

NHS Wirral Clinical Commissioning Group

Homeopathy and Iscador treatment Consultation

Further information:

NHS Wirral Clinical Commissioning Group currently funds some patients to receive Homeopathy and Iscador treatments. As part of our commissioning role, we regularly review the service we fund for local people and we are now reviewing the contract for Homeopathy and Iscador treatment by the provider Liverpool Medical Homeopathy Service.

Please see the further pages below in relation to this consultation to provide you with more information:

- Why are we consulting?
- What other evidence is there about homeopathy as a treatment?
- What is Homeopathy and Iscador treatment?
- Who uses the service in Wirral and what does it cost?
- How can I make my views known?

Why are we consulting?

Why are we consulting?

NHS Wirral Clinical Commissioning Group has a duty to ensure that the services we commission are high quality, safe, local and accessible and good value for money. In line with national best practice and to enable consistent objective decisions, all existing commissioned services undergo a service contract review on a regular basis. The reviews will look at all existing health service contracts and consider outcomes, quality, safety, value for money and strategic fit.

The *NHS Choices* website (January 2016) explains that the only way to find out whether a health treatment works and is safe, is to test it. The results of these tests are called 'evidence'. Evidence can help you when you're deciding whether to use a complementary and alternative medicine. Further information can be found here from *NHS Choices*: <http://www.nhs.uk/Livewell/complementary-alternative-medicine/Pages/what-is-scientific-evidence.aspx>

National Institute for Health and Care Excellence (NICE)

The *National Institute for Health and Care Excellence (NICE)* carries out a public sector role to improve outcomes for people who use the NHS and other public health and social care services, and issues guidance. The *National Institute for Health and Care Excellence (NICE)* uses evidence when it draws up guidance for the NHS on the use of different treatments and the care of patients.

The *National Institute for Health and Care Excellence (NICE)* who provides the national guidance and advice to improve health and social care in England, *does not list the use of Homeopathy or Iscador in its guidance on the use of complementary and alternative treatments.*

Currently, the *NHS Choices* website (January 2016) states that the *National Institute of Health and Care Excellence (NICE)* only recommends the use of a complementary and alternative treatment in a limited number of instances, including:

- Alexander Technique (teaches improved posture and movement) for Parkinson's disease
- Ginger and acupressure for reducing morning sickness
- Acupuncture and manual therapy, including spinal manipulation, spinal mobilisation and massage for persistent low back pain.

The *National Institute of Health and Care Excellence (NICE)* *does not list Homeopathy or Iscador treatments in these limited number of instances for the use of complementary or alternative treatment.*

Further information on The *National Institute for Health and Care Excellence (NICE)* and what they do, can be found here: <https://www.nice.org.uk/about/what-we-do>

Procedures of Low Clinical Priority

In 2014, a policy review and public consultation was carried out for Cheshire and Merseyside Clinical Commissioning Groups, which included NHS Wirral Clinical Commissioning Group. This review was regarding a range of treatments considered being of a *low clinical priority*, which included complementary and alternative treatments. This consultation was to review the then current *Procedures of Low Clinical Priority Policy*.

This consultation produced 246 responses from the Wirral Clinical Commissioning Group online survey; with 94% of responses being from patients, 2% from carers and 4% from members of local support group. Following the consultation outcome and review of information gathered, the *Procedures of Low Clinical Priority*

Policy was revised, and re-issued in 2015, and states: “Wirral will continue to commissioning homeopathy as at present but this service will be subject to review. All other complementary therapies are not routinely commissioned unless recommended by NICE guidance.”

Further information on the *Procedures of Low Clinical Priority* process can be found here: <https://www.wirralccg.nhs.uk/About%20Us/PLCP.htm>

Procedures of a low clinical priority can follow an *Individual Funding Request* process, meaning a request to fund specialist healthcare for an individual who falls outside the range of services and treatments that Clinical Commissioning Groups have agreed to commission.

An *Individual Funding Request* is only regarded as such when a case can be set out by a patient's clinicians that they have *exceptional clinical circumstances* which make their case different to other patients with the same condition and at the same stage of their disease or for a request for a treatment that is regarded as new or experiment and where there are no other similar patients who would benefit from this treatment.

Agreement to the *exceptional circumstances* of a patient can if successful, initiate a referral; an '*Individual Funding Request*' for a patient to access service.

At the time of the revised *Procedures of Low Clinical Priority*, NHS Wirral Clinical Commissioning Group decided to continue funding homeopathy until further review, which is now happening and asking for your consultation responses.

Prior to this consultation commencing, *The Good Thinking Society*, have contacted NHS Wirral Clinical Commissioning Group, to highlight their stance in regard to the funding of homeopathic treatment from NHS money. For more information on *The Good Thinking Society*, please see the following link: <http://goodthinkingsociety.org/>

NHS Five Year Forward View

Patient groups, clinicians and independent experts provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services. As a result, the *NHS Five Year Forward View* report was published in October 2014, and sets out a new shared vision for the future of the NHS based around new models of care.

The funding and efficiency gap for the NHS was highlighted in this report (October 2014:7), explaining: “if we fail to match reasonable funding levels with wide-ranging and sometimes controversial system efficiencies, the result will be some combination of worse services, fewer staff, deficits, and restrictions on new treatments. (October

2014: 33)...NHS England already has a £15m a year programme, administered by NICE, now called “commissioning through evaluation” which examines real world clinical evidence in the absence of full trial data. At a time when NHS funding is constrained it would be difficult to justify a further major diversion of resources from proven care to treatments of unknown cost effectiveness.”

Further information on the *NHS Five Year Forward View* is available here in easy read version: <https://www.england.nhs.uk/wp-content/uploads/2014/11/5yfv-easy-read.pdf>

and here: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

What other evidence is there about homeopathy as a treatment?

The *2010 House of Commons Science and Technology Committee Report*, produced by the *Government Science and Technology Committee*, reviewed evidence for and against homeopathy and concluded that the NHS should stop funding homeopathy. It also concluded that the *Medicines and Healthcare Products Regulatory Agency* should not allow homeopathic product labels to make medical claims without evidence of efficacy (outcomes). It stated, as they are not medicines, homeopathic products should no longer be licensed by the *Medicines and Healthcare Products Regulatory Agency*. This report states that any beneficial outcomes of homeopathy treatment are due to a placebo effect.

The Government responded on the *2010 House of Commons Science and*

Technology Committee Report, with the following comments:

“We agree with many of the Committee's conclusions and recommendations. However, our continued position on the use of homeopathy within the NHS is that the local NHS and clinicians, rather than Whitehall, are best placed to make decisions on what treatment is appropriate for their patients - including complementary or alternative treatments such as homeopathy - and provide accordingly for those treatments.”

“There naturally will be an assumption that if the NHS is offering homeopathic treatments then they will be efficacious, whereas the overriding reason for NHS provision is that homeopathy is available to provide patient choice. The Government Chief Scientific Advisor's position remains that the evidence of efficacy and the scientific basis of homeopathy is highly questionable.”

<http://www.parliament.uk/business/committees/committees-a-z/commons-select/science-and-technology-committee/inquiries/homeopathy-/>

The full Government response to this paper can be found at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216053/dh_117811.pdf

You can also read more evidence in literature reviews produced by the *North West Commissioning Support Unit* on Homeopathy and Iscador treatments. The literature reviews will provide you with further clinical information/evidence on some tests that have been undertaken to date. These can be found at the end of this further information document.

What is Homeopathy and Iscador treatment?

The *NHS Choices* website (January 2016), states that Homeopathy is a 'treatment' based on the use of highly diluted substances, which homeopathy practitioners claim can cause the body to heal itself. Homeopathy is considered by the NHS to be complementary or alternative medicine.

The *NHS Choices* website (January 2016) states that complementary and alternative medicines are treatments that fall outside of mainstream healthcare and that the availability of complementary and alternative treatments on the NHS is limited. In most cases, the NHS does not offer patients complementary or alternative treatments or fund them.

According to the *British Homeopathic Association* website (January 2016):
“Homeopathy is based on the principle that 'like cures like' - in other words, a substance taken in small amounts will cure the same symptoms it causes if it was taken in large amounts” and “Homeopathy is a form of holistic medicine used by over 200 million people worldwide to treat both acute and chronic conditions. It is based on the principle of 'like cures like' - in other words, a substance taken in small amounts will cure the same symptoms it causes if it was taken in large amounts. Homeopathic medicines are manufactured using a process combining serial dilution and succussion (vigorous shaking).”

Further information on the *British Homeopathic Association* can be found here: <http://www.britishhomeopathic.org/what-is-homeopathy/>

Iscador is a form of complementary therapy produced from mistletoe extract in herbal product form that might be provided alongside cancer treatment by homeopathic practitioners for patients (it is not a cure). Iscador complementary treatment for cancer was devised by Rudolf Steiner in Switzerland in 1921. More information is available at : <http://www.lmhs.co.uk/index.html>

Further information on complementary and alternative medicine can be found here: <http://www.nhs.uk/Livewell/complementary-alternative-medicine/Pages/complementary-and-alternative-medicine.aspx>

Who uses the service in Wirral and what does it cost?

At present NHS Wirral Clinical Commissioning Group has a contract with the Liverpool Medical Homeopathy Service for Homeopathy and Iscador treatments; the total contract cost was £14,967 in 2013/2014; this spend is broken down as £3,227 spent on Iscador treatment and £11,740 on Homeopathy treatment. The total contract cost was £16,641 in 2014/2015; this spend is broken down as £7,841 spent on Iscador treatment and £8,800 on Homeopathy treatment.

This is a total contract spend from April 2013 to March 2015 of £31,608; broken down as £20,540 on Homeopathy and £11,068 on Iscador treatments. The cost of each patients treatment can be different, this is because some patients might have more than one condition being treated, and some patients might also receive different or more than one alternative medicine. Some patients might also receive both Homeopathy and Iscador treatments.

Between April 2013 and March 2015, a total of 99 patients received either Homeopathy or Iscador treatment in Wirral; this was a total of 70 new patients and 29 follow up patients. From April 2015 to September 2015, a total of 77 patients had either received Homeopathy or Iscador treatment in Wirral, this was 14 new patients and 63 follow up patients.

Who provides this service in Wirral?

The Homeopathy and Iscador treatments are provided by *Liverpool Medical Homeopathy Service*,

<http://www.lmhs.co.uk/index.html>, with a clinic held once a week, on a Monday morning, from the St Catherine's Health Centre in Birkenhead.

Patients are referred by their GP (Doctor) and are offered an initial 15 minute first consultation assessment with a homeopathy practitioner for the referred condition(s) and the opportunity to have up to four further follow up appointments. Patients can be re-referred to the service.

What conditions might patients have?

The Liverpool Medical Homeopathy Service can see patients with the following health conditions:

1. a) Allergies,
2. b) Angina and palpitations,
3. c) Anxiety,
4. d) Asthma,
5. e) Benign prostatic hypertrophy (enlarged prostate),
6. f) Chronic back pain,
7. g) Chronic fatigue syndrome,
8. h) Crohn's disease and ulcerative colitis,
9. i) Depression,
10. j) Hay fever and catarrh,
11. k) Headaches and neurological diseases,
12. l) Hypertension (high blood pressure),
13. m) Infertility and the menopause,
14. n) Irritable bowel syndrome,
15. o) Malignant disease, (Isador treatment only)
16. p) Premenstrual tension,
17. q) Problems with the menstrual cycle including painful irregular periods,
18. r) Recurrent chest infections,
19. s) Recurrent urinary tract infections,
20. t) Skin diseases - eczema, psoriasis, acne, arthritis.

More information on any of the above health conditions can be found on the *NHS Choices* website found here: <http://www.nhs.uk/Conditions/Pages/hub.aspx>

What is considered to be the benefit for patients by the provider?

The *Liverpool Medical Homeopathy Service* has reported that from April 2013 to March 2015 that some of the main reasons patients sought Homeopathy or Isador treatment was for cancer, pain or psychiatric conditions.

Patient survey information submitted by the *Liverpool Medical Homeopathy Service*, from April 2014 to March 2015, has provided some positive responses from some patients who refer to their treatment as resulting in lifestyle benefits which include improved diet, wellbeing, increased exercise and improvement in mood.

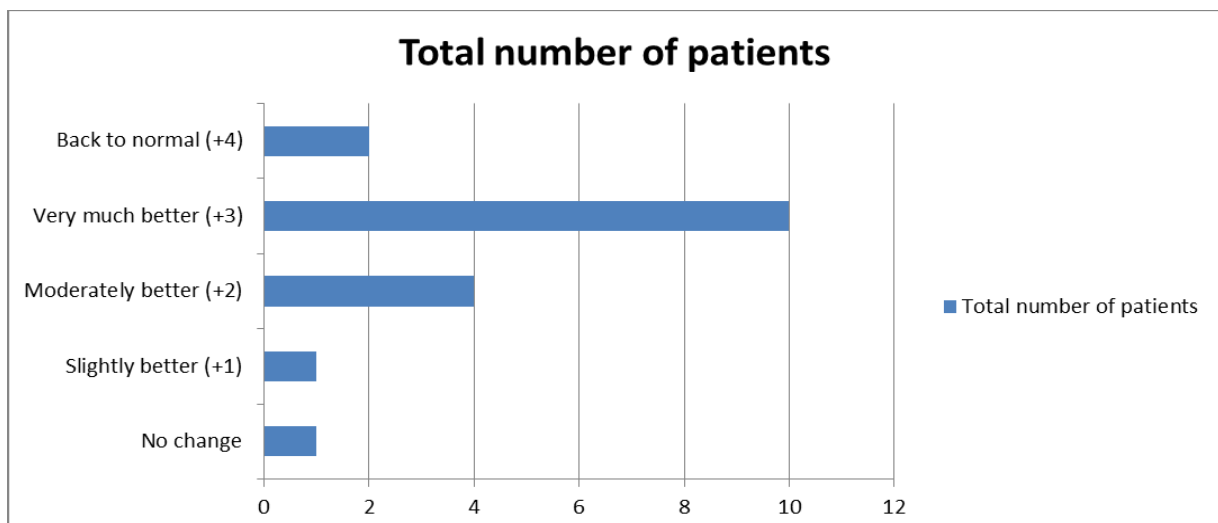
The April 2014 to March 2015 activity report sent to NHS Wirral Clinical Commissioning Group by the *Liverpool Medical Homeopathy Service* states: “There are several reasons why patients request referral to the homeopathy service:

- The commonest is that they are unable to take conventional drugs for their condition e.g. side effects from anti-inflammatory drugs or menopausal symptoms with a history of breast cancer so hormone replacement therapy is contraindicated.
- When there is no good conventional treatment available e.g. chronic fatigue syndrome, fibromyalgia, multiple chemical sensitivity or multiple sclerosis.
- Failure to respond to conventional treatment for their conditions e.g. patients with diverticulitis, irritable bowel syndrome and hypertension.
- To help with side effects from unavoidable conventional treatment - e.g. side effects of chemotherapy during cancer treatment.”

Who is currently using the service?

The *Liverpool Medical Homeopathy Service* reported patient activity from April 2015 to September 2015 as; around two thirds of patients are female, the majority of patients are aged over 50 years of age and a high number are aged over 65 years of age.

A snapshot for further information received from the *Liverpool Medical Homeopathy Service* on patient feedback from the April 2014 to March 2015 activity report is shown below:



How can I make my views known?

You can participate in the consultation in any one of the following ways:

- To participate in the online consultation, please visit NHS Wirral Clinical Commissioning Group website: <https://www.wirralccg.nhs.uk>
- You can print the questionnaire on NHS Wirral Clinical Commissioning Group website: <https://www.wirralccg.nhs.uk> and send your response to the below NHS Wirral Clinical Commissioning Group address.
- You can also write to us at the below address if you wish us to send you a paper copy in the post:

LMHS Consultation
NHS Wirral Clinical Commissioning Group
Partnerships Team
Old Market House
Hamilton Street
Birkenhead
Wirral
CH41 5AL

You may request a copy of the consultation response form to be posted to you. Please contact: wiccg.lmhs@nhs.net or telephone 0151 651 0011 and ask for extension 1469.

You may wish to attend community drop-ins that we will be holding during the consultation, across Wirral, or attend a wider public meeting on 10 May 2016, at Wirral Clinical Commissioning Group offices, Old Market House, Hamilton Street, Birkenhead, Wirral, CH41 5AL.

Any general queries relating to this consultation should be sent to: wiccg.lmhs@nhs.net or telephone 0151 651 0011 and ask for extension 1469.

Comments must be received by **midnight 15 July 2016**.

NWCSU Evidence Service
Evidence Review Summary Sheet

Sources used for this review included NICE Evidence Search, AMED, BNI, CINAHL, EMBASE, HMIC, MEDLINE and PSYCHINFO 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: 29/01/16

NWCSU Library
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library@cmcsu.nhs.uk



Articles and Other Information

Title: A specific mistletoe preparation (Iscador-Qu) in Colorectal Cancer (CRC) patients: More than just supportive care?

Citation: Journal of Cancer Science and Therapy, 2012, vol./is. 4/9(264-270), 1948-5956 (2012)

Author(s): Zaenker K.S., Matthes H., Bock P.R., Hanisch J.

Language: English

Abstract: Rationale: In 2009 we reported the results of a pharmaco-epidemiological, retrospective observational cohort study in colorectal carcinoma (CRC) patients UICC stage I-III, receiving chemo- and/or radiotherapy together with European *Viscum album* L. ("Viscum") extract (Iscador) as supportive care (n = 429) versus the conventional treatment (n = 375) after R0 resection (J. Soc. Int. Oncol. 7: 173-145). The endpoints have been therapy induced adverse effects, disease symptoms and disease-free survival (DSF). Objective: Here, we present the secondary and confirmatory analysis of this original data set with respect to the host tree specificity of *Viscum*. Results: Patients receiving the extract from *Viscum* harvested from oak (*Quercus*) trees, Iscador Qu (Isc- Qu), in a supportive care mode simultaneously with chemo- and/or radiotherapy (n = 106) showed a significant improvement in therapy induced adverse effects, and, most remarkable, a significant delay of metastasis formation and longer DFS compared to conventionally treated patients (n = 212) (control). To make the analysis more robust, patients treated by the chemo- and/or radiotherapy protocols were also analyzed and stratified for the UICC I-III stages. Accordingly to the overall Kaplan-Meier analysis result, patients receiving Isc-Qu as supportive care presented significantly longer median time to distant metastases formation (metastasis-free survival, MFS) within the course of the observational cohort study (133+ months (Isc-Qu) versus 94 months (control), p (Log Rank) = 0.002. In the Cox regression analysis, the confounder-adjusted hazard ratio, HR, (95% confidence interval) came up to HR (metastasis) = 0.31 (0.13-0.711), p = 0.006. This result indicates an estimated 69% metastasis-hazardreduction in the Isc-Qu group relative to the controls. In summary, patients concomitantly treated by Iscador showed fewer persisting disease- and therapy-induced symptoms and the DSF hazard ratio suggested a survival benefit. Clinical implication: This secondary and confirmatory analysis of the original data set suggests that a mistletoe (*Viscum*) preparation, harvested from oak (*Quercus*) trees (Isc-Qu), appears to be a naturally tailored molecular composition to target CRC patients by reducing therapy-related adverse effects, improving the cancerrelated symptoms and showing a potential to increasing the metastases-free survival. Limitations: The effect on prolonged survival should be interpreted with some caution because the applied study design shares some potential risk for bias common to all non-randomized observational studies. Also, potential biases were tried to minimize by systematic multivariable adjusting of end point criteria for baseline imbalance, treatment regimen, and other potential confounders. © 2012 Zaenker KS, et al.

Publication Type: Journal: Article

Source: EMBASE

Title: Quality of life and related dimensions in cancer patients treated with mistletoe extract (iscador): a meta-analysis.

Citation: Evidence-based complementary and alternative medicine : eCAM, Jan 2012, vol. 2012, p. 219402. (2012)

Author(s): Büssing, Arndt, Raak, Christa, Ostermann, Thomas

Abstract: Objectives. The aim of this meta-analysis was to determine the effectiveness of the fermented plant extract Iscador, produced from the white-berry European mistletoe, in the treatment of patients with cancer with respect to quality-of-life- (QoL-) associated measures. Methods. We searched databases such as PubMed/Medline, Excerpta Medica Database (EMBASE), CAMbase, and other for controlled clinical studies on parameters associated with QoL. Outcome data were extracted and converted into standardized mean differences and their standard errors. Results. Thirteen prospective and controlled studies which met the inclusion/exclusion criteria reported positive effects in favor of the Iscador application. A random-effect meta-analysis estimated the overall treatment effect at standardized mean difference = 0.56 (CI: 0.41 to 0.71, P < .0001). However, the methodological quality of the studies was poor. Conclusions. The analyzed studies give some evidence that Iscador treatment might have beneficial short-time effects on QoL-associated dimensions and psychosomatic self-regulation.

Source: Medline

Full Text:

Available from *National Library of Medicine* in [Evidence-based Complementary and Alternative Medicine : eCAM](#)

Title: Does a treatment with *Viscum album* (IsCADOR P) in patients with breast cancer influence the expression of the T-cell receptor (TCR)-zeta chains of T- and NK-cells

Citation: Phytomedicine, October 2011, vol./is. 18/(S24), 0944-7113 (15 Oct 2011)

Author(s): Hagens C.V., Giese T., Staudt A., Glenz A., Reinhard-Hennch B., Loewe-Mesch A., Kuehn J.J., Abel U., Munzinger J., Schneeweiss A., Sohn C., Strowitzki T.

Language: English

Abstract: 1 Annette Loewe-Mesch passed away on April 6, 2009, before the results of our work could be published. Her fellow authors honour her substantial contribution to the design and clinical performance of this study. Purpose: One purpose of this feasibility study was the identification of new surrogate parameters for the investigation of the influence of

Viscum album (Iscador P, IP) on immune functions in patients with breast cancer during adjuvant or palliative treatment. **Methods:** After completing screening 48 patients with early (M0, n = 24) or advanced (M1, n = 24) breast cancer were randomized to receive treatment with IP immediately (therapy group - TG) or 3 months later (waiting group - WG). The target dose of IP (20mg) should be reached after 2 months and given at least 4 weeks before measuring primary endpoints for comparison of TG and WG after 3 months. **Results:** At screening the expression of TCR-zeta chains on CD4+ lymphocytes (307.3 +/- 192.2 MESF-units vs. 168.2 +/- 133.7 MESF-units, p = 0.006), CD8+ lymphocytes (268.8 +/- 159.1 MESF-units vs. 170.0 +/- 174.8 MESF-units, p = 0.006) and NK-cells (636.2 +/- 498.3 MESF-units vs. 455.3 +/- 329.0 MESF-units, p = 0.047) differed between patients with early and advanced stages. In patients receiving adjuvant treatment we saw an increased expression of the TCR-zeta chains after the first 3 months followed by a drop after the next 3 months in the TG, whereas patients in the WG had a continuous drop during waiting and treatment period in all investigated lymphocyte subsets. This contrasted to patients receiving palliative treatment (M1) in whom we observed a stable expression of lymphocyte subsets after 3 and 6 months whereas the WG had a slight initial drop followed by a stabilisation of the expression of the TCR-zeta chains after IP treatment. **Conclusions:** The expression of zeta-chains on CD4+, CD8+ lymphocytes and NK-cells did not change consistently in breast cancer patients receiving IP for 3 or 6 months. The observed differences might reflect an unequal impairment of immune reactivity in early and advanced stages.

Publication Type: Journal: Conference Abstract

Source: EMBASE

Title: Individual patient data meta-analysis of survival and psychosomatic self-regulation from published prospective controlled cohort studies for long-term therapy of breast cancer patients with a mistletoe preparation (iscador)

Citation: Evidence-based Complementary and Alternative Medicine, June 2010, vol./is. 7/2(157-166), 1741-427X;1741-4288 (June 2010)

Author(s): Ziegler R., Grossarth-Maticcek R.

Language: English

Abstract: Mistletoe preparations such as Iscador are in common use as complementary/anthroposophic medications for many cancer indications, particularly for solid cancers. The efficacy is still discussed controversially. This paper presents an individual patient data meta-analysis of all published prospective matched-pair studies with breast cancer patients concerned with long-term application of a complementary/anthroposophic therapy with the mistletoe preparation Iscador. Six sets of data were available for individual patient meta-analysis of breast cancer patients, matched according to prognostic factors into pairs with and without mistletoe (Iscador) therapy. The main outcome measures were overall survival and psychosomatic self-regulation. Overall survival was almost significant in favor of the Iscador group in the combined data set of the randomized studies: estimate of

the hazard ratio with 95% confidence interval 0.59 (0.34, 1.02). Overall survival was highly significant in the combined data set of the non-randomized studies: 0.43 (0.34, 0.56). In the combined analysis of the randomized studies, improvement of psychosomatic self-regulation, as a measure of autonomous coping with the disease, was highly significant in favor of the Iscador group: estimate of the median difference 0.45 (0.15, 0.80), $P=0.0051$. The analyzed studies show that therapy with Iscador might prolong overall survival and improve psychosomatic self-regulation of breast cancer patients. © 2008 The Author(s).

Publication Type: Journal: Review

Source: EMBASE

Full Text:

Available from *National Library of Medicine* in [Evidence-based Complementary and Alternative Medicine : eCAM](#)

Title: Survival of cancer patients treated with mistletoe extract (Iscador): a systematic literature review.

Citation: BMC cancer, Jan 2009, vol. 9, p. 451. (2009)

Author(s): Ostermann, Thomas, Raak, Christa, Büssing, Arndt

Abstract: In Europe, extracts from *Viscum album* (VA-E), the European white-berry mistletoe, are widely used to treat patients with cancer. We searched several databases such as Cochrane, EMBASE, NCCAM, NLM, DIMDI, CAMbase, and Medline. Inclusion criteria were controlled clinical studies on parameters associated with survival in cancer patients treated with Iscador. Outcome data were extracted as they were given in the publication, and expressed as hazard ratios (HR), their logarithm, and the respective standard errors using standard formulas. We found 49 publications on the clinical effects of Iscador usage on survival of cancer patients which met our criteria. Among them, 41 studies and strata provided enough data to extract hazard ratios (HR) and their standard errors (Iscador versus no extra treatment). The majority of studies reported positive effects in favour of the Iscador application. Heterogeneity of study results was moderate ($I^2 = 38.3\%$, $p < 0.0001$). The funnel plots were considerably skewed, indicating a publication bias, a notion which is corroborated by statistical means ($AC = -1.3$, $CI: -1.9$ to -0.6 , $p \leq 0.0001$). A random effect meta-analysis estimated the overall hazard ratio at $HR = 0.59$ ($CI: 0.53$ to 0.66 , $p < 0.0001$). Randomized studies showed less effects than non-randomized studies (ratio of HRs: 1.24, $CI: 0.79$ to 1.92 , $p = 0.35$), and matched-pair studies gave significantly better results than others (ratio of HRs: 0.33; $CI: 0.17$ to 0.65 , $p = 0.0012$). Pooled analysis of clinical studies suggests that adjuvant treatment of cancer patients with the mistletoe extract Iscador is associated with a better survival. Despite obvious limitations, and strong hints for a publication bias which limits the evidence found in this meta-analysis, one can not ignore the fact that studies with positive effects of VA-E on survival of cancer patients are accumulating. Future studies evaluating the effects of Iscador should focus on a transparent design and

description of endpoints in order to provide greater insight into a treatment often being depreciated as ineffective, but highly valued by cancer patients.

Source: Medline

Full Text:

Available from *ProQuest* in [BMC Cancer](#)

Available from *EBSCOhost* in [BMC Cancer](#)

Available from *National Library of Medicine* in [BMC Cancer](#)

Title: Randomized and non-randomized prospective controlled cohort studies in matched pair design for the long-term therapy of corpus uteri cancer patients with a mistletoe preparation (Iscador)

Citation: European Journal of Medical Research, March 2008, vol./is. 13/3(107-120), 0949-2321 (31 Mar 2008)

Author(s): Grossarth-Maticek R., Ziegler R.

Language: English

Abstract: Background: Mistletoe preparations such as Iscador are in common use as complementary/anthroposophic medications for many cancer indications, particularly for solid cancers. Efficacy of this complementary therapy is still discussed controversially. Objective: Does the long-term therapy with Iscador show any effect on survival or psychosomatic self-regulation of patients with corpus uteri cancer? Patients and Methods: Prospective recruitment and long-term follow-up in the following 4 controlled cohort studies. (1) Two randomized matched-pairs studies: corpus uteri cancer patients without (30 pairs) and with distant metastases (26 pairs) that never used any kind of mistletoe therapy were matched for prognostic factors. By pairwise random allocation, one of the patients was suggested mistletoe therapy to be applied by the attending physician. (2) Two non-randomized matched-pairs studies: corpus uteri cancer patients without (103 pairs) and with distant metastases (95 pairs) that already received mistletoe (Iscador) therapy were matched by the same criteria to control patients without Iscador therapy. Results: Concerning overall survival in the randomized studies, a significant effect in favour of Iscador therapy was present only in the first study, the second showed no evidence for an effect: estimate of the hazard ratio and 95% confidence interval: 0.36 (0.16, 0.82) and 1.00 (0.46, 2.16) respectively. In the non-randomized studies, the results that adjusted for relevant prognostic variables were: 0.41 (0.26, 0.63), and 0.61 (0.39, 0.93). The effect of therapy with Iscador within 12 months on psychosomatic self-regulation as a measure of autonomous coping with the disease shows a significant rise in the Iscador group against the control group in the randomized as well as in the non-randomized study on patients with corpus uteri cancer without metastases: estimate of the median difference and 95% confidence interval: 0.40 (0.15, 0.70) and 0.70 (0.25, 1.15) respectively. Conclusion: The mistletoe preparation Iscador in these studies has the effect of prolonging overall survival of corpus uteri cancer patients. Psychosomatic self-regulation as a measure of autonomous

coping with the disease, rises significantly more under Iscador therapy than under conventional therapy alone. © I. Holzapfel Publishers 2008.

Publication Type: Journal: Article

Source: EMBASE

Title: Successful treatment of metastatic malignant melanoma with *Viscum album* extract (ISCADOR M)

Citation: Journal of Alternative & Complementary Medicine, 2007, vol./is. 13/4(443-445), 10755535

Author(s): Kirsch A

Language: English

Abstract: Background: Recent study results demonstrate possible clinical benefit from adjuvant treatment with a standardized mistletoe (*Viscum album*) extract in patients with malignant melanoma. Patient and method: We present a male patient, currently 68 years of age, with one malignant melanoma at the upper part of the right arm since 1992, and another nodular melanoma at the left shoulder, first diagnosed in 1999. After discovery of the second melanoma and surgical resection, the patient was exclusively treated with standardized mistletoe extract (Iscador, (R)M; Weleda AG, CH-Arlesheim, Switzerland). Course of therapy and results: In June 1992, histologic analysis confirmed the presence of stage IA superficially spreading malignant melanoma with low infiltration of the papillary dermis in a skin excision sample from the upper part of the right arm. In November 1999, another melanoma was surgically removed at the patient's right shoulder. In this case, the histologic examination revealed nodular melanoma, stage IIA (pT3, pN0, M0). Therapy with mistletoe extract was introduced shortly afterwards as the sole adjuvant treatment. During the course of the mistletoe therapy, axillary removal of 8 lymph nodes became necessary, 3 of which proved to be metastatic. First signs of a defined solitary liver metastasis in an area next to segments IV and V were detected during an abdominal ultrasound examination in September 2001. This finding was confirmed by further sonographic examinations. The solitary liver metastasis was not resected, nor was classical antitumor treatment (chemotherapy or radiotherapy) initiated. The patient continued subcutaneous treatment with Iscador M after dose adaptation to 2 mg twice weekly (0.2 mL of a 10-mg vial); the treatment is still ongoing to the present. By June 2002, complete remission of the liver metastasis was diagnosed by liver ultrasound examination. There has been no local relapse so far, and the patient has been in stable condition ever since. No further metastases were discovered so far (as of May 2006). Conclusions: The use of low-dose Iscador as the sole postoperative modality for the adjuvant treatment of metastatic melanoma was extremely effective and very well tolerated in this patient. It achieved complete response and absence of all complaints.

Publication Type: Academic Journal

Source: CINAHL

Full Text:

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

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

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

Title: Mistletoe as complementary treatment in patients with advanced non-small-cell lung cancer treated with carboplatin-based combinations: A randomised phase II study.

Citation: European Journal of Cancer, 2013, vol./is. 49/5(1058-1064), 09598049

Author(s): Bar-Sela, Gil, Wollner, Mira, Hammer, Liat, Agbarya, Abed, Dudnik, Elizabeth, Haim, Nissim

Language: English

Abstract: Abstract: Introduction: Mistletoe preparations, such as iscador, are common complementary medications. This randomised phase II study of iscador combined with carboplatin-containing regimens was conducted in chemotherapy-naïve advanced non-small-cell lung cancer (NSCLC) patients to assess its influence on chemotherapy-related side-effects and QoL. Methods: Patients with advanced NSCLC were randomised to receive chemotherapy alone or chemotherapy plus iscador thrice weekly until tumour progression. Chemotherapy consisted of 21-day cycles of carboplatin combined with gemcitabine or pemetrexed. Results: Seventy-two patients (control: 39; iscador: 33) were enrolled in the study. Most (65%) were in stage IV, and 62% had squamous histology. Median overall survival in both groups was 11months. Median TTP was 4.8months for the controls and 6months in the iscador arm ($p = \text{NS}$). Differences in grade 3–4 haematological toxicity were not significant but more control patients had chemotherapy dose reductions (44% versus 13%, $p = 0.005$), grade 3–4 non-haematological toxicities (41% versus 16%, $p = 0.043$) and hospitalisations (54% versus 24%, $p = 0.016$). Conclusion: No effect of iscador could be found on quality of life or total adverse events. Nevertheless, chemotherapy dose reductions, severe non-haematological side-effects and hospitalisations were less frequent in patients treated with iscador, warranting further investigation of iscador as a modifier of chemotherapy-related toxicity.

Publication Type: Academic Journal

Source: CINAHL

Title: Prospective controlled cohort studies on long-term therapy of ovarian cancer patients with mistletoe (*Viscum album* L.) extracts Iscador

Citation: Arzneimittel-Forschung/Drug Research, 2007, vol./is. 57/10(665-678), 0004-4172 (2007)

Author(s): Grossarth-Maticek R., Ziegler R.

Language: English

Abstract: Background: Mistletoe extracts such as Iscador are commonly used as complementary/anthroposophic medications for many cancer indications, particularly for solid cancers. The efficacy of this complementary therapy is still controversial. Objective: Does long-term therapy with mistletoe extracts Iscador show any effect on survival and psychosomatic self-regulation of patients with ovarian cancer? Patients and methods: Prospective recruitment and long-term follow-up in controlled cohort studies. (1) Two randomized matched-pair studies: OvarRand (ovarian cancer patients without distant metastases; 21 pairs) and OvarMetRand (ovarian cancer patients with distant metastases; 20 pairs); patients having no mistletoe therapy were matched for prognostic factors. By paired random allocation, one of the patients of each pair was suggested therapy with mistletoe extracts Iscador to be applied by her attending physician. (2) Two non-randomized matched-pair studies: Ovar (ovarian cancer patients without distant metastases; 75 pairs) and OvarRand (ovarian cancer patients with distant metastases; 62 pairs); patients that already received therapy with mistletoe extracts Iscador were matched by the same criteria to control patients without therapy with mistletoe extracts Iscador. Results: For overall survival in the randomized studies, the effect in favor of therapy with mistletoe extracts Iscador was significant in OvarMetRand but not in OvarRand; hazard ratio estimate and 95% confidence interval: 0.40 (0.15, 1.03) and 0.33 (0.12, 0.92), respectively. In the non-randomized studies Ovar and OvarMet, the results adjusted for relevant prognostic variables were 0.47 (0.31, 0.69) and 0.62 (0.37, 1.05). Psychosomatic self-regulation in the Iscador group increases significantly within 12 months on a scale from 1 to 6 compared with the control group in the randomized study OvarRand as well as in the non-randomized study Ovar on patients with ovarian cancer without distant metastases; estimate of the median difference and 95 % confidence interval: 0.58 (0.30, 0.90) and 0.30 (0.05, 0.65), respectively. Conclusion: Mistletoe extracts Iscador might have the effect of prolonging over-all survival of ovarian cancer patients. In the short term, psychosomatic self-regulation increases more markedly under Iscador therapy than under conventional therapy alone. ECV Editio Cantor Verlag.

Publication Type: Journal: Article

Source: EMBASE

Full Text:

Available from *EBSCOhost* in [Drug Research / Arzneimittel-Forschung \(Editio Cantor Verlag fur Medizin und Naturwissenschaften\)](#)

Title: Effects of a lectin- and a viscotoxin-rich mistletoe preparation on clinical and hematologic parameters: a placebo-controlled evaluation in healthy subjects.

Citation: Journal of Alternative & Complementary Medicine, 2002, vol./is. 8/6(857-866), 10755535

Author(s): Huber R, Klein R, Berg PA, Lüdtke R, Werner M

Language: English

Abstract: BACKGROUND AND OBJECTIVES: Mistletoe preparations, which are widely used among patients with cancer in Germany, have immunomodulating properties in vitro and in vivo. The aim of this evaluation was to determine and compare the effects of a lectin-rich (Iscador Qu [IQ] special, Weleda Company, Schwabisch, Gmund, Germany.) and a lectin-poor but viscotoxin-rich (Iscador Pini [IP] Weleda Company) mistletoe preparation on clinical and hematologic parameters in healthy subjects. DESIGN: In a double-blinded study, 48 volunteers were randomized to one of three groups: 16 received IQ or IP in increasing doses or placebo twice per week subcutaneously for 12 weeks. The differential blood count and the acute phase markers haptoglobin and C-reactive protein were examined weekly and the symptoms were scored using standardized questionnaires. RESULTS: IQ resulted in significant eosinophilia (315 +/- 109) beginning at week 5 (until week 12) compared to IP (183 +/- 120) or placebo (200 +/- 179). Furthermore, the acute phase marker haptoglobin was significantly increased in the IQ group during week 4. Dose-dependent local reactions (LRs) at the injection site occurred in all subjects who received mistletoe preparations but were stronger in the IQ-treated subjects than in the IP-treated group. The LRs observed in the IQ-treated group were characterized by stronger itching and longer latency than LRs in the IP-treated group ($p < 0.05$). Severe side-effects did not occur in any of the probands. CONCLUSIONS: IQ but not IP can induce eosinophilia in healthy individuals, and this may be related to its content of mistletoe lectins. In contrast, exposure to the viscotoxin-enriched extract IP did not result in specific changes of hematologic parameters. Furthermore, intensity and time course of local reactions seemed to depend on the concentration of mistletoe lectins in those extracts.

Publication Type: Academic Journal

Source: CINAHL

Full Text:

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

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

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

Title: Iscador therapy of cancer

Citation: Indian Journal of Homoeopathic Medicine, January 1990, vol./is. 25/1(16-21) (1990 Jan-Mar)

Author(s): Kasad KN

Language: English

Publication Type: Journal Article

Source: AMED

Title: Randomised and non-randomised prospective controlled cohort studies in matched-pair design for the long-term therapy of breast cancer patients with mistletoe preparation (Iscador): A re-analysis

Citation: European Journal of Medical Research, November 2006, vol./is. 11/11(485-495), 0949-2321 (30 Nov 2006)

Author(s): Grossarth-Maticek R., Ziegler R.

Language: English

Abstract: Objective: Expanded presentation and re-analysis of previously published data of randomized and non-randomized studies on mistletoe therapy with breast cancer patients. The main question is: Does a reanalysis confirm the previously reported effects of prolonging the survival of patients with breast cancer under long-term application of a complementary/ anthroposophic therapy with the European mistletoe preparation Iscador? Data Sources: (1) Randomised matched-pairs study: Breast cancer patients with only lymphatic metastases (17 pairs) that had never used mistletoe therapy were matched for several prognostic factors. By paired random allocation, one patient of a pair received a suggestion of mistletoe therapy to be applied by the attending physician. (2) Non-randomised matched-pairs studies: Patients that had already received mistletoe (Iscador) therapy were matched to control patients from the same pool using the same prognostic criteria. Three groups were recruited by this procedure: breast cancer with local recurrences and no metastases (42 pairs), breast cancer with only lymphatic metastases (55 pairs), and breast cancer with distant metastases (83 pairs). Analysis: Cox proportional hazard models and sensitivity analyses based on subsets of the original data sets according to strict or loose application of the matching criteria. Results: The results of this re-analysis are consistent with the earlier results, even when comparing different methods and subsets. In the randomised study, the effect of long-term Iscador therapy on overall survival is significantly in favour of the Iscador therapy: Estimate of the median difference and 95 % confidence interval in years 2.5 (0.83, 4.50). The results for the non-randomised studies were also in favour of the Iscador therapy: Breast cancer with local recurrences and no metastases: estimate of hazard ratio and 95 % confidence interval 0.52 (0.23, 1.17); breast cancer with lymphatic metastases: 0.27 (0.15, 0.50); breast cancer with distant metastases: 0.53 (0.32, 0.88). As a short-term effect of this therapy, psychosomatic self-regulation noticeably increases within 3 months in the Iscador group in comparison to the control group in the randomised study: estimate of the median difference 0.90 (0, 1.75). Conclusion: The re-analysis demonstrates that the effects shown in the previously published data are consistent despite using different analytic methods and different subsets. Overall, the survival of patients receiving mistletoe treatment with Iscador is longer in these studies. In the short term, psychosomatic self-regulation, as a measure of autonomous coping with the disease, rises more under Iscador therapy than under conventional therapy alone. Holzapfel Publishers 2006.

Publication Type: Journal: Article

Source: EMBASE

Title: Sensitivity of primary cultures of breast cancer cells to different Iscador-preparations

Citation: Phytomedicine, October 2011, vol./is. 18/(S22), 0944-7113 (15 Oct 2011)

Author(s): Simoes-Wust P.A., Von Balthazar L., Werner M., Rist L., Kuck A., Rohrer J.

Language: English

Abstract: Purpose: The purpose of this study was to find out which Iscador-preparation induces the strongest cytotoxic effect in the different subtypes of breast cancer tumours. With this information it should be possible to optimise the cytotoxic component of treatment of breast cancer with Iscador-preparations. Methods: This study was authorised by the ethical committee of canton Zurich. Consecutive patients undergoing breast cancer surgery at the Paracelsus-Hospital of Richterswil were recruited, upon giving informed consent. The cytotoxic effects of Iscador preparations obtained from mistletoe that had grown on oak (*Quercus robur* and *Q. petraea*, "Qu"), apple tree (*Malus domestica*, "M") or pine (*Pinus sylvestris*, "P") on primary cultures of the extracted malignant breast tumours were compared using colorimetric assays. Results: Data on cytotoxic effects could be obtained from primary cultures in 18 of the 27 recruited patients. In 8 (out of 18) primary cultures, treatment with Iscador Qu induced the strongest effect. In 6 primary cultures Iscador Qu and M had a similar effect, which was stronger than Iscador P. In the remaining 3 primary cultures, Iscador M was superior to Qu in inducing cytotoxicity. Iscador P led to the weakest effect in all but one culture, in which its effect was similar to that of M and inferior to Qu. The differences in sensibility towards a particular Iscador preparation did not correlate to patient's reproductive state, or to disease state, tumour grading and hormone-receptors expression. Conclusions: Iscador Qu might constitute an option for the treatment of breast cancer patients, especially when a strong local cytotoxic effect is desirable, such as in the case of intratumoural injections or rinsing during surgery.

Publication Type: Journal: Conference Abstract

Source: EMBASE

Title: Cases of cancer: treated with iscador therapy.

Citation: Homoeopathic Heritage, 2011, vol./is. 36/1(32-33), 09706038

Author(s): Rastogi, D. P.

Language: English

Publication Type: Periodical

Source: CINAHL

Title: Diurnal cortisol profile in breast cancer patients before and during treatment with *Viscum album* (Iscador P) for 3 or 6 months

Citation: *Phytomedicine*, October 2011, vol./is. 18/(S25-S26), 0944-7113 (15 Oct 2011)

Author(s): Staudt A., Glenz A., Reinhard-Hennch B., Loewe-Mesch A., Lewick S., Stammer H., Kuehn J.J., Abel U., Munzinger J., Schneeweiss A., Sohn C., Strowitzki T., Hagens C.V.

Language: English

Abstract: 1 Annette Lowe-Mesch passed away on April 6, 2009, before the results of our work could be published. Her fellow authors honour her substantial contribution to the design and clinical performance of this study. Purpose: This randomized controlled feasibility trial examines the association between cortisol and quality of life in breast cancer patients during adjuvant or palliative treatment with *Viscum album* (Iscador P, IP) to create well-founded hypotheses for future prospective clinical studies. Methods: Women with early (M0, n = 24) and advanced breast cancer (M1, n = 24) were randomly assigned to a therapy group and a waiting group, who started mistletoe therapy 3 months later. Patients were treated with Iscador P thrice a week in ascending dosages of up to 20mg after 7 weeks. Patients provided 3 saliva samples per day every month throughout the 6 months of trial. At screening, after 3 and 6 months patients completed questionnaires measuring quality of life, anxiety and depression (EORTC QLQ-C30, BR23, HADS). The following cortisol parameters were examined: mean value, slope, basal level and area under the curve (AUCg and AUCi). Results: As expected, patients with early BC (M0) differed significantly at the nominal = 5% level from those with metastatic BC (M1) in anxiety, depression and the following aspects of quality of life: physical, role, social and sexual functioning were reduced in M1 compared to M0, whereas fatigue and systemic therapy side effects were elevated. Surprisingly, patients with metastatic BC featured less anxiety than patients with early BC. Additionally, cortisol parameters differed between the two strata: basal level was higher in M1, whereas AUCi (expressing cortisol reactivity) was reduced and slope was flatter. During Iscador P therapy, basal levels decreased both in therapy group (0 months vs. 6 months, p = 0.022) and waiting group (3 months vs. 6 months, p = 0.003). Other cortisol parameters did not change significantly. The quality of life parameters showed no significant differences, whereas anxiety and depression decreased slightly throughout the therapy. We found no association between quality of life and cortisol parameters. Conclusions: Cortisol basal levels showed a decreasing tendency during mistletoe therapy, which might imply an effect on diurnal cortisol profile. This finding should be investigated in further larger trials with longer treatment periods. Quality of life did not change during Iscador P therapy, whereas anxiety and depression levels might have been positively affected.

Publication Type: Journal: Conference Abstract

Source: EMBASE

Title: Influence of complementary *Viscum album* (Iscador) administration on microcirculation and immune system of ear, nose and throat carcinoma patients treated with radiation and chemotherapy

Citation: Anticancer Research, January 2005, vol./is. 25/1 B(601-610), 0250-7005 (January/February 2005)

Author(s): Klopp R., Schmidt W., Werner E., Werner M., Niemer W., Beuth J.

Language: English

Abstract: With the techniques of vital microscopic and reflection spectrometric imaging, representative characteristics of microcirculation and immunology of white blood cells were evaluated before, during and after radiotherapy and chemotherapy of patients suffering from ear, nose and throat carcinomas. Adverse effects of radiotherapy and chemotherapy on the microcirculation and the immune system were decreased and reconstitution processes were accelerated by complementary administration of a standardized mistletoe extract (Iscador).

Publication Type: Journal: Article

Source: EMBASE

Title: Molecular mechanisms underlying the immunomodulatory effects of mistletoe (*Viscum album* L.) extracts Iscador: Review

Citation: Arzneimittel-Forschung/Drug Research, June 2006, vol./is. 56/6 A(461-466), 0004-4172 (June 2006)

Author(s): Elluru S., Van Huyen J.-P.D., Delignat S., Prost F., Bayry J., Kazatchkine M.D., Kaveri S.V.

Language: English

Abstract: *Viscum album* (VA) preparations (Iscador) consist of aqueous extracts from different types of European mistletoe. Biologically active components of VA extracts include mistletoe lectins (ML) and viscotoxins. The treatment with VA extracts or with purified ML has been shown to be associated with tumor regression in several in vivo experimental models of tumoral implantation. The mechanisms underlying the anti-tumoral activity of VA or ML are complex and involve apoptosis, angiogenesis and immunomodulation. This review provides an account of the current status of the understanding of the VA-associated immunomodulation in various cell types including lymphoblastoid, monocytic or endothelial cell lines. © ECV . Editio Cantor Verlag, Aulendorf.

Publication Type: Journal: Review

Source: EMBASE

Full Text:

Available from *EBSCOhost* in [Drug Research / Arzneimittel-Forschung \(Editio Cantor Verlag fur Medizin und Naturwissenschaften\)](#)

Title: Treatment responses to *Viscum album Pini* (Iscador P) in non-Hodgkin's lymphoma. Exploring a new therapeutic route

Citation: *Medicina*, 2007, vol./is. 67/SUPPL. 2(107-114), 0025-7680 (2007)

Author(s): Kuehn J.J.

Language: English

Abstract: Beginning on May 1st 1999, 191 patients with non-Hodgkin's Lymphoma were accepted into a plan of treatment with *Viscum album Pini* (Iscador P) and kept under observation for as much as over 8 years. There were 61 patients with follicular and 130 with non-follicular non-Hodgkin's lymphoma. The treatment groups were: monotherapy without chemotherapeutic pretreatment (group A); monotherapy after completing chemotherapeutic pretreatment (group B); and combined treatment together with chemotherapy (group C). Both partial and complete remissions could be observed in group A. The patient group B had progression-free periods of varying lengths (up to 95 months), and a few experienced transitions from partial to complete remission under treatment with mistletoe. Local and systemic tolerance was good without exception; the quality of life was influenced favorably. There was no shortening of survival times due to mistletoe therapy among the patients treated with *Viscum album* when compared with those who were not treated, both among those with follicular and with non-follicular non-Hodgkin's lymphoma. An analysis of greater patient numbers is in preparation. The effect of monotherapy with *Viscum album Pini* (Iscador P) is demonstrated by means of the 3 best cases who had both partial and complete remissions. The clinical results presented here supported preclinical *in vitro* and *ex vivo* investigations into the significance of Interleukin-6 as a growth factor in B cells: a potential risk to patients with Non-Hodgkin's Lymphomas is unverifiable either experimentally at the preclinical stage or clinically. The positive clinical effects observed here call for a prospective randomized study.

Publication Type: Journal: Article

Source: EMBASE

Title: Absence of tumor growth stimulation in a panel of 26 human tumor cell lines by mistletoe (*Viscum album L.*) extracts Iscador *in vitro*

Citation: Arzneimittel-Forschung/Drug Research, June 2006, vol./is. 56/6 A(435-440), 0004-4172 (June 2006)

Author(s): Kelter G., Fiebig H.-H.

Language: English

Abstract: Mistletoe (*Viscum album* L.) extracts exhibit antitumor activity based on direct inhibition of tumor growth as well as modulation of immune response. Recent reports suggested potential stimulation of tumor growth at low doses of mistletoe extracts, particularly in hematological tumors and tumors responding to immunotherapy. Therefore, the direct effect of the three mistletoe extracts Iscador M Spezial, Iscador Qu Spezial and Iscador P on tumor growth was investigated in a panel of 26 human tumor cell lines in vitro using cellular proliferation assays. Antitumor activity of the three preparations at high concentrations was investigated in a panel of 12 cell lines. The results showed no evidence of stimulation of tumor growth by any of the three extracts, in particular the five tumor cell lines previously reported to be sensitive to direct mistletoe lectin stimulation. On the contrary, the lectin containing preparations Iscador M Spezial and Iscador Qu Spezial expressed a pronounced antitumor activity exhibiting a nearly identical antitumor profile compared to isolated mistletoe lectin 1. © ECV . Editio Cantor Verlag, Aulendorf.

Publication Type: Journal: Article

Source: EMBASE

Full Text:

Available from *EBSCOhost* in [Drug Research / Arzneimittel-Forschung \(Editio Cantor Verlag fur Medizin und Naturwissenschaften\)](#)

Title: Cytostatic and cytocidal effects of mistletoe (*Viscum album* L.) Quercus extract Iscador

Citation: Arzneimittel-Forschung/Drug Research, June 2006, vol./is. 56/6 A(467-473), 0004-4172 (June 2006)

Author(s): Kovacs E., Link S., Toffol-Schmidt U.

Language: English

Abstract: Mistletoe (*Viscum album*) extract (Iscador) is used either alone or in combination with chemotherapy or radiotherapy in the treatment of tumor patients. In this study the effects of *Viscum album* Quercus (VA Qu) extract (1000 ng lectin and 6 mug viscotoxin/ml) in various doses were investigated in an in vitro model with tumor cells: three multiple myeloma (MM) cell lines (OPM-2, RPMI-8226, U-266) and three B cell lymphoma cell lines (U-698, DOHH-2, WSU-1). None of the three B lymphoma cell lines and none of the three multiple myeloma cell lines produced interleukin (IL)-6 spontaneously or after treatment with VA Qu extract. All three multiple myeloma cell lines expressed surface IL-6R and gp130, the B cell lymphomas expressed only gp130. *Viscum album*/Qu extract markedly

downregulated the membrane expression of IL-6R and gp130 in RPMI-8226 (down to 29% and 32%) and the expression of gp130 in WSU-1 (down to 22%). There was a marked reduction of viable cells of RPMI-8226 (down to 28%) and WSU-1 (down to 8%) at 100 $\mu\text{g}/10^6$ cells/ml. There was a clear relationship between the inhibition of proliferation and viability: the percentage reductions of the viable cells at 48 and 72 h were similar to those of proliferation at 24 and 48 h, respectively. This means that firstly the proliferation of the tumor cell is inhibited and then afterwards these cells die by apoptosis or necrosis. The inhibitory effect of VA Qu on the proliferation can be termed cytostatic, on the survival cytotoxic. VA Qu was more effective in cells having a high proliferation rate than in those with a low proliferation rate. The effective dose range lay between 25 and 100 $\mu\text{g}/10^6$ cells/ml (5-20 ng lectin/ 10^6 cells/ml) for all parameters. ECV . Editio Cantor Verlag, Aulendorf.

Publication Type: Journal: Article

Source: EMBASE

Full Text:

Available from *EBSCOhost* in [Drug Research / Arzneimittel-Forschung \(Editio Cantor Verlag fur Medizin und Naturwissenschaften\)](#)

Title: Investigation of the effect of mistletoe (*Viscum album* L.) extract iscador on the proliferation and apoptosis of murine thymocytes: Bell-shaped curve of efficacy and help in immunological dose-finding

Citation: Arzneimittel-Forschung/Drug Research, June 2006, vol./is. 56/6 A(441-446), 0004-4172 (June 2006)

Author(s): Hajto T., Berki T., Palinkas L., Boldizsar F., Nemeth P.

Language: English

Abstract: Mistletoe (*Viscum album* L.) extracts (ME) have been shown to exhibit a bell-shaped curve of immunological efficacy and mistletoe lectins (MLs) were found to play an important role in this phenomenon. The aim of present in vivo study was to investigate the acute- and long-term effect of a standardized ME (Iscaidor M special) on thymocyte subpopulations and peripheral T cells using a murine (Balb/c) model. In thymus CD4-CD8-double negative (DN), CD4+CD8+ double positive (DP), CD4+ or CD8+ single positive T cells were determined 24 h after a single injection or following a long-term treatment (twice a week for 4 weeks) with three different dilutions of ME which are corresponding to 4.5 ng/kg, 22.5 ng/kg and 112.5 ng/kg doses of MLs. The apoptosis of the thymocytes was also tested by flow cytometry using Annexin V and propidium iodide. 24 h after a single injection of ME only the lowest dose caused in the blood samples an elevated CD4+/CD8+ ratio and in thymus an enhanced proliferation of DN thymocytes indicating a similar bell-shaped curve of immunological efficacy. After a treatment for four weeks these responses were less intensive indicating that none of the three doses are immunologically optimal. Surprisingly, both in the acute and in the long-term trial only the lower doses induced significant

enhancements in the ratio of apoptotic thymocytes. In addition, ME inhibited the dexamethasone (DX)-induced reduction of DN cell count in thymus, as well as the DX-induced decrease of CD4+/CD8+ ratio and CD4+ cell level in peripheral blood. These in vivo results suggest that investigation of thymocytes in vivo can be helpful in the immunological dose-finding since standardized ME is able to modulate the proliferation and apoptosis of thymocytes with a bell-shaped curve of efficacy. In addition, ME may act lymphoprotectively during DX treatment. © ECV . Editio Cantor Verlag, Aulendorf.

Publication Type: Journal: Article

Source: EMBASE

Full Text:

Available from *EBSCOhost* in [Drug Research / Arzneimittel-Forschung \(Editio Cantor Verlag fur Medizin und Naturwissenschaften\)](#)

Title: Immune modulation using mistletoe (*Viscum album* L.) extracts Iscador: Influencing cell function through subcutaneous and intravenous application

Citation: Arzneimittel-Forschung/Drug Research, June 2006, vol./is. 56/6 A(508-515), 0004-4172 (June 2006)

Author(s): Bussing A.

Language: English

Abstract: One repeatedly finds that mistletoe (*Viscum album* L.) extracts show immune-modulating effects. This is also true in many cases in the experimental setting. Many of the experimental trials cannot, however, be transferred to the clinical situation - or only in a limited way. The aim of this work was to pursue the question of the extent to which the function of immune-competent cells can be influenced by mistletoe extracts. To do this, 3 clinical studies were carried out. Results from the first two studies will be presented here. In a prospective observational study with defined inclusion and exclusion criteria, the impact of two different doses of Iscador M (*Malus*) or Iscador Qu (*Quercus*) on the function and number of T-lymphocytes from tumor patients was studied. The immunological tests took place monthly during the first six months. Thirty-one patients were included in the slow dose group and 36 patients in the group with swift dose escalation. It was postulated that too swift increase in dosage would lead to stronger local reactions and impairment of the stimulation capacity of T-cells taken ex vivo and incubated for 72 h. The evaluation showed that patients with stronger local reactions at the injection site have an impairment of mitogen-induced stimulation capacity of T-cells. However, patients with stronger local reaction showed a significant decrease of HLA-DR+ T cells as compared to patients with moderate or without any local reactions. In a GCP-conform, controlled bicentric phase II study the aim was to investigate the efficacy of a perioperative intravenous mistletoe extract application on the modulation of operation-induced immune suppression. For this purpose 105 patients with breast cancer were recruited. At the treatment centre the patients received an infusion of 1 mg Iscador M Spezial prior to the start of an operation, in

addition to normal medication, while this was not practised at the control centre. The primary trial objective was the oxidative burst in granulocytes taken from patients ex vivo prior to surgery, and 1 and 3 days after. In order to take account of possible differences in the two groups, propensity scores were used as the basis for a matched pair analysis. It became clear that inhibition of the granulocyte function in the treatment group was significantly less marked ($p < 0.001$; Wilcoxon). Mistletoe extract-related adverse reactions were not observed. Thus this special form of application could minimise the immune suppression triggered by anaesthesia and operation stress. © ECV . Editio Cantor Verlag, Aulendorf.

Publication Type: Journal: Article

Source: EMBASE

Full Text:

Available from *EBSCOhost* in [Drug Research / Arzneimittel-Forschung \(Editio Cantor Verlag fur Medizin und Naturwissenschaften\)](#)

Title: Nitric oxide involvement in the anti-tumor effect of mistletoe (*Viscum album* L.) extracts iscador on human macrophages: Short communication

Citation: Arzneimittel-Forschung/Drug Research, June 2006, vol./is. 56/6 A(457-460), 0004-4172 (June 2006)

Author(s): Mossalayi M.D., Alkharrat A., Malvy D.

Language: English

Abstract: Lectins from different types of mistletoe (*Viscum album*, VA) have cytotoxic and immunomodulatory properties that may be relevant in the inhibition of tumor growth. The mechanism of this anti-tumoral activity remains unknown, although recent investigations point out the induction of anti-tumoral cytotoxic T cell activation. In this study therapeutically available mistletoe extracts (Iscador) prepared from *Quercus* (VA-Q), apple (*Malus*, VA-M) or pine (*Pinus*, VA-P) were used to investigate their capacity to induce tumor regression through the modulation of another T helper-1 (Th-1)-mediated anti-tumoral activity: the activation of macrophages. Macrophages are essential targets for both pro- or anti-inflammatory drugs and constitute an essential member of the anti-tumoral immune response. Freshly isolated human monocyte-derived macrophages are activated and various VA extracts are directly incorporated to cultures to assay their properties on the inflammatory and/or tumor cytotoxic responses. The data indicate that immunomodulatory activities of VA extracts differ according to their origin. VA-M and VA-P were able to increase anti-tumoral activity of activated human macrophages, with a possible role for nitric oxide in this effect. © ECV . Editio Cantor Verlag, Aulendorf.

Publication Type: Journal: Article

Source: EMBASE

Full Text:

Available from *EBSCOhost* in [Drug Research / Arzneimittel-Forschung \(Editio Cantor Verlag fur Medizin und Naturwissenschaften\)](#)

Title: Gene expression profiles of different breast cancer cells compared with their responsiveness to fermented mistletoe (*Viscum album* L.) extracts Iscador from oak (*Quercus*), pine (*Pinus*), white fir (*Abies*) and apple tree (*Malus*) in vitro.

Citation: *Arzneimittel-Forschung*, Jun 2006, vol. 56, no. 6A, p. 483-496, 0004-4172 (June 2006)

Author(s): Eggenschwiler, Jenny, Patrignani, Andrea, Wagner, Ulrich, Rehrauer, Hubert, Schlapbach, Ralph, Rist, Lukas, Ramos, Mac H, Viviani, Angelika

Abstract: Cytotoxicity assays in vitro (MTT test) showed that the different breast cancer cell lines Kpl-1, MCF-7 and Mfm-223 respond differently to the mistletoe (*Viscum album* L.) preparations Iscador. *Quercus* (Qu), *Abies* (A), *Malus* (M) and *Pinus* (P). In order to determine the differences in the responsiveness of the cells more exactly, the gene expression profiles were determined by cells, which were treated with Mistletoe extracts, compared with untreated control cells. Such differences can be analysed in more detail by looking at the gene expression using Human Whole Genome microarray chips (41,000 genes). The results of the transcriptome analyses suggested that Iscador preparations influenced the overregulation of genes regarding immune defense, stress response, apoptosis and cell-cell adhesion pathways. Within the Mfm-223-Zellen was the Genexpression in MCF-7 and Kpl-1. The MCF-7 cells were affected on the genes which are involved in cell-cell contacts whereas Kpl-1 responded to the mistletoe extracts by changing the mRNA levels of the immune and stress response pathways. Concerning the effects of the mistletoe extract, we conclude that Iscador Qu and M have a greater influence on the immune defense and stress response genes whereas Iscador A tends to affect the cell-cell adhesion and cytoskeleton pathways. In summary, cDNA microarray analyses give us information on whether a cancer cell is sensitive to mistletoe extracts in relation to how many genes are significantly overrepresented after mistletoe treatment, and whether a particular mistletoe extract is more effective on a specific cancer cell than the other preparation.

Source: Medline

Full Text:

Available from *EBSCOhost* in [Drug Research / Arzneimittel-Forschung \(Editio Cantor Verlag fur Medizin und Naturwissenschaften\)](#)

Title: Viscotoxins, mistletoe lectins and their isoforms in mistletoe (*Viscum album* L.) extracts Iscador: Analytical results on pharmaceutical processing of mistletoe

Citation: *Arzneimittel-Forschung/Drug Research*, June 2006, vol./is. 56/6 A(428-434), 0004-4172 (June 2006)

Author(s): Urech K., Schaller G., Jaggy C.

Language: English

Abstract: The purpose of the following study was to evaluate the presence of the most frequently investigated pharmacologically active mistletoe compounds, viscotoxins (VT) and mistletoe lectins (ML), in European mistletoe *Viscum album* L. and in the pharmaceutical mistletoe preparations Iscador. Quantitative analysis of the VT isoforms A1, A2, A3, B, I-PS, and U-PS in fresh mistletoe plant material from the three European subspecies of *V. album*, during fermentative extraction of mistletoe and in Iscador showed that the pharmaceutical proceeding specific for the preparation of Iscador warrants a high yield of VT. No degradation or transformation of VT during the production process became apparent. The VT compositions of the three host specific European subspecies of *VC album*, ssp. *album*, ssp. *abietis*, and ssp. *austriacum*, showed characteristic differences. They ensured the identification of the subspecies specific-types of Iscador. ML contents of mistletoe extracts were reduced during fermentative extraction. The quantified contents of total ML were 261 +/- 9.3 ng/ml in Iscador M 5 mg spec. and 391 +/- 18.3 ng/ml in Iscador Qu 5 mg spec. Binding of ML to the glycoprotein asialofetuin (type 1) was found to be temperature dependent. Binding activity was increased to 250% (ML I) and 410% (ML II and ML III) respectively by decreasing temperature from 30 degreeC to 4 degreeC. 95% of ML could be eliminated from Iscador by affinity chromatography with immobilised glycoproteins at 0 degreeC. Quantitative extraction of ML from the crude extract and their analysis by SDS-PAGE revealed the presence of about 30% ML I, 20% ML II, and 50% ML III in Iscador M 5 mg spec, and Iscador Qu 5 mg spec. The annual course of concentrations of ML and VT in the leaves of *V. album* showed maximal ML contents in December and culmination of VT in June. Seasonal fluctuations of the composition of mistletoe imply the importance of fixed harvesting seasons. © ECV . Editio Cantor Verlag, Aulendorf.

Publication Type: Journal: Article

Source: EMBASE

Full Text:

Available from *EBSCOhost* in [Drug Research / Arzneimittel-Forschung \(Editio Cantor Verlag fur Medizin und Naturwissenschaften\)](#)

Title: Absence of tumor growth stimulation in a panel of 26 human tumor cell lines by mistletoe (*Viscum album* L.) extracts Iscador in vitro.

Citation: *Arzneimittel-Forschung*, Jun 2006, vol. 56, no. 6A, p. 435-440, 0004-4172 (June 2006)

Author(s): Kelter, Gerhard, Fiebig, Heinz-Herbert

Abstract: Mistletoe (*Viscum album* L.) extracts exhibit antitumor activity based on direct inhibition of tumor growth as well as modulation of immune response. Recent reports

suggested potential stimulation of tumor growth at low doses of mistletoe extracts, particularly in hematological tumors and tumors responding to immunotherapy. Therefore, the direct effect of the three mistletoe extracts Iscador M Spezial, Iscador Qu Spezial and Iscador P on tumor growth was investigated in a panel of 26 human tumor cell lines in vitro using cellular proliferation assays. Antitumor activity of the three preparations at high concentrations was investigated in a panel of 12 cell lines. The results showed no evidence of stimulation of tumor growth by any of the three extracts, in particular the five tumor cell lines previously reported to be sensitive to direct mistletoe lectin stimulation. On the contrary, the lectin containing preparations Iscador M Spezial and Iscador Qu Spezial expressed a pronounced antitumor activity exhibiting a nearly identical antitumor profile compared to isolated mistletoe lectin 1.

Source: Medline

Full Text:

Available from *EBSCOhost* in [Drug Research / Arzneimittel-Forschung \(Editio Cantor Verlag fur Medizin und Naturwissenschaften\)](#)

Title: Gene expression profiles of different breast cancer cells compared with their responsiveness to fermented mistletoe (*Viscum album* L.) extracts Iscador from oak (*Quercus*), pine (*Pinus*), white fir (*Abies*) and apple tree (*Malus*) in vitro

Citation: Arzneimittel-Forschung/Drug Research, June 2006, vol./is. 56/6 A(483-496), 0004-4172 (June 2006)

Author(s): Eggenschwiler J., Patrignani A., Wagner U., Rehrauer H., Schlapbach R., Rist L., Ramos M.H., Viviani A.

Language: English

Abstract: Cytotoxicity assays in vitro (MTT test) showed that the different breast cancer cell lines Kpl-1, MCF-7 and Mfm-223 respond differently to the mistletoe (*Viscum album* L.) preparations Iscador. *Quercus* (Qu), *Abies* (A), *Malus* (M) and *Pinus* (P). In order to determine the differences in the responsiveness of the cells more exactly, the gene expression profiles were determined by cells, which were treated with Mistletoe extracts, compared with untreated control cells. Such differences can be analysed in more detail by looking at the gene expression using Human Whole Genome microarray chips (41,000 genes). The results of the transcriptome analyses suggested that Iscador preparations influenced the overregulation of genes regarding immune defense, stress response, apoptosis and cell-cell adhesion pathways. Within the Mfm-223-Zellen was the Genexpression in all 9 metabolic pathways evident. The Mfm-223 cells included all effects found in MCF-7 and Kpl-1. The MCF-7 cells were affected on the genes which are involved in cell-cell contacts whereas Kpl-1 responded to the mistletoe extracts by changing the mRNA levels of the immune and stress response pathways. Concerning the effects of the mistletoe extract, we conclude that Iscador Qu and M have a greater influence on the immune defense and stress response genes whereas Iscador A tends to affect the cell-cell adhesion and cytoskeleton pathways. In summary, cDNA microarray analyses give us information on

whether a cancer cell is sensitive to mistletoe extracts in relation to how many genes are significantly overrepresented after mistletoe treatment, and whether a particular mistletoe extract is more effective on a specific cancer cell than the other preparation. © ECV . Editio Cantor Verlag, Aulendorf.

Publication Type: Journal: Article

Source: EMBASE

Full Text:

Available from *EBSCOhost* in [Drug Research / Arzneimittel-Forschung \(Editio Cantor Verlag fur Medizin und Naturwissenschaften\)](#)

Title: Preclinical investigations with mistletoe (*Viscum album L.*) extract Iscador

Citation: Arzneimittel-Forschung/Drug Research, June 2006, vol./is. 56/6 A(497-507), 0004-4172 (June 2006)

Author(s): Maldacker J.

Language: English

Abstract: The mistletoe (*Viscum album L.*) extract Iscador has been shown to be an effective complementary drug in the treatment of cancer patients after surgical removal of the primary tumor. It improved survival, recovery from damage caused by irradiation or cytostatic therapy, and quality of life. Beneficial effects were seen especially as reduction of the side effects caused by basic oncological therapy. In animal tests, clear anti-carcinogenic effects of Iscador were demonstrated as reduction of tumor growth in preformed tumors and as prevention of tumor growth in newly induced tumors. Mainly immune stimulation but also direct cytotoxic activity are believed to be responsible for the anti-carcinogenic activity of Iscador. Other effects seen in patients, such as improved quality of life and improved psychic conditions, are not possible to be tested in animals. Recently, toxicological investigations were performed with Iscador to get more information on possible toxicological effects which can only be evaluated in preclinical studies. Tests examining the acute toxicity, genotoxic effects as well as effects on reproduction were performed. In these studies, no adverse effects of Iscador preparations were detected thus confirming the information on the safety of the extract which has been gained in clinical trials and during more than 80 years of use in human therapy. Iscador has been shown to be essentially safe. No severe adverse events have been reported during many years of use by thousands of patients. Genotoxic effects and effects on reproduction, which cannot be evaluated in clinical use, have been cleared up in animal tests. Iscador was shown to be clearly non-genotoxic and free of relevant toxic effects on reproduction in vivo. In summary, no risk of adverse effects of Iscador during human use is expected. © ECV . Editio Cantor Verlag, Aulendorf.

Publication Type: Journal: Article

Source: EMBASE

Full Text:

Available from *EBSCOhost* in [Drug Research / Arzneimittel-Forschung \(Editio Cantor Verlag für Medizin und Naturwissenschaften\)](#)

THE END

Sources used for this review included NICE Evidence Search, AMED, BNI, CINAHL, EMBASE, HMIC, MEDLINE and PSYCHINFO 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: 29/01/16

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



Articles and Other Information

Title: Influence of adjunctive classical homeopathy on global health status and subjective wellbeing in cancer patients - A pragmatic randomized controlled trial.

Citation: Complementary Therapies in Medicine, 2015, vol./is. 23/3(309-317), 09652299

Author(s): Frass, Michael, Friehs, Helmut, Thallinger, Christiane, Sohal, Narinderjit Kaur, Marosi, Christine, Muchitsch, Ilse, Gaertner, Katharina, Gleiss, Andreas, Schuster, Ernst, Oberbaum, Menachem

Language: English

Abstract: Objectives: The use of complementary and alternative medicine has increased over the past decade. The aim of this study was to evaluate whether homeopathy influenced global health status and subjective wellbeing when used as an adjunct to conventional cancer therapy. Design: In this pragmatic randomized controlled trial, 410 patients, who were treated by standard anti-neoplastic therapy, were randomized to receive or not receive classical homeopathic adjunctive therapy in addition to standard therapy. The study took place at the Medical University Vienna, Department of Medicine I, Clinical Division of Oncology. Main Outcome Measures: The main outcome measures were global health status and subjective wellbeing as assessed by the patients. At each of three visits (one baseline, two follow-up visits), patients filled in two different questionnaires. Results: 373 patients yielded at least one of three measurements. The improvement of global health status between visits 1 and 3 was significantly stronger in the homeopathy group by 7.7 (95% CI 2.3-13.0, $p=0.005$) when compared with the control group. A significant group difference was also observed with respect to subjective wellbeing by 14.7 (95% CI 8.5-21.0, $p<0.001$) in favor of the homeopathic as compared with the control group. Control patients showed a significant improvement only in subjective wellbeing between their first and third visits. Conclusion: Results suggest that the global health status and subjective wellbeing of cancer patients improve significantly when adjunct classical homeopathic treatment is administered in addition to conventional therapy.

Publication Type: Academic Journal

Source: CINAHL

Full Text:

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

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: Additional benefits of homeopathy in the treatment of chronic periodontitis: A randomized clinical trial.

Citation: Complementary Therapies in Clinical Practice, 2013, vol./is. 19/4(246-250), 17443881

Author(s): Mourao, L.C., Moutinho, H., Canabarro, A.

Language: English

Abstract: Abstract: Background and objective: Homeopathic medicine (HM) in the treatment of Chronic Periodontitis (CP) aims to restore the vital energy balance of the patient allowing the body to heal itself. Thus, the aim of this study was to evaluate the additional benefits of HM as an adjunctive to conventional periodontal treatment (CPT). Materials and methods: After sample size calculation, sixty individuals of both genders, and ages varying between 35 and 70 years old, 40 with chronic periodontitis (CP group – CPG) and 20 without CP (Healthy Group – HG) participated in this “Single-Blind Randomized Controlled Clinical Trial”. The CP patients were divided into two groups: one was submitted only to CPT (CP Control Group – CPT-C) and the other group was submitted to CPT and HM, according to the similia principle (CP Test Group – CPTT). Assessments were made at baseline and after 90 days of treatments. The local and systemic responses to the treatments were evaluated by clinical and laboratory parameters, respectively. Data were analyzed by parametric and nonparametric tests. The level of significance was 5%. Results: At baseline, CP patients presented higher values of LDL cholesterol and blood glucose than HG individuals. After the treatment, all the systemic parameters evaluated decreased in CP

patients, except LDL and HDL Cholesterol in CPT-C, and HDL Cholesterol in CPT-T. There was a statistical gain in clinical attachment level only in CPT-T (+0.51 mm) after 90 days; however, there was a reduction in probing depth, in the level of visible plaque and in the bleeding on probing, in both CP groups (CPT-C and CPT-T) after 90 days. Conclusion: The findings of this 3-month follow-up study concluded that H M, as an adjunctive to CPT, can provide additional benefits in the treatment of CP.

Publication Type: Academic Journal

Source: CINAHL

Title: Homeopathy for treatment of irritable bowel syndrome.

Citation: Cochrane Database of Systematic Reviews, 2013, vol./is. /11(0-0), 1469493X

Author(s): Peckham EJ, Nelson EA, Greenhalgh J, Cooper K, Roberts ER, Agrawal A

Language: English

Abstract: Irritable bowel syndrome (IBS) is a common, chronic disorder that leads to decreased health-related quality of life and work productivity. Evidence-based treatment guidelines have not been able to give guidance on the effects of homeopathic treatment for IBS because no systematic reviews have been carried out to assess the effectiveness of homeopathic treatment for IBS. Two types of homeopathic treatment were evaluated in this systematic review. In clinical homeopathy a specific remedy is prescribed for a specific condition. This differs from individualised homeopathic treatment, where a homeopathic remedy based on a person's individual symptoms is prescribed after a detailed consultation. To assess the effectiveness and safety of homeopathic treatment for treating IBS. We searched MEDLINE, the Cochrane Central Register of Controlled Trials, EMBASE, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), the Allied and Complementary Medicine Database (AMED), Cochrane IBD/FBD Group Specialised Register, Cochrane Complementary Medicine Field Specialised Register and the database of the Homeopathic Library (Hom-inform) from inception to February 2013. Randomised controlled trials (RCTs), cohort and case-control studies that compared homeopathic treatment with placebo, other control treatments, or usual care, in adults with IBS were considered for inclusion. Two authors independently assessed the risk of bias and extracted data. The primary outcome was global improvement in IBS. The overall quality of the evidence supporting this outcome was assessed using the GRADE criteria. We calculated the mean difference (MD) and 95% confidence interval (CI) for continuous outcomes and the risk ratio (RR) and 95% CI for dichotomous outcomes. Three RCTs (213 participants) were included. No cohort or case-control studies were identified. Two studies published in 1976 and 1979 compared clinical homeopathy (homeopathic remedy) to placebo for constipation-predominant IBS. One study published in 1990 compared individualised homeopathic treatment (consultation plus remedy) to usual care (defined as high doses of dicyclomine hydrochloride, faecal bulking agents and diet sheets asking the patient to take a high fibre diet) for the treatment of IBS in female patients. Due to the low quality of

reporting in the included studies the risk of bias in all three studies was unclear on most criteria and high for some criteria. A meta-analysis of two small studies (129 participants with constipation-predominant IBS) found a statistically significant difference in global improvement between the homeopathic remedy *asafoetida* and placebo at a short-term follow-up of two weeks. Seventy-three per cent of patients in the homeopathy group improved compared to 45% of placebo patients (RR 1.61, 95% CI 1.18 to 2.18). There was no statistically significant difference in global improvement between the homeopathic remedies *asafoetida* plus *nux vomica* and placebo. Sixty-eight per cent of patients in the homeopathy group improved compared to 52% of placebo patients (1 study, N = 42, RR 1.31, 95% CI 0.80 to 2.15). GRADE analyses rated the overall quality of the evidence for the outcome global improvement as very low due to high or unknown risk of bias, short-term follow-up and sparse data. There was no statistically significant difference found between individualised homeopathic treatment and usual care (1 RCT, N = 20) for the outcome 'feeling unwell', where the participant scored how 'unwell' they felt before, and after treatment (MD 0.03; 95% CI -3.16 to 3.22). None of the included studies reported on adverse events. A pooled analysis of two small studies suggests a possible benefit for clinical homeopathy, using the remedy *asafoetida*, over placebo for people with constipation-predominant IBS. These results should be interpreted with caution due to the low quality of reporting in these trials, high or unknown risk of bias, short-term follow-up, and sparse data. One small study found no statistically difference between individualised homeopathy and usual care (defined as high doses of dicyclomine hydrochloride, faecal bulking agents and diet sheets advising a high fibre diet). No conclusions can be drawn from this study due to the low number of participants and the high risk of bias in this trial. In addition, it is likely that usual care has changed since this trial was conducted. Further high quality, adequately powered RCTs are required to assess the efficacy and safety of clinical and individualised homeopathy compared to placebo or usual care. [CINAHL Note: The Cochrane Collaboration systematic reviews contain interactive software that allows various calculations in the MetaView.]

Publication Type: Database

Source: CINAHL

Full Text:

Available from *Wiley* in [Cochrane Library, The](#)

Title: Effectiveness of Homeopathy in Four Autism Spectrum Disorder Cases.

Citation: *Homoeopathic Links*, 2013, vol./is. 26/4(256-261), 10192050

Author(s): Gupta, Neeraj, Saxena, R. K., Juneja, Ritu, Malhotra, A. K.

Language: English

Abstract: Autism spectrum disorder (ASD) is a neural developmental ailment and causes impaired social interaction and communication by restricted and repetitive behaviour in children. It develops due to unknown causative agents. It has an immense impact on parents

and society. There is supposedly no permanent cure for the various symptoms of ASD. However, several remedial measures are available to control the various behavioural symptoms of autism disorder. The homeopathic therapeutic system has been found to be very effective in controlling the behavioural and other related abnormal conditions of ASD. This paper presents four cases of autistic children, having undergone regular homeopathic treatment. The results of the clinical study found quite meaningful improvement in autistic and other behavioural symptoms in all four subjects studied. This study suggests that a homeopathic medicinal regimen does produce positive improvement and modification of autistic symptoms, if followed dutifully.

Publication Type: Academic Journal

Source: CINAHL

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: A prospective multi-centric open clinical trial of homeopathy in diabetic distal symmetric polyneuropathy.

Citation: Homeopathy, 2013, vol./is. 102/2(130-138), 14754916

Author(s): Nayak, Chaturbhuj, Oberai, Praveen, Varanasi, Roja, Baig, Hafeezullah, Ch, Raveender, Reddy, G.R.C., Devi, Pratima, S, Bhubaneshwari, Singh, Vikram, Singh, V.P., Singh, Hari, Shitanshu, Shashi Shekhar

Language: English

Abstract: Objectives: To evaluate homeopathic treatment in the management of diabetic distal symmetric polyneuropathy. Methods: A prospective multi-centric clinical observational study was carried out from October 2005 to September 2009 by Central Council for Research in Homeopathy (CCRH) (India) at its five Institutes/Units. Patients suffering from diabetes mellitus (DM) and presenting with symptoms of diabetic polyneuropathy (DPN) were screened, investigated and were enrolled in the study after fulfilling the inclusion and exclusion criteria. Patients were evaluated by the Diabetic Distal Symmetric Polyneuropathy Symptom Score (DDSPSS) developed by the Council. A total of 15 homeopathic medicines were identified after repertorizing the nosological symptoms and signs of the disease. The appropriate constitutional medicine was selected and prescribed in 30, 200 and 1 M potency on an individualized basis. Patients were followed up regularly for 12 months. Results: Out of 336 patients (167 males and 169 females) enrolled in the study, 247 patients (123 males and 124 females) were analyzed. All patients who attended at least three follow-up appointments and baseline curve conduction studies were included in the analysis. A statistically significant improvement in DDSPSS total score ($p = 0.0001$) was found at 12 months from baseline. Most objective measures did not show significant improvement. Lycopodium clavatum ($n = 132$), Phosphorus ($n = 27$) and Sulphur ($n = 26$) were the medicines most frequently prescribed. Adverse event of hypoglycaemia was observed in one patient only. Conclusion: This study suggests homeopathic medicines may be effective in managing the symptoms of DPN patients. Further studies should be controlled and include the Quality of life (QOL) assessment.

Publication Type: Academic Journal

Source: CINAHL

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: a systematic review of published case reports and case series.

Citation: International Journal of Clinical Practice, 2012, vol./is. 66/12(1178-1188), 13685031

Author(s): Posadzki P, Alotaibi A, Ernst E

Language: English

Abstract: Aim: The aim of this systematic review was to critically evaluate the evidence regarding the adverse effects (AEs) of homeopathy. Method: Five electronic databases were searched to identify all relevant case reports and case series. Results: In total, 38 primary reports met our inclusion criteria. Of those, 30 pertained to direct AEs of homeopathic remedies; and eight were related to AEs caused by the substitution of conventional medicine with homeopathy. The total number of patients who experienced AEs of homeopathy amounted to 1159. Overall, AEs ranged from mild-to-severe and included four fatalities. The most common AEs were allergic reactions and intoxications. Rhus toxicodendron was the most frequently implicated homeopathic remedy. Conclusion: Homeopathy has the potential to harm patients and consumers in both direct and indirect ways. Clinicians should be aware of its risks and advise their patients accordingly.

Publication Type: Academic Journal

Source: CINAHL

Full Text:

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

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: Evidence based case study highlighting the efficacy of homeopathy in dermatology.

Citation: Homoeopathic Heritage, 2011, vol./is. 37/9(16-20), 09706038

Author(s): Malhotra, Anil Kumari, Sharma, BM, Pal, Mahendra Kumar

Language: English

Abstract: Skin diseases can be considered as the external manifestations of internal disorders. Clinically, there are many cases of dermatology in which homeopathic medicines are effective. Here is the presentation of few cases of different diseases of the skin which have shown evidence based results supplemented with pre and post prescription photographs.

Publication Type: Periodical

Source: CINAHL

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: 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 2005 meta-analysis of homeopathy: the importance of post-publication data.

Citation: Homeopathy, 2008, vol./is. 97/4(169-177), 14754916

Author(s): Rutten ALB, Stolper CF

Language: English

Abstract: Background: There is a discrepancy between the outcome of a meta-analysis published in 1997 of 89 trials of homeopathy by Linde et al and an analysis of 110 trials by Shang et al published in 2005, these reached opposite conclusions. Important data were not mentioned in Shang et al's paper, but only provided subsequently. Questions: What was the outcome of Shang et al's predefined hypotheses? Were the homeopathic and conventional trials comparable? Was subgroup selection justified? The possible role of ineffective treatments. Was the conclusion about effect justified? Were essential data missing in the original article? Methods: Analysis of post-publication data. Re-extraction and analysis of 21 higher quality trials selected by Shang et al with sensitivity analysis for the influence of

single indications. Analysis of comparability. Sensitivity analysis of influence of subjective choices, like quality of single indications and of cut-off values for 'larger samples'. Results: The quality of trials of homeopathy was better than of conventional trials. Regarding smaller trials, homeopathy accounted for 14 out of 83 and conventional medicine 2 out of 78 good quality trials with $n < 100$. There was selective inclusion of unpublished trials only for homeopathy. Quality was assessed differently from previous analyses. Selecting subgroups on sample size and quality caused incomplete matching of homeopathy and conventional trials. Cut-off values for larger trials differed between homeopathy and conventional medicine without plausible reason. Sensitivity analyses for the influence of heterogeneity and the cut-off value for 'larger higher quality studies' were missing. Homeopathy is not effective for muscle soreness after long distance running, $OR = 1.30$ (95% CI 0.96-1.76). The subset of homeopathy trials on which the conclusion was based was heterogeneous, comprising 8 trials on 8 different indications, and was not matched on indication with those of conventional medicine. Essential data were missing in the original paper. Conclusion: Re-analysis of Shang's post-publication data did not support the conclusion that homeopathy is a placebo effect. The conclusion that homeopathy is and that conventional is not a placebo effect was not based on comparative analysis and not justified because of heterogeneity and lack of sensitivity analysis. If we confine ourselves to the predefined hypotheses and the part of the analysis that is indeed comparative, the conclusion should be that quality of homeopathic trials is better than of conventional trials, for all trials ($p = 0.03$) as well as for smaller trials ($p = 0.003$).

Publication Type: Academic Journal

Source: CINAHL

Title: Effectiveness of homeopathy in immunology and inflammation disorders: a literature overview of clinical studies.

Citation: Homoeopathic Heritage, 2008, vol./is. 33/3(35-57), 09706038

Author(s): Bellavite P, Chirumbolo S, Magnani P, Ortolani R, Conforti A

Language: English

Abstract: Here we summarize the clinical research carried out in the past three decades to evaluate the effectiveness of homeopathy in conditions characterized by respiratory allergy, common upper respiratory tract infections, otorhinolaryngologic complaints, and rheumatic diseases. Most of initial evidence-based research, especially in allergy, was addressed to the question of whether homeopathic medicines used in high dilutions are placebos or possess specific effects, but this question has been often equivocated and is still a matter of debate. Collectively the evidence demonstrates that in some conditions homeopathy shows significant promise, e.g. *Galphimia glauca* (low dilutions/potencies) in allergic oculorhinitis, classical individualized homeopathy in otitis, in fibromyalgia and possibly in upper respiratory tract infections and allergic complaints. A general weakness of the evidence derives from the scarcity of independent confirmation of reported trials and from the

presence of conflicting results, as in case of homeopathic immunotherapy of allergy and for asthma. In our opinion, since the homeopathic medicines are safe and under the light of few clinical and pre-clinical findings, their use could be regarded as a possible option in infections of upper airways, otitis, allergic rhinitis and asthma, provided that the homeopathic methodology of prescription is correct and not progressive. The suitable methods to evaluate homeopathy effectiveness, without altering the setting of the cure, are also discussed.

Publication Type: Periodical

Source: CINAHL

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, CISCOM 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.

Source: Medline

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.

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>.

THE END.