

Appendices

This document accompanies the report from Liverpool John Moores University:

NHS Liverpool CCG Homeopathy Consultation: Independent analysis and report

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June 2016

Appendix 1	Patient comments submitted during CSU policy review
Appendix 2	Full list of conditions referred to LMHS
Appendix 3	NWCSU Evidence Review for Homeopathy
Appendix 4	Stakeholder matrix
Appendix 5	Survey used during NHS Liverpool CCG homeopathy services consultation

APPENDIX 1 Patient comments submitted during CSU Policy Review

1.1 Complimentary Therapies

No particular groups identified as affected by the draft policy from an equality viewpoint.

Which part/parts of the draft policy are you commenting on? (Please state if you are commenting generally)	Having read the proposed changes to the draft CCG policy document, do you agree with what has been suggested?		If you do not agree with the planned changes to the draft policy please briefly tell us why? (250 word limit)	What do you think also needs to be included for consideration by the CCG which hasn't already been covered in the draft policy? (250 word limit)
Complimentary Therapies/Generally		No	I think you need to distinguish clearly what is meant by commissioning and other forms of CCG procurement e.g. 3rd sector funding in relation to complementary therapies provision.	see above

<p>Infertility Gynaecology Complementary & Alternative Therapy</p>		<p>No</p>	<p>Assisted Conception is expensive, not very successful, extremely stressful and more emotionally driven than clinically. It has also overreached the limits of ethics and the law. It must be tightly controlled both within and outside the NHS (where it is also highly profitable). Whilst hysterectomy has been the commonest operation on females, used far too liberally, there are now many alternatives and the clinicians should be allowed to judge when it is necessary and justified.</p>	<p>Your range of complementary therapies recommended it very restricted. There is no mention of highly effective therapies such as Remedial Massage, Trigger Point Therapy and Myofascial Release. Use of these would often obviate the need for more expensive "conventional" treatments.</p>
<p>The parts specifying which treatments/procedures and patient groups will be</p>		<p>No</p>	<p>As an over-arching principle, I believe that priority should be given to</p>	<p>I believe that access to certain services should be given a lower priority, or even excluded,</p>

<p>prioritised and which will be downgraded.</p>			<p>treating patients who have a serious condition that has, or is likely to have, a major impact on their quality of life or their life expectancy. I believe that the rarity of the condition (i.e. the size of the population group benefiting) is irrelevant at the point of delivery. The high cost of development of treatments for rare conditions will already have been borne if a treatment is currently available.</p>	<p>on the basis that the criteria in (6) are not met or the treatment/procedure is not evidence-based. Two examples are: a) Alternative medicine. This field is entirely without an evidence base. There have been no peer-reviewed published successful clinical trials of an alternative treatment for any disorder. b) Fertility treatment. In my view, infertility should not be regarded as a medical condition. With overpopulation a major issue, it makes no sense to spend valuable resources on this.</p>
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Which part/parts of the draft policy are you commenting on? (Please state If you are commenting generally)	Having read the proposed changes to the draft CCG policy document, do you agree with what has been suggested?	If you do not agree with the planned changes to the draft policy please briefly tell us why? (250 word limit)	What do you think also needs to be included for consideration by the CCG which hasn't already been covered in the draft policy? (250 word limit)	Which part/parts of the draft policy are you commenting on? (Please state If you are commenting generally)
2.1 Complementary Therapies	Yes			All complementary therapies should be considered as they would reduce the amount of drugs being prescribed thus saving a lot of money
Complimentary Therapies				
2.1 Complementary Therapies				

Complementary therapies	Yes			

Appendix 2 List of conditions referred to LMHS

CONDITIONS REFERRED - April 2014 – March 2015

	Total attendances
skin diseases - eczema, psoriasis, acne	14
arthritis	12
menopause	10
depression	9
anxiety	5
chronic back pain	5
fibromyalgia	4
IBS	3
allergies	3
COPD	3
Headaches and neurological diseases	2
behavioural problems	2
chronic rhinitis and sinusitis	2
low energy levels	2
osteoporosis	2
tonsillitis	2
catarrh	1
hypertension	1
Painful periods, PMT	1
Recurrent chest infections	1

abdominal metastatic disease	1
anal fissure	1
Barrett's oesophagus	1
breast cancer	1
chronic regional pain	1
conjunctivitis	1
effects of cancer treatment	1
endometriosis	1
familial hypercholesterolemia	1
fibroids	1
gastritis	1
gestational diabetes	1
halitosis	1
healing wound	1
hyperlipidaemia	1
insomnia	1
knee pain	1
Molluscum contagiosum	1
myalgia and trochanteric	1
nocturia	1
oesophagitis	1
osteopenia	1
pancreatitis	1
PCOS	1

peripheral neuropathy	1
Reflux	1
shortness of breath	1
swallowing problems	1
Vertigo	1
verruca	1
vocal chord damage	1

NWCSU Evidence Review for Homeopathy
Evidence Review Summary Sheet

The overwhelming sense of the evidence on the effectiveness of homeopathy is that there is little evidence of effectiveness of this form of treatment.

Sources used for this review included NICE Evidence Search and the Health Care databases and key resources for the location of grey literature.

Most documents listed can be accessed electronically by following the links – if there are any problems accessing any of the documents please contact the North West CSU Library. An NHS Athens user ID is required to access some of the journal articles. Where an electronic version of the document is not available this is stated.

Completed by: Kieran Lamb

Date: 07/05/15

NWCSU Library
Tel: 01244 650 343 or 0151 285 4493
library@cmcsu.nhs.uk

Key Reports and Material from Other Health Communities

National Health and Medical Research Council, 2015. [Evidence on the effectiveness of homeopathy for treating health conditions](#), Canberra.

Finds no reliable evidence from research in humans that homeopathy was effective for treating the range of health conditions considered: no good-quality, well-designed studies with enough participants for a meaningful result reported either that homeopathy caused greater health improvements than placebo, or caused health improvements equal to those of another treatment.

For some health conditions, studies reported that homeopathy was not more effective than placebo. For other health conditions, there were poor-quality studies that reported homeopathy was more effective than placebo, or as effective as another treatment. However, based on their limitations, those studies were not reliable for making conclusions about whether homeopathy was effective. For the remaining health conditions it was not possible to make any conclusion about whether homeopathy was effective or not, because there was not enough evidence.

Available at:

[http://www.nhmrc.gov.au/ files_nhmrc/publications/attachments/cam02a_information_paper.pdf](http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/cam02a_information_paper.pdf).

Additional Related Items

- [NHMRC Statement on Homeopathy](#)
- [Effectiveness of Homeopathy for Clinical Conditions: Evaluation of the Evidence – Overview Report](#)
- [Effectiveness of Homeopathy for Clinical Conditions: Evaluation of the Evidence – Overview Report: Appendices](#)
- [Effectiveness of Homeopathy for Clinical Conditions: Evaluation of the Evidence – Review of Submitted Literature](#)
- [List of systematic reviews and primary studies already considered by NHMRC](#)
- [Effectiveness of homeopathy for clinical conditions: Evaluation of the Evidence. Review of Literature from public submissions](#)

University Of York: NHS Centre for Reviews and is Dissemination, 2002. [Homeopathy](#). *Effective Health Care*, 7(3).

This bulletin summarises the research evidence on the effectiveness of homeopathy.

Available at: <https://www.york.ac.uk/media/crd/ehc73.pdf>.

House of Commons Science and Technology Committee, 2010.
[*Evidence Check 2: Homeopathy: Fourth Report of Session 2009–10 Report, together with formal minutes, oral and written evidence*](#), London.

Finds that by providing homeopathy on the NHS and allowing MHRA licensing of products which subsequently appear on pharmacy shelves, the Government runs the risk of endorsing homeopathy as an efficacious system of medicine. To maintain patient trust, choice and safety, the Government should not endorse the use of placebo treatments, including homeopathy. Homeopathy should not be funded on the NHS and the MHRA should stop licensing homeopathic products.

Available at:

<http://www.publications.parliament.uk/pa/cm200910/cmselect/cmsctech/45/45.pdf>.

Articles and Other Information

Title: Homeopathy in the treatment of fibromyalgia--a comprehensive literature-review and meta-analysis.

Citation: Complementary therapies in medicine, Aug 2014, vol. 22, no. 4, p. 731-742 (August 2014)

Author(s): Boehm, Katja, Raak, Christa, Cramer, Holger, Lauche, Romy, Ostermann, Thomas

Abstract: Coping with the complex nature of fibromyalgia symptoms (FMS) still remains a challenge for patients. Taking into account the possible adverse events of pharmacological treatments patients often seek additional treatments for the management of fibromyalgia and turn towards complementary and alternative medicine (CAM). In this review, we aimed to investigate the current state of literature of homeopathy in the treatment of FMS. We searched Medline, the Cochrane Register of

Controlled Trials, Embase, AMED, PsycInfo and CAMbase for the terms "fibromyalgia AND homeopath\$" through February 2013. In addition we searched Google Scholar, the library of the Carstens Foundation and that of the Deutsche Homöopathische Union (DHU). Standardized mean differences (SMD) with 95% confidence intervals (CI) were calculated and meta-analyzed using the generic inverse variance method. We found 10 case-reports, 3 observational studies, 1 non-randomized and 4 randomized controlled trials (RCTs) on homeopathy for fibromyalgia. Both case reports and observational studies are naturally predominated by the use of qualitative and not validated outcome measures. Meta-analyses of CCTs revealed effects of homeopathy on tender point count (SMD=-0.42; 95%CI -0.78, -0.05; P=0.03), pain intensity (SMD=-0.54; 95%CI -0.97, -0.10; P=0.02), and fatigue (SMD=-0.47; 95%CI -0.90, -0.05; P=0.03) compared to placebo. The results of the studies as well as the case reports define a sufficient basis for discussing the possible benefits of homeopathy for patients suffering from fibromyalgia syndrome although any conclusions based on the results of this review have to be regarded as preliminary. Copyright © 2014 Elsevier Ltd. All rights reserved.

Source: Medline

Full Text:

Available from *ProQuest* in [Complementary Therapies in Medicine](#)

Title: Economic evaluations of homeopathy: A review

Citation: European Journal of Health Economics, March 2014, vol./is. 15/2(157-174), 1618-7598;1618-7601 (March 2014)

Author(s): Viksveen P., Dymitr Z., Simoens S.

Language: English

Abstract: Context: Economic evaluations of commonly used complementary and alternative medicine (CAM) therapies such as homeopathy are needed to contribute to the evidence base on which policy makers, clinicians, health-care payers, as well as patients base their health-care decisions in an era of constrained resources. Objectives: To review and assess existing economic evaluations of homeopathy. Methods: Literature search was made to retrieve relevant publications using AMED, the Cochrane Library, CRD (DARE, NHS

EED, HTA), EMBASE, MEDLINE, and the journal Homeopathy (former British Homoeopathic Journal). A hand search of relevant publications was carried out. Homeopathy researchers were contacted. Identified publications were independently assessed by two authors. Results Fifteen relevant articles reported on 14 economic evaluations of homeopathy. Thirteen studies reported numbers of patients: a total of 3,500 patients received homeopathic treatment (median 97, interquartile range 48-268), and 10 studies reported on control group participants (median 57, IQR 40-362). Eight out of 14 studies found improvements in patients' health together with cost savings. Four studies found that improvements in homeopathy patients were at least as good as in control group patients, at comparable costs. Two studies found improvements similar to conventional treatment, but at higher costs. Studies were highly heterogeneous and had several methodological weaknesses. Conclusions: Although the identified evidence of the costs and potential benefits of homeopathy seemed promising, studies were highly heterogeneous and had several methodological weaknesses. It is therefore not possible to draw firm conclusions based on existing economic evaluations of homeopathy. Recommendations for future research are presented. © Springer-Verlag 2013.

Publication Type: Journal: Review

Source: EMBASE

Full Text:

Available from *ProQuest* in [European Journal of Health Economics : HEPAC, The](#)

Available from *EBSCOhost* in [European Journal of Health Economics](#)

Title: Homeopathy for allergic rhinitis: protocol for a systematic review.

Citation: Systematic reviews, Jan 2014, vol. 3, p. 59. (2014)

Author(s): Banerjee, Kushal, Costelloe, Ceire, Mathie, Robert T, Howick, Jeremy

Abstract: Allergic rhinitis is a global health problem that is often treated with homeopathy. The objective of this review will be to evaluate the effectiveness of homeopathic treatment of allergic rhinitis. The authors will conduct a systematic review. We will search Medline, CENTRAL, CINAHL, EMBASE, AMED, CAM-Quest, Google Scholar and reference lists of identified studies up to December 2013. The review will include

randomized controlled trials that evaluate homeopathic treatment of allergic rhinitis. Studies with participants of all ages, with acute or chronic comorbidities will be included. Patients with immunodeficiency will not be included. The diagnosis will be based on the published guidelines of diagnosis and classification. Studies of all homeopathy modalities (clinical, complex and classical homeopathy, and isopathy) will be included. We will include trials with both active controls (conventional therapy, standard care) and placebo controls. The primary outcomes are: an improvement of global symptoms recorded in validated daily or weekly diaries and any scores from validated visual analogue scales; the total Quality of Life Score (such as the Juniper RQLQ); individual symptoms scores which include any appropriate measures of nasal obstruction, runny nose, sneezing, itching, and eye symptoms; and number of days requiring medication. Secondary outcomes selected will include serum immunoglobulin E (IgE) levels, individual ocular symptoms, adverse events, and the use of rescue medication. Treatment effects will be measured by calculating the mean difference and the standardized mean difference with 95% confidence interval (CI) for continuous data. Risk ratio or, if feasible, odds ratio will be calculated with 95% CI for dichotomous data. After assessing clinical and statistical heterogeneity, meta-analysis will be performed, if appropriate. The individual participant will be the unit of analysis. Descriptive information on missing data will be included about participants missing due to drop out, whether there was intention to treat or per protocol analysis and missing statistics. A number of subgroups, homeopathic potency, age groups, and types of allergic rhinitis (seasonal or perennial) will be analyzed. Sensitivity analysis will be performed to explore the impact of risk of bias on overall treatment effect. PROSPERO CRD42013006741.

Source: Medline

Title: Adverse effects of homeopathy: A systematic review of published case reports and case series - Comment by Tournier et al

Citation: International Journal of Clinical Practice, April 2013, vol./is. 67/4(388-389), 1368-5031;1742-1241 (April 2013)

Author(s): Tournier A., Roberts E.R., Viksveen P.

Language: English

Publication Type: Journal: Letter

Source: EMBASE

Full Text:

Available from *EBSCOhost* in [International Journal of Clinical Practice](#)

Title: Randomised controlled trials of homeopathy in humans: Characterising the research journal literature for systematic review

Citation: Homeopathy, January 2013, vol./is. 102/1(3-24), 1475-4916;1476-4245 (January 2013)

Author(s): Mathie R.T., Hacke D., Clausen J., Nicolai T., Riley D.S., Fisher P.

Language: English

Abstract: Introduction: A new programme of systematic reviews of randomised controlled trials (RCTs) in homeopathy will distinguish important attributes of RCT records, including: placebo controlled versus other-than-placebo (OTP) controlled; individualised versus non-individualised homeopathy; peer-reviewed (PR) versus non peer-reviewed (NPR) sources. Aims: (a) To outline the methods used to search and categorise the RCT literature; (b) to report details of the records retrieved; (c) to compare our retrieved records with those reported in two previous systematic reviews (Linde et al., 1997; Shang et al., 2005). Methods: Ten major electronic databases were searched for records published up to the end of 2011. A record was accepted for subsequent systematic review if it was a substantive report of a clinical trial of homeopathic treatment or prophylaxis in humans, randomised and controlled, and published in a PR or NPR journal. Results: 489 records were potentially eligible: 226 were rejected as non-journal, minor or repeat publications, or lacking randomisation and/or controls and/or a 'homeopathic' intervention; 263 (164 PR, 99 NPR) were acceptable for systematic review. The 263 accepted records comprised 217 (137 PR, 80 NPR) placebo-controlled RCTs, of which 121 were included by, 66 were published after, and 30 were potentially eligible for, but not listed by, Linde or Shang. The 137 PR records of placebo-controlled RCTs comprise 41 on individualised homeopathy and 96 on non-individualised homeopathy. Conclusion: Our findings clarify the RCT literature in homeopathy. The 263 accepted journal papers will be the basis for our

forthcoming programme of systematic reviews. © 2012 The Faculty of Homeopathy.

Publication Type: Journal: Article

Source: EMBASE

Title: Homeopathy for eczema: A systematic review of controlled clinical trials

Citation: British Journal of Dermatology, June 2012, vol./is. 166/6(1170-1172), 0007-0963;1365-2133 (June 2012)

Author(s): Ernst E.

Language: English

Abstract: Background: Homeopathy is often advocated for patients with eczema. Objectives: This article systematically reviews the evidence from controlled clinical trials of any type of homeopathic treatment for any type of eczema. Methods Electronic searches were conducted in Medline, Embase and the Cochrane Library with no restrictions on time or language. In addition, the bibliographies of the retrieved articles and our departmental files were hand searched. All controlled trials of homeopathy in patients with eczema were considered. Their methodological quality was estimated using the Jadad score. Results: One randomized and two nonrandomized clinical trials met the inclusion criteria. All were methodologically weak. None demonstrated the efficacy of homeopathy. Conclusions: The evidence from controlled clinical trials therefore fails to show that homeopathy is an efficacious treatment for eczema. © 2012 British Association of Dermatologists.

Publication Type: Journal: Review

Source: EMBASE

Full Text:

Available from *EBSCOhost* in [British Journal of Dermatology](#)

Available from *EBSCOhost* in [British Journal of Dermatology](#)

Title: Adverse effects of homeopathy, what do we know? A systematic review

Citation: BMC Complementary and Alternative Medicine, June 2012, vol./is. 12/, 1472-6882 (12 Jun 2012)

Author(s): Stub T., Musial F., Alraek T.

Language: English

Abstract: Purpose: Homeopathy has few legal regulations acting as gatekeepers. The remedies may be in widespread use despite unclear mechanism of effect and safety assessment. Uncontrolled studies of homeopathic practise document consistently strong therapeutic effects and sustained patient satisfaction however, cases of adverse effects have also been reported. According to homeopathic theory transient worsening of patients symptoms (aggravations), are understood as a wanted reaction to the medication. To date, systematic information is lacking on how commonly adverse effects and homeopathic aggravations are reported in RCTs, observational studies and surveys. Methods: A systematic review addressing this topic was undertaken. Twelve electronic databases were searched. Results: Twenty-seven RCTs, 26 observational studies and 4 surveys, with a total of 28,917 participants were included in this review. The methodological quality assessed according to the Cochrane handbook for RCTs and STROBE checklist for observational studies and surveys was high. Twenty-one percent of the RCTs, 36.5% of the observational studies and 16% of the surveys reported cases of adverse effects such as gastro-intestinal disorders, headache and dermatitis. Of these, 14% were reported as serious events. Eighteen percent of the RCTs, 36.5% of the observational studies and 8% of the surveys reported homeopathic aggravations which were mostly reported as intensifications of the patient's symptoms. Conclusion: In order to prevent serious events as a consequence of homeopathic treatment, the identification of an unwanted adverse event is of critical importance. A differentiation of adverse events and homeopathic aggravations, which is accepted as a concept in homeopathy, should be a part of a reporting system where risk and safety are assessed. This is of particular significance in a treatment system like homeopathy, which is in most European countries regulated as an alternative treatment and as such not included in the supervision system of health care.

Publication Type: Journal: Conference Abstract

Source: EMBASE

Full Text:

Available from *ProQuest* in [BMC Complementary and Alternative Medicine](#)

Available from *EBSCOhost* in [BMC Complementary & Alternative Medicine](#)

Available from *National Library of Medicine* in [BMC Complementary and Alternative Medicine](#)

Title: Homeopathy for eczema: a systematic review of controlled clinical trials.

Citation: The British journal of dermatology, Jun 2012, vol. 166, no. 6, p. 1170-1172 (June 2012)

Author(s): Ernst, E

Abstract: Homeopathy is often advocated for patients with eczema. This article systematically reviews the evidence from controlled clinical trials of any type of homeopathic treatment for any type of eczema. Electronic searches were conducted in Medline, Embase and the Cochrane Library with no restrictions on time or language. In addition, the bibliographies of the retrieved articles and our departmental files were hand searched. All controlled trials of homeopathy in patients with eczema were considered. Their methodological quality was estimated using the Jadad score. One randomized and two nonrandomized clinical trials met the inclusion criteria. All were methodologically weak. None demonstrated the efficacy of homeopathy. The evidence from controlled clinical trials therefore fails to show that homeopathy is an efficacious treatment for eczema. © 2012 The Authors. BJD © 2012 British Association of Dermatologists 2012.

Source: Medline

Full Text:

Available from *EBSCOhost* in [British Journal of Dermatology](#)

Available from *EBSCOhost* in [British Journal of Dermatology](#)

Title: Homeopathy for insomnia and sleep-related disorders: A systematic review of randomised controlled trials

Citation: Focus on Alternative and Complementary Therapies, September 2011, vol./is. 16/3(195-199), 1465-3753;2042-7166 (September 2011)

Author(s): Ernst E.

Language: English

Abstract: The aim of this review was the critical evaluation of evidence for the effectiveness of homeopathy for insomnia and sleep-related disorders. A search of MEDLINE, AMED, CINAHL, EMBASE and Cochrane Central Register was conducted to find RCTs using any form of homeopathy for the treatment of insomnia or sleep-related disorders. Data were extracted according to predefined criteria; risk of bias was assessed using Cochrane criteria. Six randomised, placebo-controlled trials met the inclusion criteria. Two studies used individualised homeopathy, and four used standardised homeopathic treatment. All studies had significant flaws; small sample size was the most prevalent limitation. The results of one study suggested that homeopathic remedies were superior to placebo; however, five trials found no significant differences between homeopathy and placebo for any of the main outcomes. Evidence from RCTs does not show homeopathy to be an effective treatment for insomnia and sleep-related disorders. © 2011 The Author. FACT © 2011 Royal Pharmaceutical Society.

Publication Type: Journal: Review

Source: EMBASE

Title: Homeopathy and allied therapies: A review

Citation: Journal of EuroMed Pharmacy, 2011, vol./is. /1(36-39), 1023-3857 (2011)

Author(s): Attard E.

Language: English

Abstract: Homeopathy is the basis of several forms of therapies that emerged later on throughout Europe. Homeopathy and these related therapies form part of Europe's traditional medical history. Several physicians followed Hahnemann's principles and applied them to their

forms of therapies. Such therapies include anthroposophic medicine, gemmotherapy, lithotherapy, organotherapy, Bach's floral remedies, Schussler's tissue salts. However, in the multicultural and modern Europe, there is still a long way for the official recognition and harmonisation of products within the European Union Member States. Due to popularity of these remedies with EU citizens, the European centralised body and individual Member States medicines authorities are obliged to safeguard the general public through the assessment of safety and quality of these medicinal products.

Publication Type: Journal: Article

Source: EMBASE

Title: A more skeptical review of homeopathy.

Citation: Otolaryngology--head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery, Feb 2010, vol. 142, no. 2, p. 300; author reply 300 (February 2010)

Author(s): Hopfenspirger, Michael

Source: Medline

Title: Designing clinical trials of homeopathy for menopausal symptoms: a review of the literature.

Citation: Menopause international, Mar 2009, vol. 15, no. 1, p. 31-34, 1754-0453 (March 2009)

Author(s): Thompson, Elizabeth A, Relton, Clare

Abstract: Homeopathy is a system of therapeutics placed outside the boundaries of orthodox medicine and regarded as a complementary and alternative medicine. Homeopathy has been used to alleviate menopausal symptoms both in the climacteric and in breast cancer survivors. Individualized treatment by a homeopath, regarded as the gold standard of homeopathic care, is a complex intervention where the homeopathic medicine is matched to the individual using holistic principles. This review article describes and interprets the existing

evidence from observational studies and clinical trials and makes recommendations for trial design in the future.

Source: Medline

Full Text:

Available from *EBSCOhost* in [Menopause International](#)

Title: The conclusions on the effectiveness of homeopathy highly depend on the set of analyzed trials.

Citation: Journal of clinical epidemiology, Dec 2008, vol. 61, no. 12, p. 1197-1204 (December 2008)

Author(s): Lüdtke, R, Rutten, A L B

Abstract: Shang's recently published meta-analysis on homeopathic remedies (Lancet) based its main conclusion on a subset of eight larger trials out of 21 high quality trials (out of 110 included trials). We performed a sensitivity analysis on various other meaningful trial subsets of all high quality trials. Subsets were defined according to sample size, type of homeopathy, type of publication, and treated disease/condition. For each subset, we estimated the overall odds ratios (ORs) from random effect meta-analyses. All trials were highly heterogeneous ($I^2=62.2\%$). Homeopathy had a significant effect beyond placebo (OR=0.76; 95% CI: 0.59-0.99; $p=0.039$). When the set of analyzed trials was successively restricted to larger patient numbers, the ORs varied moderately (median: 0.82, range: 0.71-1.02) and the P-values increased steadily (median: 0.16, range: 0.03-0.93), including Shang's results for the eight largest trials (OR=0.88, CI: 0.66-1.18; $P=0.41$). Shang's negative results were mainly influenced by one single trial on preventing muscle soreness in 400 long-distance runners. The meta-analysis results change sensitively to the chosen threshold defining large sample sizes. Because of the high heterogeneity between the trials, Shang's results and conclusions are less definite than had been presented.

Source: Medline

Full Text:

Available from *ProQuest* in [Journal of Clinical Epidemiology](#)

Title: Homeopathy for childhood and adolescence ailments: Systematic review of randomized clinical trials

Citation: Mayo Clinic Proceedings, January 2007, vol./is. 82/1(69-75), 0025-6196 (January 2007)

Author(s): Altunc U., Pittler M.H., Ernst E.

Language: English

Abstract: **OBJECTIVE:** To assess the evidence of any type of therapeutic or preventive intervention testing homeopathy for childhood and adolescence ailments. **METHODS:** Systematic literature searches were conducted through January 2006 in MEDLINE, EMBASE, AMED, CINAHL, Cochrane Central, British Homeopathic Library, ClinicalTrials.gov, and the UK National Research Register. Bibliographies were checked for further relevant publications. Studies were selected according to predefined inclusion and exclusion criteria. All double-blind, placebo-controlled randomized clinical trials of any homeopathic intervention for preventing or treating childhood and adolescence ailments were included. According to the classification of the World Health Organization, the age range defined for inclusion was 0 to 19 years. Study selection, data extraction, and assessment of methodological quality were performed independently by 2 reviewers. **RESULTS:** A total of 326 articles were identified, 91 of which were retrieved for detailed evaluation. Sixteen trials that assessed 9 different conditions were included in the study. With the exception of attention-deficit/hyperactivity disorder and acute childhood diarrhea (each tested in 3 trials), no condition was assessed in more than 2 double-blind randomized clinical trials. The evidence for attention-deficit/hyperactivity disorder and acute childhood diarrhea is mixed, showing both positive and negative results for their respective main outcome measures. For adenoid vegetation, asthma, and upper respiratory tract infection each, 2 trials are available that suggest no difference compared with placebo. For 4 conditions, only single trials are available. **CONCLUSION:** The evidence from rigorous clinical trials of any type of therapeutic or preventive intervention testing homeopathy for childhood and adolescence ailments is not convincing enough for recommendations in any condition. © 2007 Mayo Foundation for Medical Education and Research.

Publication Type: Journal: Review

Source: EMBASE

Full Text:

Available from *ProQuest* in [Mayo Clinic Proceedings](#)

Available from *EBSCOhost* in [Mayo Clinic Proceedings](#)

Title: Homeopathy for depression: a systematic review of the research evidence.

Citation: Homeopathy : the journal of the Faculty of Homeopathy, Jul 2005, vol. 94, no. 3, p. 153-163, 1475-4916 (July 2005)

Author(s): Pilkington, K, Kirkwood, G, Rampes, H, Fisher, P, Richardson, J

Abstract: To systematically review the research evidence on the effectiveness of homeopathy for the treatment of depression and depressive disorders. A comprehensive search of major biomedical databases including MEDLINE, EMBASE, CINAHL, PsycINFO and the Cochrane Library was conducted. Specialist complementary and alternative medicine (CAM) databases including AMED, CISCOP and Hom-Inform were also searched. Additionally, efforts were made to identify unpublished and ongoing research using relevant sources and experts in the field. Relevant research was categorised by study type and appraised according to study design. Clinical commentaries were obtained for studies reporting clinical outcomes. Only two randomised controlled trials (RCTs) were identified. One of these, a feasibility study, demonstrated problems with recruitment of patients in primary care. Several uncontrolled and observational studies have reported positive results including high levels of patient satisfaction but because of the lack of a control group, it is difficult to assess the extent to which any response is due to specific effects of homeopathy. Single-case reports/studies were the most frequently encountered clinical study type. We also found surveys, but no relevant qualitative research studies were located.: Adverse effects reported appear limited to 'remedy reactions' ('aggravations') including temporary worsening of symptoms, symptom shifts and reappearance of old symptoms. These remedy reactions were generally transient but in one study, aggravation of symptoms caused withdrawal of the treatment in one patient. A comprehensive search for published and unpublished studies has demonstrated that the evidence for the effectiveness of homeopathy in depression is limited due to lack of clinical trials of high quality. Further research is required, and should include well-designed controlled studies with sufficient numbers of participants. Qualitative studies aimed at overcoming recruitment and other problems should precede further RCTs. Methodological options

include the incorporation of preference arms or uncontrolled observational studies. The highly individualised nature of much homeopathic treatment and the specificity of response may require innovative methods of analysis of individual treatment response.

Appendix 4: Stakeholder Matrix

Internal

1. Clinical commissioning staff
2. Governing Body
3. GP membership incl. nurse prescribers

Influencers local

4. MPs
5. Councillors
6. Health Watch Liverpool
7. Media – online, broadcast and print
8. Save our NHS local groups
9. Merseyside Skeptics
10. Northwest Friends of Homeopathy
11. Liverpool Veterans

Influencers National

12. HRH Prince of Wales
13. Save Our NHS/Big up the NHS
14. Homeopathy Heals Me
15. Good Thinking Society
16. Cancer Research UK
17. Media including Trade press – online, broadcast and print

Governance

18. CQC
19. Select Committee
20. Health and Wellbeing Board
21. NHS England

Partners

22. VCSE groups

Providers

23. The Liverpool Medical Homeopathy Service (LMHS)
24. Private/individual providers
25. Hospices/Care Homes
26. RLBUHT & Aintree
27. Liverpool Community Health

Patients and the public

28. Staff of provider/partner organisations
29. Patient participation groups
30. Patients registered with GPs
31. Current users of the service
32. Potential users of the service
33. Representatives of VCSE groups
34. Protected characteristics groups if affected

Other:

35. Other CCGS
36. Liverpool City Council

Homeopathy

NHS Liverpool Clinical Commissioning Group

Homeopathy

Please use this survey to tell us what you think about homeopathy services being funded by NHS Liverpool CCG.

You can skip any questions you wish and it should only take 5 minutes to complete.

1. So we can understand your perspective in responding to this consultation please tick which of the following options best apply to you. I am a:- (Choose any one option)

- Current user of homeopathy services in Liverpool
- Previous user of homeopathy services in Liverpool
- Liverpool resident
- Current referrer to Homeopathy in Liverpool (e.g. GP)
- Potential referrer to Homeopathy in Liverpool
- Current provider of Homeopathy services in Liverpool
- Potential provider of Homeopathy services in Liverpool

Answer this question only if you have chosen "Current referrer to Homeopathy in Liverpool (e.g. GP)" for "1. 1. So we can understand your perspective in responding to this consultation please tick which of the following options best apply to you. I am a:-"

If you are a current referrer please describe your experience of the Liverpool homeopathy service (tick one) (Choose any one option)

- Excellent, has helped my patients significantly
- Good, has helped my patients somewhat
- Neutral, has not been a noticeable help for my patients
- Poor, did not help my patients

1a. If a current or previous user of homeopathy services- how would you rate your experience of the service? (if you haven't used the service please just skip this question) (Choose any one option)

- Excellent
- Good
- Average
- Below Average
- Poor

Please tell us why you have chosen this answer, including what impact the treatment had on your health

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1b. If you are a current or previous user of homeopathy services, please tell us what condition(s) you were seeking support for in homeopathy?

(Choose all that apply)

- Headaches and neurological diseases
- Asthma, hayfever and catarrh
- Recurrent chest infections
- Hypertension (high blood pressure)
- Angina and palpitations
- Irritable bowel syndrome, Crohn's disease and ulcerative colitis
- Recurrent urinary tract infections.
- Benign prostatic hypertrophy (enlarged prostate)
- Problems with the menstrual cycle, including painful irregular periods, premenstrual tension, infertility and the menopause
- Skin diseases - eczema, psoriasis, acne
- Arthritis and chronic back pain
- Allergies
- Chronic fatigue syndrome
- Depression and anxiety
- Other

2. As a Liverpool resident, whether you have used homeopathy in the past or not, how likely would you be to consider homeopathy as a treatment in the future? (tick one) (Choose any one option)

- Very likely
- Likely
- Unlikely
- Never

2a. Please explain why:

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4. NHS Liverpool CCG has considered 5 options relating to the future of NHS Liverpool homeopathy services. The options considered are described below. There is a lack of evidence about the patient benefits of homeopathy and we are committed to achieving the best health gain from the money we spend on services. Therefore, NHS Liverpool CCG's governing body has stated a preference for Option 5, to stop funding the service.

We would like to know which of these options you think is best.

OPTION 1

The CCG continues to fund homeopathy services at the current level which is 100 first appointments, 400 follow ups (£29,000 per year).

OPTION 2

The CCG funds homeopathy services with no maximum spending limit. This option could increase spending on this service. Agreement would need to be reached with the current provider of the service as to whether this was feasible or if additional providers would need to be sought.

OPTION 3

The CCG continues to fund homeopathy services but reduces the maximum spending limit. This option could result in some patients not being seen as there would be insufficient funds available.

OPTION 4

The CCG continues to fund the service only on an exceptional basis i.e. via Individual Funding Requests. This means the GP referring a patient would have to prove exceptional circumstances, meaning *"The patient has a clinical picture that is significantly different to the general population of patients with that condition and as a result of that difference; the patient is likely to derive greater benefit from the intervention than might normally be expected for patients with that condition."* This option could result in an additional financial burden on the CCG which funds these cases.

OPTION 5

The CCG stops funding the homeopathy service. The current contract to provide the service requires 1 month notice of termination. The Governing Body meeting in November decided Option 5, to end the contract was the CCG's preferred option and that a public consultation would be carried out about this. This survey is part of that consultation.

Please tick the option that you wish to support below. (Choose any one option)

- Option 1 - stay with current situation
 - Option 2 - continue with service and remove maximum spending limit
 - Option 3 - continue with service and reduce maximum spending limit
 - Option 4 - only fund the service if the GP can demonstrate exceptional circumstances
 - Option 5 - stop funding the service
-

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5. Do you have any other comments you would like to make regarding homeopathy services?

6. Please enter your full post code here (Required)

NHS Liverpool Clinical Commissioning Group Diversity and Interest Form

NHS Liverpool Clinical Commissioning Group is committed to a fully inclusive and meaningful approach to engagement. We want to make sure we are involving you in the right way, over the right issues and to have a range of contacts that reflect the rich diversity of our city's communities. We are setting out on a new approach increasing how we involve people and it would be helpful for us to know a little more information about you and your areas of interest.

Please complete the form below, providing as much information as possible.

The information you provide will be kept securely and electronically by NHS Liverpool CCG in accordance with the Data Protection Act. We will use it to contact you about our work and the health system in Liverpool. Your details will not be sold or passed on to other organisations for other purposes. We may send this information to organisations we have relevant legal contracts with such as the company that handle our communication system. If this is required the information is securely exchanged for a specified purpose only within the legal agreement. We do not combine the data you give us here with data from any other sources.

Title:	
First Name:	
Last Name:	
Email:	
Date Of Birth:	
Address:	
Postcode:	
Mobile phone number:	
Other phone number:	

How would you like to be involved? (you may ✓ more than one option).

- Completing surveys
- Attending events / meetings
- Receiving information
- Helping to develop better information for patients and the public
- Getting more involved

Do you require any of the following to help you join in...? Please tick all that apply

Large Print Braille Hearing Loop Signer Lip Speaker

Other (please write in) _____

The following questions are a little more personal and you can choose to stop here if you wish, however it would be really helpful if you would complete them.

What is your postcode?

Do you identify yourself as...

Male Female Prefer not to say

Is your current gender identity the same as the one you were assigned at birth?

Yes No Not sure what the question means

Sexual Orientation...

Bisexual Heterosexual Gay/Lesbian Other Prefer not to say

Do you consider yourself to have a disability? Yes No Prefer not to say

Please tick if you have any of the following

- | | |
|--|---|
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Hearing Impairment / Deaf |
| <input type="checkbox"/> Mental illness/ distress | <input type="checkbox"/> Long term illness that affects your daily activity |
| <input type="checkbox"/> Other (please write in) _____ | |

Do you have a religion or belief? Yes No Prefer not to say

If yes, please tick one of the below...

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> No religion | <input type="checkbox"/> Prefer not to say | |
| <input type="checkbox"/> Other (please specify if you wish) _____ | | |

Which of these options best describes your ethnic background?

Please select one box for each (the options are listed alphabetically)

Ethnicity – do you identify as...

Asian or Asian British:

- Bangladeshi Indian Pakistani
 Other Asian background (please write in if you wish) _____

Black or Black British:

- African Caribbean
 Other Black background (please write in if you wish) _____

Chinese or Chinese British:

- Chinese
 Other Chinese background (please write in if you wish) _____

Mixed Ethnic Background:

- Asian & White Black African & White Black Caribbean & White
 Other Mixed background (please write in if you wish) _____

Other Ethnic Group:

- Arabic
 Other (please write in if you wish) _____

White:

- British English Irish Scottish Welsh
 Polish Latvian Gypsy / Traveller
 Other White background (please write in if you wish) _____

- Prefer not to say

Thank you very much for taking the time to complete this form