

RECENT RESEARCH IN HOMEOPATHY

Homeopathy was developed in 1796 by Samuel Hahnemann, MD, advancing the theory that 'Like-Cures-Like' — which today it is a verified law of pharmacology, the 'Law of Similars'. Listed here is just a sampling of some of the research studies that have been published using homeopathy. Of course, the very first clinical study in homeopathy was performed by Samuel Hahnemann, the father of homeopathy. Since that time, more than 200 years of clinical research has taken place and new studies continue to be published every year that substantiate the use of homeopathy as a viable treatment modality. The following recently published studies reflect only a few of the many conditions that homeopathy has been shown to be able to help.

In 2015 a randomized controlled trial was published that consisted of 410 patients who were treated by standard anti-neoplastic therapy and were randomized to receive or not receive classical homeopathic adjunctive therapy in addition to their standard therapy. The improvement of global health status between visits 1 and 3 was significantly stronger in the homeopathy group by 7.7 (95% CI 2.3-13.0, $p=0.005$) when compared with the control group. A significant group difference was also observed with respect to subjective wellbeing by 14.7 (95% CI 8.5-21.0, $p<0.001$) in favor of the homeopathic as compared with the control group. Results suggest that the global health status and subjective wellbeing of cancer patients improve significantly when adjunct classical homeopathic treatment is administered in addition to conventional therapy. ¹

In another 2015 published study, a randomized, placebo-controlled, double-blind, double-dummy, superiority, 3-arm trial with a 6 week follow-up study was performed. Participants consisted of 133 peri- and post-menopausal women who had been diagnosed with major depression according to DSM-IV (moderate to severe intensity). After a 6-week course of treatment, the homeopathic group was found to have better results than the placebo group. The response rate was 54.5% and the remission rate was 15.9%. The homeopathic group was found to be superior to placebo in Greene Climacteric Scale (8.6 points), and fluoxetine was not different from placebo in Greene Climacteric Scale. It was concluded that homeopathy and fluoxetine were effective and safe antidepressants for climacteric women, and that homeopathy (but not fluoxetine) improved menopausal symptoms. ²

Homeopathy was also found to help low back conditions. In 2016 a study was published that consisted of 30 participants who were randomly selected into intervention and control groups. Both groups received standard care every 2 weeks, and the treatment group also received a homeopathic complex of *Arnica montana*, *Bryonia alba*, *Causticum*, *Kalmia latifolia*, *Rhus toxicodendron*, and *Calcarea fluorica*. The primary measure was a visual analogue scale (VAS) for pain. Secondary outcome measures included the Oswestry Disability Index (ODI), and an evaluation of each patient's range of motion (ROM) of the lumbar spine. Results showed that the treatment group (receiving homeopathy) significantly outperformed the control group (which did not receive homeopathy) in regard to pain, daily functioning, and ROM. ³

Another study published in 2016 documented a relatively rare case of loss of lumbar lordosis with osteophytic lippings, disc desiccation, and protrusion, causing a narrowing of secondary spinal canal and a bilateral neural foramina, leading to vertebral column curvature with acute pain in an adolescent boy. The patient had undergone treatment with orthodox Western medicines, but did not get any relief from, or cure of, the ailment. A holistic method of homeopathic treatment was adopted by taking into consideration all symptoms and selecting the proper remedy by consulting the homeopathic repertory. The symptoms were effectively treated with different potencies of a single homeopathic drug, *Calcarea phos*. X-ray and magnetic resonance imaging (MRI) supported recovery and a change in the skeletal curvature that was accompanied by removal of pain and other acute symptoms of the ailment. The conclusion was that homeopathy can be a safe, much less expensive, non-invasive, and viable alternative for the treatment of such cases. ⁴

In the field of Dentistry, a 2013 study states “There are many conditions in Dentistry where homeopathy medicine is used, like for Ulcerations - natrummuriaticum drug is used which occurs due to cold sores and fever blisters, corners of mouth dry and cracked lips. Tooth eruption - calcareo carbonica - Use for a delayed eruption. ... Use for grinding problem that causes painful teeth etc. No matter what combination of symptoms or chief complaints the individual is suffering at any given time they are all manifestation of a single disease that is unique to that individual. Homeopathy is not a substitute for good dietary practice and oral hygiene habits. Dental treatment can never be completely natural but utilising homeopathic principles can avoid some of the side effects and also make it more pleasant for the patients”.⁵

Homeopathy helps animals too. A 2014 study reports “report describes successful treatment of two refractory cases of canine demodicosis using homeopathy medicine. After oral administration of Graphitis 200 C two drops once daily for 2 months, complete cure from the disease was observed. No adverse health effects of the medication were recorded during the treatment. Thus, it may be concluded that homeopathy medicine may be used safely for long-term management of canine demodicosis”.⁶

A recent 2017 study also provides support for the effectiveness of homeopathy helping patients who experience self-reported depression. This study tested the effectiveness of adjunctive treatment compared to usual care alone, over a period of 12 months. One third of the patients were randomly selected for additional treatment that was provided by a homeopath. The primary outcome measure used a Patient Health Questionnaire (PHQ-9) at 6 months. Secondary outcomes included depression scores at 12 months; and the Generalised Anxiety Disorder (GAD-7) outcome at 6 and 12 months. Using instrumental variables analysis, a moderate treatment effect was found to be in favor of those treated ($d=0.57$). Results were maintained at 12 months. Secondary analyses showed similar results, and no evidence suggested any risk was involved with the homeopathic intervention.⁷

Help for seasonal allergies was also reported with a 2016 study of hay fever and homeopathy. This was a clinical observational study of patients in the treatment of hay fever symptoms over a two-year period using Measure Yourself Medical Outcome Profile (MYMOP) self-evaluation questionnaires at baseline and again after two weeks and four weeks of homeopathic treatment. The average MYMOP scores for the eyes, nose, activity and wellbeing improved significantly after two and four weeks of the homeopathic treatment. The conclusion was reached that homeopathic treatment was associated with significant alleviation of hay fever symptoms, enabling the reduction in use of conventional treatment.⁸

Studies also supports improvements with the use of homeopathy in pediatric care. In a 2014 study was done to treat subclinical hypothyroidism (SCH) with or without autoimmune thyroiditis in children. The results showed a statistically significant decline in serum TSH values and antiTPOab titers indicating that the homeopathic intervention not only has the potential to treat SCH with or without antiTPOab, but it may also prevent progression to overt hypothyroidism.⁹

Another study in 2016 used homeopathy as an add-on therapy in a subpopulation of children with upper respiratory tract infections (URTI). In a randomized, controlled, multinational clinical trial patients received either on-demand symptomatic standard treatment (ST-group) or the same ST plus a homeopathic medication for 7 days. Outcome assessment was based on symptom and fever resolution and the Wisconsin Upper Respiratory Symptom Survey-21 (WURSS-21). A total of 261 pediatric (<12 years) patients (130 IFC-group; 131 ST-group) were recruited. The IFC-group used less symptomatic medication, symptoms resolved significantly earlier ($P = .0001$), had higher proportions of fever-free children from day 3 onwards, and the WURSS-assessed global disease severity was significantly less ($P < .0001$) during the entire URTI episode. The study concluded that the add-on treatment in pediatric URTI reduced global disease severity, shortened symptom resolution, and was safe in use.¹⁰

Special Note: The following piece is not only interesting, but loosely parallels with how we use a ‘little bit of a patient’s trauma’ to help activate and finish the healing process when there’s an NEC.

In a 2017 published paper subtitled ‘*New homeopathic medicines*’, the author writes: “The homeopathic treatment is based on the principle of therapeutic similitude, employing medicines that cause certain disorders to treat similar manifestations, stimulating a reaction of the organism against its own ailments. The occurrence of this secondary reaction of the organism, opposite in nature to the primary action of the medicines, is evidenced in the study of the rebound (paradoxical) effect of several classes of modern drugs. In this work, in addition to substantiate the principle of similitude before the experimental and clinical pharmacology, we suggest a proposal to employ hundreds of conventional drugs according to homeopathic method, applying the therapeutic similitude between the adverse events of medicines and the clinical manifestations of patients. Describing existing lines of research and a specific method for the therapeutic use of the rebound effect of modern drugs (<http://www.newhomeopathicmedicines.com>), we hope to minimize prejudices related to the homeopathy and contribute to a broadening of the healing art. ...

“Describing the undesirable effects of the indiscriminate use of drugs that act according to the principle of contraries, opposite to the principle of similars, Hahnemann warned of the risks of secondary action (rebound effect or paradoxical reaction) of the organism, validating the principle of similarity through the Aristotelian syllogism (modus tollens, denying the consequent or indirect proof).

...

“On the other hand, by employing the rebound effect of conventional drugs in a curative manner, we can expand the spectrum of therapeutic similarity with hundreds of ‘new homeopathic medicines’, including signs and symptoms that are absent in classic homeopathic pathogenetic trials and allowing the application of homeopathic treatment for a multitude of diseases, disorders and syndromes.”¹¹

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