

Observational studies on homeopathy

To healthcare providers, patients and clinicians, what matters most is not necessarily how well a treatment performs under the artificially controlled conditions on a randomised controlled trial (RCT), but the results seen in clinical practice.

Evidence from ‘uncontrolled observational studies’ provides insight into changes in patients who have received treatment provided by homeopaths. These studies consistently show that patients improve clinically following homeopathic treatment (often from chronic, difficult to treat conditions).

United Kingdom

Five published studies carried out from 1999 to the present day have tracked the outcome of patients being treated at **NHS homeopathic hospitals**. Despite these positive results NHS England ceased funding homeopathy by the middle of 2018.

Liverpool (2001)

An outcome survey carried out at the Liverpool department of homeopathic medicine over a 12 month period in 1999-2000 surveyed **1,100 patients**¹; **76.6% reported an improvement** in their condition since starting homeopathic treatment and **60.3% regarded their improvement as major**. 814 patients were taking conventional treatment for their condition and 424 [52%] of these were able to reduce or stop conventional medication. The main conditions treated were osteoarthritis, eczema, chronic fatigue syndrome, asthma, anxiety, headaches, inflammatory arthritis and irritable bowel syndrome.

Royal London Homeopathic Hospital (2003)

A **500-patient survey** at the RLHH showed that many patients were able to reduce or stop conventional medication following homeopathic treatment.² The extent of improvement varied between diagnoses e.g. 72% of patients with skin complaints reported being able to stop or reduce their conventional medication; for cancer patients there was no reduction. The study also showed that many patients seek homeopathy because of their concerns about the safety of conventional treatment.

Bristol Homeopathic Hospital (2005)

An observational study at Bristol Homeopathic Hospital included over **6,500 consecutive patients** with over 23,000 attendances in a six-year period;³ **70% of follow-up patients reported improved health, 50% major improvement**. The largest improvements were

reported in childhood eczema or asthma, and in inflammatory bowel disease, irritable bowel syndrome, menopausal problems and migraine.

Bristol, Glasgow, Liverpool, London and Tunbridge Wells (2008)

In this pilot study, data from **1602 follow-up patient appointments** at all five NHS homeopathic hospitals were collected together over a one-month period.⁴ At their second homeopathic appointment, 34% of follow-up patients overall reported an improvement that affected their daily living. For patients **at their sixth appointment**, the corresponding **improvement rate was 59%**. Eczema, chronic fatigue syndrome, menopausal disorder, osteoarthritis and depression were the "top five" most referred conditions.

Patients referred to NHS homeopathic hospitals typically have chronic conditions for which available conventional treatments have not been sufficiently effective. In total, the study identified 235 separate medical complaints treated at the hospitals during one month. Many patients had multiple pathologies. The study showed that reported health benefits may occur more quickly in some medical conditions than in others. The pilot findings are informing a programme of standard setting for treatment outcomes in the NHS homeopathic hospitals.

Bristol Homeopathic Hospital (2016)

Confirming the results of the 2005 study, this recent audit of just under 200 patients performed at Bristol Homeopathic Hospital demonstrated that patients with long-term conditions who come under homeopathic care experience **statistically significant improvements in their presenting symptoms and wellbeing**.⁵

A total of **198 patients were assessed over 1 to 5 consultations** using a patient-reported outcome measure (MYMOP2). The most common conditions seen were neoplasms, psychological and genitourinary complaints while the most commonly reported symptoms were pain, mental symptoms and tiredness/fatigue. Intention-to-treat analysis showed that **a mean MYMOP2 score change of 1.24** from the first to last consultation was achieved, with improvements being **statistically significant for both completers and non-completers (p<0.001)**.

France

'EPI3' Project (2008-2012)

Homeopathy is widely used in France and a major study – referred to as the 'EPI3' study⁶ - following 8559 patients attending GP practices was used to assess the effectiveness of

homeopathic treatment.

Key findings of the EPI3 project:

- **Upper respiratory tract infections (URTIs)**

Patients treated by GPs trained in homeopathy did as well clinically as those treated with conventional medicine, but used fewer conventional drugs.⁷ This study investigated the use of antibiotics and antipyretic/anti-inflammatory drugs use for the treatment of upper respiratory tract infections (URTIs). 518 adults and children with URTIs were included. Patients who consulted with GPs certified in homeopathy showed significantly lower consumption of antibiotics (OR=0.43, CI: 0.27–0.68) and antipyretic/anti-inflammatory drugs (OR=0.54, 95% CI: 0.38–0.76), with similar evolution in related symptoms.

- **Musculoskeletal disorders (MSDs)**

Patients treated with homeopathy did as well clinically as those treated with conventional medicine, but used only half the amount of non-steroidal anti-inflammatory drugs (NSAIDs) and had fewer NSAID-related side effects.⁸

1153 patients with who consulted GPs certified in homeopathy were followed, comparing groups who received homeopathy or conventional medicine (CM), or a mixed approach involving both approaches. Patients did not differ between groups except for chronicity of MSDs, which was higher in the homeopathy group (62.1%) than in both the CM (48.6%) and mixed (50.3%) groups. The twelve-month development of specific functional scores was identical for all groups ($p > 0.05$). After adjusting for propensity scores, NSAID use over 12 months was almost half in the homeopathy group (OR, 0.54; 95%CI, 0.38-0.78) as compared to the CM group; no statistically significant difference was found in the mixed group (OR, 0.81; 95% CI: 0.59-1.15). MSD patients seen by homeopathic physicians 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.

- **Sleep, anxiety and depressive disorders (SADD)**

Patients treated by certified homeopathic physicians were less likely to be prescribed psychotropic drugs.⁹ The EPI3 'SADD' study involved 1572 patients diagnosed with sleep, anxiety and depressive disorders seeking treatment from physicians in general practice (GPs), with three different practice preferences: strictly conventional medicine (GP-CM), mixed complementary and conventional medicine (GP-Mx) and certified homeopathic physicians (GP-Ho). Psychotropic drugs were more likely to be prescribed by GP-CM (64%) than GP-Mx (55.4%) and GP-Ho (31.2%). The three groups of patients shared similar SADD severity in terms of comorbidities and quality of life.

Italy

Twenty years of experience integrating homeopathy into the public healthcare system in Tuscany (2018)

Since 1996 complementary medicine (CM), including homeopathy, has been steadily integrated into the public healthcare system of the Region of Tuscany in Italy¹⁰. This includes three main homeopathic clinics in Lucca: the general medicine homeopathic clinic (established in 1998), the homeopathic clinic for women (established in 2003) and the clinic for CM and Diet in Oncology (established 2010). After 20 years of this 'real-world' clinical experience, collection of observational longitudinal data on 5877 patients, and twenty studies published in peer-reviewed journals, the results are clear: homeopathy and CM are recognised as valuable tools to meet the needs of the Tuscan population who, in turn, have been provided with an efficient and durable homeopathic service at affordable costs.

The impact of clinical conditions on patients was assessed before and after treatment, using the Outcome in Relation to Daily Living (ORIDL) assessment tool. In the general homeopathic clinic, improvements in ORIDL were seen in 88.8% of patients overall, and significant improvements were seen in 68.1%; in the women's clinic improvements were seen in 74.1% and significant improvements were seen in 61.2%. In the oncology clinic the homeopathic and complementary integrative treatment of the adverse effects of anti-cancer therapies was effective in 89.1% of followed up cancer patients, particularly for hot flashes, nausea, depression, asthenia, and anxiety¹⁰.

Germany

Comparing homeopathy and conventional care (2005)

A study commissioned by a German health insurance company to determine whether to continue covering homeopathic treatment assessed the value of homeopathy in treating chronic conditions commonly seen in general practice.¹¹ **493 patients** (315 adults, 178 children) treated by general practitioners received either conventional medicine or homeopathy. The study found that **patients in the homeopathy group reported greater improvement than the conventional medicine group (p=0.002) with no significant difference in cost.**

The physicians' assessments showed that children who received homeopathy had a better clinical response than those who received conventional medicine (p<0.001). Conditions treated included headache, low back pain, depression, insomnia and sinusitis in adults, and atopic dermatitis, allergic rhinitis and asthma in children. Following publication of this study

the insurance company (Innungskrankenkasse Hamburg) decided to continue to cover homeopathic treatment.

Eight-year follow up of chronically ill patients treated with homeopathy (2008)

This study which followed over 3500 adults and children receiving routine homeopathic care from GPs,¹² found that "**patients who seek homeopathic treatment are likely to improve considerably**". At the start, 97% of participants were diagnosed with a chronic complaint, with 95% declaring prior conventional treatment for their condition. Disease severity decreased significantly ($p < 0.001$) between the start of the study, after 2 years and after 8 years of homeopathic treatment. Notably, after 8 years, figures were almost identical to 2-year follow-up, indicating steady long-term health benefits.

This multi-centre 8-year longitudinal cohort study concentrated on patients in routine care treated by GPs with additional qualifications in homeopathy. The study included 3,709 patients, 73% of which contributed data to the 8-year follow-up i.e. 2,722 adults (72.8% female, age at baseline 41.0 ± 12.3) and 819 children (48.4% female, age 6.5 ± 4.0). The most frequent diagnoses were allergic rhinitis and headache in adults, and atopic dermatitis and multiple recurrent infections in children.

Main outcome measures, utilising conventional medical research instruments, included quality of life (QoL) and numerical severity scale assessments. One in two patients experienced reductions of 50% in symptom severity after 8 years, with corresponding changes in QoL measures. Of adults, almost 50% of responders (67.4% total study population) experienced "clinically relevant treatment success" (complaint severity reduced 2 points or more on a 10-point scale); in children the figure was 80%. Younger age, female gender and more severe disease at baseline were factors predictive of better therapeutic success.

References

1. Richardson W R. Patient benefit survey: Liverpool Regional Department of Homoeopathic Medicine. *Br Homeopath J*, 2001; 90: 158-162.
2. Sharples F, van Haselen R, Fisher P. NHS patients' perspective on complementary medicine. *Complement Ther Med*, 2003; 11: 243-248.
3. Spence D, Thompson E A, Barron S J. Homeopathic treatment for chronic disease: a 6-year university-hospital outpatient observational study. *J Altern Complement Med*, 2005; 5: 793-798.
4. Thompson E A, Mathie R T, Baitson E S, Barron S J, Berkovitz S R, Brands M, Fisher P, Kirby T M, Leckridge R W, Mercer S W, Nielsen H J, Ratsey D H K, Reilly D, Roniger H, Whitmarsh TE. Towards standard setting for patient-reported outcomes in the NHS homeopathic hospitals. *Homeopathy*, 2008; **97**:114-121.
5. Thompson E, Viksveen P, Barron S. A patient reported outcome measure in homeopathic clinical

- practice for long term conditions. *Homeopathy*, 2016; **105(4)**:309-317
6. Grimaldi-Bensouda, L. *et al.* Benchmarking the burden of 100 diseases: results of a nationwide representative survey within general practices. *BMJ Open*, 2011; **1**: e000215.
 7. Grimaldi-Bensouda, L. *et al.* Management of upper respiratory tract infections by different medical practices, including homeopathy, and consumption of antibiotics in primary care: the EPI3 cohort study in France 2007-2008. *PloS One*, 2014; **9**, e89990.
 8. Rossignol, M. *et al.* Impact of physician preferences for homeopathic or conventional medicines on patients with musculoskeletal disorders: results from the EPI3-MSD cohort. *Pharmacoepidemiol. Drug Saf.* 2012; **21**: 1093–1101.
 9. Grimaldi-Bensouda, L. *et al.* Who seeks primary care for sleep, anxiety and depressive disorders from physicians prescribing homeopathic and other complementary medicine? Results from the EPI3 population survey. *BMJ Open* 2012; **2**.
 10. Rossi E, *et al.* Integration of Homeopathy and Complementary Medicine in the Tuscan Public Health System and the Experience of the Homeopathic Clinic of the Lucca Hospital. *Homeopathy*, 2018; **107(2)**:90-98
 11. Witt C, Keil T, Selim D, *et al.* Outcome and costs of homeopathic and conventional treatmentstrategies: a comparative cohort study in patients with chronic disorders. *Complement Ther Med*, 2005; **13**: 79-86.
 12. Witt, C. M., Lüdtke, R., Mengler, N. & Willich, S. N. How healthy are chronically ill patients after eight years of homeopathic treatment?--Results from a long term observational study. *BMC Public Health*, 2008; **8**, 413.