

RESEARCH UPDATES

Research highlights: (April–June 2016)

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MODEL VALIDITY AND RISK OF BIAS IN RANDOMISED PLACEBO-CONTROLLED TRIALS OF INDIVIDUALISED HOMOEOPATHIC TREATMENT

Journal reference: Complementary Therapies in Medicine, Volume 25, April 2016, Pages 120-125.

Authors: Robert T Mathie, Michel Van Wassenhoven, Jennifer Jacobs, Menachem Oberbaum, Joyce Frye, Raj K Manchanda, Helmut Roniger, Flávio Dantas, Lynn A Legg, Jürgen Clausen, Sian Moss, Jonathan RT Davidson, Suzanne M Lloyd, Ian Ford, Peter Fisher.

Summary: To date, our program of systematic reviews has assessed randomized controlled trials (RCTs) of individualized Homoeopathy separately for risk of bias (RoB) and for model validity of homoeopathic treatment (MVHT). The purpose of the present paper was to bring together our published RoB and MVHT findings and using an approach based on GRADE methods, to merge the quality appraisals of these same RCTs, examining the impact on meta-analysis results. **Design:** Systematic review with meta-analysis. As previously, 31 papers (reporting a total of 32 RCTs) were eligible for systematic review and were the subject of the study. For each trial, the separate ratings for RoB and MVHT were merged to obtain a single overall quality designation (“high,” “moderate,” “low,” “very low”), based on the GRADE principle of “downgrading.” Merging the assessment of MVHT and RoB identified three trials of “high quality,” eight of “moderate quality,” 18 of “low quality,” and three of “very low quality.” There was no association between a trial’s MVHT and its RoB or its direction of treatment effect ($P > 0.05$). The three “high quality” trials were those already labeled “reliable evidence” based on RoB, and hence, no change was found in meta-analysis based on best-quality evidence: a small, statistically significant,

effect favoring Homoeopathy. Accommodating MVHT in overall quality designation of RCTs has not modified our preexisting conclusion that the medicines prescribed in individualized Homoeopathy may have small, specific, treatment effects.

Source: <http://www.sciencedirect.com/science/article/pii/S096522991630005X>

PILOT STUDY ON THE HOMOEOPATHIC TREATMENT OF BINGE EATING IN MALES

Journal reference: Altern Ther Health Med 2016 Apr; 22 Suppl 1:8-13.

Authors: Van Heerden HJ, Razlog R, Pellow J.

Summary: Frequent binge eating is often a symptom of an underlying eating disorder, such as bulimia nervosa or binge eating disorder. The role of Homoeopathy in the treatment of binge eating remains poorly explored. The study intended to measure the efficacy of individualized homoeopathic treatment for binge eating in adult males. This case study was a 9-week pilot using an embedded, mixed-methods design. A 3-week baseline period was followed by a 6-week treatment period. The setting was the Homoeopathic Health Clinic at the University of Johannesburg in Johannesburg, South Africa. Through purposive sampling, the research team recruited 15 Caucasian, male participants, aged 18–45 years, who were exhibiting binge eating. Individualized

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homoeopathic remedies were prescribed to each participant. Primary Outcome Measures: Participants were assessed by means of (1) a self-assessment calendar (SAC), recording the frequency and intensity of bingeing; (2) the Binge Eating Scale (BES), a psychometric evaluation of severity; and (3) case analysis evaluating changes with time. Ten participants completed the study. The study found a statistically significant improvement with regard to the BES ($P = 0.003$) and the SAC ($P = 0.006$), with a large effect size, indicating that a decrease occurred in the severity and frequency of bingeing behavior during the study period. This small study showed the potential benefits of individualized homoeopathic treatment of binge eating in males, decreasing both the frequency and severity of bingeing episodes. Follow-up studies are recommended to explore this treatment modality as a complementary therapeutic option in eating disorders characterized by binge eating.

Source: <http://www.ncbi.nlm.nih.gov/pubmed/27089525>

DOES HOMOEOPATHIC MEDICINE HAVE A PREVENTIVE EFFECT ON RESPIRATORY TRACT INFECTIONS? A REAL LIFE OBSERVATIONAL STUDY

Journal reference: Multidiscip Respir Med 2016 Mar 21;11:12. doi: 10.1186/s40248-016-0049-0. eCollection 2016.

Authors: Beghi GM, Morselli-Labate AM.

Summary: Homoeopathic medicine is a branch of integrative medicine that has been gaining increasing popularity. However, its clinical application remains controversial. To improve the understanding of Homoeopathy, observational studies – which monitor the effects of Homoeopathy in real-life clinical settings – are helpful adjunct to randomized controlled trials. The goal of this controlled observational study was to investigate the role of the homoeopathic medicine in preventing respiratory tract infections (RTIs). This retrospective analysis of patients' medical records focused on a single center from 2002 to 2011 and examined 459 patients, out of whom 248 were treated with homoeopathic medicine (specific extract of duck liver and heart) and 211 were not treated. All patients were followed up for at least 1 year and up to a maximum of 10 years. A significant reduction in the frequency of onset of RTIs was found in both the homoeopathic medicine and untreated groups. The reduction in the mean number of

RTI episodes during the period of observation versus the year before inclusion in the study was significantly greater in the homoeopathic treated group than in untreated patients (-4.76 ± 1.45 vs. -3.36 ± 1.30 ; $P = 0.001$). The beneficial effect of the homoeopathic medicine was not significantly related to gender, age, smoking habits, or concomitant respiratory diseases when compared to the effect observed in untreated patients. These results suggest that homoeopathic medicine may have a positive effect in preventing RTIs. However, randomized studies are needed before any firm conclusion can be reached.

Source: <http://www.ncbi.nlm.nih.gov/pubmed/27004125>

OBSTETRICS AND GYNECOLOGY OUTPATIENT SCENARIO OF AN INDIAN HOMOEOPATHIC HOSPITAL: A PROSPECTIVE, RESEARCH-TARGETED STUDY

Journal reference: Journal of Traditional and Complementary Medicine, Volume 6, Issue 2, April 2016, Pages 168-171.

Authors: Subhranil Saha, Munmun Koley, Sangita Saha, Rakesh Singh, Md. Monowar Hossain, Indrani Pramanik.

Summary: The authors aimed to document prescriptions and clinical outcomes in routine homoeopathic practice to shortlist promising areas of targeted research and efficacy trials of Homoeopathy in obstetrics and gynecology (O&G). Three homoeopathic physicians participated in methodical data collection over a 3-month period in the O&G outpatient setting of The Calcutta Homoeopathic Medical College and Hospital, West Bengal, India. A specifically designed excel spreadsheet was used to record data on consecutive appointments, including date, patient identity, socioeconomic status, place of abode, religion, medical condition/complaint, whether chronic/acute, new/follow-up case, patient-assessed outcome (7-point Likert scale: -3 to $+3$), prescribed homoeopathic medication, and whether other medication(s) was(were) being taken for the condition. These spreadsheets were submitted monthly for data synthesis and analysis. Data on 878 appointments (429 patients) were collected, of which 61% were positive, 20.8% negative, and 18.2% showed no change. Chronic conditions (93.2%) were chiefly encountered. A total of 434 medical conditions and 52 varieties were reported overall. The most frequently treated conditions were leukorrhoea (20.5%), irregular menses

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(13.3%), dysmenorrhea (10%), menorrhagia (7.5%), and hypomenorrhea (6.3%). Strongly positive outcomes (+3/+2) were mostly recorded in oligomenorrhea (41.7%), leukorrhea (34.1%), polycystic ovary (33.3%), dysmenorrhea (28%), and irregular menses (22.2%). Individualized prescriptions predominated (95.6%). A total of 122 different medicines were prescribed in decimal (2.9%), centesimal (87.9%), and 50 millesimal potencies (4.9%). Mother tinctures and placebo were prescribed in 3.4% and 30.4% instances, respectively. Several instances of medicine-condition pairings were detected. This systematic recording cataloged the frequency and success rate of treating O&G conditions using homoeopathy. Data from this clinical outcomes study may act as fundamental data for performing well-targeted and controlled future research on homoeopathy in O&G, feasible in the hospital outpatient setting.

Source: <http://www.sciencedirect.com/science/article/pii/S2225411015000218>

WHAT DO HOMOEOPATHIC DOCTORS THINK OF VACCINES? AN INTERNATIONAL ONLINE SURVEY

Journal reference: Homeopathy, Available Online 1 April 2016.

Authors: José Enrique Eizayaga, Silvia Waisse.

Summary: Parental refusal to vaccinate is a cause of serious concern. Use of Homoeopathy is believed to be a relevant reason for parents to refuse to vaccinate. However, vaccination is one of the main gaps dividing between medically qualified and/or not homoeopathic practitioners. The present study sought to investigate the attitude of homoeopathic doctors toward vaccination and associated variables. An international online survey was conducted with homoeopathic doctors by means of an anonymous self-reported questionnaire in Portuguese or Spanish. Questions investigated sociodemographic and professional characteristics and overall opinion on vaccination and on some specific vaccines. A total of 512 responses were obtained, 77.5% of respondents were from Latin American countries, 16.8% from Spain, with small numbers from several other countries. About 75.6% of the respondents considered vaccination safe, effective, and necessary while 12.5% stated that they would not recommend vaccination under any circumstance. The variables significantly correlated with positive attitude toward vaccination were working in the public

health system ($P = 0.04$) and Homoeopathy not the main medical activity ($P = 0.005$). Homoeopaths from Brazil, where Homoeopathy is officially accredited, were more favorable to vaccination compared to respondents from countries where Homoeopathy has inferior status ($P < 0.001$). The results show that there is no contradiction between homoeopathy and primary prevention by means of vaccination.

Source: <http://www.sciencedirect.com/science/article/pii/S1475491615000843>

CASE REPORT OF TWO SIBLINGS WITH MULTI-MORBIDITIES RECEIVING HOMOEOPATHIC TREATMENT FOR ONE YEAR

Journal reference: European Journal of Integrative Medicine, Volume 8, Issue 2, April 2016, Pages 141-145.

Author: Philippa Fibert.

Summary: Homoeopathy is a system of therapeutics based on the Law of Similars where “like cures like,” using highly diluted substances that cause, in healthy persons, symptoms like those to be treated. Patients are prescribed for on an individual rather than diagnosis-specific basis. This case report describes the progress of two siblings with multiple diagnoses (including attention deficit hyperactivity disorder [ADHD]), on multiple medications, receiving homoeopathic treatment during 1 year. Multimorbidity is a growing problem. Separate medicines are prescribed for each complaint resulting in polypharmacy, which is associated with increased incidence of adverse drug reactions. The siblings received a variety of individualized homoeopathic medicines, prescribed according to the classical, clinical, and isopathic methodologies. Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) ADHD total scores were measured every 4 months, and self-selected symptoms were measured using “Measure Your Own Medical Outcome Profile” (MYMOP) during the 6 weekly consultations. Before treatment, Sibling 1’s DSM-IV total T-score was 90+ (highest possible) and MYMOP score was 5.25. Sibling 2’s DSM-IV total T-score was 86 and MYMOP score was 5.25. The siblings were on eight medications each. After 1 year, Sibling 1’s DSM-IV total T-score was 50 (normal range) and MYMOP score 0.25. Sibling 2’s DSM-IV total T-score was 53 and MYMOP score 0.00. Sibling 1 was not taking any conventional medication and Sibling 2 was taking one medication. Treatment by a homoeopath

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employing a variety of homoeopathic methodologies and medicines over 1 year was associated with improvements in ADHD status, patient-generated outcomes, parents reported pathology, and reduction in conventional medication. Neither causal conclusions on treatment efficacy can be derived nor the effects of homoeopathic medicines separated out from the reduction in conventional medicines. More systematic research is warranted to tease out these effects and should document treatment by homoeopaths as experienced in clinical practice to explore therapeutic potential.

Source: <http://www.sciencedirect.com/science/article/pii/S1876382016300038>

ALTERNATIVE MEDICINE: AN ETHNOGRAPHIC STUDY OF HOW PRACTITIONERS OF INDIAN MEDICAL SYSTEMS MANAGE TUBERCULOSIS IN MUMBAI

Journal reference: Trans R Soc Trop Med Hyg 2016 Mar; 110(3):192-8. doi: 10.1093/trstmh/trw009.

Authors: McDowell A, Pai M.

Summary: Mumbai is a hotspot for drug-resistant tuberculosis (TB), and private practitioners trained in AYUSH systems (Ayurveda, Yoga, Unani, Siddha, and Homoeopathy) are major healthcare providers. It is important to understand how AYUSH practitioners manage patients with TB or presumptive TB. Authors conducted semi-structured interviews of 175 Mumbai slum-based practitioners holding degrees in Ayurveda, Homoeopathy, and Unani. Most providers gave multiple interviews. They observed 10 providers in clinical interactions, documenting clinical examinations, symptoms, history taking, prescriptions, and diagnostic tests. No practitioners exclusively used his or her system of training. The practice of biomedicine is frequent, with practitioners often using biomedical disease categories and diagnostics. The use of Homoeopathy was rare (only 4% of consultations with homoeopaths resulted in homoeopathic remedies) and Ayurveda rarer (3% of consultations). For TB, all mentioned chest X-ray while 31 (17.7%) mentioned sputum smear as a TB test. One hundred and sixty-four practitioners (93.7%) reported referring TB patients to a public hospital or chest physician. Eleven practitioners (6.3%) reported treating patients with TB. Nine (5.1%) reported treating patients with drug-susceptible TB with at least one second-line drug. Important sources of health care in Mumbai's slums, AYUSH physicians

frequently use biomedical therapies and most refer patients with TB to chest physicians or the public sector. They are integral to TB care and control.

Source: <http://www.ncbi.nlm.nih.gov/pubmed/26884500>

HOMOEOPATHIC CLINICAL CASE REPORTS: DEVELOPMENT OF A SUPPLEMENT (HOM-CASE) TO THE CARE CLINICAL CASE REPORTING GUIDELINE

Journal reference: Complementary Therapies in Medicine, Volume 25, April 2016, Pages 78-85.

Author: van Haselen RA.

Summary: The objective was to develop a criteria catalog serving as a guideline for authors to improve the quality of reporting clinical case reports in homoeopathy. The method used was an online Delphi process was initiated with a panel of 19 Homoeopathic experts from Europe, the USA, and India. Homoeopathy-specific item selection took place in three rounds of adjusting. The selected items can be used as an extension of the CARE clinical case reporting guideline. The results of eight Homoeopathy-specific "core" items were selected from a list of 31 suggested items: (1) the clinical history from a Homoeopathic perspective; (2) the type of Homoeopathy; detailed description of the medication – (3) nomenclature, (4) manufacture, (5) galenic form + dosage; outcomes – (6) objective evidence if available, (7) occurrence homoeopathic aggravation, (8) assessment possible causal attribution of changes to the homoeopathic treatment. Further 4 items were recommended for consideration as optional items when case reports are used for specific, in particular educational, purposes. The 8 core items can be used merged into 6 items as a Homoeopathy-specific (HOM-CASE) extension to the CARE clinical case reporting guideline items 6, 9, and 10. Use of the HOM-CASE guideline extension will contribute to transparent and accurate reporting and can significantly improve the quality and reliability of clinical case reports in Homoeopathy.

Source: <http://www.sciencedirect.com/science/article/pii/S0965229915300406>

PREPARATION, STANDARDIZATION AND IN VITRO SAFETY TESTING OF MYCOBACTERIUM NOSODES (EMTACT-POLYVALENT NOSODE)

Journal reference: Homeopathy, In Press, Available online 12 April 2016.

Authors: Suvarna Joshi, Sandeepan Mukerjee, Shashikant Vaidya, Gitanjali Talele, Abhay Chowdhary, Rajesh Shah.

Summary: Most of the nosodes in the homoeopathic pharmacopeia have been sourced from obscure pathological material over a century ago, of which no scientific documentation is available. A method for preparation and standardization of univalent and polyvalent *Mycobacterium* nosodes (labeled as Emtact) using different strains of *Mycobacterium tuberculosis* was developed. The committee comprising microbiologists, scientists, pharmacists, homoeopaths, and clinicians had reviewed and approved the method of preparation of nosode. Preparation of the nosode was based on the reference in the Homoeopathy Pharmacopoeia of India, group N-IV. Strains of *M. tuberculosis*, namely, standard strain H37Rv, multidrug-resistant *M. tuberculosis*, *Mycobacterium bovis* (BCG vaccine), and *Mycobacterium avium*, were identified, procured, and documented. Twenty billion viable cells for each strain were taken for Original Stock Nosode. The original stock was prepared by suspending the microbial cells into water for injection (1 ml). As per the Indian pharmacopoeia monograph, sterility testing was done for different potencies. Polymerase chain reaction was performed for 30c potency for detection of any DNA material of the source organisms. A polyvalent (multi-strain) and univalent *M. tuberculosis* nosodes were prepared for research and clinical use. No growth of *Mycobacterium* was observed in any of the samples above 5c potency. The *in vitro* testing for nosode (30c) was found to be free from any organism and DNA material. *Mycobacterium* nosodes sourced from individual strain and polyvalent Emtact nosode *in vitro* testing results found to be satisfactory for its handling and utilization. The nosode seems to be safe and may be tested further *in vivo* to explore its therapeutic application.

Source: <http://www.sciencedirect.com/science/article/pii/S1475491616000175>

EXPLANATORY MODELS FOR HOMOEOPATHY: FROM THE VITAL FORCE TO THE CURRENT PARADIGM

Journal reference: Homeopathy, In Press, Corrected Proof, Available online 6 April 2016.

Authors: Silvia Waisse, Leoni Villano Bonamin.

Summary: Facing claims for and against the scientific status of Homoeopathy, one is entitled to ask: Is there a scientific model for homoeopathy? In this study, we reconstructed the model put

forward by Hahnemann. The results showed that it was essentially based on the assumption of a “vital force” exclusive to living beings. While the vital force was a basic element of the 18th-century science, the existence of such a sui generis force of nature was refuted with the formulation of the law of the conservation of energy by the mid-19th century. As a function of that fact for homoeopathic theory, we discuss the history of the rise and demise of the theory of the vital force from the last quarter of the 18th century to 1830. Finally, we call the attention to the paradigm shift biology underwent starting at the end of the 19th century as the framework for contemporary views on the functioning of living beings and consequently, of the effects of pharmacological agents on them.

Source: <http://www.sciencedirect.com/science/article/pii/S147549161600014X>

DIFFERENT TREATMENT SCHEMES AND DYNAMIZATIONS OF *TRYPANOSOMA CRUZI* BIOTHERAPIES: WHAT INFORMATION DO THEY TRANSFER TO THE ORGANISM IN INFECTED MICE?

Journal reference: Homeopathy, In Press, Available Online 6 April 2016.

Authors: Fabiana Nabarro Ferraz, Franciele Karina da Veiga, Denise Lessa Aleixo, Miguel Spack Júnior, Silvana Marques de Araújo.

Summary: The use of biotherapies in *Trypanosoma cruzi* infection can provide an understanding about effects of these highly diluted medications. The objective was to evaluate different treatment schemes and dynamizations of biotherapies prepared from blood trypomastigotes (buffy coat) in mice infected with *T. cruzi*. Swiss mice infected with Y-strain of *T. cruzi* were divided into two experiments. Experiment 1, all treated groups received biotherapy 7dH (10 µL/mL *ad libitum*) in different treatment schemes: TB_{7dH} – treated 3 days before infection; TBA_{7dH} – treated 3 days before and after infection; TBAe.d. 7dH – treated 3 days before infection and every day after infection and IC – infection control. Experiment 2, all treated groups received medication in different dynamizations 3 days before and after infection (10 µL/mL *ad libitum*): TBA_{15dH} – treated with biotherapy 15dH; TBA_{16dH} – treated with biotherapy 16dH; TBA_{17dH} – treated with biotherapy 17dH; TBA_{p.chords} – treated with biotherapy “potency

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chords” and IC – infection control. We evaluated parasitological and clinical parameters. Experiment 1 showed that different treatment schemes with biotherapy 7dH produced different effects on infection evolution. TBA_{7dH} group had the best outcome, with lower parasitemia, higher survival, and better clinical evolution compared to IC. Experiment 2 showed that biotherapy “potency chords” had effects different from the individual dynamizations that it contained (15dH, 16dH, and 17dH). Animals that had patent parasitemia had delayed emergence of parasites in blood and subsequent increase in parasitemia but had better clinical evolution compared to IC. The effects of *T. cruzi* biotherapies depend on frequency at which they are administered, dynamization, and host–parasite relationship/individual susceptibility of treated organism. Biotherapy appeared to transfer to infected organism “antigenic information” related to parasite and “disease information” related to molecules produced by host’s immune response and contained in the buffy coat used to prepare the medication.

Source: <http://www.sciencedirect.com/science/article/pii/S1475491616000175>

EVALUATING THE ANTICANCER ACTIVITY AND NANOPARTICULATE NATURE OF HOMOEOPATHIC PREPARATIONS OF *TERMINALIA CHEBULA*

Journal reference: Homeopathy, In Press, Available online 12 April 2016.

Authors: Kirtee Wani, Nilesh Shah, Asmita Prabhune, Arun Jadhav, Prabhakar Ranjekar, Ruchika Kaul-Ghanekar.

Summary: Breast cancer is the most common cancer diagnosed among women and is the second-leading cause of cancer death. Homoeopathic medicines are part of the alternative medicines that are given as supportive therapy in breast cancer. The objective of this study was to investigate the anticancer activity of commercially available homoeopathic preparations of *Terminalia chebula* (TC) and evaluate their nanoparticulate nature. Mother tincture (MT) and other homoeopathic preparations (3X, 6C, and 30C) of TC were tested for their effect on the viability of breast cancer (MDAMB231 and MCF7) and noncancerous (HEK 293) cell lines by 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide assay. Cell growth assay was performed to analyze the effect of the different potencies on the growth kinetics of breast cancer cells. MT and 6C were

evaluated for the presence of nanoparticles using scanning electron microscopy (SEM) and transmission electron microscopy (TEM). MT decreased the viability of breast cancer (MDAMB231 and MCF7) and noncancerous (HEK 293) cells. However, the other potencies (3X, 6C, and 30C) decreased the viability of only breast cancer cells without affecting the viability of the noncancerous cells. All the potencies, MT, 3X, 6C, and 30C, reduced growth kinetics of breast cancer cells, more specifically at 1:10 dilution at 24, 48, and 72 h. Under SEM, MT appeared as a mesh-like structure whereas under TEM, it showed the presence of nanoclusters. On the other hand, 6C potency contained 20 nm sized nanoparticles. The current study reports the anticancer activity of homoeopathic preparations of TC against breast cancer and reveals their nanoparticulate nature. These preliminary results warrant further mechanistic studies at both *in vitro* and *in vivo* levels to evaluate the potential of TC as nanomedicine in breast cancer.

Source: <http://www.sciencedirect.com/science/article/pii/S1475491616000151>

HOMOEOPATHIC THERAPY IN PEDIATRIC ATOPIC DISEASES: SHORT- AND LONG-TERM RESULTS

Journal reference: Homeopathy, In Press, Available Online 13 April 2016.

Authors: Elio Rossi, Marco Picchi, Paola Bartoli, Marialessandra Panozzo, Chiara Cervino, Linda Nurr.

Summary: To study the outcomes of atopic diseases in children treated with Homoeopathy at the Homoeopathic Clinic of Lucca (Italy) and related long-term results after approximately an 8-year period. Our data derive from an observational longitudinal study carried out on 857 pediatric patients who consecutive visited from 1998 to 2014. Children with atopic diseases were 325 (37.9%), 126 (39%) suffered from atopic dermatitis, 72 (22%) from allergic rhinitis, and 127 (39%) from asthma. Moreover, 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. About 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 homoeopathic medicine produces positive therapeutic response in atopic children.

Source: <http://www.sciencedirect.com/science/article/pii/S1475491616000187>

HOMOEOPATHY FOR DEPRESSION, MUSIC FOR POSTOPERATIVE RECOVERY, RED YEAST RICE FOR HIGH CHOLESTEROL, ACUPUNCTURE FOR SEASONAL ALLERGIC RHINITIS, GINGER FOR OSTEOARTHRITIS

Journal reference: EXPLORE: The Journal of Science and Healing, In Press, Available Online 20 April 2016.

Authors: Richard Glickman-Simon, Craig Schneider.

Summary: Individualized homoeopathic treatment (IHT) may be more effective than placebo for depression in perimenopausal and postmenopausal women, Level 2 (mid-level) evidence. An estimated 21% of women will develop major depressive disorder (MDD) at some points in their lives. Homoeopathy is based on the “principle of similars.” Natural substances that cause constellations of symptoms when given to healthy subjects are given to patients with the same symptoms in highly diluted form. In IHT, a trained practitioner uses information gathered from a comprehensive diagnostic evaluation to prescribe a homoeopathic remedy tailored to that individual’s distinctive clinical presentation. In this Mexican trial, researchers set out to compare the effectiveness of IHT and fluoxetine to placebo among 133 peri- and post-menopausal women (ages 45–60) with MDD (14–24 on the 17-item Hamilton Rating Scale of Depression). Participants had not received psychotherapy or taken antidepressant medications, estrogen, or homoeopathic remedies for at least 3 months prior to enrollment. Patients were randomized into 3 equal groups: IHT plus fluoxetine placebo, fluoxetine 20 mg plus IHT placebo, and IHT placebo plus fluoxetine placebo. All treatments were administered daily for 6 weeks and all patients, irrespective of group assignment, had a full homoeopathic evaluation at baseline and again at 4 weeks. At the end of 6 weeks, mean Hamilton Rating Scale for Depression (HRSD) scores for IHT, fluoxetine, and placebo were 9.9 (95% confidence interval, 9.0–10.9), 11.7 (10.5–12.9), and 15.0 (15.9–18.3), respectively. Differences were statistically

significant for IHT versus placebo (5.1 points) and fluoxetine versus placebo (3.3 points) but not for IHT versus fluoxetine. Based on these results, 6 weeks of IHT appeared to be more effective than placebo in peri- and post-menopausal women with moderate to severe depression as measured by HRSD but not Beck Depression Inventory. An effect size of 5.1 in the HRSD is likely to be clinically relevant. No significant difference was detected comparing IHT to fluoxetine. The individualized homoeopathic prescription method used in this trial has its advantages and disadvantages. The approach is most consistent with the healing philosophy of homoeopathy. However, it provides no information regarding the effectiveness of specific homoeopathic remedies and potencies.

Source: <http://www.sciencedirect.com/science/article/pii/S1550830716300386>

COMPLEMENTARY AND ALTERNATIVE THERAPIES AND HEALTH LITERACY IN CANCER PATIENTS

Journal reference: Complementary Therapies in Clinical Practice, Volume 23, May 2016, Pages 34-39.

Authors: Gülçin Dişsiz, Medine Yilmaz.

Summary: The aim was to determine health literacy and the use of complementary and alternative therapies (CATs) in patients with cancer and to investigate the relationship between CAT usage and health literacy. The study cohort consisted of 250 oncology patients. The Patient Interview Form and the Adult Literacy in Medicine Scale were used for collecting data. CATs methods were classified into five categories: (1) biologically based therapies; (2) mind–body interventions; (3) energy therapies; (4) manipulative and body-based methods; and (5) alternative medical system (i.e., Homoeopathy). In this form, all CAT methods were listed to mark. The use of at least one CAT was reported by 24% of the patients surveyed. Herbal therapies (32.6%) constituted the most popular method, and the most popular herbal therapy was *Nigella sativa* (54.6%). A total of 29.8% of the patients using CATs reported using herbal therapies for an enhanced immune system. Illiterate patients and those who live in rural areas/towns displayed low levels of health literacy. Health-care professionals should investigate patients’ use of complementary and alternative approaches, and health literacy should be improved so that patients can be informed regarding the possible benefits and disadvantages of CATs.

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Source: <http://www.sciencedirect.com/science/article/pii/S174438811630007X>

ATTITUDES, KNOWLEDGE, USE, AND RECOMMENDATION OF COMPLEMENTARY AND ALTERNATIVE MEDICINE BY HEALTH PROFESSIONALS IN WESTERN MEXICO

Journal reference: EXPLORE: The Journal of Science and Healing, Volume 12, Issue 3, May – June 2016, Pages 180-187.

Authors: Aniel Jessica Leticia Brambila-Tapia, Blanca Estela Rios-Gonzalez, Liliana Lopez-Barragan, Ana Miriam Saldaña-Cruz, Katya Rodriguez-Vazquez.

Summary: The use of complementary and alternative medicine (CAM) has increased in many countries, and this has altered the knowledge, attitudes, and treatment recommendations of health professionals in regard to CAM. Considering Mexican health professionals' lack of knowledge of CAM, in this report, we surveyed 100 biomedical researchers and Ph.D. students and 107 specialized physicians and residents of a medical specialty in Guadalajara, México (Western Mexico), with a questionnaire to address their attitudes, knowledge, use, and recommendation of CAM. We observed that significantly, more researchers had ever used CAM than physicians (83% vs. 69.2%, $P = 0.023$) and that only 36.4% of physicians had ever recommended CAM. Female researchers tended to have ever used CAM more than male researchers, but CAM use did not differ between genders in the physician group or by age in either group. Homoeopathy, herbal medicine, and massage therapy were the most commonly used CAMs in both the groups. The most well-known CAM therapy was homoeopathy (100%), and the least well-known was reflexology (72%) for researchers and reiki for physicians (72.9%). Physicians more frequently recommended homoeopathy, massage therapy, and yoga to their patients than other forms of CAM, and physicians had the highest perception of safety and had taken the most courses in homoeopathy. All CAMs were perceived to have high efficacy (>60%) in both the groups. The attitude questionnaire reported favorable attitudes toward CAM in both the groups. We observed a high rate of Mexican health professionals that had ever used CAM, and they had mainly used homoeopathy, massage therapy, and herbal medicine. However, the recommendation rate of CAM by Mexican physicians

was significantly lower than that in other countries, which is probably due to the lack of CAM training in most Mexican medical schools.

Source: <http://www.sciencedirect.com/science/article/pii/S155083071600032X>

PHYSICOCHEMICAL STUDIES OF HOMOEOPATHIC FORMULATIONS (EXTREMELY DILUTED SOLUTIONS) OF ACIDUM SALICYLICUM IN ETHANOL BY USING VOLUMETRIC, ACOUSTIC, VISCOMETRIC AND REFRACTIVE INDEX MEASUREMENTS AT 298.15, 308.15 AND 318.15 K

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Authors: Anil Kumar Nain, Preeti Droliya, Raj Kumar Manchanda, Anil Khurana, Debadatta Nayak.

Summary: The densities, ρ , ultrasonic speeds, u , viscosities, η , and refractive indices, n_D , of pure ethanol, 15 samples of succussed ethanol controls, 15 formulations of *acidum salicylicum* in unsuccussed ethanol, and 15 formulations of *acidum salicylicum* in succussed ethanol have been measured for potencies from 2C to 30C (with an interval of 2C) at 298.15, 308.15, and 318.15 K and atmospheric pressure. From these experimental data, the isentropic compressibility, κ_s , intermolecular free length, L_f , acoustic impedance, Z , relative association, RA, excess isentropic compressibility, κ_{sE} , excess intermolecular free length, L_{fE} , excess acoustic impedance, Z_E , excess viscosity, η_E , and excess refractive index, n_{DE} , have been calculated. The results have been qualitatively discussed in terms of interactions/physicochemical behavior of *acidum salicylicum* in these solutions. The results indicate that even in extreme dilutions, the molecules of *acidum salicylicum* may be present in these homoeopathic formulations. Both the presence of *acidum salicylicum* as well as succussion phenomenon may be responsible for the variation of the physicochemical properties of these homoeopathic formulations.

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Compiled by:

Deepti Singh Chalia

Research Associate (H), Central Council for Research in Homoeopathy,
New Delhi, India

E-mail: dr.deepti.2821@gmail.com