy. In this group there were significantly more females ($p = 0.022$; OR: 1.066-2.3635), patients with university degree ($p = 0.000315$; OR: 1.3915-3.1132), aged 40-49 ($p = 0.012419$; OR: 1.1451-3.2405), and patients with hormonal disease ($p = 0.039482$; OR: 1.0186-5.7242). In terms of lifetime prevalence the most popular methods were traditional Chinese medicine (8.9%), alternative movement and massage therapy (7.5%) and homeopathy (7.3%). Only 12.9% of the patients reported the application of these methods to the physician.

This survey confirmed that surgical patients in Hungary are interested in naturopathic methods, and one-fourth of them actually use them even in the perioperative period.

After the fall of communism in Czechoslovakia, a homeopathic organization in the **Czech Republic** was established in November, 1990, and it was immediately accepted and integrated within the larger conventional medical society. Within a year, the Ministry of Health officially recognized homeopathy as a medical specialty.

The last homeopathic pharmacy in Slovakia was closed in 1964, and the last homeopathic physician died in 1967. And yet, by 1993, the homeopathic medical organization in this country already had 800 members.

Homeopathy Throughout the World

Although homeopathy is quite popular throughout Europe, it is considerably more so in **India**, where there are 300,000 qualified homeopaths, 180 colleges, 7,500 government clinics, 307 hospitals and 24 State Boards for the registration of qualified practitioners of homeopathy.¹⁶⁹ Acknowledging the widespread popularity of

¹⁶⁷ <https://retractionwatch.com/2019/03/28/russian-homeopaths-strike-again-twice-in-virology-journal-and-a-skeptic-strikes-right-back/>

¹⁶⁸ Soós SÁ, Jeszenői N, Darvas K, Harsányi L. [Complementary and alternative medicine use in surgical patients]. *Orv Hetil.* 2016 Sep;157(37):1483-8. doi: 10.1556/650.2016.30543. <http://www.ncbi.nlm.nih.gov/pubmed/27615199>

¹⁶⁹ Manchanda, Raj Kumar and Kulashreshtha, Mukul. Cost Effectiveness and Efficacy of Homeopathy in Primary Health Care Units of Government of Delhi- A study. Paper presented at 60 th International
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homeopathy, a World Health Organization publication noted that "in the Indian subcontinent the legal position of the practitioners of homeopathy has been elevated to a professional level similar to that of a medical practitioner."¹⁷⁰

According to the *Lancet*, about 10% of the population of India, approximately 100 million people, depend SOLELY on homeopathy for their health care.¹⁷¹ According to a AC Nielsen survey in India, 62% of current homeopathy users have never tried conventional medicines, and 82% of homeopathy users would not switch to conventional treatments.¹⁷² Some researchers have estimated that between 30% and 45% of people in India use homeopathic medicines regularly.¹⁷³

The Press Trust of India, which is this country's largest news agency, there are over 400,000 registered homoeopaths in the country in 2009, with approximately 13,000 more being added every year. They quote Amrit Kalsi, Senior Medical Officer, Delhi Government, who asserted, "The demand for homeopathic and ayurvedic medicines has increased in the last few years and to cure chronic ailments such as respiratory diseases, fevers, skin diseases, viral infections, asthma and allergic disorders, people are choosing the traditional way of treatment before allopathic."¹⁷⁴

The number of homoeopaths has grown considerably in the last seven years. While there were still twice as many Ayurvedic physicians in 2007, there are now only one and a half times as many.¹⁷⁵

Referencing other statistics, Amrit Kalsi notes that there were 28 homoeopathic dispensaries in Delhi in 1978, and the number now has gone up to 78. The number of patients taking homeopathic medicines has increased from around 800,000 patients in 1997 to 1,362,174 patients in 2006. According to an article in the Business Standard (2015), sales of homeopathic medicines in India are over \$1 billion.¹⁷⁶

Homeopathic Congress organized by LIGA at Berlin, Germany from 4th May 2005 to 7th May 2005.

<http://www.delhihomeo.com/paperberlin.html>

¹⁷⁰ Kishore, J. "Homoeopathy: The Indian Experience," World Health Forum, 1983, 3: 107.

¹⁷¹ Prasad, R. Homoeopathy Booming in India, *Lancet*, 370(November 17 2007):1679-80.

<https://www.thelancet.com/journals/lancet/article/PIIS0140673607617097/fulltext>

¹⁷² AC Nielsen Survey Backs Homeopathy Benefits, Business Standard. August 27, 2007.

¹⁷³ Dinges, M. Medical pluralism in Europe and India: Concept, historical background, perspectives. *Indian J Res Homoeopathy*. 2017;11:118-22. <http://www.ijrh.org/downloadpdf.asp?issn=0974-7168;year=2017;volume=11;issue=2;spage=118;epage=122;aulast=Dinges;type=2>

¹⁷⁴ Savvy marketing sees surge in alternative therapies. Business Standard. June 30, 2009. <http://www.business-standard.com/india/news/savvy-marketing-sees-surge-in-alternative-therapies/66042/on>

¹⁷⁵ Dinges, 2017.

¹⁷⁶ Das, Sohini. Homeopathy industry seeks statutory body for clinical trials. Business Standard. June 23, 2015. http://www.business-standard.com/article/companies/homeopathy-industry-seeks-statutory-body-for-clinical-trials-115062301269_1.html

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A 2005 survey in India found that use of homeopathy was greater among households with higher income and literacy levels.¹⁷⁷ This observation was confirmed in a larger and highly rigorous survey in 2017.¹⁷⁸

In a survey, a remarkable 64.08% (182 out of 284) of the parents in India acknowledged to have used some form of parent-directed medication (PDM) in the past 3 months.¹⁷⁹ Higher socioeconomic status and having 2 or more children is usually associated with higher use of PDM ($P < 0.05$), but this survey found its use was similar between educated or uneducated parents, rural or urban backgrounds, and nuclear or joint families ($P > 0.05$). CAM was the most commonly used option (58.12%; 161 out of 277), followed by OTC conventional allopathic medications (41.88%; 116 out of 277). Homeopathic medicines were the most preferred alternative therapy under the Alternative Medical System Category of National Centre for Complementary and Alternative Medicine. Majority of parents (71.43%; 130 out of 182) were confident that the treatment chosen could not harm the health of their children and they attributed time constraints or availability of prior prescriptions as reasons for such practice.

A survey of CAM usage among cancer patients was evaluated in a hospital in Northern India.¹⁸⁰ Overall CAM usage was found to be 38.7%. The CAM treatment that was found to have the highest degree of relief from their illness was homeopathic treatment (78.4%). When asked if the CAM patients intended to use CAM in the future, 91.1% of the patients said yes.

A questionnaire-based study, conducted among patients with cancer in a tertiary care hospital in a sub-Himalayan city. A total of 2614 patients with cancer were included. Almost half of the patients ($n = 1208$, 46.2%) reported to have been treated with CAM. Breast cancer ($n = 274$, 23.0%) was most prevalent with majority at advanced stages. Ayurveda ($n = 428$, 35.9%) Yoga/Naturopathy ($n = 381$, 32.0%) Homeopathy ($n = 143$, 12.0%) and Unani ($n = 71$, 5.9%) were used commonly. Among CAM users, 85.0% ($n = 1012$) of patients used CAM as the sole method of treatment, while 58.9% ($n = 702$) patients reported initial symptomatic benefit.¹⁸¹

The Chief Minister of the state, Tripura, Manik Saha, emphasized the importance of homeopathic medicine as a complementary approach to conventional treatments. "Homeopathy plays a crucial role in our healthcare system, offering alternative solutions

¹⁷⁷ Singh P, Yadav RJ, Pandey A. Utilization of indigenous systems of medicine & homeopathy in India. *Indian J Med Res.* 2005;122: 137–142. pmid:16177471.

<http://search.proquest.com/openview/c466bb42bc16333f81d02566050806c1/1?pq-origsite=gscholar&cbl=37533>

¹⁷⁸ Rudra S, Kalra A, Kumar A, Joe W (2017) Utilization of alternative systems of medicine as health care services in India: Evidence on AYUSH care from NSS 2014. *PLoS ONE* 12(5): e0176916.

<https://doi.org/10.1371/journal.pone.0176916>

¹⁷⁹ Seth S, Dubey AK, Maheshwari N. Parent-Directed use of Over-the-Counter Medications and Complementary and Alternative Medicine Therapies among Pediatric Patients: A Cross-Sectional Study. *J Res Pharm Pract.* 2023 Aug 29;11(4):151-161. doi: 10.4103/jrpp.jrpp_15_23. PMID: 37969617; PMCID: PMC10642586. <https://pubmed.ncbi.nlm.nih.gov/37969617/>

¹⁸⁰ Kumar D, Goel NK, Pandey AK, Sarpal SS. Complementary and alternative medicine use among the cancer patients in Northern India. *South Asian J Cancer.* 2016 Jan-Mar;5(1):8-11.

<https://www.ncbi.nlm.nih.gov/pubmed/27169110>

¹⁸¹ Pandey L, Pasricha R, Joseph D, Ahuja R, Yanthan Y, Garg PK, Gupta M. Use of complementary and alternative medicine among patients with cancer in a sub-Himalayan state in India: An exploratory study. *J Ayurveda Integr Med.* 2021 Feb 23:S0975-9476(21)00002-4. doi: 10.1016/j.jaim.2021.01.001. Epub ahead of print. PMID: 33637425. <https://pubmed.ncbi.nlm.nih.gov/33637425/>

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for various ailments. Our government is committed to supporting and enhancing such institutions to ensure holistic health care for all.”¹⁸²

A multicenter cross-sectional study was conducted in **Bangladesh**, including 549 adults with a confirmed chronic illness diagnosis from three tertiary care hospitals in Dhaka city.¹⁸³ Out of 549 patients with non-communicable diseases (NCD), this survey found that 51.4% women, 32.8% have used CAM for the treatment of chronic illness. The survey found that 15.3% of patients exclusively used CAM among the NCD patients, while 17.5% used CAM in conjunction with conventional medicine (CM). Homeopathy medicine was the most prevalent type of treatment among CAM users (52.2%). Furthermore, 55.5% of CAM users said they used it because it had less adverse effects, and 41.6% trusted of effectiveness of CAM treatments for chronic illness. Elderly patients (≥ 60 years) preferred CAM in complementary with CM, but they did not rely only on CAM. According to the multinomial regression analysis, unmarried patients, predominantly in the younger age group, adopted CAM significantly for chronic illness treatment. Patients in the high-income group used CAM in conjunction with CM, while patients in the high-income group did not rely on CAM alone.

Bangladesh's population commonly utilizes Complementary and alternative medicine (CAM) to treat their health issues. Despite the increasing interest in CAM, it has been excluded from conventional medical training in Bangladesh for many years. A survey, which was conducted between November and December 2021, assessed and compared the knowledge level, attitude, perceived effectiveness, and self-practice of CAM among 576 undergraduate students of Bangladesh.¹⁸⁴

Bangladesh's islands tend to encounter environmental crises like floods and river erosion due to weather, which pose significant threats to the residents' well-being and livelihoods. To study the effects of these disasters on livelihood and healthcare challenges, a mixed-method study was undertaken in a riverine-island near a major river of Bangladesh.¹⁸⁵ The study found that a significant number of people with chronic illness use alternative medicine sources (39.3%) such as homeopathy, Kabiraj, and Ayurvedic medicine, especially during periods of natural disasters.

A total of 329 medical students and 247 non-medical students participated in the study. The most known CAM among medical (M) students was homeopathy (44.6%) and

¹⁸² <https://health.economictimes.indiatimes.com/news/policy/homeopathy-plays-a-crucial-role-in-our-healthcare-system-says-tripura-cm-saha/110552546>

¹⁸³ Shahjalal M, Chakma SK, Ahmed T, Yasmin I, Mahumud RA, Hossain A. Prevalence and determinants of using complementary and alternative medicine for the treatment of chronic illnesses: A multicenter study in Bangladesh. *PLoS One*. 2022 Jan 5;17(1):e0262221. doi: 10.1371/journal.pone.0262221. PMID: 34986159; PMCID: PMC8730415. <https://pubmed.ncbi.nlm.nih.gov/34986159/>

¹⁸⁴ Iktidar MA, Chowdhury S, Roy S, Liza MM, Akter S, Islam AMK, Pranto SA, Chowdhury S, Rahman MA, Shafiqul CSB, Dev D, Tanvir SMS, Nabi MH. Knowledge, attitude, perceived effectiveness and self-practice of complementary and alternative medicine: a cross-sectional comparison between medical and non-medical students of Bangladesh. *BMC Complement Med Ther*. 2022 Dec 28;22(1):342. doi: 10.1186/s12906-022-03797-6. PMID: 36578028. <https://pubmed.ncbi.nlm.nih.gov/36578028/>

¹⁸⁵ Hossain A, Chowdhury AT, Mahbub M, Khan M, Rahman T, Sharif AB, Hijazi H, Alameddine M. Natural disasters, livelihood, and healthcare challenges of the people of a riverine island in Bangladesh: A mixed-method exploration. *PLoS One*. 2024 Mar 21;19(3):e0298854. doi: 10.1371/journal.pone.0298854. PMID: 38512936. <https://pubmed.ncbi.nlm.nih.gov/38512936/>

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among non-medical (NM) students were herbal medicine (45.7%). Non-medical students had significantly better knowledge about nine out of twelve CAM modalities included in the study, and no significant differences were present for the rest of the modalities. Medical (81.1%) and non-medical students (86.2%) perceived traditional Chinese medicine and homeopathy to be the most effective respectively. "Incorporating CAM with conventional medicine would result in increased patient satisfaction" showed the most statistically significant ($p = 0.0002$) difference among both groups. Yoga was the most often practiced modality among medical students and homeopathy among non-medical students.

Medical students have a lack of knowledge and a positive attitude towards CAM, despite its very common practice among the people of Bangladesh. The researchers encourage the inclusion of CAM modules in medical training.

A survey was conducted in **Israel** among primary care patients. It discovered that 18.7% consulted an alternative medicine therapist at least once in the past, with homeopaths being the most popular (34.6% of those going to an alternative practitioner).¹⁸⁶

The *Jerusalem Post* stated that training programs in Israel for complementary therapies are "sprouting like mushrooms after rain."¹⁸⁷ Homeopathy is being practiced in small medical clinics throughout Israel as well as in large hospitals such as Hadassah in Jerusalem.

A study was conducted to estimate the rate and describe the characteristics of complementary and alternative medicine (CAM) use by children with asthma in a pediatric primary care clinic in southern Israel.¹⁸⁸ A cross-sectional study including 252 asthmatic children aged 2-12-years was conducted. Socio-demographic data and asthma history were collected using a telephone questionnaire. Computerized medical records were used to complete the data. Results: Sixteen percent (95% CI 11.5-20.5) of the asthmatic children participating in this study used CAM; most popular were homeopathy (36.6%) and reflexology (14.6%). According to multivariate model, CAM use was more prevalent in families in which fathers had professional training (OR = 4.9, 95% CI 1.82-13.02, $p = 0.002$), mothers were employed (OR = 4.1, 95% CI 1.018-16.1, $p = 0.047$), and origin of maternal grandfathers was European (OR = 4.7, 95% CI 1.86-11.8, $p = 0.001$). Families who used CAM, also more frequently sought rabbinical advice (OR = 11.9, 95% CI 2.94-47.7, $p = 0.001$). The prevalence of CAM use found in this study is lower than seen in other Western countries. The 'average family' using CAM to treat its asthmatic child includes an educated father, an employed mother and maternal grandfather from Europe, and would more often seek rabbi's advice.

At the Gulf Medical College Hospital and Research Centre, Ajman, **United Arab Emirates**, 135 patients of different nationalities, above the age of 18 years, were

¹⁸⁶ Kitai, E, Vinker, S, Sandiuk, et al., Use of Complementary and Alternative Medicine among primary Care Patients, *Family Practice*, 1998, 15,5: 441-5.

¹⁸⁷ J. Siegel-Itzkovich, "Homeopathy: Quacks Need Not Apply," *Jerusalem Post*, March 13, 1994)

¹⁸⁸ Singer L, Karakis I, Ivri L, Gross M, Bolotin A, Gazala E. The characteristics of complementary and alternative medicine use by parents of asthmatic children in Southern Israel. *Acta Paediatr.* 2007 Sep 21.

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interviewed using an open-ended structured questionnaire.¹⁸⁹ In addition to socio-demographic characteristics, the acceptability, utilization pattern and reasons for use and non-use were elicited from the participants.

The 135 participants were 20-81 years old, with relatively high percent usage of CAM treatments, including 85.7% of people from the Far East (6/7), then 38.5% of people from **Pakistan** (15/39) and India 23% (16/70). The most common system used was homeopathy. Physicians advised 28.2% (11/39) of users, whereas others used non-medical information. Around 71.8% (28/39) reported good outcome for themselves and family. Good previous experience and less treatment complications were the most common reasons for using CAM and non-use due to lack of knowledge or need.

About one-third of the seekers of modern medicine care also use CAM, and mostly without physician advice; hence, the importance of discussing the same while taking the clinical history.

A multicenter cross-sectional study over 5 months from February to June 2022 among Health Care Workers (HCWs) caring for cancer patients in the **Tunisian** center region.¹⁹⁰ Data were collected using a self-administered questionnaire developed by investigators.

The level of knowledge about CAM was determined to be 78.4% of the population of Tunisia. The best-known CAM therapies were herbal medicine and homeopathy while chiropractic and hypnosis were the least. HCWs who had sought information on CAM represented 54.3% of our sample and the main source of information was the Internet (37.1%). A positive attitude towards the use of CAM was found in 56% of HCWs. The integration of CAM into supportive care in oncology was approved by 78% of HCWs. Concerning training on CAM, 78% declared its necessity for HCWs and 73.3% expressed a desire to have it. A personal use of CAM was found in 53% of HCWs while 38.8% had previously used CAM in the treatment of their cancer patients.

A 2005 survey was conducted at a tertiary children's hospital in **Australia** and found that 43% had used at least one CAM intervention, the most popular being multivitamins, vitamin C, herbal remedies, and homeopathic medicines.¹⁹¹ A systemic review of usage of homeopathic medicine usage found 4.4% (1993), 4.3% (2000), and 2.2% (2004).¹⁹²

¹⁸⁹ Mathew E, Muttappallymyalil J, Sreedharan J, John Lj, John J, Mehboob M, Mathew A. Self-Reported Use of Complementary and Alternative Medicine among the Health Care Consumers at a Tertiary Care Center in Ajman, United Arab Emirates. *Ann Med Health Sci Res.* 2013 Apr;3(2):215-9. doi: 10.4103/2141-9248.113665.

¹⁹⁰ Ammar A, Soua A, Ezzi O, Chelly S, Ammar N, Ezzairi F, Khenissi N, Chabchoub I, Ben Ahmed S, Mahjoub M, Njah M. Complementary and alternative medicine in oncology: knowledge, attitude and practice among Tunisian healthcare workers. *J Cancer Res Clin Oncol.* 2023 Jul 4. doi: 10.1007/s00432-023-05040-2. Epub ahead of print. PMID: 37401941. <https://pubmed.ncbi.nlm.nih.gov/37401941/>

¹⁹¹ Lim, A, Cranswick, N, Skull S, et al., Survey of Complementary and Alternative Medicine Use at a Tertiary Children's Hospital, *Journal of Pediatric Children Health*, August 2005;41(8):424-7.

¹⁹² Relton C, et al., Prevalence of homeopathy use by the general population worldwide: a systematic review, *Homeopathy* (2017), <http://dx.doi.org/10.1016/j.homp.2017.03.002>

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A survey of patients in **New Zealand** found an astonishingly high percentage of patients who used homeopathic medicines (65%), 92% of who reported a positive result.¹⁹³

Homeopathy is relatively popular in **South America**, with its greatest popularity in **Brazil** and Argentina. The Brazilian government formally recognizes homeopathy, and there are a dozen or so training programs for physicians. In Brazil homeopathy has been a medical specialty for more the 1980s, and it is an integral part of the Brazilian Unified National Health System, and it is taught in many of Brazil's most prestigious medical schools.¹⁹⁴ There are 15,000 physicians in Brazil who specialize in homeopathy, making it the 16th largest group of physicians of the 61 medical specialties.¹⁹⁵

Homeopathic treatment is even covered by most health insurance plans.¹⁹⁶

Using data from 90,846 participants in the 2019 Brazilian National Survey of Health (PNS 2019), a survey was conducted to determine who used homeopathic medicines.¹⁹⁷ In the adjusted analysis, the following variables were associated with higher use of homeopathy: female gender, age above 51 years, white ethnicity, higher socioeconomic and educational attainment, residence in Southern/Southeastern Brazil, poorer self-reported health status, and depression.

Brazilian adults showed integrative and complementary health practices (IHP) use prevalence of 6.13% [95%CI = 5.75-6.54].¹⁹⁸ Compared to non-practitioners, women and middle-aged adults were more likely to use any IHP. This survey found a positive gradient of association among participants with higher income and educational attainment and access to any IHP. People from rural areas and those with negative self-perceived health were more likely to use TP. Participants with arthritis/rheumatism, chronic back problems, and depression were more likely to use any IHP.

A survey was conducted in 2013, even though it was published in 2020.¹⁹⁹ According to this survey the prevalence of CAM use in Brazil was 4.5%. The subjects with higher chances to use CAM were: women (AOR = 1.42), aged > 40 years (AOR = 1.64), with higher educational levels (AOR = 2.35), and residents at North (AOR = 2.02) and South (AOR = 1.67) regions of Brazil, all with p-value < 0.001.

¹⁹³ Holt S and Gilbey A. Beliefs about homeopathy among patients presenting at GP surgeries, New Zealand Medical Journal, 2009 122, 1295.

¹⁹⁴ Nelson Filice de Barros, Alessandra Rodrigues Fiuza. Evidence-based medicine and prejudice-based medicine: the case of homeopathy. Cad. Saúde Pública vol.30 n.11 Rio de Janeiro Nov. 2014.

http://www.scielo.org/scielo.php?script=sci_arttext&pid=S0102-311X2014001202368#B24

¹⁹⁵ Teixeira, MZ, Brief Homeopathic Pathogenetic Experimentation: A Unique Educational Tool in Brazil, eCAM, October 4, 2007, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2722208/>

¹⁹⁶ Teixeira, MZ. Proofs that Homeopathic Medicine Works: Dossier “Scientific Evidence for Homeopathy. Homeopathy. 2018;107:45. <https://www.ncbi.nlm.nih.gov/pubmed/29528478>

¹⁹⁷ Faisal-Cury A, Rodrigues DMO. Prevalence and associated factors with homeopathy use in Brazil: a population-based study. Cad Saude Publica. 2022 Sep 23;38(9):e00261821. doi: 10.1590/0102-311XEN261821. PMID: 36169510. <https://pubmed.ncbi.nlm.nih.gov/36169510>

¹⁹⁸ Garcia-Cerde R, de Medeiros PFP, Silva LF, Valente JY, Andreoni S, Sanchez ZM, Rezende LFM. Use of integrative and complementary health practices by Brazilian population: results from the 2019 National Health Survey. BMC Public Health. 2023 Jun 15;23(1):1153. doi: 10.1186/s12889-023-16083-y. PMID: 37316825; PMCID: PMC10268350. <https://pubmed.ncbi.nlm.nih.gov/37316825/>

¹⁹⁹ de Moraes Mello Boccolini P, Siqueira Boccolini C. Prevalence of complementary and alternative medicine (CAM) use in Brazil. BMC Complement Med Ther. 2020 Feb 13;20(1):51. doi: 10.1186/s12906-020-2842-8. <https://www.ncbi.nlm.nih.gov/pubmed/32054461>

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According to the socioeconomic status, subjects from upper classes had higher chances to use acupuncture and homeopathy when compared to the other classes, and individuals from lower classes had higher chances to use medicinal plants and herbal medicines. Almost half of all individuals reporting CAM use did so outside the health care system. The Brazilian Unified Health System (SUS) was the least used funding for CAM when compared to other types of funding.

The leading homeopathic organization in Brazil created a special dossier on homeopathic research.²⁰⁰

A survey of 484 Brazilian medical students was conducted in 2006 to evaluate their interest in homeopathy and acupuncture.²⁰¹ Over 85% of the students considered that homeopathy and acupuncture should be included in curricula, as options (72%) or compulsorily (19%); 56% showed great interest in learning about them. Although 76% had little or no knowledge, 67% believed that these therapies had some effectiveness, and that chronic diseases (37%) or even chronic and acute diseases (29%) would be the main indicators for their use. Around 35% were receptive towards offering public primary care using both therapies, while 34% thought these treatments should also be available in hospitals and 60% believed they could be integrated with conventional medical practices. This high degree of interest in homeopathy and acupuncture provides some insight as to what to expect in the future in Brazil.²⁰²

Homeopathy in **Argentina** is tolerated but not officially recognized, even though approximately 10% of the population uses these natural medicines. Because San Martin, the "George Washington of Argentina" who liberated Argentina from Spain, was an advocate of homeopathy, many of this country's citizens have a special appreciation for this medical system.

A survey of CAM usage in **Chile** was published in 2016. Data comes from a representative, complex sample of 5412 adults of the National Health Survey 2010–2011.²⁰³ Expanded data were used to calculate prevalence of use of several complementary therapies, perceived benefit and need of public health services about CAM was assessed. The survey found that 64% of adults had used some type of CAM during its life. The most frequently used CT was naturopathy 64, 4% (IC95%: 60, 7–68%); followed by homeopathy 17, 6% (IC95%: 14, 8–20, 7%). Over 80% of respondents want to have CAM services at their health care facilities.

²⁰⁰ <http://aph.org.br/revista/index.php/aph/issue/view/42/showToc>

²⁰¹ Teixeira MZ, Chin An Lin CA; de Arruda Martins M. Homeopathy and acupuncture teaching at Faculdade de Medicina da Universidade de São Paulo: the undergraduates' attitudes. Sao Paulo Med. J. vol.123 no.2 São Paulo Mar. 2005. doi: 10.1590/S1516-31802005000200009

²⁰² Nelson Filice de Barros, Alessandra Rodrigues Fiuza. Evidence-based medicine and prejudice-based medicine: the case of homeopathy. Cad. Saúde Pública vol.30 n.11 Rio de Janeiro Nov. 2014. http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0102-311X2014001202368#B24

²⁰³ Bedregal P, Passi A, Guerra X, and Chang M. The use of complementary therapies in Chile: Results from the National Health Survey, 2010-2011. The International Congress on Integrative Medicine and Health (ICIMH)

Green Valley Ranch Resort, Las Vegas, Nevada, USA, May 17–20, 2016.

<http://online.liebertpub.com/doi/full/10.1089/ACM.2016.29003.abstracts>

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Homeopathy is experiencing a worldwide renaissance. Interest in homeopathy by both consumers and health professionals is growing at a significant rate, and there is no sign of this interest is slowing.

With increasing numbers of people wanting to take a greater role in their own health and increasing numbers of people recognizing the limitations of conventional medicine, homeopathy will continue to grow. Homeopathy cannot cure everyone or everything, but its capacity to provide safe, effective, and cost-effective health care will lead to it playing an important role in health care in the 90s and the 21st century.