Introduction
The 2010 Annual Evidence Update on Homeopathy aims to identify, organise and present all relevant systematic reviews and randomised controlled trials (RCTs) published between May 2009 and May 2010. Previously published studies have been included in the 2009 Annual Evidence Update on Homeopathy or can be found by searching this website. We have searched a large number of databases and used strict selection criteria for the identified studies, in order to base the annual update on the best current evidence available. The studies included in this update have met our selection criteria but have not been fully appraised. Where there is an appraisal available we have linked to it. If there is no appraisal and you wish to appraise the selected studies here is a link to a list of appraisal tools.

2010 Annual Evidence Update on Homeopathy - Methodology
Sources searched:
The Cochrane Library (CDSR, CENTRAL, DARE, HTA, NHS EED), CRD databases (DARE, NHS EED, HTA), PubMed (and MEDLINE), EMBASE, AMED, CINAHL, PsycINFO

Selection criteria (at screening stage)
Inclusion criteria:
1. Systematic reviews and meta-analyses - statement of methodology and explicit description of search process (at least 2 sources must have been searched and there must be a statement of methodology)
2. HTA reports and cost-effectiveness studies
3. Randomised controlled trials (RCTs)
4. Topic relevance (studies should focus on homeopathy or include homeopathy as one of the investigated interventions)

Exclusion criteria:
1. The study is not a systematic review, meta-analysis, HTA report, cost-effectiveness study or RCT.
2. The study does not focus on homeopathy or include homeopathy as one of the investigated interventions.
3. The study is published in a language other than English and English abstract is not available.

Search process
The searches were carried out on 12 May 2010 and were limited to articles published since 1 January 2009. To identify relevant systematic reviews the information specialist searched the sources listed above using the CAM specialist collection systematic reviews filter, which emphasizes specificity (precision) over sensitivity. The PubMed Clinical Queries systematic review filter was also used. In addition a search for relevant randomised controlled trials (RCTs) was carried out. More details of search terms and filters used are available by contacting the information specialist.

Results
The totals number of records retrieved was 211. After removing the duplicates there were 77 records to screen. The final selection includes 4 systematic reviews and 8 randomised controlled trials (RCTs).

2010 Annual Evidence Update on Homeopathy - Results
The following relevant studies on this topic have been published between May 2009 and May 2010.
These studies have met our selection criteria but have not been fully appraised. Where there is an appraisal available we have linked to it. If there is no appraisal and you wish to appraise the selected studies here is a link to a list of appraisal tools.

Systematic reviews


Randomised controlled trials (RCTs)


9. 2010 Annual Evidence Update on Homeopathy - Commentary
10. Dr Peter Fisher, Clinical Lead, NHS Evidence - complementary and alternative medicine
11.
12. New publications in the last year, both systematic reviews and randomised clinical trials (RCTS), focus on two main clinical areas: Fibromyalgia and Insomnia.
13.
14. Fibromyalgia
15. Three systematic reviews (SRs) of RCTs of complementary and alternative medicine (CAM), including homeopathy for Fibromyalgia have been published since the last evidence update. One of these examined the efficacy of all forms of CAM, including homeopathy, one focussed on the efficacy of homeopathy alone and a third evaluated the quality of RCTs of CAM for Fibromyalgia.
16. In addition one RCT of homeopathy for Fibromyalgia was published, this was incorporated in the SR on the efficacy of homeopathy, but not in the other two SRs. There is some concern about the literature searching since the three SRs all found different numbers of RCTs of homeopathy, varying from 1-4.

17. The conclusions of the SRs however are broadly congruent. The SR on the efficacy of homeopathy included four RCTs. Two of these involved individualised homeopathy, but with a limited range of homeopathic medicines, versus placebo, one used fully individualised homeopathy also controlled against placebo. The fourth looked at ‘care by a homeopath’, including the consultation and medicine, compared to normal care alone. The conclusion was that all RCTs reported evidence supporting the effectiveness of homeopathy compared to placebo or to usual care. But there were important caveats including small sample sizes, lack of replication and lack of placebo control in one study (Perry et al.).

18. The SR on the efficacy of all CAMs was conducted by the Arthritis Research Campaign’s working on CAM. This SR included three studies of homeopathy (all of them also covered by the SR on efficacy of homeopathy), concluding that ‘There is insufficient evidence on any CAM, taken orally or applied topically, for FM. The small number of positive studies lack replication. Further high-quality trials are necessary.’ (De Silva et al.)

19. The third SR found 23 RCTs, but only one of these was of homeopathy. The reason for the disparity with the other SRs is not immediately obvious. The main objective was to assess the quality of studies, the RCT of homeopathy scored 57.5/100 for quality, compared to the mean of 51/100 for all trials. Criticisms of the RCTs included small numbers of patients and short duration, inadequate control and blinding, inadequate follow up, and variable outcome measures. The authors recommend visual analogue scores to evaluate pain and the Fibromyalgia Impact Questionnaire (FIQ) for overall assessment. There was no specific comment on the RCT of homeopathy. (Baranowsky et al.)

20. The RCT was a feasibility study for a trial of usual care versus usual care plus adjunctive care by a homeopath for patients with Fibromyalgia in a UK NHS setting. It was randomised, but not controlled for attention. The results showed a large positive effect of homeopathic care on function and a small one on pain, as measured by the FIQ. The drop out rate was higher in the group which did not receive homeopathic care. The authors concluded that there is a need for a definitive study of this design. (Relton et al.)


25. Insomnia

26. An SR and an RCT (not included in the SR because of timing) on homeopathy for insomnia have been published in the last year. The SR found four randomised controlled trials (RCTs) that compared homeopathy to placebo. Three of them used commercial complexes or a single homeopathic medicine, one used individualised homeopathy, none examined ‘care by a homeopath’. All were small scale and of low methodological quality. None demonstrated a statistically significant difference in outcomes between groups, although two showed a trend favouring homeopathy. One cohort study, three case series and over 2600 case studies were also identified.

27. The cohort study reported significant improvements from baseline. The SR concluded that well-conducted studies of homeopathic medicines and of the homeopathic package of care are required (Cooper et al).

28. In contrast the RCT on insomnia reported in the year did report significant differences favouring individualised homeopathic treatment, compared to placebo, although the study was small. (Naudé et al.)


31. **Homeopathy for vulvovaginal candidiasis**

32. An RCT compared classical homeopathy with itraconazole plus intravaginal lactobacilli and itraconazole without lactobacilli in recurrent vulvovaginal candidiasis (RVVC) in 150 women. Itraconazole treatment was given intensively at the beginning then at a lower maintenance dose for 6 months, the patients were followed for a further 6 months. Homeopathy was given for 12 months. The authors concluded that cycle-dependent itraconazole is significantly more effective than classical homeopathy in the treatment of RVVC, and that lactobacilli do not confer an additional benefit over itraconazole alone. (Witt et al.)


34. **Cost effectiveness of a homeopathic complex in Sinusitis**

35. This is one of the few RCTs of homeopathy to incorporate economic analysis. It compared a complex homeopathic medicine, Sinfrontal, to placebo in 113 patients with Acute Maxillary Sinusitis (AMS) over 11 weeks. Economic data were collected and indirect comparison made to placebo-controlled trials of antibacterial agents. Sinfrontal was associated with significant cost savings compared to placebo, mostly due to reduced absence from work. Indirect comparison with antibacterials suggested that the homeopathic complex was associated with a significantly higher cure rate at similar or lower cost. The conclusion was that Sinfrontal may be a cost-effective treatment for AMS. (Kneis et al.)


37. **Homeopathy in minor aphthous ulceration**

38. A randomised, single blind placebo-controlled RCT of 100 patients with minor aphthous ulceration was reported from the University of Tehran Medical School, Iran. Individualised homeopathic treatment was given, and the patients followed-up for 6 days. The group receiving homeopathic had statistically and clinically significant greater improvements in terms of pain and ulcer size. An obvious source of bias in this study is its lack of observer blinding. (Mousavi et al.)


40. **Homeopathic Pathogenetic Trials**

41. Homeopathic Pathogenetic Trials (HPTs), also known as ‘Provings’ are a basic method in homeopathy. They are studies to determine the effects that potential medicinal substances cause in healthy volunteers. This is fundamental to homeopathic clinical practice since it is based on ‘Like cures like’. A cluster of three double-blind, randomised controlled HPTs of similar, cross-over, design were reported in the year. All were of small size (25-30 volunteers each).

42. One of these aimed at determining whether the symptoms experienced by healthy volunteers taking homeopathic Aconitum napellus 30c were qualitatively different from those they experienced when taking placebo, in a cross-over study. The results revealed a statistically-significant difference, enabling discrimination between the two treatments. (Piltan et al.)

43. Another HPT examined whether volunteers taking homeopathic Arsenicum album 30c or Natrum muriaticum 30c developed more symptoms typical of these medicines when taking them, compared to placebo, in a 3-arm study. The judgement on the specificity or otherwise of symptoms was made by a blinded homeopathic expert using decision support software. It concluded that while taking these homeopathic medicines, significantly more symptoms specific to the respective medicines were reported. The total number of symptoms was highest when taking placebo, but these symptoms were mostly non-specific. (Möllinger et al.)

44. In both these studies, the authors concluded that the symptoms of volunteers were qualitatively different and specific to the medicine when they took active homeopathic medicine compared to placebo.

45. A third HPT measured the effect of homeopathic Antimony D6/6x on blood coagulation in healthy volunteers. It showed borderline statistical significance in terms of decreased clotting time and increased clot firmness in the group receiving active treatment. (Heusser et al.)
