

HOMEOPATHY RESEARCH INSTITUTE

To facilitate & disseminate high quality homeopathy research.

Newsletter Issue 6 Oct 2009

Research in homeopathy and influenza

Author: Robert T Mathie Research Development Adviser British Homeopathic Association

There are more research publications on homeopathy for influenza than there are for most individual medical conditions. This brief overview summarises that literature, focusing in turn on reviews, randomised controlled trials (RCTs) and basic laboratory research. It concludes with comments about current homeopathy research developments in influenza and in the context of the A/H1N1 (swine flu) pandemic.

Reviews

Substantial original clinical research is reflected in a considerable number of published reviews, where influenza either was one of many conditions reviewed (e.g. Linde et al, 1997, 2001; Jonas et al, 2003; Mathie, 2003) or was the single focus of attention (Vickers & Smith, 2006; Guo et al, 2007). Each one of those reviews drew the conclusion that there is overall positive evidence for homeopathy in the treatment of influenza. Results have been described as promising" (Linde et al, 2001) and "encouraging" (Guo et al, 2007). No review, however, has firmly concluded that homeopathy is clinically effective in this context.

Both the latter reviews singled out the commercial homeopathic medicine *Anas barbariae hepatis et cordis extractum* (Oscillococcinum®), which itself has been the focus of a Cochrane systematic review (Vickers & Smith, 2006). The Cochrane review concluded that Oscillococcinum treatment reduced the length of influenza illness by 0.28 days (95% confidence interval, 0.50 to 0.06 days; P<0.05). However, it concluded: "though promising, the data were not strong enough to make a general recommendation to use Oscillococcinum for first-line treatment of influenza and influenza-like syndromes. Further research is warranted but the required sample sizes are large."

The authors also pointed out that "current evidence does not support a preventative effect of Oscillococcinum-like homeopathic medicines in influenza and influenza-like syndromes."

Individual randomised controlled trials

Data from two large placebo-controlled RCTs comprise the available evidence for Oscillococcinum in influenza treatment (Papp et al, 1998; Ferley et al, 1989). The trials had similar study design, and the primary outcome measure in both was "recovery 48 hours after treatment commenced". Both papers reported similar findings: the proportion of patients that recovered within 48 hours was significantly greater in the verum group compared with placebo (Papp: 17.4% vs. 6.6%; Ferley: 17.1% vs. 10.3%; P<0.05).

Four RCTs of influenza prophylaxis have been published in the peer-review literature. Two were positive (Rottey et al, 1995; Brydak et al, 1999); two were statistically non-significant (Ferley et al, 1987; Attena et al, 1995). In addition, an RCT of a homeopathic formulation of influenza vaccine showed no effect on immunity to influenza, as measured by a standard serum antibody test (Lewith et al, 1989).

Laboratory research

The antiviral action of the commercial preparation Euphorbium compositum and its components were investigated in an in-vitro experiment using virus plaque reduction assay (Glatthaar-Saalmüller & Fallier-Becker, 2001).

A significant effect was observed against two non-influenza viruses; however, a much smaller effect was noted in the case of influenza A virus. Euphorbium resinifera and Pulsatilla pratensis were identified as the components responsible for the antiviral activity of Euphorbium compositum. In a later study, the commercial formulation Flu Terminator® was shown to stimulate the production of pro- and anti-inflammatory cytokines by human leukocytes in-vitro (Ramachandran et al, 2007).

The authors concluded that ultra-low concentrations of ingredients in Flu Terminator were capable of eliciting a human immune response. These findings are important - and not only in the context of influenza - for they point the way to plausible modes of action, and specific biological targets, of homeopathic medicines.

Current research developments

The alarming prospect four years ago of an imminent H5N1 (avian) influenza pandemic resulted in the formation of the International Scientific Committee on Homeopathy and Influenza (ISCHI: www.world-medical-homeopathic-observatory.com/Accueil/ISCHI.aspx). The committee's work includes: (1) initiating research programmes to evaluate the use of homeopathy in the prevention and treatment of influenza, including H5N1 and A/H1N1 influenza; (2) evaluating research proposals submitted to it and providing financial support for approved projects.

All forms of study design are eligible for consideration, including RCTs, clinical outcome studies, surveys, and laboratory experiments. An international survey of primary care practitioners' use of homeopathy in the management of patients with A/H1N1 influenza is currently underway.

Summary

Statistically positive results of homeopathy treatment in influenza have been found in two RCTs of Oscillococcinum; clinically relevant effects have not yet been clearly demonstrated, however, and studies need to be replicated further.

Laboratory research findings in virology and immunology have provided initial data that may contribute to an understanding of homeopathy's mode of action at the cellular level. New research in the above areas is being actively encouraged internationally.

References

Attena F, Toscano G, Agozzino E, Del Giudice N. Revue d'Epidémiologie et de Santé Publique 1995; 43: 380-382.

Brydak LB, Denys A. International Review of Allergology and Clinical Immunology 1999; 5: 223-227.

Ferley JP, Poutignat N, Azzopardi Y, et al. Immunologie Médicale 1987; 20: 22-28.

Ferley JP, Zmirou D, D'Adhemar D, Balducci F. British Journal of Clinical Pharmacology 1989; 27: 329-335.

Glatthaar-Saalmüller B, Fallier-Becker P. Komplementärmedizin und klassische Naturheilkunde 2001; 8: 207-212.

Guo R, Pittler MH, Ernst E. American Journal of Medicine 2007; 120: 923-929.

Jonas WB, Kaptchuk TJ, Linde K. Annals of Internal Medicine 2003; 138: 393-399.

Lewith G, Brown PK, Tyrell DA. Complementary Medicine Research 1989; 3: 22-24.

Linde K, Clausius N, Ramirez G, et al. Lancet 1997; 350: 834-843.

Linde K, Hondras M, Vickers A, et al. BMC Complementary and Alternative Medicine 2001; 1: 4.

Mathie RT. Homeopathy 2003; 92: 84-91.

Papp R, Schuback G, Beck E, et al. British Homeopathic Journal 1998; 87: 69-76.

Ramachandran C, Nair PK, Clèment RT, Melnick SJ. Journal of Alternative and Complementary Medicine 2007; 13: 403-407.

Rottey EED, Verleye GB, Liagre RLP. Tijdschrift Integrale Geneeskunde 1995; 11: 54-58.

Vickers A, Smith C. The Cochrane Library. Chichester, UK: John Wiley & Sons, Ltd. 2006; CD001957.

Supporting the Homeopathy Research Institute

To subscribe to this free newsletter and/or to make a donation to the HRI,

please visit our website at:

www.homeoinst.org