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Appendix 1 (table to section 'systematic reviews')

Table 1. Overview of included reviews of homeopathic interventions with research articles and results

Author, Year [number in references, see article]	No. of analyzed studies	Indication	Intervention	Result	Conclusion	Author's justification for divergent conclusion	HTA conclusion	Reason
Barnes et al. 1997 [37]	6	post-operative ileus	all	+	(+)	not further defined reservations	+	reservations not shared
Bauer et al. 2002 [38]	9	all	arnica	∅	∅	n.c.	(+)	+ and - results cannot simply be off-set against each other
Boissel 1996 [39]	184	all	all	+/(+)	(+)	minor quality	(+)	n.c.
Cucherat et al. 2000 [40]	17	all	all	+/(+)	(+)	minor quality	+	drop-out < 5% too strict, up to 10% significance
Ernst 1999 [41]	4	headache/migraine	all	+/(+)	∅	"vote count"	(+)	+ and - results cannot simply be off-set against each other
Ernst 1999 [42]	6	all	all vs. conventional treatment	+	∅	methodological deficiencies	(+)	reservations not shared, but little data
Ernst & Barnes 1998 [43]	8	strained muscle	all, mostly arnica	∅/(+)	∅	methodological deficiencies	∅	n.c.
Ernst & Pittler 1998 [44]	8	all	arnica	(+)/∅	∅	no effect in rigorous studies	(+)	very restrictive argument - not shared
Grabia & Ernst 2003 [45]	25	all	all	+	+	n.c.	(+)	study only indirect on evidence of effectiveness
Hill & Doyon 1990 [46]	40	all	all	(+)	∅	not enough evidence	(+)	+ and - results cannot simply be off-set against each other
Jonas et al. 2000 [47]	6	rheumatoid disease	all	+/(+)	(+)	significance not sustainable after context-analysis	(+)	n.c.

Author, Year [number in references, see article]	No. of analyzed studies	Indication	Intervention	Result	Conclusion	Author's justification for divergent conclusion	HTA conclusion	Reason
Kleijnen et al. 1991 [48]	107	all	all	+	(+)	mechanism of action in homeopathy implausible	+	argumentation irrelevant for evidence – not shared
Linde et al. 1997 [49]	89	all	all	+	(+)/+	no clear statement about single clinical conditions possible	+	argumentation too restrictive
Linde & Jobst 1998 [50]	3	chronic asthma	all	+	(+)	studies not practice-relevant	(+)	little clinical relevance
Linde & Melchart 1998 [51]	32	all	individualized homeopathy	+/(+)	(+)	methodological "shortcomings"	+	over-evaluation of internal validity – not shared
Long 2001 [52]	4	osteoarthritis	all	+/(+)	(+)	not enough RCTs	(+)	n.c.
Lüdtke 1999 [53]	37	all	arnica	+	(+)	"indications on effects to be taken seriously"	(+)	n.c.
Lutz 1993 [54]	22	all	all	(+)	(+)	n.c.	(+)	n.c.
Smith 2001 [55]	1	labour induction	all (caulophyllum)	∅	∅	n.c.	∅	n.c.
Vickers 2000 [56]	7	influenza	oscillococcinum	(+)	(+)	n.c.	(+)	n.c.
Walach 1997 [57]	41	all	all	(+)	(+)	n.c.	(+)	n.c.
Wiesenauer & Lüdtke 1996 [58]	11	pollinosis (hay-fever)	galphimia glauca	+	+	n.c.	(+)	no independent evaluation since researcher = reviewer

Abbreviations: n.c.: no comment, since no discrepancy occurred in HTA evaluation; +: significant effectiveness very probable, (+): trend in favour of homeopathy; ∅: no evidence for effectiveness of homeopathy

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Table 2. Primary studies with homeopathic intervention in the indication 'Upper Respiratory Tract Infections/Allergic Reactions (URTI/A)' without control groups

Author, Year [number in references]	Study Type	No. of Cases	Homeopathic Intervention	Indication	Result (Responder Rate)	EBM Grade	Ext. Validity	Comments
Herzberger 1997 [59]	observational study	1479	complex: Engystol N®	URTI	50 – 90% (dependent on disease-form)	3	n.j.	Unsatisfactory documentation, (not only of homeopathy relevant criteria)
Rabe 2001 [60]	observational study	339	complex: Husteel®	cough	95%	3	n.j.	Heterogenic population; many accompanying therapies, therefore judgement more difficult
Frei 2001 [61]	observational study	230	individual	acute otitis media (AOM)	72% in total; 39% after 6 and 33% after 12 hrs	3	+/-	The study was done at a time in which all AOM-children were treated with antibiotics. The homeopathic criteria on the external validity were considered in a comprehensive way. The influence of possible accompanying medication with analgetics after 6 hours was not discussed. From published data of development with placebo a 24 times higher success rate was calculated for the homeopathic therapy; it is not indicated, however, to what extent the study populations were comparable and according to which criteria the comparison studies were chosen. Treatment costs as secondary parameter show the potential for saving costs
Friese 1994 [62]	observational study	30	individual	otitis media	73%	3	n.j.	Homeopathic remedies, but applied very schematically. Interesting as pilot study; results only partially valid. Clinical effectiveness is probable; 17/30 lost to follow-up, of these only 3 were not considered as successful
Eizayaga 1996 [63]	observational study (retrospective)	62	individual	asthma, allergic asthma	64,5% (pre-post treatment-difference p < 0,001)	3	+/-	Classical homeopathy; general description good, unsatisfactory description of population
Bahe-mann 2002 [64]	single case study	1	Individual: Potass.chrom. C 200	pharyngitis, tonsillitis, infectious mononucleosis	successful treatment	4	+	Documentation good in general; only local symptoms described

Abbreviation n.j.: not judgeable

Table 3. Primary studies with homeopathic intervention for the indication 'Upper Respiratory Tract Infections/Allergic Reactions (URTI/A)' and conventional medical control

Author, Year [number in references]	Study Type	No. of Cases	Homeopathic Intervention/ Conventional Intervention	Indication	Result	EBM Grade	Ext. Validity	Comment
Riley 2001 [65]	CCT	456	individual vs. conventional therapy (no further details given)	URTI gen.	significant for homeopathy	2b	+	
Weber 2002 [66]	CCT	63	clinical, with the possibility of individual therapy (mostly Cinnabaris D3 + Sinupret) vs. antibiotics, secretolytics, Xylometazoline (individual decision)	sinusitis	equivalence/ trend for homeopathy	2a	+/-	Accompanying medication may distort the effect of the homeopathy group. No adjustment was made although the groups were different.
Nusche 1998 [67]	CCT	51	individual vs. Penicillin	pharyngitis, tonsillitis with streptococcal infection	no advantage; significance for penicillin	2a	n.j.	Altogether bad documentation, so that neither IV nor EV could be reasonably judged; practically no information for evaluation. Due to information about homeopathic training, it can be assumed that the study had a good model-validity
Gassinger 1981 [68]	RCT	53	clinical, Eupatorium perfoliatum D2 vs. Aspirin	common cold	equivalence	1b	n.j.	Study was not blinded
Maiwald 1998 [69]	RCT	170	complex, Gripp-Heel® vs. acetylsalicylic acid (ASS)	common cold	equivalence/ trend for homeopathy	1b	n.j.	Risk of bias in terms of IV relatively large (possible deblinding, estimated ASS- rate of success not reached, selection criteria inconsistent) result hard to judge; p-values not given.
Friese 1997 [70]	CCT	131	individual vs. nose-drops, secretolytics, antipyretics (also individual)	otitis media	equivalence/ trend for homeopathy	2a	+/-	Different group sizes restrict assessment of results (n = 103 in homeopathic group, n = 28 in convent. medicine).
Harrison 1999 [71]	RCT	33	homeopathic therapy vs. conventional therapy (not further specified)	otitis media with reduction in hearing and effusion	equivalence/ trend for homeopathy	1b	+/-	Patient groups too small; risk of performance and detection bias; unblinded randomization problematic

Abbreviations: n.j.: not judgeable; RCT: randomized clinical trial; CCT: controlled clinical trial; IV: internal validity; EV: external validity

Table 4. Primary studies with homeopathic intervention for the indication 'Upper Respiratory Tract Infections/Allergic Reactions (URTI/A)' and placebo control

Author, Year [number in references]	Study Type	No. of Cases	Homeopathic Intervention	Indication	Result	EBM Grade	Ext. Validity	Comments
de Lange de Klerk 1994 [72]	RCT	175	individual	URTI gen.	trend for homeopathy	1b	+	Good study with reference to design and adequate method for homeopathy, little details on homeopathic therapy; not enough patients for detection of effectiveness - lack of power
Aabel 2000 [73]	RCT	80	isopathy (Betula C30)	rhinitis (birch-pollen-allergy)	no advantage	1b	-	Diagnosis not done according to homeopathic criteria, disturbing factors only partially considered; prevention is not a common homeopathic indication; restrictive selection of patients (concomitant diseases as exclusion criterion); allowed accompanying medication: local and systemic antihistamines. Pollen-flight was reduced in the year of the study (colder and rainier than in other years) and could have reduced or prevented the rate of symptoms. Comparability of study groups restricted (previous unconventional treatment: 14 patients in the homeopathic group, 6 patients in the control group), no information whether this was considered in the analysis.
Reilly 1985 [74]	RCT	39	isopathy (grass pollen C30)	allergic rhinitis	trend for homeopathy	1b	+/-	Study physicians were homeopaths with at least 5 year clinical experience. Group sizes too small; randomization and blinding not clear. Pilot study for further studies; for this it was useful.
Reilly 1986 [75]	RCT	158 (144 treated)	isopathy (grass pollen C30)	allergic rhinitis	significance for homeopathy	1b	+/-	Participating physicians used homeopathy in 18% of the cases (on average), nine of the physicians in less than 10%, and three hitherto used no homeopathy. Results were relatively exactly documented, however, it was not clear how the „lost to follow up" results entered the analysis.

Author, Year [number in references]	Study Type	No. of Cases	Homeopathic Intervention	Indication	Result	EBM Grade	Ext. Validity	Comments
Taylor 2000 [76]	RCT	51	isopathy (C30-preparation of the specific allergen)	allergic rhinitis	significance for homeopathy	1b	+/-	For the homeopathy group primary aggravations were often observed. This was seen as sign of the effectiveness of homeopathic therapy, not as side-effect.
Wiesenauer 1985 [77]	RCT	164, 3-arm study	clinical (Galphimia D6)	allergic rhinitis	trend for homeopathy	1b	+/-	Baseline data present less patients than shown in the tables of results! No explanation for this in the text.
Wiesenauer 1989 [78]	RCT	152, 4-arm study	complex (Luffa operculata D4, Potassium bichromatum D4, Cinnabaris D3, partially combined)	sinusitis	no advantage	1b	-	Lost to follow-up rate 31% (main reasons: badly completed questionnaires and not permitted medications; the reasons for the latter should be analyzed in more detail). Due to the evaluation in sub-groups (acute and chronic sinusitis) sample sizes are too small to draw any reliable conclusion.
Ferley 1989 [79]	RCT	478	clinical (Oscillocoquinum not further specified)	common cold	significance for homeopathy	1b	+/-	Patients with influenza like symptoms from 149 general practices of the Rhones-Alpes Regiones, France; mixed, mostly non-homeopathic practice
Papp 1998 [80]	RCT	372	clinical (Oscillocoquinum not further specified)	common cold	significance for homeopathy	1b	+/-	Careful analysis without any obvious bias
Jacobs 2001 [81]	RCT	75	individual	otitis media	trend for primary, significance for secondary parameters	1b	+/-	Author points out that maybe due to small sample sizes only a trend for the homeopathic application could be seen
Mössinger 1985 [82]	CCT	44 (38 evaluated)	clinical (Pulsatilla D2)	otitis media, endosalpingitis	significance for homeopathy	1b	n.j.	Physicians' homeopathic training not clear, specific homeopathic diagnosis not clear. Altogether little information.
Friese 2001 [83]	RCT	97	clinical (sequence of four homeopathic medications)	adenoid vegetations	no advantage, high placebo responder rate	1b	+/-	Related to disease parameters groups were not comparable. No adjustment given for the evaluation. No drop-outs. Surgery was no longer indicated in 63,8% of patients in the placebo group at the end of the study (homeopathy group: 66%) – high placebo response rate

Author, Year [number in references]	Study Type	No. of Cases	Homeopathic Intervention	Indication	Result	EBM Grade	Ext. Validity	Comments
Lewith 2002 [84]	RCT	242	isopathy (potentized house dust)	allergic asthma	significance for homeopathy (differences clinically not relevant)	1b	+	Very exact study planning
Matusiewicz 1997 [85]	CCT	50 (6-arm study)	complex (Engystol N® + Traumeel®), Cyclosporin A, Methotrexat, placebo in various combinations	corticoid-dependent allergic bronchial asthma	significance for homeopathy (however only before-after difference in treatment for 21 variables)	2a	-	Information on randomization, blinding and group composition, etc. insufficient for assessment. Sample sizes very small with 5 to 11 patients per arm; study setup unclear
Reilly 1994 [86]	RCT	28	isopathy (of the individual allergen)	allergic asthma	significance for homeopathy	1b	+/-	The performing physicians were only partially homeopaths. Good performance of the study, apart from the small number of patients. Selection of patients after randomization for further participation in the study not clearly described. With this study and two additional previous ones a meta-analysis was carried which also showed a positive result for homeopathy
White 2003 [87]	RCT	36	individual (in addition to conventional therapy vs. placebo + conventional therapy)	asthma bronchiale (children)	no advantage	1b	+/-	Tendency for positive effects for severe asthma could be observed; for some secondary parameters there was a "trend for the therapy". The case number was too small to be able to make any further statements.

Abbreviation n.j.: not judgeable