

A literary review compilation on Homeopathic Medicine

Question: What conditions is homeopathy proven to effectively treat?



Audience: Therapeutic community and general public

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Acronyms

AD	Antidepressants
BCQ	Breast Cancer Chemotherapy Questionnaire
BDZ	Benzodiazepines
CAM	Complementary Alternative Medicine
CAMS	Cancer and Menopause Study
CARES	Cancer Rehabilitation Scale
CONSORT	Consolidated Standards of Reporting Trials
CRS	Chronic rhino sinusitis
DSHEA	Dietary Supplement and Health Education Act (in 1994)
EBM	Evidence-based medicine
EDCAM	Educational Development for Complementary and Alternative Medicine
FDA	Food and Drug Administration
FLIC	Functional Living Index for Cancer
FSH	Follicle-stimulating hormone
GAD	Generalized Anxiety Disorders
HADS	Hospital Anxiety and Depression Scale
NCCN	National Comprehensive Cancer Network
NSI	Nasal saline irrigation
OTC	Over-the-counter
PCI	Patient concern inventory
PCP	Primary Care Provider
PD	Panic Disorder
POMS	Profile of Mood States
QOL	Quality-of-life
SD	Sub-threshold depression
SDS	Symptom Distress Scale
STAI	State–Trait Anxiety Index
DSHEA	Dietary Supplement Health Education Act (1994)
NCCAM	National Center for Complementary and Alternative Medicine (NCCAM)

Sources of data

All relevant search results were included in a list compiled in January 2013.

Search terms included “homeopathy” and “homeopathic”.

Cochrane Library – 16 articles

<http://www.thecochranelibrary.com/>



Medscape – 86 articles

<http://www.medscape.com/>

Medscape

Pub Med – 13 articles

<http://www.ncbi.nlm.nih.gov/>



 **AMERICAN PSYCHOLOGICAL ASSOCIATION**

1 article

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Introduction

Use of complementary alternative medicine (CAM) is becoming increasingly popular in developed nations, just as reported rates of illnesses and medication use are also on the rise. Dissatisfied with conventional Western medicine, many people are looking elsewhere for answers in their quest for health and general well-being.

As an association, one of our missions is to protect the public, within our capacity as a regulatory body. We feel that a strong position on homeopathy, backed by the scientific literature, will enable us to better serve the public's best interests. In practice this means continuing to refuse applications that do not correspond to the conclusions of this paper, by not issuing a permit or a license. While applicants can join other associations, this simply helps us further our reputation and credibility, in addition to continuing to attract top talent.

Why a literary review on homeopathy?

Homeopathy has been highly praised by some and vehemently criticized by others. But who is right? We offer a concrete and solid answer to this question, including detailed explanations and evidence-based arguments to support our findings.

The fundamental tenet of a comprehensive literary review is that the results of the study bear more weight than any single medical doctor, homeopathic doctor or individual. This literary review falls short of being able to make this claim, as we do not have PhD credentials.

Most of the articles we reviewed included a comment on how more research is needed. This is directly in line with the fundamental principle that no single study is authoritative. Studies need to be replicated with similar results in order to be considered, usually more than once. The category of reviews called meta-studies are studies of other studies and those are one large step closer to accurately describing reality. Meta-studies of meta-studies are also available, but the effort and time requirement involved is enormous, not to mention the almost decade of formal education required. Our brightest minds are pursuing independent cutting-edge research into new breakthroughs in their specialized fields.

The need for a literary review stems from none being readily available. Following a live debate that took place at McGill University in 2013¹, it is clear that such a document was not available, given the polarized opinions of the speakers. On one side a chemist advanced that nobody could do the research except the audience themselves, while the other side chose primarily individual studies to support their position.

There should be no room for interpretation, and much less for opinions.

"Desperate people do desperate things"

¹¹ Refer to Annexe I for complete list of videos.

Methodology

We used four of the most important free online databases including Cochrane, PubMed, Medline and APA. We executed two searches with each of these keywords: homeopath and homeopathic. We then proceeded to review everything (approximately 1000 pages of literature) and extracted excerpts from those to create the supporting arguments found in this document. The excerpts also comprise the bulk of this document.

Defining homeopathy

Premises of the modality:

- Do no harm;
- Principal of treat like with like;
- Proper preparation includes the dilution process of an active ingredient or substance, which involves vigorous shaking 'succussion' of the preparation between dilutions as this is believed to 'potentise' the mixture by extracting a vital force from the substance;
- The more dilute a homeopathic remedy, the more potent it is considered to be;
- Water has memory;
- Individualized dosage;
- Individualized single remedy;
- Prescribed on the symptoms of the patient.

Homeopathy is defined as a distinct system of medicine, a philosophy, science, art and practice which seeks the promotion of health through the application of the best modern medical science with the aged-old wisdom of traditional medicine².

André Seine, Homeopath

Consensus: the homeopathic consultation

The homeopathic consultation (excluding the remedy) involves a complete exploration of the patient's emotional, spiritual and physical well-being. It offers value via empathy and empowerment. The consultation is often attributed in the literature as being the main cause of change in the client's

² Quoted from video available in Annex I

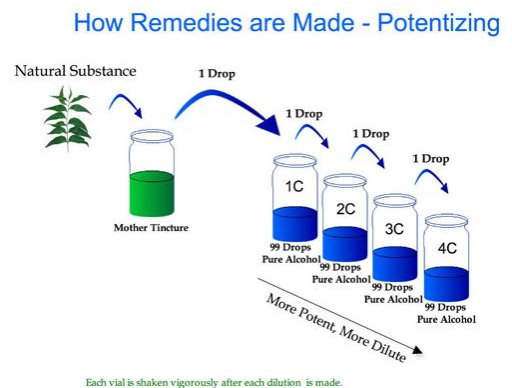
perception of their illnesses, such as level of pain or improved mood. Changes in lifestyle or simply the passage of time are other key factors explaining changes.

A detailed, prolonged and emphatic consultation may suggest that modern day medical doctors may have forgotten how to listen to their patients and engage in a prolonged and emphatic discussion as an active listener - or perhaps they simply do not have the time given budget cuts in health care.

Homeopathy versus herbal remedies

Homeopathic remedies are defined *as individualized, and infinitely diluted*. They are a placebo, a sugar pill, and there is no replicable evidence for its efficacy. **Both homeopaths and literary critics agree** that there is no measurable active ingredient left in the final remedy. Homeopaths argue that its measurement is too sophisticated for modern technological equipment. Here is an image on potentizing³:

Herbal remedies are not strictly speaking homeopathic remedies. The difference is that herbal remedies have an active ingredient (or more) in them, while homeopathic remedies have no active ingredient. Most of the following discussion deals with herbal remedies, so it is important to remember that they should not be associated with homeopathy or homeopaths.



Doctors can't define placebo, can you?

If you think you know what a placebo means, you may have fallen into a self-confident cognitive trap. It may surprise the reader that medical doctors do not agree with each other. In fact, one survey with dozens of doctors showed that only one of them provided the correct answer. The correct answer is that there are both pure and non-pure placebos, meaning that a placebo has multiple sub-categories. The difference is that non-pure placebos contain active ingredients. By definition, non-pure placebos are therefore disqualified from being considered potentized individualized homeopathic remedies.

The term placebo derives from the Latin term for "I shall please", the first phrase in the Catholic vespers for the dead. The vespers themselves were sometimes called placebos, as were professional mourners hired to sing the vespers. The term came to refer to sycophants and flatterers and, over time, to sham treatments that physicians used to placate patients.⁴

³ <http://littlemountainhomeopathy.wordpress.com/2009/12/09/why-skeptics-love-to-hate-homeopathy/>

⁴ Horgan, John. *The Undiscovered Mind*, Touchtone, 1999. Used with permission of author.

Enhanced placebo

An enhanced placebo is terminology referring to the measured effect in a person taking a placebo (or a real pill) but believing it is not. This is of fundamental importance in clinical drug trials, where one group takes the placebo, another takes the real pill and perhaps a third group takes no pill or only receive psychotherapy. Calling homeopathic remedies enhanced placebos is a much more accurate description than calling the individualized remedy a placebo. By definition, enhanced placebos give better results than placebos – the difference being not in the placebo but in the perception of the person taking it, their expectations, etc.

It is difficult to hide the effect of real drugs as they have side effects⁵. People in large pharmaceutical studies may realize that they are taking real medication and not a sugar pill or vice versa. They are said to be “breaking blind” and a mountain of studies suggest that the people who believe they are taking the real medication show a larger improvement, especially for conditions that are prone to be impacted.

There is mounting evidence that patients suffering from pain, depression or headaches respond particularly well to placebos, whereas patients treated for cancer, nervous diseases and substance abuse have a lower than average response. In a grossly oversimplified way, if the illness is in the mind and cannot be measured in blood, urine, saliva, hair, blood pressure, MRI, CAT SCAN, ultrasound, etc., then it is more likely to see improvements when a placebo is at work.

This advertising illustrates common conditions that placebos can help alleviate. It must be noted that this formula does not qualify as a true homeopathic remedy because it is not individualized.

NATURAL HOMEOPATHIC RELIEF
from painful muscle spasms, tension & stress

FORMULA 303 relieves:

- Muscle Spasms
- Tension and Stress
- Low Back Pain
- PMS, Menstrual Cramps
- Tight Muscles
- Back Sprain and Strains
- Nervousness
- Leg Cramps
- Pulled Muscles
- Neck and Shoulder Pain

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- Relaxes painful muscle spasms
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-Dr. Harry Hester, CEO

Massage Magazine, Issue 206, July 2013, page 13

⁵ Dry mouth, tremors, nausea, dizziness, etc.

Water memory

Homeopaths claim that water has a memory⁶ which explains the positive benefits even once a substance is diluted beyond Avogadro's number⁷. In recent years, homeopaths are avid at commenting that modern day science has not progressed enough technologically to be able to prove them right. They claim their individualized pill has special properties that elude the most recent advances in technology.

We have electron microscopes and we can see and take pictures of atoms⁸. The claim is homeopathic remedies are much, much smaller than atoms, meaning they are made up of some kind of energy form we have not yet discovered.

Entry-level science classes teach that there is a limited and static amount of water on earth. Its quantity has not changed in the last 500,000 years excluding meteorites if you were to be extremely picky.

If one were to play along with the non-scientific reasoning - that water has memory - then you immediately see a problem. A homeopathic solution prepared with a Burberry duck's heart (a typical homeopathic preparation) also has memory of dead corpses (fish, frogs, snakes, wolves, etc.), dead vegetation (trees, flowers, etc.) and toxins along with everywhere else on the planet the water has been. This includes having been feces or urine, both containing water. You really don't want to know where the water has been if you accept that water has a memory.

⁹ Another important issue is the digestive system. For a homeopathic remedy to work on depression, which occurs in the brain, you have to swallow the remedy, it has to somehow not get destroyed or altered chemically by your saliva, your stomach or at any other point in the digestive system. It has to make its way into your blood, then into your brain via the blood-brain barrier, and then exert some kind of influence on relevant electrical and chemical impulses in the brain.

⁶ According the homeopath in the video it is 500 days.

⁷ http://en.wikipedia.org/wiki/Avogadro_constant

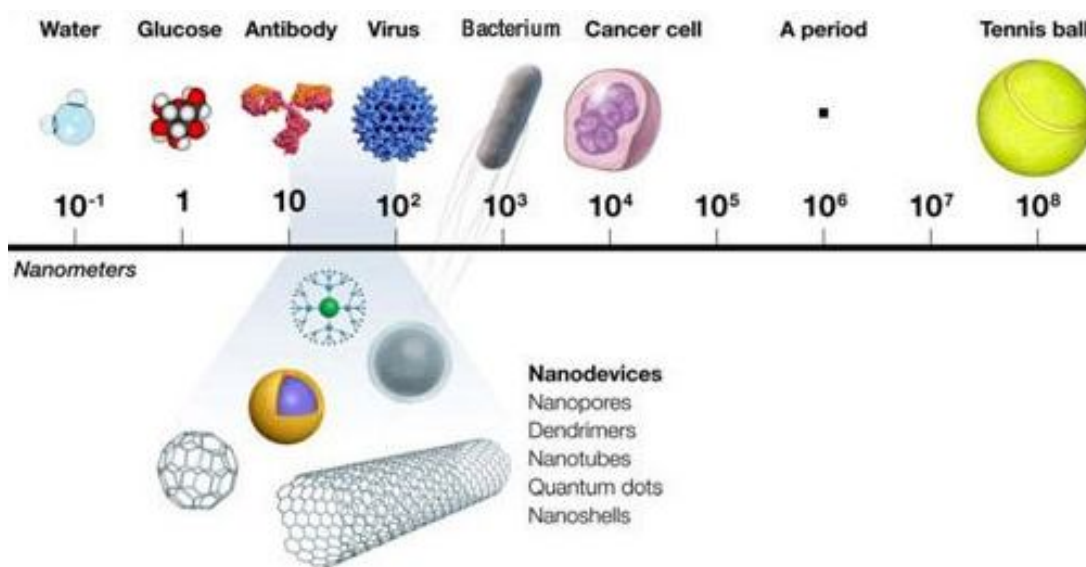
⁸ Search google images.

⁹ <http://networksandservers.blogspot.ca/2011/01/nanotechnology.html>

Nanotechnology and homeopathy

The homeopath argument is that undetectable Nano bubbles are in the mixture. At the Nano scale, we are dealing with sizes typically smaller than a beam of light. The usual wavelength of green light is 550 nanometers¹⁰. It is a proven fact that nanoparticles behave and have different properties from those of larger scale.

The article "*Science in One Room, Homeopathy in the Next?*" states that if you look at the volume of the universe, which is roughly 3×10^{80} cubic meters, the homeopathic concentration is more dilute than that. It's estimated that 5 million hydrogen atoms fit on the head of a pin¹¹.



Imagine all the hydrogen atoms in the universe, and then realize that the homeopathic remedy is smaller still - certainly much smaller than nanotechnology measurements.

The million dollar prize

There is an unclaimed prize of 1,000,000 \$ to anyone who can detect the original non-diluted substance once the diluted homeopathic medicine is prepared. In other words, if you can distinguish between a sugar pill and a homeopathic sugar pill – you just won the lottery and proved homeopathy is not a scam. Refer to the Annex I for more information on this prize, offering by Randy¹².

¹⁰ http://en.wikipedia.org/wiki/Light_microscope#Limitations_of_light_microscopes

¹¹ <http://www.ask.com/question/how-many-atoms-are-on-the-head-of-a-pin>

¹² Refer to videos in Annex I.

CONTROLLED TRIALS WHERE THE REMEDY IS NOT SUPERIOR TO PLACEBO

The following list is by no means exhaustive. It highlights examples from the articles reviewed. They provide a context in which to better understand the factors at work.

- Malaria;
- Breast cancer;
- Menopausal symptoms, hot flashes;
- Postoperative hematomas following saphenous vein stripping;
- Dementia;
- Global and core symptoms for ADHD;
- Antinonium and Nitric Acid on Plantar Warts does not work;
- No benefit from Hawthorn extract in congestive heart failure;
- Traumeel is not superior to placebo.

CONTROLLED TRIALS WHERE THE REMEDY IS EFFECTIVE:

The following list is by no means exhaustive. It highlights examples from the articles reviewed. They provide a context in which to better understand the factors at work.

- Bromocriptin is better than no treatment in suppressing lactation in 1st week after giving birth
- Oscillocoquinum shortens both the severity *and* duration of flu-like symptoms.
- Topical calendula for prophylaxis of acute dermatitis / radiotherapy
- Clinical benefits for patients with rheumatoid arthritis over an 8 year period
- Cows: the positive effect is attributed to the observer bias, extensively documented in psychological clinical research in humans. Sociological studies call it the term self-fulfilling prophecy: a prediction that directly or indirectly causes itself to become true¹³.

It is important to note that in the controlled trials that are effective, the ingested substance contains known active ingredients and is therefore not homeopathy.

LONG TERM TRIALS

There is an 8 year study that favors homeopathic clients and it deserves special attention. These studies cannot ascertain whether the relationship is causal or spurious.

Studies show that people who use complementary alternative medicine tend to take better care of their bodies, eat healthier foods and generally make more informed decisions about how they lead their lives. Here are some statistics to further support this argument: 47% of people in one large survey reported using CAM to stay healthy. 85.1% of this group used life-style diets and commercial weight loss programs (75.6%). A majority used healing therapies (59.8%) and relaxation therapies (55.9%) to maintain health¹⁴.

¹³ http://en.wikipedia.org/wiki/Self-fulfilling_prophecy

¹⁴ <http://www.medscape.com/viewarticle/410526> - article included in this document

Growing public interest in dietary supplements signals a more proactive attitude among consumers, who are also better informed by the sharing of information on the Internet. The *type* of person who regularly uses CAM is the *type* of person most likely to make other life style changes. We noted the same tendency in our literary review of reflexology.

Supporting evidence (herbal medicine)

These are all herbal remedies, not homeopathic remedies¹⁵:

- Bitter melon (*Momordica charantia*) extract has similar effect to chemotherapy on breast cancer cells. It is eaten as a vegetable in India and China. It's shown to have a beneficial effect on glucose metabolism, plasma and hepatic lipids;
- The most popular herbal remedies: garlic, aloe gel, cranberry and echinacea, which serve a variety of purposes;
- Cayenne (*Capsicum annum*¹⁶, *Cap sicum frutescens*¹⁷) is a herbal medicine with documented effectiveness in the English medical literature;
- *Harpagophytum Procumbens*, *Salix Alba* and *Capsicum Frutescens* seem to reduce pain more than placebo;
- Topical saline in the management of chronic rhinosinusitis;
- Carcinisin and *Phytolacca* are similar to paclitaxel (Taxol);
- Sublingual feverfew/ginger is safe and effective for light migraines, and has no contraindications with other migraine treatments;
- Ginger in managing chemotherapy-induced nausea, however it is not clear what dose or dosing schedule is best;
- St John's wort (*Hypericum perforatum*) may treat mild to moderate depression, and is said to be the only herb with such properties;
- Aloe vera used in cosmetic care, also in the treatment of stasis ulcers in humans;
- *Ruta graveolens* selectively induced death in glioblastoma multiforme cells while promoting the proliferation of normal peripheral blood lymphocytes;
- Efficacy of topical calendula for prophylaxis of acute dermatitis during radiotherapy and Traumeel S mouthwash in the treatment of chemotherapy-induced stomatitis;

¹⁵ Because they contain active ingredients

¹⁶ http://en.wikipedia.org/wiki/Capsicum_annuum

¹⁷ http://en.wikipedia.org/wiki/Capsicum_frutescens

- Diabetes : common home remedies: Nopal (cactus) and bitter gourd may be helpful in reduction of blood glucose levels;

Lack of evidence (herbal medicine)

There are currently no herbs with significant evidence of efficacy for cancer treatments.

While on the topic of cancer: Decreasing the incidence of cancer can be achieved by modulating the known causes of cancer. In this regard, changes in lifestyle—for example, adhering to a healthy diet, regular exercise, and avoiding smoking and excessive exposure to ultraviolet radiation—can decrease the incidence of cancer.

- Antimonium crudum (derived from antimony) on plantar warts showed no difference from placebo;
- Anxiety disorders;
- Asthma;
- Attention deficit/hyperactivity disorder;
- Echinacea is known for the treatment of rhinitis; yet, several studies have found no benefit to its use for this specific symptom;
- Fibromyalgia;
- Homeopathic antimalarias (preventing malaria) ;
- Induction of labor;
- Nitric oxide on plantar warts showed no difference from placebo;
- Severity of frequency of hot flashes in women;
- Sublingual Thuja occidentalis (Eastern White Cedar) on plantar warts showed no difference from placebo;
- Sublingual Arnica montana, (plant in sunflower family) does not prevent postoperative hematomas following saphenous vein stripping;
- Traumeel S® was not superior to placebo in minimizing pain or analgesic consumption.

Risks involved in homeopathy

A fundamental tenet of homeopathic philosophy is to *do no harm*.

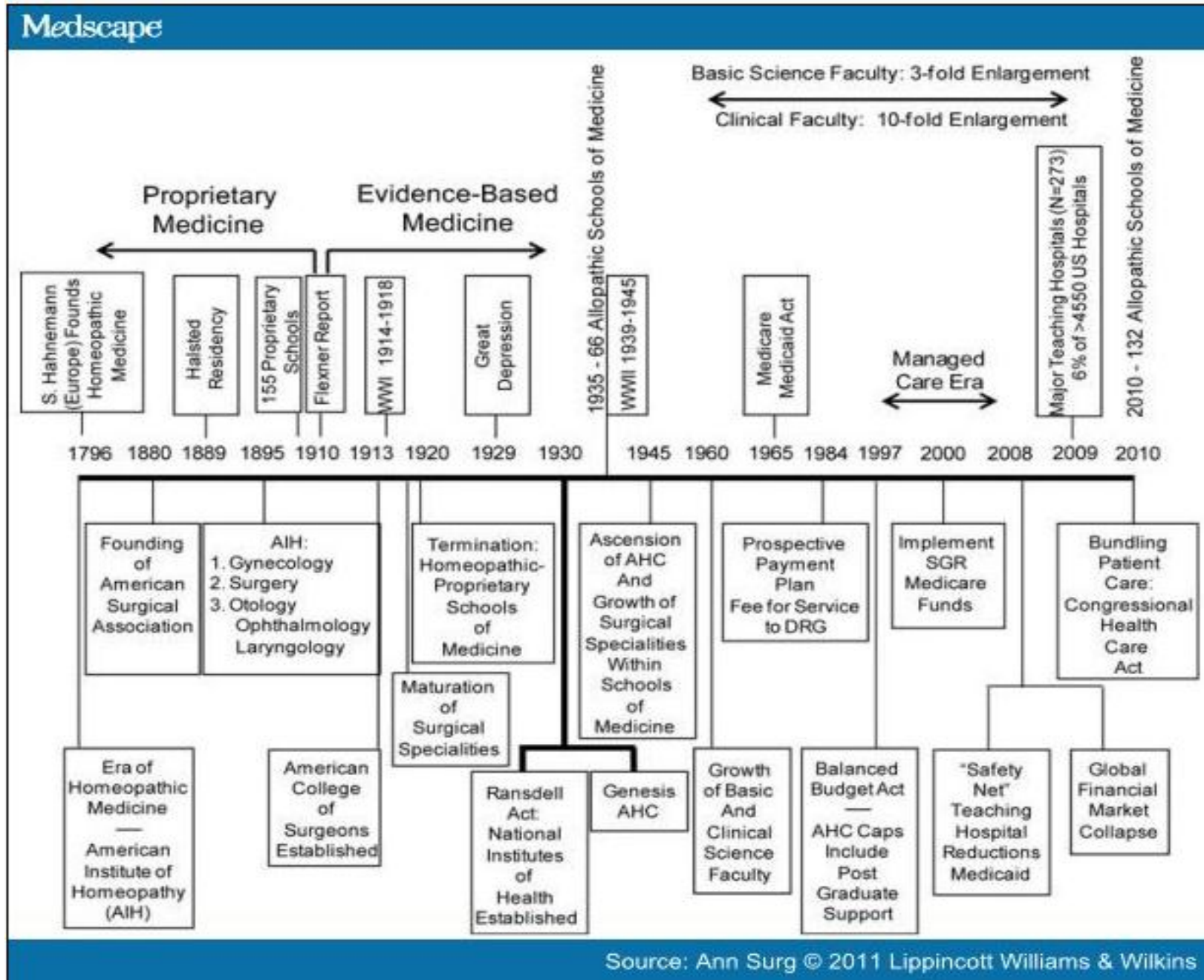
What we found in the literature amounts to a collective and vehement attack on what is deemed a pretentious stance by homeopaths with regards to their own work. They clearly have some compelling arguments, presented below. The fiercest was concerning homeopathic remedies designed to protect against malaria:

Warning: if you are going to travel outside of the industrialized nations, buy your antibiotics before you go.
And stay away from homeopathy - unless you want to die.

Other risks that stood out include:

- At least 1 in 5 people may be at risk for potential drug-related problems such as drug-herb interactions, noncompliance or other adverse effects;
- Delaying therapeutic conventional medicine can be deadly;
- Health-related risks associated with homeopathic products include hypertension, stroke and myocardial infarction;
- The ingestion of unregulated ingredients poses a risk. Internal ingestion can lead to adverse hematological, gastrointestinal and respiratory effects;
- Some materials used in the manufacture of homeopathic medicines are toxic, or have the potential to transmit infection or prion disease when an animal or human source is used;
- Ma-Huang (derived from *Ephedra sinica*) may contribute to psychiatric sequelae, as it contains ephedrine congeners;
- St. John's wart and ginseng may generate manic symptomatology;
- Chronic use of homeopathic remedies containing mercury, iron or arsenic has caused exacerbation of atopic dermatitis;
- Kava (*Piper methysticum*) has an anxiolytic effect and helps reduce anxiety, it is apparently the only herb that is effective for reducing anxiety - it cannot be recommended for clinical use because of an association with hepatotoxicity.

Visual history of homeopathy



Personal observation from the authors of this literary review

What stands out to us is that herbal remedies are often simply healthy food products disguised under names that sound foreign or exotic.

In Canada and North America it is generally accepted that blueberries have antioxidant properties that are great for the body and the brain. We do not think of blueberries as a natural supplement, but we consider Bitter melon or the Nopal cactus as such. This distinction is cultural. Indian and Chinese people eat bitter melon just as we eat blueberries. In Mexico, Nopal cactuses grow everywhere, and are part of the typical Mexican diet, as anyone who has ever tried an "*Ensalada de nopales*" knows.

Certain foods are not typically available in our supermarkets yet have beneficial health effects. This is no surprise. They tend to be sold as supplements in pharmacies instead of as fruits, vegetables or cactuses in grocery stores.

Insurance companies

Homeopathy is often a stand-alone benefit, but is also often incorporated into either the naturopathic doctor benefit or the naturotherapy claims-paying practices for residents in Quebec. As of July 2013 AQTN has no homeopaths as members.

After all our research, we can safely put forward that insurance companies' practices of reimbursement are aligned with the scientific literature. Put another way, if the insurance company pays for the services, they have some positive proven impact.

This further reinforces our position that while insurance companies are corporations primarily seeking profits for shareholders, their decision on which types of claims are paid reflects their vested interest in healthy and long-living insured's. Additionally, actuarial methods for calculating life insurance or group benefits products are likely one of the most pertinent measures of health available today.

Standardized group benefit contracts in Canada generally exclude reimbursement for generic homeopathic medicine, referring to store-bought products¹⁸. Eligible policies most often include the cost for a consultation with a homeopath, wherein the patient's history is discussed at great length, but usually not the preparation of a unique remedy for the patient unless the cost is hidden within the total amount charged, which is wrongful billing, albeit not illegal.

¹⁸ Over the counter <http://www.opq.org/fr-CA/grand-public/base-de-donnees-des-medicaments-en-vente-libre-gp/base-mvl-gp/>

Concluding remarks

- The homeopathic consultation has value by virtue of being a social experience.
- Most analyses of the research on homeopathy have concluded that there is little or no evidence to support homeopathy as an effective treatment for any specific condition.
- The custom-made diluted homeopathic remedy is nothing more than a sugar pill. It is a placebo or more properly labeled an enhanced placebo, and there are conditions for which these are more effective than others.
- Herbal products have active ingredients may be beneficial, but may also be harmful. These are not homeopathic remedies, as the homeopathic remedy is individualized and infinitely diluted.
- Most favorable cited trials are prior to 2004.
- Positive trials have not been successfully repeated in the majority of cases.
- There are a significant number of studies and meta-studies that are unfavorable towards homeopathy in the databases we used.
- Within the spectrum of complementary alternative medicine approaches, homeopathy is not used very often compared to other approaches.

Do you suffer from a chronic illness that has no known cure? Do you have enough money that the homeopathic consultations will not interfere with your quality of life or lifestyle? If so, you **should** consult two or three homeopaths to get a second and third opinion. You should also talk to your family doctor to ensure you are not putting your health at risk.

You should also consider reflexology, yoga, meditation, acupuncture, traditional Chinese medicine, massage, psychotherapy, reiki and osteopathy – again only if you have enough money so that it does not interfere with your lifestyle.

COCHRANE LIBRARY – 16 ARTICLES REVIEWED

Homeopathy for treatment of irritable bowel syndrome

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009710/abstract>

No conclusions are put forth.

Treatments for suppression of lactation

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005937.pub3/abstract>

There is weak evidence that some pharmacologic treatments (most of which are currently unavailable to the public) are better than no treatment for suppressing lactation symptoms in the first postpartum week. No evidence currently exists to indicate whether non-pharmacologic approaches are more effective than no treatment.

Homeopathic medicines for adverse effects of cancer treatments

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004845.pub2/full>

It is difficult to draw firm conclusions because of the paucity of evidence, clinical heterogeneity and lack of repetition of the included trials.

This review found preliminary data in support of the efficacy of topical calendula for prophylaxis of acute dermatitis during radiotherapy and Traumeel S mouthwash in the treatment of chemotherapy-induced stomatitis. These trials need replicating. There is no convincing evidence for the efficacy of homeopathic medicines for other adverse effects of cancer treatments. Further research is required.

High quality trials to date provide no evidence for the efficacy of homeopathic medicines over placebo in women with breast cancer suffering from menopausal symptoms.

Homeopathy for chronic asthma

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004845.pub2/abstract>

The review of trials found that the type of homeopathy varied between the studies, that the study designs used in the trials were varied and that no strong evidence existed that usual forms of homeopathy for asthma are effective. There has been only a limited attempt to measure a 'package of care' effect (i.e., the effect of the medication as well as the consultation, which is considered a vital part of individualized homeopathic practice). Until stronger evidence exists for the use of homeopathy in the treatment of asthma, we are unable to make recommendations about homeopathic treatment.

Herbal medicine for low back pain

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004504.pub3/abstract>

N = 1567 people

Harpagophytum Procumbens, Salix Alba and Capsicum Frutescens seem to reduce pain more than placebo.

Nasal saline irrigations for the symptoms of chronic rhinosinusitis

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006394.pub2/abstract>

Objective: To evaluate the effectiveness and safety of topical saline in the management of chronic rhinosinusitis.

There is evidence that they relieve symptoms, help as an adjunct to treatment and are well tolerated by the majority of patients. While there is no evidence that saline is a replacement for standard therapies, the addition of topical nasal saline is likely to improve symptom control in patients with persistent sino-nasal disease. No recommendations can be made regarding specific solutions, dosage or delivery.

Homeopathy for dementia

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003803/abstract>

Researchers did not find any good quality trials and so cannot say whether it is or is not effective for treating this condition. As no information is available on how much homeopathy is used for dementia, it is difficult to say whether it is important to conduct more trials.

Homoeopathic Oscilloccinum for preventing and treating influenza and influenza-like syndromes

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001957.pub4/abstract>

This review was withdrawn from *The Cochrane Library*, Issue 3, 2009 as the authors were unable to update it.

Homeopathy for attention deficit/hyperactivity disorder or hyperkinetic disorder

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005648.pub2/abstract>

Overall the results of this review found no evidence of effectiveness for homeopathy for the global symptoms, core symptoms or related outcomes of attention deficit/hyperactivity disorder.

Non hormonal interventions for hot flushes in women with a history of breast cancer

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004923.pub2/abstract>

Homeopathy, acupuncture and magnetic therapy may not lead to any differences in the number and severity of hot flushes.

Two studies were on homeopathy (one evaluated a single homeopathic remedy in a group and the Hyland's menopause formula in a second group; and the other study evaluated homeopathic medicines in tablet, granule or liquid form, prepared by a single pharmacy),

Homeopathic remedies for preventing and treating acute respiratory tract infections in children

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005974.pub3/abstract>

There is debate as to whether or not homeopathy can be effective at all, as actual doses of homeopathic drugs are far below what is considered to have any medically quantifiable effect.

Most analyses of the research on homeopathy have concluded that there is little or no evidence to support homeopathy as an effective treatment for any specific condition, based on flawed or inadequate studies conducted. Most have also failed to differentiate between the efficacy of nanopharmacological and behavioural components of homeopathic care. However, some individual observational studies, randomised, placebo-controlled trials and laboratory research have reported positive effects (Ullman 2010). This variation and uncertainty in the efficacy of homeopathic remedies outlines the need for more research and analyses to be undertaken in this vastly growing field of CAM.

Role of homeopathic medicines in prevention and treatment of paralytic ileus

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009271/abstract>

There are five homeopathic hospitals in UK... data from clinical trials remains inconclusive..

Homoeopathy for induction of labour

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003399/abstract>

Two trials, involving 133 women, were included in the review. The trials were placebo controlled and double blind, but the quality was not high. Insufficient information was available on the method of randomisation and the study lacked clinically meaningful outcomes. This trials demonstrated no differences in any primary or secondary outcome between the treatment and control group.

Prophylactic interventions after delivery of placenta for reducing bleeding during the postnatal period

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009328/abstract>

Protocol for a review.

Homeopathy for treatment of irritable bowel syndrome

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009710/abstract>

Protocol for a review.

Treatments for suppression of lactation

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005937.pub3/abstract>

(Plain Language Summary)

Women cannot always breastfeed after birth. Reasons may be because the infant dies or is adopted, or the mother is too ill, or for the wellbeing of the mother or infant. HIV-positive mothers, particularly those not on antiretroviral drugs during pregnancy, avoid breastfeeding to reduce the risk of passing on the virus to their infants. Some mothers do not breastfeed on personal or social grounds. Without an infant suckling, milk production (lactation) eventually stops of its own accord. In the meantime, women can experience breast engorgement, leakage of milk, discomfort and pain. Clinicians may provide treatment to suppress lactation and reduce these symptoms. Binding the breasts or wearing a tight brassiere, applying an infra-red lamp, fluid and diet restrictions, external application of jasmine flower and ice packs are tried non-drug approaches. Drug treatments include oestrogens and bromocriptine which lowers prolactin levels. However, increased risks of thromboembolism, cerebral accident and myocardial infarction have been reported with their use.

The evidence to support treatments for preventing lactation is limited. The review authors identified 62 controlled trials that randomised a total of 6428 mothers to receive the treatment under investigation, no treatment or another treatment. Twenty-two trials did not contribute data to the meta-analyses. The trials were generally of limited quality and most were conducted among healthy women who chose not to breastfeed for personal reasons at hospitals in industrialised countries before 1980. Half of the trials involved bromocriptine. Two trials (107 women) reported that taking bromocriptine was better than no treatment in suppressing lactation in the first week after giving birth. The 11 trials using oestrogen preparations (diethylstilbestrol, quinestrol, chlorotrianisene, hexestrol) also showed suppression of lactation. A combination of testosterone and oestrogen preparations was of some benefit in reducing symptoms in three trials (436 women). Other pharmacologic agents (clomiphene, tamoxifen, prostaglandins, pyridoxine, oxytocin, L-dopa and homeopathic preparation) were tested in single small trials. Generally, side effects were poorly reported and no case of thromboembolism was recorded among trials that included it as an adverse treatment outcome. Most of the drugs tested are currently not available or registered for suppressing lactation. No trials compared non-drug approaches with no treatment and none of the included trials provided reliable data on women's satisfaction with the treatment.

MEDSCAPE – 86 ARTICLES REVIEWED

Homeopathy Has Clinical Benefits in Rheumatoid Arthritis Patients That Are Attributable to the Consultation Process But Not the Homeopathic Remedy

<http://www.medscape.com/viewarticle/742988>

Conclusion: Homeopathic consultations but not homeopathic remedies are associated with clinically relevant benefits for patients with active but relatively stable RA.

Research into the homeopathic consultation has identified contextual factors such as empathy and empowerment, ^[16] which may mediate the homeopathic process. Homeopathy consultations involve a complete exploration of the patient's emotional, spiritual and physical well-being to enable treatment of the whole person not just the illness.

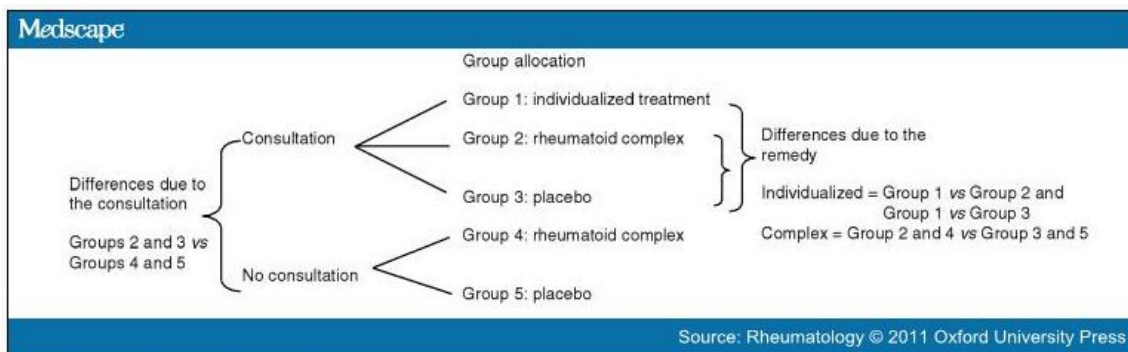


Figure 1.

Study design showing randomization scheme and specific contrasts.

Homeopathic Medicines for Children

<http://www.medscape.com/viewarticle/757591>

Reducing the toxicity of 18th century herbal and mineral concoctions was probably a sensible idea and was not controversial at the time. However, remedies are diluted to a degree where they are unlikely to contain any of the original substance. All modern scientifically trained practitioners find this lack of biological plausibility particularly difficult, and it has been used to criticise homeopathy.

The more dilute a homeopathic remedy, the more potent it is considered to be. The dilution process involves vigorous shaking ('succussion') of the preparation between dilutions as this is believed to 'potentise' the mixture by extracting a vital force from the substance.

Many materials used in the manufacture of homeopathic medicines are toxic, or have the potential to transmit infection or prion disease when an animal or human source is used

All medicines, including homeopathic remedies, require a licence or marketing authorisation from the Medicines Healthcare Regulatory Agency (MHRA) to ensure standards in manufacture and safety. Allopathic medicines have to demonstrate proof of efficacy before therapeutic indications for the product can be stated. This would normally involve randomised controlled trials or similar proof prior to licensure. This is problematic for homeopathy, where standard clinical trial data rarely show any difference from placebo.

Professional regulation is the key to ensuring the highest standards of practice of integrated medicine.

The majority of systematic reviews do not report positive findings for allopathic therapies and conclude that further research is required.

Patients and practitioners continue to rely upon homeopathy as a clinically based discipline because they find it effective, even when others say it is not.

A large study of unselected patients attending a Bristol homeopathic hospital showed that 70% had positive health outcomes following consultation.

Homeopathic Consultation effects

<http://boards.medscape.com/forums?128@424.QzbJag33h9w@.2a09a75d!comment=1>

The nature of the Homeopathic consultation appears to be more holistic (delving into spiritual and emotional arenas) than traditional medical visits. This could potentially be an important variable when one is trying to assess the efficacy of homeopathic remedies.

Patients receiving homeopathic consultation reported significantly less joint pain, improved mood and improved DAS28. Surprisingly, the number of swollen joints was reduced as well (I don't get this one). No clear effect from homeopathic remedies was noted. The authors concluded that the consultation (not the homeopathic remedy) provided clinical benefits for patients with RA.

How Healthy are Chronically Ill Patients After Eight Years of Homeopathic Treatment? -- Results From a Long Term Observational Study

<http://www.medscape.com/viewarticle/587371>

Conclusion: Patients who seek homeopathic treatment are likely to improve considerably. These effects persist for as long as 8 years.

All study physicians hold an additional certification in classical homeopathy and had at least three years of experience in its practice.

There were no relevant differences in children between those who stopped homeopathic treatment and those who continued, whereas in those adults who continued treatment we found slightly higher effects.

The mean change of the severity ratings after 8 years was large. This may be partly explained by placebo and/or regression to the mean effects that our study was not designed to control. We thus cannot rule out overestimation of the treatment effect.

Conclusion

Our findings demonstrate that patients who seek homeopathic treatment are likely to improve considerably, although this effect must not be attributed to homeopathic treatment alone. These effects persisted for 8 years.

Bitter Melon Extract and Homeopathic Remedies Inhibit Growth of Breast Cancer Cells

<http://www.medscape.com/viewarticle/717447>

"We were quite impressed to find that homeopathic remedies have similar effects to chemotherapy on breast cancer cells but without affecting normal cells, a very exciting finding."

A Double-blind Placebo-controlled Pilot Study of Sublingual Feverfew and Ginger (LipiGestic™M) in the Treatment of Migraine

<http://www.medscape.com/viewarticle/746814>

Sublingual feverfew/ginger appears safe and effective as a first-line abortive treatment for a population of migraineurs who frequently experience mild headache prior to the onset of moderate to severe headache. It appears to be well tolerated and has no known contraindications with other acute treatments for migraine.

This study suggests the remedy does not have a long-term component and also to be noted that the homeopathic remedy was not custom designed for each participant, in fact it had active ingredients other than sugar.

Science in One Room, Homeopathy in the Next?

<http://www.medscape.com/viewarticle/735358>

Includes a 2 minute video of Paul Offit, from the Division of Infectious Diseases at the Children's Hospital of Philadelphia.

What is oscillococcinum? You take the liver and heart of a Barbary duck, homogenize it, and dilute it 100-fold in water. Then you do another serial 100 fold dilution 200 times, which means that when you're done, there's not a single molecule of that Barbary duck's liver or heart left. In fact, if you look at the volume of the universe, which is roughly 3×10^{80} cubic meters, it's more dilute than that.

So what is oscillococcinum? It's basically a gram of sugar, yet it's being sold as something that helps flu-like symptoms, such as feeling run down, chills, and fever, when clearly it is a placebo. What's interesting is that the company was distributing literature showing how this was better than placebo, which is amazing considering that it is placebo.

I think at the very least, it's not fair to advertise something as having a physiologic or medical effect when in fact, it's simply a gram of sugar.

The FDA could choose to do something about this. They could crack down more on homeopathic medicines that are sold as drugs. This isn't something that would be protected by the 1994 Dietary Supplement and Health Education Act. At least to date, they've chosen not to do that.

Feverfew-Ginger Combo Safe, Effective in Treating Migraines

<http://www.medscape.com/viewarticle/745248>

An advantage of the sublingual administration is that it's absorbed through the mucosa of the tongue and mouth and avoids going through the gastrointestinal tract, he said.

A limitation of the study was that because numbness can be associated with ginger, this may have introduced a bias for participants aware of this potential distinction with placebo. But Dr. Cady said he had confidence in the blinding of the study. "Unless you were really a connoisseur of ginger you probably wouldn't be able to tell the difference."

A Sigh. Then a Diagnosis or Two.

<http://boards.medscape.com/forums?128@424.QzbJag33h9w@.2a3004b2!comment=1>

Author: Mark Crislip, MD, Infectious Diseases

Anyone that suggests homeopathy as a therapy is separated from reality as I understand it.

Double sigh. If the patient has bought into the fantasy world of alternative diagnosis and treatment then it may be a contentious interaction, because I hate telling patients that all the money and time they have spent has been, from my perspective, worthless. I hope that I can avoid being a jerk and stick to the medicine.

Possible Case of Mania Associated With Ma-Huang

<http://www.medscape.com/viewarticle/451851>

As homeopathic medicines continue to gain popularity, concerns have surfaced regarding the potential neuropsychiatric complications attributed to some of these agents. For example, herbal remedies such as St. John's wort and ginseng have generated reports of de novo manic symptomatology.

In addition, mounting reports suggest that supplements containing ma-huang may contribute to psychiatric sequelae

This is of concern because the lay public identifies ma-huang-containing products with their purported effects on appetite and weight, and the unregulated status of these products contributes to a high potential for misuse.

Ma-huang is derived from *Ephedra sinica* plant sources and can contain a variable ratio of ephedrine congeners. Ephedrine, like amphetamines, enhances norepinephrine release in central noradrenergic neurons.

The Food and Drug Administration (FDA) once proposed a rule that would limit the size of ephedrine alkaloid servings to less than 8 mg/6-hour period, limit maximum ephedrine alkaloid intake to less than 24 mg/day, and limit duration of consumption to a maximum of 7 days.

The FDA proposal was designed to address numerous documented health-related risks associated with these products, such as hypertension, stroke, and myocardial infarction. Because no formal ruling exists, manufacturers of herbal dietary supplements are not required to disclose ephedrine alkaloid content in their product labeling. Furthermore, many of these products exceed FDA recommendations for a single serving of an ephedrine alkaloid-containing product ([Table 1](#)).

Moreover, since weight gain is commonly associated with the first-line mood-stabilizing agents, patients receiving treatment for bipolar disorder may be more likely to seek adjunctive treatment with over-the-counter ephedrine alkaloid-containing products. These patients should be informed of the risks associated with these products because their preexisting psychiatric disorder may make them more susceptible to the adverse psychiatric effects related to ma-huang.

SPICE: The Use of Hawthorn Extract in Congestive Heart Failure

<http://www.medscape.com/viewarticle/554666>

Randomized trial with over 2500 patients.

The incidence of the trial's primary endpoint (composite endpoint of cardiac mortality, nonfatal myocardial infarction, and hospitalization due to progression of heart failure) was not significantly different between the active treatment and placebo groups (27.9% vs 28.9%, $P = \text{NS}$) ([Table 2](#)), by 24-month follow-up, there was no difference

hawthorn extract remains only a homeopathic treatment with, as of yet, no proven beneficial effect in CHF patients.

Independent Clinical Study Confirms Initial Findings on Over-the-Counter Cold Remedy

<http://www.medscape.com/viewarticle/411598>

Zicam, an over-the-counter homeopathic cold remedy conducted by lead investigator Dr. Michael Hirt, a graduate of Harvard Medical School and a clinical faculty member at the University of California at Los Angeles, confirm the previously announced findings of the company's initial internal study. According to the independent study, Zicam, a proprietary nasal gel, reduced the duration of the common cold by an average of 78% when taken at the onset.

Those patients taking Zicam resolved their symptoms an average of 78% faster than those patients receiving the placebo. There was quite a substantial difference in terms of how quickly people felt better about their symptoms."

Colds are generally caused when viruses bind with the ICAM-1 receptor sites on cells lining the nasal cavity. Scientists hypothesize that ionic zinc may fill grooves or canyons on the cold-causing viruses, inhibiting or blocking the virus's ability to bind to the receptor sites and interrupting the infection cycle. Zicam uses a proprietary gel matrix to apply an emulsification of ionic zinc directly to the nasal cavity.

As noted above this homeopathic product is not a sugar pill.

Bad Air

<http://boards.medscape.com/forums?128@424.QzbJag33h9w@.29f490ea!comment=1>

Mark Crislip, MD, Infectious Diseases

Malaria is endless interesting as a disease for its impact on human cultures. I have read that half of every one who as ever died has died of malaria and it still accounts for 500 million infections a year and a million deaths, mostly in children. About 1% of people who get malaria die from it.

Many malaria deaths are essentially murder. About half the antimalarials, and other antibiotics, sold in Asia and Africa are counterfeits that contain no active ingredients. They are placebo's, and placebos are not particularly effective against life threatening infections.

There are also people who sell homeopathic antimalarials. That boggles the mind. Water used to prevent and treat a disease that in most of the world has at least a 1% mortality rate.

But if you are going to travel outside of the industrialized nations, buy your antibiotics before you go. And stay away from homeopathy. Unless you want to die.

Hope, False Hope, and Marketing

<http://boards.medscape.com/forums?128@424.QzbJag33h9w@.2a01a6f8!comment=1>

Not wanting to accept the concept of doing nothing or the fact that this is no longer curable disease, he has sought an incredible number of additional opinions, primarily from people outside of traditional medicine. He and his wife have grilled me with questions about the value of vitamin C infusions, very strict diets, and a wide range of other interventions that unfortunately have no evidence to support being pursued. Frankly, I'm very concerned that many of the interventions he's desperately clinging to are more likely to harm than to help him.

He called to tell me that he got an opinion from someone in our community who is ostensibly an oncologist but who practices in a center that eschews the prevailing standards of care in favor of an integrated care model.

While I'm a fan of individualized treatment plans and can almost always understand the treatment recommendations of my oncology colleagues in my community, even if they aren't exactly what I would choose, the practitioners at this center are complete outliers. A friend who is a medical oncologist at a neighboring center once called one of the oncologists at this integrated care center to ask about the data to support a recommendation for a very unconventional approach, only to be admonished by the physician: "*I don't need data: I'm a healer.*"

I don't think that this claim is a fair one no matter who is offering it, but if you tell people what they want to hear, you can do very well. Integrity only provides so much in the way of checks and balances.

Complementary and Alternative Medicine in Dermatology

<http://www.medscape.com/viewarticle/769258>

According to survey data, 35–69% of patients with skin disease have used complementary and alternative medicine (CAM) in their lifetime.

The absence of an active ingredient in homeopathic preparations has led to questions regarding their mechanism of action and potential for toxicity. Is homeopathy simply a placebo? As such, can it be harmful? No systematic study of homeopathic adverse effects exists, but most investigators agree that harm may occur through the delay of potentially therapeutic conventional medicine or through the ingestion of unregulated ingredients.

Despite the paucity of research, as of a decade ago an estimated 2.5 million Americans used homeopathy. It is still the most widely sought alternative system among patients favoring CAM for the treatment of their skin diseases.

While no large-scale trials have been performed, a number of case reports and smaller studies have described positive results.

A homeopathic preparation of sublingual *Thuja occidentalis* (Eastern White Cedar), antimonium crudum (derived from antimony), and nitric acid on plantar warts showed no difference from placebo. Another study comparing an individually selected homeopathic treatment of warts in children with placebo showed no significant improvement. Sublingual *Arnica montana*, a plant in the sunflower family, did not prevent postoperative hematomas following saphenous vein stripping.

True homeopathic preparations require specific dilutions. However, in the US they are sold as dietary supplements and thus evade regulation by the FDA.

Is It Time For Headache Medicine to Complement "Convention" With Alternative Practices?

<http://www.medscape.com/viewarticle/746812>

While its effects seem to exceed those of placebo, reviews of relevant studies have indicated that the effectiveness of homeopathy in migraine is at best inconclusive. To be sure, the data on homeopathy for acute treatment of migraine are extremely limited, and what follows will summarize existing data from such acute feverfew studies as have been reported. All involved homeopathic and sublingual feverfew/ginger formulations.

Western Integrative Medicine (WIM) aspires to combine methods from all three – WM, CAM, and MBM – Mind/body medicine (MBM).

Evidence for the Efficacy of Complementary and Alternative Medicines in the Management of Osteoarthritis

<http://www.medscape.com/viewarticle/741637>

Homeopathic remedies in the treatment of OA were tested in three RCTs with a median Jadad score of 3. The efficacy of the homeopathic preparation (*Rhus toxicodendron* 12×, *Causticum* 12× and *Lac Vaccinum* 12×) in relieving knee pain associated with OA was assessed compared with paracetamol 2.6 g/day. In the first trial of 65 patients, no difference in outcome was found. The efficacy of *R. toxicodendron* 6× in relieving hip or knee pain associated with OA was assessed compared with placebo or fenoprofen 600 mg three times daily for a period of 2 weeks in a study of 36 patients. It was less effective than fenoprofen at reducing pain on movement and pain at rest and there was no difference from placebo. In the third trial of 184 patients, local application of a homeopathic remedy (*Spiroflor*), which contains *Symphytum officinale*, *R. toxicodendron* and *Ledum palustre* or piroxicam gel (0.5%) was applied as 1 g gel three times daily for 4 weeks. Overall, there was no difference in the level of pain reduction between the two groups. Only minor adverse symptoms were reported among persons taking the homeopathic remedies.

There was also some consistency to the evidence that Indian Frankincense, MSM and rose hip may be effective.

Oscillococcinum and Homeopathy - Manufacturer Offers Viewpoint

<http://www.medscape.com/viewarticle/739836>

For-Homeopathy :

2 double-blind, randomized clinical studies have been published on Oscillococcinum that refute his claim. These studies show that Oscillococcinum shortens both the severity *and* duration of flu-like symptoms.

Like many other medicines, the exact mechanism of its action is still under research. However, several studies demonstrate a difference in physical, chemical, and biological activity between homeopathic solutions and water prepared in the same.

In fact, homeopathic medicines are regulated as drugs by the FDA. To be placed on the market, a homeopathic drug must be listed with the FDA and manufactured in compliance with the FDA's current good manufacturing practices for drugs.

Response:

When studies are performed that supposedly show a difference between Oscillococcinum and placebo, one is faced with the question of how 1 gram of sugar can have a clinical effect that is detectably different from 1 gram of sugar (placebo). Although there are many things in nature that we don't yet understand, the chemistry of water isn't one of them. And the structure of water does not change because there was at one time the heart and liver of a Burberry duck somewhere in its distant past. (Frankly, given that there is a limited amount of water on earth, you don't want to know where it's been.)

I would challenge the makers of Oscillococcinum to submit their product to independent chemical testing. If it contains something other than 1 gram of sugar -- and preferably something that one could imagine would have an effect on flu-like symptoms -- I will change my stance.

Complementary and Alternative Medicine Use Among Adults With Migraines/Severe Headaches

<http://www.medscape.com/viewarticle/746815>

In summary, CAM use is significantly more common in US adults with migraines/severe headaches than those without, although few report use of CAM to treat migraines/severe headaches. Mind-body therapies are the most frequently used CAM therapy in adults with migraines/severe headaches. Given the high prevalence of use of CAM therapies in adults with migraines/severe headaches and the suggestive preliminary data, definitive randomized controlled trials are needed to understand the potential therapeutic benefits, mechanisms, side effects, and risks of CAM therapies in adults with migraines/severe headaches.

The Use of Pure and Impure Placebo Interventions in Primary Care

<http://www.medscape.com/viewarticle/743241>

It is crucial to distinguish between pure placebos and impure placebos. Pure placebos are substances or forms of treatment that have no pharmacological effect, e.g. sugar pills or saline infusions. Impure placebos have pharmacological effects, but the effect on the specific disease the substance is prescribed for has not been proven or is uncertain. Examples of impure placebos are vitamin infusions in the treatment of cancer or antibiotics for virally-caused common colds.

We asked physicians to state in their own words their definition of placebo and of the placebo effect... All but one of the interviewed PCPs discussed only pure placebos, and only one mentioned that there are different kinds of placebos, distinguishing pure from impure placebos. It can thus be deduced that the majority of PCPs are not sufficiently informed to distinguish between pure and impure placebos and that they are not aware of the (impure) placebo effect of vitamins or antibiotics.

"I think that a GP consultation in itself often creates a placebo effect without the physician even being aware of it"

is classical homeopathy, where I think the patient's feeling of being cared for and the relationship to the physician account for much of the effect.

It is also important to find a standardised definition of the effect of placebo treatment in order (1) to accurately evaluate the effect of any drug therapy, (2) to compare study results with each other, and finally (3) to draw conclusions about the overall effect of placebo interventions, for example in a systematic review.

There is evidence that patients suffering from pain or depression respond particularly well to placebos, whereas patients treated for cancer, nervous diseases and substance abuse seem to have a lower than average response.

the effect of treatment with a placebo on the patients' subjective feeling of being unwell is greater than the actual objectively measurable healing effect is.

Since PCPs were aware of such deception and of thus being in a legal grey zone, they gave the patient only general information in situations in which they used placebos.

An Evaluation of the Evidence in "Evidence-based" Integrative Medicine Programs

<http://www.medscape.com/viewarticle/711463>

Homeopathic drugs are regulated differently by the FDA than conventional medications or dietary supplements. Under the provisions of the Food, Drug, and Cosmetic Act of 1938, all homeopathic remedies listed in the homeopathic pharmacopoeia of that time were exempted from tests for efficacy or safety. As stated on the FDA Web site, "Manufacturers of homeopathic drugs are deferred from submitting new drug applications to the FDA. Their products are exempt from good manufacturing requirements related to expiration dating and from finished product testing for identity and strength."

What is the evidence for the efficacy of homeopathic remedies? A widely cited 1997 publication concluded that the results of our meta-analysis are not compatible with the hypothesis that "the clinical effects of homeopathy are completely due to placebo." After critics pointed out that 68 of the 89 trials included in the meta-analysis were of poor quality, the authors reexamined the same data two years later and concluded that "studies with better methodological quality tended to yield less positive results." A later meta-analysis, which identified only eight trials that met higher standards for quality, concluded that "homeopathy was only very marginally more effective than placebo." That report was accompanied by an editorial in *The Lancet* entitled "The end of homeopathy." Despite these analyses demonstrating no clear benefit for homeopathy beyond a placebo effect, ¹ advocates continue to cite the 1997 publication as evidence for homeopathy's efficacy.

Homeopathy has been more popular in Europe than in the United States. In 2007, the West Kent Primary Care Trust, a unit of the British National Health Service, commissioned a review of studies of homeopathy. On the basis of findings that "there was insufficient evidence of effectiveness and very little evidence about cost-effectiveness," the trust phased out funding for homeopathy. Other trusts have also either stopped referring patients to homeopathic hospitals or have strictly limited referrals.

There is no specific curriculum content about homeopathy on other integrative medicine Web sites, but the clinical services offered in many integrative medicine clinics include homeopathy and naturopathy, which include homeopathic therapy.

Few publications after 2003 are cited, which include most of the best-quality trials of CAM therapies, and the sites have not been revised to take into account new data. The evidence base of these programs fails to meet the generally accepted standards of EBM, and its representation as "evidence based" is misleading.

Larger, more rigorous, independently funded clinical trials performed during the last decade have not confirmed the positive results of earlier trials, and systematic reviews have pointed out the methodological shortcomings of those trials. The failure of integrative medicine programs to update their database and revise their evaluations of therapies suggests a lack of genuine commitment to evidence-based medicine.

An Evaluation of the Evidence in "Evidence-based" Integrative Medicine Programs

Donald M. Marcus, MD, Laurence McCullough, PhD, Academic Medicine. 2009;84(9):1229-1234.

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Discussion

The Quality of Evidence in Integrative Medicine Curricula

In general, the evidence base used by the integrative medicine programs whose Web sites contain relevant information includes only studies reporting positive outcomes, regardless of the studies' quality. Few publications after 2003 are cited, which include most of the best-quality trials of CAM therapies, and the sites have not been revised to take into account new data. The evidence base of these programs fails to meet the generally accepted standards of EBM, and its representation as "evidence based" is misleading. The AMSA EDCAM modules, which are used widely by integrative medicine programs, are uncritical endorsements that were written by practitioners and advocates of CAM. The University of Washington School of Medicine's site ^[4] is more critical in evaluating the efficacy of alternative therapies, but its references have not been updated since 2003. Because our analysis focused only on institutions that received education grants from NCCAM, curricula used by other integrative medicine programs should also be reviewed.

In retrospect, the premise of the NCCAM education grant program, that there was solid evidence supporting the efficacy of alternative therapies, was incorrect. Larger, more rigorous, independently funded clinical trials performed during the last decade have not confirmed the positive results of earlier trials, and systematic reviews have pointed out the methodological shortcomings of those trials. The failure of integrative medicine programs to update their database and revise their evaluations of therapies suggests a lack of genuine commitment to evidence-based medicine. Moreover, some integrative medicine programs question the validity of randomized, controlled trials for studying alternative therapies, and they promote the acceptance of traditional beliefs. The University of North Carolina at Chapel Hill School of Medicine's Program in Integrative Medicine Web site contains a general monograph entitled "Assessing the Effectiveness of Complementary and Alternative Medicine." The monograph is skeptical of the value of randomized, controlled trials in evaluating healing systems. It makes a distinction between the efficacy of a treatment, its "internal validity" as analyzed by a randomized, controlled trials, and its effectiveness or "external validity," that is, whether it is perceived to work in clinical practice. In other words, it discounts evidence in favor of anecdotes and clinical impressions. This issue was discussed by Dr. Stephen Straus, the former director of

NCCAM, and his colleagues who concluded, "We argue that public health and safety demand rigorous research evaluating CAM therapies."

The remarkable improvement in the practice of medicine during the last 50 years was made possible by advances in biomedical science and evidence-based therapeutics. Readers of the *British Medical Journal* voted evidence-based medicine as one of the 15 most important medical milestones since 1840.

Traumeel S[®] for Pain Relief following Hallux Valgus Surgery: A Randomized Controlled Trial

<http://www.medscape.com/viewarticle/720883>

Traumeel S[®] is an over-the-counter homeopathic preparation composed of extracts from a combination of plants and minerals that have been highly- diluted, though not beyond Avogadro's number

Traumeel was not superior to placebo in minimizing pain or analgesic consumption over the 14 days of the trial. A transient reduction in the daily maximum post-operative pain score on the day of surgery is of questionable clinical importance.

This trial has several limitations. By choosing a cumulative 14-day measure for our primary outcome, we may have inadvertently diluted any effect that may have been present in the first days after surgery - those with the greatest pain. Homeopathic purists may find fault in the administration of a standardized combination homeopathic formula to all patients, based upon clinical diagnosis – as opposed to the individualized manner dictated by standard homeopathic practice. We were aware of this limitation at the outset; however, performing an individualized RCT would be far more complex, time-consuming, and fraught with methodological pitfalls. The mode of administration of the remedy may have played a role as well. In contrast to our pilot study, in the current study, for the sake of simplicity we chose to use only oral administration of the study medication, under the assumption that its effect would be similar to that of injection followed by oral therapy. In retrospect, that assumption may have been mistaken.

Complementary and Alternative Medicine Use in England: Results from a National Survey

<http://www.medscape.com/viewarticle/730431>

Complementary and alternative medicine (CAM) has become an important feature of healthcare.

Demographic Characteristics of CAM Users Female respondents (19.6% male, 31.8% female, $\chi^2 = 144.31$, $p < 0.001$), white respondents (26.8% white, 21.8% non-white, $\chi^2 = 6.98$, $p < 0.01$), those with a university qualification (35.3% university education, 22.9% no university education, $\chi^2 = 14.25$, $p < 0.001$), those who work in a professional/managerial role (32.9% managerial, 21.7% non-managerial, $\chi^2 = 119.38$, $p < 0.001$), who own their own property (26.7% own, 22.3% do not own, $\chi^2 = 29.05$, $p < 0.001$), who have above average income (33.7% \geq £24,711, 22.8% $<$ £24,711, $\chi^2 = 90.84$, $p < 0.001$) and in active employment (30.9% in active employment, 20.8% not active, $\chi^2 = 98.02$, $p < 0.001$) were more likely to use CAM. CAM users were also younger (CAM users: 46.8 ± 15.5 years, non-users: 49.1 ± 19.3 years, $t = 5.37$, $p < 0.001$) than non-CAM users.

Health Characteristics of CAM Users Respondents who are obese (28.7% BMI ≥ 30 kg/m², 25.7% BMI < 30 kg/m², $\chi^2 = 5.90$, $p < 0.05$), have no mobility problems (27.7% no problems, 24.1% mobility problems, $\chi^2 = 6.89$, $p < 0.01$), have pain (29.7% pain, 25.7% no pain, $\chi^2 = 12.44$, $p < 0.001$), anxiety or depression (35.0% with anxiety/depression, 25.3% no anxiety/depression, $\chi^2 = 50.47$, $p < 0.001$), or a longstanding illness, disability or infirmity (28.5% with longstanding illness, 24.4% no illness, $\chi^2 = 15.79$, $p < 0.001$) were more likely to use CAM. CAM users perceived themselves as having reduced levels of perceived social support (CAM users: 19.9 ± 2.2 , non-users: 19.6 ± 2.3 , $t = -4.83$, $p < 0.001$) and poorer psychiatric health as per the GHQ (CAM users: 1.6 ± 2.8 , non-users: 1.1 ± 2.4 , $t = -6.87$, $p < 0.001$) compared with those who had not used CAM. No significant differences between CAM users and non-users were noted in medication use (28.9% taking medications, 27.8% not taking, $\chi^2 = 0.815$, $p = 0.867$), in the proportion with problems with self-care (27.0% no problems, 26.9% problems, $\chi^2 = 0.001$, $p = 0.978$), problems with usual activities (29.2% problems 27.5% no problems, $\chi^2 = 1.236$, $p = 0.266$) or difficulty walking quarter of a mile (17.3% no problems, 15.5% problems, $\chi^2 = 0.687$, $p = 0.407$).

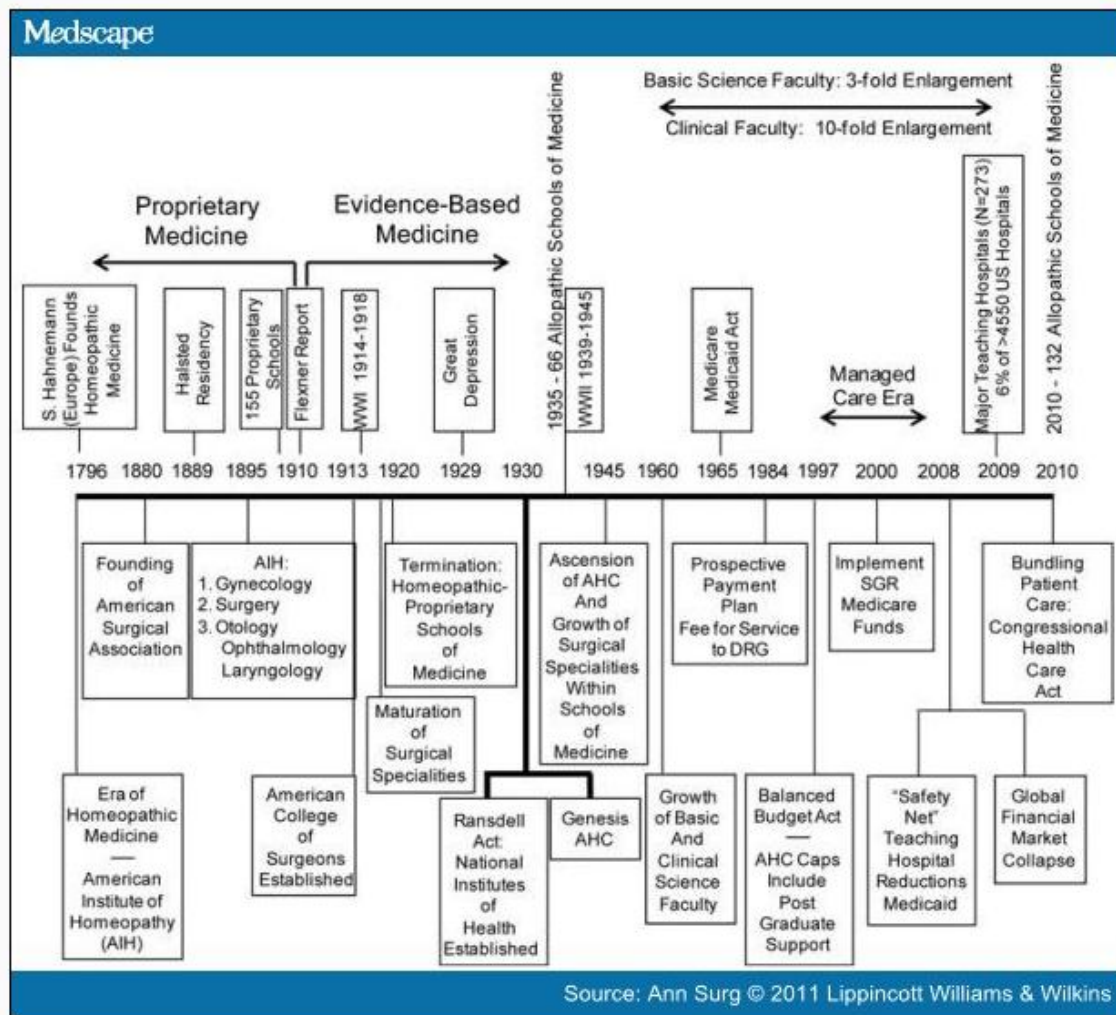
Lifestyle Characteristics of CAM Users Respondents who are a member of a religious group or organization (29.2% members, 39.7% non-members, $\chi^2 = 27.35$, $p < 0.001$), do not smoke (29.4% non-smokers, 24.9% smokers, $\chi^2 = 9.61$, $p < 0.01$), consume five or more portions of fruit and vegetables every day (33.2% ≥ 5 portions, 23.6% < 5 portions, $\chi^2 = 73.69$, $p < 0.001$) and take vitamins/supplements (39.7% taking supplements, 23.1% not taking, $\chi^2 = 159.90$, $p < 0.001$) were significantly more likely to use CAM.

Predictors of 12 Month CAM Use A first regression model (R Square 0.082) was used to investigate whether socio-demographic factors predict CAM use. It showed that CAM-users were more likely to be female (OR 2.107, 95% CI: 1.870, 2.376), white (OR 1.331, 95% CI: 1.039, 1.704), have a university education (OR 1.441, 95% CI: 1.257, 1.651), work in a professional/managerial role (OR 1.336, 95% CI: 1.169, 1.527), have a household income above the 2005 national average (OR 1.162, 95% CI: 1.010, 1.336) and be in active employment (OR 1.449, 95% CI: 1.263, 1.662). In addition, using CAM was associated with decreasing deprivation (OR 0.748, 95% CI: 0.884, 0.970). Age was not a significant independent predictor of 12-month CAM use (OR 0.997, 95% CI: 0.993, 1.001).

Preserving Surgical Academia in the Centenary of the Flexnerian Academic Health Center

<http://www.medscape.com/viewarticle/748888>

This article offers to most detailed account of the history of Homeopathy of all reviewed articles. Reader is encouraged to read entire publication.



Federal Agencies Act to Remove hCG Weight Loss Products

<http://www.medscape.com/viewarticle/754956>

December 6, 2011 — The FDA and the Federal Trade Commission today took joint action against several companies selling over-the-counter hCG products that falsely and illegally claim to promote weight loss.

Labeled “homeopathic” by the seven companies who received the letters,

Product name: HCG Diet Homeopathic Drops, Homeopathic HCG, and others. The companies have 15 days to correct the violations or face seizure, injunctions, criminal prosecution, or other legal actions.

Rheumatology Today and in the Future

<http://www.medscape.com/viewarticle/755347>

While homeopathic remedies in themselves were not observed to be effective, the detailed, prolonged and empathic homeopathic consultation was associated with a mean decrease in DAS-28 of >0.5. Could this be telling us that we have forgotten how to listen to our patients?

Sub-threshold Depression and Antidepressants Use in a Community Sample

<http://www.medscape.com/viewarticle/754401>

Homeopathic treatments seem to be typically used in Sub-threshold depression with a statistically significant difference only when compared to not-depressed people.

Fatal Invasive Cervical Cancer Secondary to Untreated Cervical Dysplasia

<http://www.medscape.com/viewarticle/748887>

Conclusion: This case clearly demonstrates a caveat against the promotion and use of complementary alternative medicine as pseudo-immunologic approaches outside evidence-based medicine paths

Are Saline Irrigations Effective in Relieving Chronic Rhinosinusitis Symptoms?

<http://www.medscape.com/viewarticle/750585>

Because of these obstacles, health care providers are searching for and using evidence-based alternative therapies to help treat this common illness. One such treatment is nasal saline irrigation (NSI). While this treatment is often discounted as homeopathic and likely originated in the Ayurvedic medical tradition, it is growing in popularity.

The conclusions of the reviewed studies neither support nor refute the efficacy of NSIs and the treatment options of CRS.

Although the conclusions of the reviewed studies conflict equally on NSI efficacy and CRS treatment options, the therapy appears to pose no significant health risk and can be a cost-effective alternative to more aggressive or expensive therapies.

Naturopathy, Pseudoscience, and Medicine: Myths and Fallacies vs Truth

<http://www.medscape.com/viewarticle/471156/>

Article mentions that naturopathic doctors may study homeopathy as continuing education credits:

The answers to these questions are clear and inescapable. For further evidence, I invite readers to examine the continuing education course listings of the Oregon Board of Naturopathic Examiners.^[7] If readers aren't familiar with "cranial adjusting," "Nambudripad's allergy elimination techniques," "anthroposophical medicine," homeopathy, applied kinesiology, the ACAM (the major organization advocating EDTA "chelation therapy" for atherosclerosis), "the sanctity of blood" (a code for opposition to vaccinations) and the rest, they can find explanations at *Quackwatch.org*. The endorsement of such practices by a state naturopathic licensing board also demonstrates that licensing NDs doesn't protect the public. Rather, it shields quackery from the scrutiny of the law.

Complementary and Alternative Therapy Use by Older Adults in Three Ethnically-Diverse Populations: A Pilot Study

<http://www.medscape.com/viewarticle/470703>

Therapies are called complementary when they are used in addition to conventional medical practice and alternative when they are used in place of conventional medical practice.

Complementary therapies, according to Norton,^[9] have the capability to enhance current nursing and medical practice. Examples of complementary therapies include such interventions as massage, dietary modifications, biofeedback, and guided imagery.

Another definition of CAT is a wide sphere of healing resources that encompass all health systems, modalities, practices, and their accompanying theories and beliefs, other than those fundamental to the dominant health system of a specific society or culture in a given historical period.^[10] Alternative therapies such as homeopathy and diet fads are offered as replacements for traditional Western medicine. For the purposes of this study, the term CATs is used to encompass complementary and alternative therapies.

According to a survey of 699 patients aged 64 years and older with cancer recruited from 24 community hospitals and affiliated cancer programs, 33% were using CAT.^[16] Analysis of the only nationally represented telephone survey of 2055 adults^[4] demonstrated that 30% (311) of respondents 65 and older reported using at least one CAT in the last year.^[17]

Table 3. Number of Respondents Reporting Reason for Use of Therapy by Site*

Therapy	Health Promotion			Pain Management			Symptom Management			Other Use		
	Sites			Sites			Sites			Sites		
	1	2	3	1	2	3	1	2	3	1	2	3
Hypnosis	0	0	0	0	0	0	0	0	0	0	0	0
Imagery	3	1	7	1	0	1	0	0	0	0	1	0
Meditation	1	2	5	1	0	1	0	0	0	1	0	0
Massage	2	0	3	2	4	5	0	1	0	0	0	0
Chiropractic	0	0	0	2	2	2	2	0	1	0	0	0

Yoga	1	1	0	0	0	0	0	0	1	0	0	0
Tai Chi	1	0	2	0	0	0	0	0	1	0	0	0
Acupressure	2	0	0	0	0	0	0	2	1	0	0	0
Acupuncture	0	0	0	0	0	0	0	0	1	0	0	0
Reflexology	1	0	3	1	0	1	0	0	0	0	2	0
Magnets	1	0	0	1	0	3	0	0	1	0	0	0
Touch therapies	1	1	1	1	0	0	0	0	0	0	0	0
Biofeedback	1	0	7	1	1	1	0	0	0	0	0	1
Aromatherapy	2	1	2	0	0	0	0	0	1	3	3	0
Folk remedies	1	6	6	2	0	1	1	1	0	0	0	0
Prayer	8	10	13	0	2	1	1	0	0	3	1	0
Vitamins	7	12	13	0	1	1	0	1	0	0	0	0
Diet	4	5	9	0	0	1	1	1	1	0	0	0
Homeopathy	1	0	2	0	0	0	0	0	0	0	0	0
Herbs	4	2	0	0	0	0	1	1	0	0	0	0

Two most common used: Prayer and vitamins.

Homeopathy came in 4th to last most commonly used.

All of the participants were most knowledgeable (in rank order) about prayer, vitamins, diet, massage, and meditation. The participants were least knowledgeable about homeopathy, Tai Chi, touch therapy, acupressure, and aromatherapy.

King et al^[24] and Pettigrew and King^[25] found prayer to be the most frequently used therapy in their study of nurses, and Dunn and Horgas^[26] reported that 84% of older adults used prayer as an alternative therapy for coping with stress. Prayer was also found to be the most prevalent therapy used overall by American adults.^[27] The frequent use of diet, massage, and meditation is also supported by the findings of King et al^[25] and Pettigrew and King.^[24] Wooten and Sparber^[28] found in nearly all surveys reviewed that the most popular therapies were related to relaxation, exercise, and massage. This small sample seems to parallel the findings of other researchers. These particular therapies are usually not expensive or harmful. However, with more and more

older adults using them, it may be an indication that they are searching for a change from their present lifestyle. Because the study participants reported the most common reason for use of the therapies was to stay healthy, followed by pain management, and finally, symptom management, older adults appear to be looking for an improved quality of life

These same reasons were also reported when 65 Canadian older adults, aged 66 to 100 years, were interviewed.

Because nurses practice in a holistic framework with their focus on health and well-being rather than on diagnosis and curing,^[35] nurses are obligated to be knowledgeable about CATs to help clients make responsible choices regarding these therapies.

Naturopathy: A Critical Appraisal

<http://www.medscape.com/viewarticle/465994>

They state that they can "boost the immune system" with herbs and homeopathic preparations.

They have been steeped in homeopathy and other highly implausible, ineffective practices.

Those who believe that regulation is a substitute for evidence will find that even the most meticulous regulation of nonsense must still result in nonsense.^[53]

Alternative Approach to Treating Allergies: The Wonders of Nature

<http://www.medscape.com/viewarticle/544051>

Many individuals experience remarkable outcomes from natural remedies. Only recently, however, has Western medicine begun to appreciate the wisdom offered by natural or so-called complementary and alternative medical (CAM) treatments.

One major philosophical difference between conventional medicine and CAM practices is that the former treats or, rather, masks symptoms while the latter appreciates symptoms as the body's natural alert. Drugs, the most popular Western modality:

- Tend not to treat the root cause of disease;
- Have potentially harmful side effects; and
- Do not generally prevent recurrence of disease

Echinacea is known for the treatment of rhinitis; yet, several studies have found no benefit to its use for this specific symptom.^[7]

Natural Does Not Mean Safe

It is vital to remember that even natural, homeopathic, or herbal remedies can be toxic if:

- Taken in incorrect doses;
- Mixed with medications; and
- Used for the wrong reasons.

Being "natural" does not ensure safety. Becoming informed is an essential prerequisite to advising about safe treatments.

Healing the Heart: Integrating Complementary Therapies and Healing Practices Into the Care of Cardiovascular Patients

<http://www.medscape.com/viewarticle/436705>

Complementary therapies and healing practices have been found to reduce stress, anxiety, and lifestyle patterns known to contribute to cardiovascular disease. Promising therapies include imagery and hypnosis, meditation, yoga, tai chi, prayer, music, exercise, diet, and use of dietary supplements.

For many cardiovascular patients, stress and underlying lifestyle patterns are among the well documented risk factors known to contribute to both the development of cardiovascular disease and to recovery. These risk factors include anger,^[1] hostility,^[2] social isolation,^[3] stress,^[4] anxiety,^[5,6] and depression.^[7]

Dean Ornish, MD, published numerous papers throughout the 1980s and 1990s, demonstrating that lifestyle changes, including low-fat diet, exercise, yoga, and group support, can impact the course of, and in many cases even reverse, severe coronary artery disease.^[8-10] In his recent book *Love and Survival: The Scientific Basis for the Healing Power of Intimacy*,^[11] Ornish notes that scientists and practitioners have long believed that the benefits of his program are due to diet and exercise changes. They have often overlooked the evidence that stress management techniques are as strongly correlated with changes in coronary artery disease as is adherence to diet. He goes on to note that as important as changes are in cardiac positron emission tomographic scans and arteriograms, there are even more important outcomes that patients and their families experience that are more difficult to quantify. These include: rediscovering inner sources of peace, joy, and well-being; learning how to communicate in ways that enhance intimacy with loved ones; creating a healthy community of friends and family; developing more compassion and empathy for themselves and others; and directly experiencing the transcendent interconnectedness of life.

There is a growing body of empiric evidence that "healing the heart" requires care of the whole person -- the body, mind, and spirit.

Alternative medical systems have their own theories about the causation of disease and ways to promote health and wellness.

- Traditional Oriental medicine is based on a belief that disease is caused by blockages or imbalances in qi (pronounced chi), or vital energy. Therapeutics such as acupuncture, acupressure, herbal therapies, and qi gong (described below) are believed to improve the flow or balance of qi.
- Ayurvedic medicine, India's traditional system of medicine, is more than 5000 years old. Ayurveda means the "science of life." Therapies are designed to restore the inner harmony of the individual and emphasize care of the mind, body, and spirit. Ayurvedic treatments include diet, exercise, meditation, herbs, massage, and controlled breathing.
- Homeopathy is a western system of care that is based on the belief that very dilute substances or remedies are able to stimulate a healing response. The system is based on the theory that "like cures like." The same substance that in large doses produces the

symptoms of an illness, in very dilute doses is believed to cure it. Homeopathic preparations are derived from plants and minerals.

- Naturopathy emerged in the late 19th century in America. The underlying belief is that the body naturally heals itself. Naturopathic practitioners use a wide array of healing practices, including diet and clinical nutrition, homeopathy, acupuncture, herbal medicine, hydrotherapy, spinal and soft-tissue manipulation, and physical therapies, as well as modern conventional practices, such as surgery and drugs.
- Culturally based or indigenous healing practices vary considerably, although many hold in common the use of herbs, healing rituals and ceremonies, and other spiritual practices.

Herbs are the fastest-growing segment of the pharmaceutical industry. Sold as "dietary supplements," they may be purchased over the counter in health food stores, drugstores, supermarkets, and convenience stores. Although the research evidence is accumulating that demonstrates the therapeutic benefit of some herbs, there continues to be concerns about the lack of standardization of products and product purity.

Nursing has documented that a number of complementary therapies are an integral part of nursing's body of knowledge.

No clear directives are available that prescribe which of the complementary therapies should be taught in schools of nursing or continuing education programs. No health profession or discipline *owns* specific complementary therapies.

The most commonly reported therapy was prayer (51%), followed by vitamin supplementation (37%), chiropractic (26%), and massage (20%). Only 14% of patients surveyed indicated that they did not feel that complementary approaches to healing were beneficial (i.e., help fight illness).

On an outpatient basis, most complementary therapies are paid for out of pocket. Reimbursement varies considerably, depending on the health plan and the type of complementary therapy. Third-party payers reimburse only about 20% of complementary therapies at this time. Reimbursement is directly related to research evidence. As evidence accumulates that a therapy is safe and efficacious, it is more likely to be reimbursed. Acupuncture, for example, is now often reimbursed for patients with chronic pain.

The overall lack of reimbursement for complementary therapies significantly influences who can access these services. Access is largely limited to people who can afford to pay for these services out of pocket.

The Case of an Educated Woman With Fibromyalgia Seeking CAM Therapies

<http://www.medscape.com/viewarticle/731309>

People are most likely to seek CAM therapies for conditions that are chronic and do not have an effective single remedy,^[7,8] and fibromyalgia meets both of these criteria. Fibromyalgia is more likely to be self-treated with CAM than other rheumatologic diseases, such as osteoarthritis and rheumatoid arthritis.

Patients in rheumatology outpatient clinics used a mean of 2 CAM treatment modalities, the most popular being acupuncture and homeopathy (41% and 44%, respectively).

According to a survey of ACR members,^[14] rheumatologists reported knowing enough about an average of 10 of 22 listed CAM therapies to discuss them with patients. They considered 9 of the 22 modalities to be legitimate, and had referred patients for 8 of the 22 treatments. In this study, the most commonly endorsed therapies by medical practitioners were acupuncture, biofeedback, counseling/psychotherapy, transcutaneous electrical nerve stimulation (TENS), exercise, and massage. The least endorsed were spiritual healing (meditation and prayer), manipulation, hypnotherapy, energy healing, and homeopathy.

Practitioner age, sex, and other factors did not influence the decision to recommend the CAM modality to patients.

As would be expected, CAM practitioners are more likely than other practitioners to recommend CAM modalities.^[16] When asked about the likelihood of recommending CAM for specific conditions, respondents from different CAM organizations chose 7 common conditions deemed to benefit from 12 therapies. These therapies included aromatherapy, Bach flower remedies, Bowen technique, chiropractic, homeopathy, hypnotherapy, magnet therapy, massage, nutrition, reflexology, Reiki, and yoga. The conditions were, in order of frequency: stress/anxiety; headaches/migraine; back pain; respiratory problems; insomnia; cardiovascular problems; and musculoskeletal problems. Thus, the likelihood of patients with fibromyalgia being referred for CAM therapies would be expected to increase as they see more CAM practitioners.

Complementary and Alternative Approaches to Pain Relief During Labor

<http://www.medscape.com/viewarticle/570648>

These methods are popular because they emphasize the individual personality, and the interaction between mind, body and environment.^[2] They are attractive to people who want to be more involved in their own care and feel that such therapies are more in harmony with their personal philosophies.

Alternative methods deal mainly with emotional considerations.

Homeopathy involves the use of diluted substances that cause symptoms in their undiluted form. According to homeopathic theory, remedies stimulate the self-healing mechanism. The amount of medicine prescribed is so small that it often cannot be measured in molecular amounts.^[30] We found no studies evaluating the effect of homeopathic treatment on labor pain. Smith^[31] has reviewed cervical ripening and labor induction by "caulophyllum". There were no differences between the homeopathy and control groups in a randomized, controlled trial involving 40 women.

Readers' and Author's Responses to "Whatever Happened to Plausibility as the Basis for Clinical Research and Practice After EBM and CAM Rushed in?"

<http://www.medscape.com/viewarticle/557126>

In regard to Dr. Sampson's comments on "implausible methods, such as homeopathy, unrefined plant products, prayer, and acupuncture," it seems to me that rather than "plausibility retreats before...relativism," his comments illustrate that strongly held opinions fail to retreat, even in the face of inconvenient facts.^[1]

In regard to homeopathy, I'm more receptive to his skepticism. However, the phenomenon of hormesis, in which tiny amounts of toxic substances may elicit favorable responses from intact organisms, suggests a theoretical basis for activity of homeopathic remedies.^[3] (This in no way defends the plausibility of diluting a substance down to nothingness and then claiming that its potency has thereby been increased.)

Outcomes of Self-help Efforts in Anxiety Disorders

<http://www.medscape.com/viewarticle/711635>

Review of Efficacy One systematic review focusing specifically on homeopathy for anxiety and anxiety disorders has recently been published.^[24] Although it found a number of RCTs to review, only one was in a population with a diagnosed anxiety disorder. This trial included in 44 adults with generalized anxiety disorders and compared treatment with single homeopathic medicines prescribed on an individualized basis or placebo for 10 weeks. Anxiety symptoms significantly improved in both groups, but the study was underpowered to detect a difference in improvement between groups.

Why the NIH Trial to Assess Chelation Therapy (TACT) Should Be Abandoned

<http://www.medscape.com/viewarticle/570625>

The Rise of Activism-Based Medicine: *Laetrile* Spawns Chelation

In their early days many chelation advocates also favored, and some still favor, the lucrative quack cancer treatment *Laetrile*. Most chelationists still offer other dubious treatments, such as IV hydrogen peroxide, "detoxification," hair analysis, "antineoplastons," "live cell therapy," coffee enemas, "ozone therapy," magnets, homeopathy, and more, while denigrating the methods of modern medicine and public health, including surgery, pharmaceuticals, immunizations, fluoride, and controlled clinical trials.

In our opinion, the activities and associations of chelation practice co-investigators should have disqualified almost all of them. Contrary to language in the 2001 TACT protocol, few if any "have substantial experience in the treatment and management of CAD and in the design, implementation, and evaluation of clinical trials."^[4] Rather, most have denigrated proven treatments for CAD and other serious diseases, instead offering "genuine practice builders,"^[199] such as chelation, NanobacTX, *Laetrile*, antineoplastons, IV hydrogen peroxide, detoxification, "longevity medicine," "energy medicine," shark cartilage, "immune boosters," homeopathy, "magnetic healing," "antiyeast medicine," "Wilson's thyroid syndrome," "colon hydrotherapy," and more.^[7] At least 18 have been subjected to state medical board actions, criminal convictions, or federal civil judgments^[200,201] At least 3 are convicted felons.

In 1992 Carter published a book alleging a conspiracy of the American Medical Association, the FDA, the US Postal Service, the FTC, the IRS, the NIH, Medicare, Blue Cross Blue Shield, other private health insurers, drug companies, the American Hospital Association, the American Cancer Society, the AHA, medical journals, medical schools, state licensing boards, and other entities.^[94] These institutions, according to Carter, were in collusion to "suppress" *Laetrile*, krebiozen, chelation, chiropractic, homeopathy, antineoplastons, "body detoxification," "immune system stimulation," "herbal medicine," coffee enemas, numerous other "alternatives," and even the Church of Scientology. In his book, Carter argued that there is no

question that "chelation works," citing "published medical evidence" (eg, the articles reviewed here) and using phrases, such as "beyond a shadow of a doubt" and "the case against EDTA chelation therapy, on the basis of lack of efficacy and scientific medicine, is closed!"^[94]

Should Medical Schools Teach "Integrative Medicine"?

<http://www.medscape.com/viewarticle/565472>

The 1910 Flexner Report,^[2] as the story goes, criticized CAM's widespread influence in medical school. The Report prompted a revolution, standardizing a medical education that is based on scientific principles and demonstrable facts.

Make no mistake, though: There *has* been a sweeping change in medical education over the past decade. It's just not the teaching of CAM. Instead, it's a focus on evidence-based medicine (EBM) that is infiltrating school curricula.

Clinicians have responded. New drugs and diagnostic tests are subject to more rigorous study. Old therapies, given routinely because they made sense physiologically or because they seemed to work in mice or in small observational studies, are finally getting proper scrutiny.

Prophylactic administration of class I antiarrhythmics after myocardial infarction -- which was once so indoctrinated that people feared it would be unethical to withhold the drugs from study control groups^[11] -- is now a historical footnote. Hormone replacement therapy for postmenopausal women, which seemed so reasonable a decade ago, is much less common^[12] thanks to large, randomized trials. Even the uncontroversial rudiments of medicine, such as which fluids to push in which patients^[13] or what cold remedies actually work,^[14] are being addressed.

By 2002, most US medical schools (98 out of 126) were teaching about CAM practices in 1 or more required courses.^[15] The material that was being taught was mostly uncritical: Less than one fifth of CAM courses included "critical evaluation of the scientific literature," and almost four fifths were taught by a "CAM practitioner" who was likely to be an enthusiast, not a critic. Many of the modalities being taught had little scientific justification. These included homeopathy (taught in 58% of courses);

Ultra-targeted APBI Using TARGIT—A Cautionary Note

<http://www.medscape.com/viewarticle/734875>

Furthermore, a lead TARGIT investigator, has highlighted that the UK National Health Service wastes £4 million annually on homeopathy, which he argues could be used to provide TARGIT.

Consensus on Drug Treatment, Definition and Diagnosis for Insomnia

<http://www.medscape.com/viewarticle/456734>

Insomnia is a medical disorder that can become significant in itself or as a secondary manifestation of some other disease.^[22] It is also a common problem that is nevertheless under-diagnosed. Increased awareness, diagnosis and treatment is required;^[22] only 5% of patients with insomnia specifically consult their physician, while 70% never inform their doctor of their disorder.^[26] Moreover, it should be taken into account that insomnia is often the only symptom of a psychiatric or neurological disease that has not yet been diagnosed.

Homeopathy. Although widely used, there are no data to either support or question the therapeutic efficacy of homeopathy.

Trends in Complementary/Alternative Medicine Use by Breast Cancer Survivors: Comparing Survey Data from 1998 and 2005

<http://www.medscape.com/viewarticle/560310>

Now that more than 80% of all women with breast cancer report using CAM (41% in a specific attempt to management their breast cancer), CAM use can no longer be regarded as an "alternative" or unusual approach to managing breast cancer.

massage therapy and acupuncture are two of the CAM practices which are generally the most accepted by the medical profession.

given that neither acupuncture nor massage involves taking anything orally, it is likely they are perceived to have fewer potential adverse effects or interactions with conventional cancer treatments than some other CAM therapies.

Perception of safety and perceived lack of drug interactions may also explain the increased use of homeopathy. In addition, the homeopathic community was under review by the Health Professions Regulation Advisory Council for consideration as a future regulated health profession in Ontario during 2005 when this survey was conducted.^[17] Although the council hearing did not receive much media attention at the time, it may partially explain the increased use of homeopathy reported here.

The minimum dose associated with decreased cancer risk has not been clearly defined for any of the supplements or herbs.^[18,19] Although there is evidence that ginger may be useful in the management of chemotherapy-induced nausea, it is not clear exactly what dose or dosing schedule is best. It is also not clear what additional benefits ginger products have over and

above conventional anti-nausea medications (fewer adverse effects are claimed).^[18,19] There are currently no herbs with significant evidence of efficacy as cancer treatments.

2nd International Scientific Conference on Complementary, Alternative and Integrative Medicine Research

<http://www.medscape.com/viewarticle/433481>

- Total visits to CAM providers in 1997 (629 million) exceeded total visits to all primary care physicians (386 million) during that year.

Estimated consumer expenditures for CAM professional services in 1997 totaled \$21 billion.

- In 1997, an estimated 15 million adults took prescription medications concurrently with herbal remedies or high-dose vitamins, and were thus at risk for drug-herb or drug-supplement interactions.
- Reasons for CAM use included perceived efficacy, particularly in combination with conventional therapies; more congruence with patient values and beliefs; and failed conventional treatment.
- The majority of participants surveyed believed that physicians know little about dietary supplements. An estimated 72% would continue using these even if a government scientific study showed negative effects; 81% supported FDA regulation of products prior to sale of the product

Some examples of recently published consensus reports, clinical trials, and reviews that have suggested possible efficacy warranting further clinical investigation include:

- mind/body techniques for treatment of pain and insomnia^[18];
- acupuncture for recurrent headaches,^[19] fibromyalgia,^[20] and postoperative nausea^[21];
- homeopathy for treatment of vertigo^[22] and allergic rhinitis^[23];
- massage and chiropractic for treatment of low back pain^[24];
- Chinese herbs for treatment of irritable bowel syndrome^[25];
- Tai chi for treatment of balance disorders^[26]; and
- glucosamine and chondroitin for treatment of osteoarthritis.^[16]

Outpatient Antibiotic Use and Prevalence of Antibiotic-Resistant Pneumococci in France and Germany: A Sociocultural Perspective

<http://www.medscape.com/viewarticle/446415>

In Germany, many patients accept individualized, complementary medicine and its most refined form, homeopathy, as an equivalent approach for the treatment of respiratory diseases, since great attention is given to improving the body's natural defense

A survey commissioned by the European Union among 1,577 opinion leaders in the health-care sector showed that alternative medicines such as homeopathy were supported by 42% of survey participants in Germany versus 23% in France^[32]. A recently published survey among 2,111 Germans >16 years of age showed that 83% had some sympathy for complementary medicine, whereas 40% disliked antibiotics because they could undermine natural immunity^[33]. Another opinion poll among 2,647 Germans indicated that the prevalence of using alternative medicine in Germany was the highest among all industrialized countries: 65% in 1996; in 1970, the corresponding figure was 52% (34). Most participants (84%) seemed motivated to use alternative methods largely because of strong misgivings about the potential adverse effects of pharmacotherapy^[34].

Complementary Therapies and Childhood Cancer

<http://www.medscape.com/viewarticle/510218>

This is a meta-study article, it does not address homeopathy in particular.

Parents indicated approximately one half (46%) of the children had used at least one such therapy since diagnosis. The most commonly used therapies included imagery, hypnotherapy, relaxation, diets, and multivitamins. Spiritualism, faith healing, meditation, megavitamins, chiropractic, and homeopathy were also used. Most parents (56%) viewed the therapies as harmless and thus did not disclose the use of complementary therapies to the child's treating physician.

Among children who relapsed or died, 60% used complementary or alternative therapies. Most parents believed the therapies were beneficial (49%) or very beneficial (20%) to their child's quality of life. No parent ascribed serious adverse effects to the complementary or alternative therapies, although 8 parents described mild adverse effects (eg, unpleasant taste, diarrhea, pain). Factors associated with the use of complementary or alternative therapies included their prior use, a positive attitude toward the therapies, information on them from family, friends, or alternative caregivers, high risk of death at diagnosis, and advanced education of at least 1 parent. Most parents indicated that they initiated the use of complementary and alternative therapies in order to do everything possible for their child (n = 126) or to "boost" the immune system (n = 117). Additional goals were to cure the cancer (n = 60), to give "softer" treatment (n = 57), to slow the progression of the cancer (n = 52), to use a more holistic approach (n = 50), and to use psychologic forces (n = 45).

The most common intended purpose for using unconventional therapies was to improve the general health of the child (29%). Relaxation was also frequently mentioned (14%), particularly

for mind-body therapies and touch therapies. Additional intended goals for use included detoxification (13%), improvement in immune function (8%), tumor reduction (8%), improvement in appetite/digestion (7%), wound healing (5%), decrease of nausea (4%), prevention of recurrence (2%), and pain control (2%).

Whereas popular belief is that use of complementary and alternative therapies is a result of dissatisfaction with conventional medicine, only 3 of the 15 studies cited dissatisfaction with conventional medicine as one of the main reasons for use of complementary therapies.

Methodologic variability and the lack of a single, agreed-upon measurement strategy across studies hamper the comparability of results obtained in separate studies and constitute a limitation when estimating prevalence of use of complementary and alternative therapies.

An important recurring finding is that physicians are often not aware of children's use of complementary therapies.

Integrative Medicine: Sorting Fact From Fiction

<http://www.medscape.com/viewarticle/564560>

N/A

Use of Herbal Remedies by Patients in a Health Maintenance Organization

<http://www.medscape.com/viewarticle/406685>

The use of alternative therapies in the United States is growing in popularity. A recent study^[1] revealed that the percentage of U.S. adults who report using an alternative therapy (e.g., acupuncture, chiropractic, herbal medicine, and homeopathy) increased from 34% in 1990 to 42% in 1997. Herbal remedies showed one of the largest increases during this period. Typical users are educated, middle-class white women from 20 to 49 years of age.^[1,2] Alternative therapies are commonly used for the treatment of chronic conditions.

It has been estimated that 80% of the world's population (four billion people) use some form of herbal medicine as part of their primary health care.^[3] Although the prevalence of herbal medicine use has been high in other countries for many years,^[4] the popularity of herbal remedies in the United States has skyrocketed in the last few years.

As with other studies,^[2,14] the most popular herbal remedies reported were garlic, aloe gel, cranberry, and echinacea.

Evidence indicates that people are likely using both herbal remedies and allopathic medications, yet little is known about how the use of herbal remedies relates to that of prescription or OTC medications.

Such findings indicate that at least 1 in 5 people may be at risk for potential drug-related problems (e.g., drug-herb interactions, noncompliance, adverse effects) associated with the concomitant use of herbal or homeopathic remedies and prescription medication. In addition,

there is some evidence that patients with chronic illnesses often periodically substitute or completely replace their prescribed medication with an alternative therapy.^[13] Given this information, pharmacists should be routinely asking patients about their use of alternative therapies in order to obtain a valid and complete representation of each patient's therapies, to help patients make informed decisions about treatment and to effectively monitor drug therapy outcomes.

Management of Functional Abdominal Pain and Irritable Bowel Syndrome in Children and Adolescents

<http://www.medscape.com/viewarticle/723605>

Does not explicitly deal with homeopathy.

The weakness of evidence in these studies may be due in part to methodological limitations, rather than a true failure of the interventions being studied. For example, larger adult studies of ispaghula husk fiber and *Lactobacillus* have both shown apparent benefit for IBS. Until more definitive studies are conducted in children, it may, therefore, be reasonable for the clinician to consider either of these relatively benign interventions. A 2–3-week trial of lactose restriction for older children and adolescents with IBS may also be considered, depending on the clinical history and presentation.

Complementary and Alternative Medicine Therapies for Cold and Flu Season: What Is the Science?

<http://www.medscape.com/viewarticle/711485>

Homeopathic zinc products are extremely dilute preparations that are generally very safe; they are not the same as non-homeopathic (allopathic) zinc lozenges or nasal swabs. There are no published clinical trials evaluating the effectiveness of homeopathic zinc as a remedy for URTI or ILI.

Data on the effectiveness of lozenges in reducing the duration and severity of established URTIs have been mixed. Although lozenges appear to be safe, zinc nasal gels and swabs have side effects. Homeopathic zinc preparations are also safe, but clinical trial evidence of a benefit in preventing or treating URTI or ILI is lacking.

Homeopathic Remedies

Homeopathy (or homeopathic medicine) was developed in Germany more than 200 years ago. A central homeopathic principle is that of *similars*, or "like cures like," meaning that a disease can be cured by a substance that produces symptoms similar to those of the disease or condition.

Homeopathic remedies are extremely dilute preparations of the active substance (usually a natural ingredient) that are believed to have healing properties.

Controversy exists among homeopaths about whether any homeopathic remedies are useful to prevent URTI or ILI in otherwise healthy adults. Typically, treatment depends on a broad constellation of emotional and mental characteristics as well as physical symptoms, so a remedy would not be selected purely to treat the flu or a cold per se. However, a number of homeopathic remedies are marketed as cold and flu products. Oscilloccinum is among the most popular products for ILI. A 2006 Cochrane review Oscilloccinum, including 3 prevention trials and 4 treatment trials, concluded that this remedy was not effective in preventing ILI; on the other hand, average treatment with Oscilloccinum (compared with placebo) was associated with a 0.28 day reduction in duration of ILI symptoms and marginally increased the chances that a patient would consider the treatment effective.^[77] Homeopathic remedies are very safe, and although their usefulness for ILI is only marginal, these remedies can be tolerated.

AAP Addresses Use of Complementary and Alternative Medicine

<http://www.medscape.com/viewarticle/586271>

Does not address homeopathy directly.

For patients being treated by a CAM provider, the pediatrician should seek permission of the patient and family to include the CAM provider in the overall management plan.

Helpful communication strategies may include asking about different therapies the patient is using; recognizing and respecting the family's perspectives, values, and cultural beliefs; working together with the parents as a team; and actively listening to families and patients.

Atopic Dermatitis: a Review of Recent Advances in the Field

<http://www.medscape.com/viewarticle/586561>

Preliminary evidence from small, randomized controlled trials (RCTs) suggests that the use of traditional Chinese medicine herbs, massage and mind-body therapies may be beneficial in treating pediatric AD. Some recent trials have demonstrated an improved quality of life, lower eczema scores^[121,122] and reduced TC usage^[123] with traditional Chinese medicine, while others have shown no effect.^[124] There have also been reports demonstrating success with topical honey^[125] and homeopathy.^[126]

Although properly prepared homeopathic products are considered to be relatively safe, a few reports document that the chronic use of homeopathic remedies containing mercury, iron or arsenic has caused the exacerbation of AD

Author's Reply to "Readers' Responses (Round 2) to the Book Review Entitled Complementary and Alternative Medicine in the United States"

<http://www.medscape.com/viewarticle/523067>

A personal critical letter from one author.

Because government research funds are limited, priority should be given to projects that offer the greatest hope of benefit rather than to those (such as homeopathy and remote prayer) that lack a scientifically plausible rationale.

Lifestyle Interventions in the Prevention and Treatment of Cancer

<http://www.medscape.com/viewarticle/712528>

Abstract

Despite evidence that cancer death rates in the United States are declining, the absolute number of new cancers and cancer deaths continues to increase, and there is clear evidence that certain human behaviors are influencing these increases. The 4 major factors of lifestyle that continue to be causally related to certain cancers—tobacco use, an unhealthy diet, inadequate exercise, and excessive exposure to ultraviolet radiation—are each independently important in their effects on the genetic and molecular processes that result in the malignant transformation of human cells. There is both irrefutable and otherwise strong evidence that 4 common cancers that occur in the United States—lung cancer, colon/rectal cancer, breast cancer, and prostate cancer—and a less common cancer, malignant melanoma, have etiologic factors that are lifestyle based and therefore controllable through alterations in human behavior. These cancers and the evidence that lifestyle is important in the causation and/or prevention of the disease are the subjects of this review.

Diets that are rich in fruits and vegetables have been suggested to have a protective effect against the development of lung cancer, possibly due to their rich antioxidant content.^[9,10] Researchers have hypothesized that micronutrients protect against oxidative damage to DNA, thereby conferring a protective effect against cancer.^[11] Early studies by Bjelke^[12] suggested a protective effect of vitamin A against lung cancer. However, randomized studies evaluating the effects of beta-carotene and retinoids (vitamin A derivatives) have not demonstrated protective effects against lung cancer.^[13-15]

Among the studies that have looked at the dietary content of red meat and the risk of colon cancer, a large European population study^[28] looked at intake of red meat, poultry, and fish and prospectively followed the incidence of cancer. There was an increased risk of colon cancer in the group that consumed more than 180 g/d of red meat compared to those who consumed less than 20 g/d (hazard ratio of 1.35). Interestingly, the hazard ratio for high fish intake was 0.80, and the risk for poultry intake was not significantly different from that of the average

population. In another case control study,^[29] red meat intake was associated with a near 85% increase in colorectal cancer in individuals who ate red meat 7 times a week compared to 3 times per week. Several other studies,^[30-32] at least one of which was a prospective,^[33] have corroborated the relationship between red meat intake and colon cancer. It is not clear whether the risk is due to the heme, animal fat, or carcinogens generated during the meat preparation.^[34,35] It may very well be a combination of all 3. To date, however, no studies have explored the impact of changing red meat content on colon cancer incidence. It is also unclear if the impact occurs at a young age or later in life.

Dietary supplementation as a means of disease prevention is a widely used practice among the public, mainly because American Journal of Lifestyle Medicine of a perceived benefit carried down over generations of folklore. Solid data behind such practices are nearly absent, more so in the cancer prevention arena.

Decreasing the incidence of cancer can be achieved by modulating the known causes of cancer. In this regard, changes in lifestyle—for example, adhering to a healthy diet, regular exercise, and avoiding smoking and excessive exposure to ultraviolet radiation—can decrease the incidence of cancer.

Biology and Therapy of Fibromyalgia. New Therapies in Fibromyalgia

<http://www.medscape.com/viewarticle/536239>

A 2003 review of studies conducted between 1975 and 2002 evaluating the use of complementary and alternative medicine in fibromyalgia concluded that, across the five classifications of complementary and alternative medicine, including alternative medical systems (e.g., acupuncture, homeopathy), biological-based therapy (e.g., nutritional supplements), dietary modifications, energy therapies (e.g., magnetic therapy), and manipulative and body-based systems (e.g., chiropractic care, massage), and mind-body interventions (e.g., relaxation, biofeedback, and hypnotherapy), no single modality was consistently effective.^[136]

Managing Dry Skin

<http://www.medscape.com/viewarticle/502433>

The skin is the largest organ, covering most of the body. It is a primary contact point for the external environment. It comes in contact with chemicals, soaps, clothing, extreme temperatures, and all ranges of moisture or dryness.

Dry skin is most common in the elderly. One study found that dry and pruritic skin was the most common problem in nursing homes.

The skin is trying to get rid of toxins in the bloodstream."^[19] It then recommends products containing sulfur and graphite. While sulfur can potentially cause folliculitis and/or systemic toxicity in large amounts, both ingredients are of unknown efficacy in the microdoses employed in homeopathy. These Web sites often lack references to allow legitimate exploration of their veracity.

Patients in pain more likely to choose alternative medicine

<http://www.medscape.com/viewarticle/538375>

Quandt and colleagues found that biologically based therapies such as taking herbs or undergoing manipulative therapy were the most frequently reported alternatives. "These findings underscore the need for healthcare providers to obtain a complete history of conventional and complementary medication use from patients," they write.

A second Canadian study has come to a similar conclusion that pain is the number-one driver of complementary medicine use [2]. In a summary report of research funded by the Hospital for Sick Children, affiliated with the University of Toronto, researchers studied the extent to which young people aged 12 to 19 use complementary and alternative medicine compared with conventional medical care.

They found that young people with back problems were more likely to use complementary medicine, followed by youth with disabilities, asthma, and allergies.

The group also found that people in western Canada, where the healthcare system partially supports complementary medicine use, were more likely to turn to these services than people in the eastern provinces.

The study did not look at herbs or vitamins and focused instead on services such as physiotherapy, massage, acupuncture, and homeopathy.

They write, "Patients value complementary practitioners viewing their predicament as a whole and not through the fragmenting lens of clinical specialization or within the time-pressured environment of primary care."

Complementary and Alternative Medicine in the Treatment of Anxiety and Depression

<http://www.medscape.com/viewarticle/568309>

Recent Findings: With regard to herbal treatments, kava is effective in reducing anxiety symptoms and St John's wort in treating mild to moderate depression.

Summary: The evidence base for the efficacy of the majority of complementary and alternative interventions used to treat anxiety and depression remains poor.

Recent systematic reviews all point to a significant lack of methodologically rigorous studies within the field. This lack of evidence does not diminish the popularity of such interventions within the general Western population.

Some authors group complementary medicines into herbal remedies (food supplements that include vitamin preparations and other organic and inorganic substances, such as omega-3 fatty acids),^[21] whereas others list individual therapies such as acupuncture, aromatherapy, herbal therapy, homeopathy, iridology, naturopathy and reflexology under the umbrella of CAM.

There is ongoing debate regarding the level of evidence required by the scientific community and appropriate methodological approaches in CAM research, including the feasibility and complexities of using randomized controlled trials (RCTs) and difficulties in identifying suitable placebos.

This large-scale study found depression, anxiety and insomnia to be among the most common reasons for people to use complementary therapies.

The findings of a large postal survey conducted in Australia^[3] showed that people who were experiencing mild to moderate depression chose self-help strategies and complementary therapies such as aromatherapy, St John's wort, meditation and nutritional supplements rather than seeking professional help. In contrast, those with severe depression were more likely to seek conventional professional help and did not tend to use complementary therapies.

The authors found that kava (*Piper methysticum*) was the most researched remedy for anxiety and that there was good evidence for its anxiolytic effect.

A Cochrane review reported by Pittler and Ernst,^[14] which included 11 RCTs involving 645 patients, showed that kava is the only herbal remedy that has been proven to be effective in reducing anxiety.

Although it has been shown to be effective in reducing anxiety, kava cannot be recommended for clinical use because of an association with hepatotoxicity, which has led to its withdrawal from the UK market.

Patients receiving the aromatherapy massage experienced a significant improvement in anxiety and depression symptoms after 2 weeks, and this was maintained at 6 weeks (64% improvement versus 46% in the control group). The difference between the groups disappeared by 10 weeks after randomization.

A recent review reported by Ernst^[15] indicated that St John's wort (*Hypericum perforatum*) is the only herbal remedy found to be effective as a treatment for mild to moderate depression.

Herbal Remedies for Psoriasis: What Are Our Patients Taking?

<http://www.medscape.com/viewarticle/567028>

In a university clinic, 62% of 578 psoriatic patients acknowledged the use CAM therapies, defined as herbal (ranked highest) and vitamin treatments, homeopathy, non-prescription tanning, and other non-traditional modalities (Fleischer et al., 1996).

55% of patients reported aggravation or no improvement of their psoriasis when CAM modalities were used (Jensen, 1990a).

Review of the Top Ten Current Herbal Remedies Used by Psoriatic Patients

Cayenne (*Capsicum annum*, *Cap sicum frutescens*). Cayenne, its chief component being capsaicin, is one of the herbal medicines with documented effectiveness in the English medical literature. One hypothesis on the pathogenesis of psoriasis suggests a neurogenic inflammatory etiology mediated through substance-P (SP). SP activates inflammatory cells and ultimately perpetuates vasodilatation, angiogenesis, and keratinocyte hyperproliferation (Farber, Nickoloff, Recht, & Fraki, 1986). In accordance, psoriatic lesions are known to be more densely innervated with higher SP content than control or uninvolved psoriatic skin (Naukkarinen, Nickoloff, & Farber, 1989). Capsaicin stimulates the re lease of SP by binding to the vanilloid receptor on slow-conducting, unmyelinated type C neurons and ultimately leads to its depletion.

Two double-blind, vehicle-controlled studies demonstrated improvement of psoriasis with the use of topical capsaicin. In an intra-individual, 6-week comparative trial of 44 patients with psoriasis using four applications daily, significant overall improvement with reduction in scale and erythema accompanied the capsaicin-treated sites (Bernstein, Parish, Rapaport, Rosenbaum, & Roenigk, 1986). In a study of 197 psoriatic patients treated with capsaicin 0.025% cream (98) or vehicle (99) four times daily, Ellis and colleagues (1993) found greater improvement in global evaluation ($p=0.024$ after 4 weeks and $p=0.030$ after 6 weeks), pruritus relief ($p=0.002$ and $p=0.060$, respectively), and reduction in combined severity scores after 4 and 6 weeks of treatment ($p=0.030$ and $p=0.036$, respectively). In both studies, concomitant use of other anti psoriatic agents was not permitted. Transient burning and stinging at the application sites were noted in approximately 50% of the active groups in both trials, which may have affected blinding of the trial.

It is important to note that while effective topically, internal ingestion can lead to adverse hematological, gastrointestinal, and respiratory effects, in addition to interference with drugs such as salicylic acid, ACE inhibitors, and theophylline (Ellis et al., 1993; Fugh-Berman, 2000).

Aloe (*Aloe vera*). Aloe vera is a popular plant used in cosmetic care and first aid products. Scientific studies and case reports support its use in the treatment of stasis ulcers in humans, as well as thermal injuries in animals (Klein & Penneys, 1988). Aloe has a complex mixture of components, including anthroquinones, steroids, saponins, mucopolysaccharides, and salicylic acid.

Syed and colleagues (1996) conducted a double-blind, placebo-controlled study on 60 patients with psoriasis with slight-to-moderate plaque-type psoriasis (Psoriasis Area and Severity Index 4.8-16.7) and an average 8.5 year duration of their disease. Patients self-administered topical aloe vera extract 0.5% cream or vehicle placebo three times a day without occlusion for 4 weeks to their psoriatic plaques. Notably, the aloe group showed significantly higher rates of clearing the psoriatic plaques in 25/30 patients (83.3%) when compared to the placebo in 2/30 patients (6.6%) ($p < 0.001$). Additionally, there were no relapses during the 8-month followup period.

Psoriasis is a complex multifactorial inflammatory skin disease in which T-cell activation, local vascular changes, abnormal keratinocyte proliferation and differentiation, and neutrophil activation all contribute to the ongoing disease process. The role of superantigen triggers (for example, toxins of microbial origin) in T-cell activation has been suggested as an etiology in psoriasis (Safayhi, Sabieraj, Sailer, & Ammon, 1994). Anthraquinone and acemannan, the main active compounds in aloe vera, have antibacterial activity against *Staphylococcus* and *Streptococcus* species, and may provide a rationale for their therapeutic efficacy in psoriasis (Tian, Hua, Ma, & Wang, 2003). In addition, salicylic acid, a component of aloe vera, is a keratolytic, and would contribute to its reported efficacy in the desquamation of psoriatic plaques (Robson, Heggors, & Hagstrom, 1982). Delayed hypersensitivity reactions are a reported complication of topical use (Gruenwald, 2004).

As the consumer demand for alternative medicine increases, so does the need for reliable scientific data on the safety and efficacy of such treatments. Herbal remedies are of specific interest to dermatology, as approximately one-third of all "traditional herbal medicines" are used for treating wounds and skin disorders, compared to only 1% to 3% of modern drugs (Mantle, Gok, & Lennard, 2001).

Herbal medicine practices raise several medical standard-of-care concerns. Patients rely on the Internet, lay press, friends, health food store workers, product labels, and physicians for information. To illustrate the magnitude and diversity of publicly available information, we searched the Internet sites Yahoo (www.yahoo.com) and Google (www.google.com) for "herbal medicine" and "psoriasis" [HM & PSO] and "complementary & alternative medicine and psoriasis" [CAM & PSO] and compared it with the information available through the National Psoriasis Foundation (www.psoriasis.org) and National Library of Medicine (www.pubmed.gov) (see [Table 2](#)). There were over one million sites offered by Yahoo versus the 31 articles available on PubMed, when HM & PSO were searched. This disparity speaks to the fact that the efficacy supported by the lay "literature" is not supported by the scientific evidence found in the medical literature.

Keane, Munn, du Vivier, Taylor, and Higgins (1999) examined 11 Chinese herbal creams used in treating eczema and found that eight contained dexamethasone, which was not a listed ingredient. [Table 3](#) lists adulterants that have been found in herbal preparations. Despite documentation of mechanisms and outcomes, without assurance of what substances are included in herbal preparations, we would be remiss to endorse their use. Ultimately, clinicians need to be aware of their patients' use of herbal remedies. Familiarity with these herbal names, uses, efficacies, and side effects may encourage dialogue with patients and improve clinical care.

Readers' and Author's Responses to "Information on Complementary and Alternative Medicine in US Government Databases Is Biased"

<http://www.medscape.com/viewarticle/542473>

Series of exchanges. Good read.

Elephant Pharmacy Integrates Traditional and Alternative Therapies

<http://www.medscape.com/viewarticle/532329>

The onsite classroom is used throughout the week for the free classes taught by local health and wellness professionals, and a schedule is posted on the company Web site. A wide range of classes includes yoga, Pilates, relaxation techniques, Feldenkrais, skin care, massage, life coaching, therapeutic uses of herbs, homeopathy, and nutraceuticals, as well as the benefits of Feng Shui.

Use of Complementary and Alternative Medicines Associated With a 30% Lower Ongoing Pregnancy/Live Birth Rate During 12 Months of Fertility Treatment

<http://www.medscape.com/viewarticle/706532>

Conclusions: Concurrent use of CAM during treatment with ART was associated with a 30% lower pregnancy rate that could not be explained by poor prognosis or life style factors. The mechanisms that could account for this association were discussed. Concurrent CAM use should be monitored during ART. A main limitation was that we could not ascertain which type of CAM was most associated with lower pregnancy rates.

The Psychosocial Aspects of Complementary and Alternative Medicine

<http://www.medscape.com/viewarticle/409636>

Approximately one in four persons in the United States uses complementary and alternative medicine (CAM). Out-of-pocket costs of CAM rival medical treatment at \$21.2-32.7 billion versus \$29.3 billion, respectively.

From \$94 million in 1990, consumers spent an estimated \$663 million on medicinal botanicals alone in 1998.^[2]

In a 1997 study, subjects using CAM therapies were more likely to be college educated (50.6%), aged 35-49 (50.1%), of Caucasian descent (77%), have incomes greater than \$50,000 (48.1%), and live in the western United States (50.1%).^[4] The most common medical condition reported among the surveyed subjects was back problems at 24% (Figure 1). Of interest, 47.6% of these patients sought CAM, versus subjects with high blood pressure (11%). Neck problems were associated with the highest use of CAM (57% of patients). Subjects with other chronic pain conditions, including arthritis and headache, and mental health conditions, including insomnia, depression, and anxiety, were also high users of CAM therapies.^[3,4]

The Transformation of Osteopathic Medical Education

<http://www.medscape.com/viewarticle/705549>

By 2019, upwards of 25% of all U.S. medical school graduates produced annually will be doctors of osteopathic medicine.

In this article, I examine the process through which *osteopathy* was transformed into *osteopathic medicine*, how osteopathic medical schools achieved their present status as a significant source of U.S. graduates for residency training, and what changes osteopathic medical education now faces.

The first osteopathic college-the American School of Osteopathy (ASO)-was opened in 1892 by Andrew Taylor Still (1828-1917) in the small town of Kirksville, Missouri.

He also studied drugless systems and enjoyed clinical success, first with what was called *magnetic healing* and then, shortly afterwards, with *bone setting*. Both systems embodied physical manipulations.

Scientific research on the relative effectiveness of osteopathic manipulation is increasing, but it still lacks adequate funding and has yet to produce definitive results that an "osteopathic" approach makes a significant difference in patient care.^[20]

Evaluation of the Use of Complementary and Alternative Medicine in the Largest United States-Mexico Border City

<http://www.medscape.com/viewarticle/427461>

Study Objective. To evaluate the use of complementary and alternative medicine (CAM) in the El Paso, Texas, region.

Complementary and alternative medicine was used in 77% of our population. The most common CAM providers were massage therapists (19.4%) and herbalists (12.4%). The most common herbal or home remedies were chamomile (13.1%) and aloe vera (8.5%). The most common nutritional or commercial products were multivitamins (16%), ginseng (3.6%), and ginkgo biloba (2.8%). We identified 599 CAM usages that could result in drug interactions, disease interactions, or adverse reactions.

An important finding was that only 8.1% of subjects disclosed the use of any type of CAM to their conventional health care provider.

We published a case report involving a patient who developed stage IV hypertension after replacing her prescribed drugs with an herbal treatment.^[11]

Another concern about herbal products is raised on the Web site of the American Society of Anesthesiologists. This society recommends that patients discontinue herbal products 2-3 weeks before surgery, due to possible interactions with drugs used during surgery and other complications.^[12]

Hand in Hand -- Forging the Provider/Community Partnership

<http://www.medscape.com/viewarticle/462174>

Dr. Riley's presentation expanded on that of Dr. Low Dog, again emphasizing the importance of diet and exercise in maintaining health. He addressed other modalities, such as homeopathy, biofeedback and massage, bioidentical hormone creams, garlic (to decrease cholesterol), red rice yeast (which has now become a patented medication to lower cholesterol and is distributed by a large pharmaceutical company), and guggul (which is derived from a tree indigenous to India and is used to treat hypercholesterolemia.) He predicted that guggul will soon also become the active ingredient in a patented pharmaceutical.

Updates from the British Association of Dermatologists 86th Annual Meeting, 4-7 July 2006, Manchester, U.K.

<http://www.medscape.com/viewarticle/558002>

Here we provide a synopsis of the main clinical and research advances in clinical, epidemiological and biological dermatology that were presented at the meeting of the British Association of Dermatologists (BAD) held during 4-7 July 2006, in Manchester, U.K.

The Hong Kong group highlighted the problem of glucocorticoid (GC) phobia in their patients, describing a prevalence of 40% in mild and 60% in moderate and severe eczema.^[10] This problem was also a reason for the use of alternative medicine (herbal and homeopathy) in 42% of children with eczema in a study from Dublin.^[11] The role of latex allergy was highlighted by a case series of seven children with severe resistant eczema where latex allergy played a significant role.^[12]

Survey Reveals Two-Thirds of Americans Have Tried Alternative Treatment or Therapy

<http://www.medscape.com/viewarticle/411939>

The survey found that two-thirds of Americans have tried at least one form of alternative therapy or treatment, and that herbal medicines, chiropractic service, and massage are the most popular forms of alternative medicine.

"Physicians need to look at this survey and accept that a majority of their own patients are seeking alternative therapies," said Andrew Schiller, MD, a mainstream and alternative healthcare practitioner.

Massage, yoga, and acupuncture rated highest for total effectiveness among survey respondents, with chiropractic service, massage, and acupuncture considered to be more effective than traditional medical alternatives.

In addition, the survey found that women are more likely than men to have tried almost all of the alternative medicine treatments, except for chiropractic service, which is slightly more popular with men than women. Also of interest: although one-third of those interviewed have

tried herbal medicines (38%), chiropractic (37%), massage (35%), and meditation (14%), less than 10% of them have tried acupuncture, yoga, homeopathy, hypnosis, Chinese medicine, and Tai Chi.

"Twelve years ago, when I first completed my residency in family practice, less than 10% of patients showed an interest in alternative medicine," said Ray Sahelian, MD, a Los Angeles physician who writes about natural supplements. "Now, more than half prefer to first try a natural method of therapy in place of a pharmaceutical drug."

The most important reason people try alternative medicine is the recommendation of a friend or family member. Sixty-two percent of the respondents cited this reason, according to the survey. Other reasons mentioned include: traditional treatments were not working (28%); looking for a complement to a health routine (23%); recommendation from a doctor (22%); and information from a newspaper, magazine, or Internet source (20%).

Adherence to Headache Treatment and Profile of Previous Health Professional Seeking Among Patients with Chronic Headache: A Retrospective Analysis

<http://www.medscape.com/viewarticle/555078>

We (AVK) administered this questionnaire during the initial consultation at the tertiary headache center. We included acupuncture technicians, homeopathy specialists, holistic medicine therapists, and others, as well as health professionals from various other, nonneurologic specialties. Within each of the specialties, we quantified the number of health professionals consulted.

Another point of interest was the high number of neurologists consulted previously. Although neurologists should be in the best position to help headache patients achieve optimal outcomes,^[16] care by these specialists was not sufficient to prevent patients from subsequently seeking help from other professionals.

Saving Lives

<http://www.medscape.com/viewarticle/553763>

Sue was reluctant; she had been reading a holistic dog book in which they discussed homeopathy, herbs, and acupuncture treatments for heart disease. "What if the drugs kill her?" she said. "Then she won't linger and suffer," I said.

What do I do for my patients with congestive heart failure? I thought. After clearing my treatment plan with Chris, I started Ginger on 80 mg of furosemide twice daily, 25 mg of spironolactone (*Aldactone*), and 20 mg of enalapril. I had wanted to use metalazone (*Zaroxolyn*) instead of spironolactone to get diuresis going, but Chris couldn't find the drug in his doggie *Physician's Desk Reference*, so I kept that idea as a last resort. We put all the medications into a

tablespoon of cat food, gave it to Ginger with her morning meal and waited to see what would happen.

Nothing happened during the first week. She didn't seem to be peeing more often or longer and we still had to help her up and out. Then, Ginger slowly got better. She lost weight, her appetite improved, and she could get around alone. After 3 weeks, she had a waistline! By the end of the month, it was clear she was going to make it. We had our old, arthritic dog back.

"Better living through chemistry," I told my wife.

Complementary and Alternative Medicine Use Among Hispanics in the United States

<http://www.medscape.com/viewarticle/557983>

This is a meta-study of 42 articles.

Objective: To review the use of complementary and alternative medicine (CAM) in Hispanics in the US and highlight the modalities most likely to be unfamiliar to healthcare practitioners.

In just 14 years, complementary and alternative medicine (CAM) use in the US increased from 33.8% to as high as 62%.^[1-5] Initially, CAM practices were defined as "medical interventions not taught widely at US medical schools or generally available at US hospitals."^[2] The National Center for Complementary and Alternative Medicine (NCCAM) definition is "a group of diverse medical healthcare systems, practices and products that are not presently considered to be part of conventional medicine."^[4]

With earlier studies focusing on identifying modalities such as herbal medicine, homeopathy, folk remedies, megavitamins, energy healing, and massages, studies now include palliative and supportive care. Additionally, ethnicity, education, age, and income have been identified as major predictors of CAM use.^[1-3]

The unique health and healing philosophy shared by the Hispanic population is attributed to a fusion of cultures.^[7-10] Ancient native indigenes from Central and South America believed that natural forces in the sea, earth, and moon played an important role in an individual's health. A healthy life could be achieved only by demonstrating respect for the power of these natural forces. With the arrival of the Spanish conquistadors in the 16th century, the Catholic religion and Hippocrates' humoral theory of health were introduced into the New World. According to this theory, health was dependent on the proper distribution of the body's 4 humors: blood, phlegm, yellow bile, and black bile, which are classified based on their physical properties as hot, cold, moist (wet), or dry.^[7,8] Illness was attributed to an imbalance of these humors, and treatment was targeted to restore balance.^[7]

Religion and faith were also considered vital to the maintenance of health and well-being. Spiritual healing (curanderismo), magic (santería), and some herbal remedies were introduced by African slaves, particularly in Brazil and the Caribbean.^[7-11] This blend of spiritual, humoral, and herbal health concepts was the base for the development of the hot/cold theory of health and disease and the Hispanic CAM practices of today.

For many Hispanics, CAM practices are both a part of their cultural roots and an integral part of their lives.^[9,10] As such, many Hispanics would agree that CAM does not meet the NCCAM established definition of "not presently part of conventional medicine."^[4]

Home remedies for diabetes are usually administered in combination with traditional medicine. Nopal (cactus), aloe vera juice, and bitter gourd are 3 of the common home remedies used that may be unfamiliar to healthcare practitioners.^[21,28,29,34] The efficacy of these therapies is yet to be fully elucidated. Some published data suggest that nopal and bitter gourd may be helpful in reduction of blood glucose levels. Nopal may exert its effect due to high fiber content or have some insulin-sensitizing properties, and components of bitter gourd may have some insulin-like properties.^[54-57]

MEDLINE Abstracts: Complementary and Alternative Therapies for ADHD

<http://www.medscape.com/viewarticle/438960>

Attention-deficit/hyperactivity disorder (ADHD) affects approximately 2 to 3 million children in the United States. Stimulant medication is one of the most common treatments for ADHD; however, adverse reactions from its use cause many parents to seek complementary or alternative treatments. Many individuals use complementary and alternative medicine (CAM) because they are attracted to CAM philosophies and health beliefs, dissatisfied with the process or results of their conventional care, or concerned about adverse effects of stimulants. The success of CAM in treating children with ADHD varies, and parents typically use a trial-and-error method when evaluating CAM. Alternative treatments often include neurofeedback, homeopathy, herbal medicines, iron supplements, and dietary modifications or supplements. Although anecdotal and empirical evidence is surfacing to support the efficacy of these alternatives, further research is needed before they can be regarded as effective, reliable treatments for ADHD. Therefore, the use of more conventional treatments should be considered if alternative interventions prove unsuccessful.

RDA vitamin supplementation, non-Chinese herbals, homeopathic remedies, and antifungal therapy have no systematic data in ADHD.

MEDLINE Abstracts: Complementary Therapies in Dermatology

<http://www.medscape.com/viewarticle/432510>

Stimulation or regulation therapies are old therapeutic procedures based on models reaching back to traditional medical faculties in ancient times and in the Middle Ages. Among this heterogeneous group are acupuncture, purgative procedures (especially the Aschner methods), autohemotherapy, fasting therapy, homeopathy, microbiological and physical therapies. The basic principle underlying all of these procedures is that stimulants applied in proper doses to the organism elicit counterregulation. The counterregulation stimulates 'self-healing processes' within the organism. The efficacy of stimulation therapies was originally deduced mostly from traditional explanatory models which have lost their relevance for modern medicine. However, it has been found in applications in dermatology that many of these stimulation therapies can lead to clinical improvement in selected indications and that modern explanatory models can be found for these effects. This presentation reports on exemplary applications of stimulation therapies in dermatology. Traditional and modern concepts of action are compared.

The Use of CAM and Conventional Treatments Among Primary Care Consulters with Chronic Musculoskeletal Pain

<http://www.medscape.com/viewarticle/560140>

Background: Chronic musculoskeletal pain is the single most cited reason for use of complementary and alternative medicine (CAM). Primary care is the most frequent conventional medical service used by patients with pain in the UK. We are unaware, however, of a direct evidence of the extent of CAM use by primary care patients, and how successful they perceive it to be.

Generalising our study findings to the wider population of all patients with chronic musculoskeletal pain who are using primary healthcare services in the UK would require caution. CAM use varies between different parts of the country,^[23,19] and this may influence use among consulters also. This variation might explain why the use of some individual CAM treatments, such as Homeopathy, was lower among our participants compared with other surveys'.^[6] However it seems unlikely that the broad patterns identified here would differ substantially in other primary care settings.

The high rate of CAM use and wide range of experience of benefit and harm strengthen the argument for research to quantify benefit and assess safety of this type of treatment. The fact that the majority of CAM users in our study remained active users of conventional medicine and that their use of CAM was related to the persistence of their pain further highlights the importance of the research on the optimal management of pain in primary care.

Doctors For The World: Indian Physician Emigration

<http://www.medscape.com/viewarticle/524466>

Physician Services for Poor or Rural People

The vacuum in service provision for poor and rural people is filled by nonallopathic FFS practitioners from a variety of indigenous systems of medicine (ISM), whose educations are also government-sponsored at the university level.^[8]

Bitter Melon Extract and Homeopathic Remedies Inhibit Growth of Breast Cancer Cells

<http://www.medscape.com/viewarticle/717447>

February 23, 2010 — Research has resulted in new and evolving therapies for breast cancer, and advances have changed the paradigm of patient care. There is also emerging research into novel and less toxic therapies. Although still very early science, 2 studies that investigate therapies that fall under the umbrella of integrative or complementary therapy have demonstrated promising results in breast cancer.

In a study published in the March issue of *Cancer Research*, investigators found that the extract of bitter melon exerts a significant effect against breast cancer cell growth. The results of the study suggest that bitter melon extract is able to modulate several signal-transduction pathways, resulting in a significant decrease in cell proliferation and induced apoptosis.

These results, note the authors, indicate that bitter melon extract could be used as a chemopreventive agent.

The second trial, published in the February issue of the *International Journal of Oncology*, demonstrated that certain homeopathic remedies exerted preferential cytotoxic effects against 2 lines of breast cancer cells. These effects ultimately led to the delay and/or arrest of cell cycles and to apoptosis.

The authors note that, in the laboratory setting, the cytotoxic effect of 2 of the homeopathic remedies evaluated in this study, *Carcinosin* and *Phytolacca*, were similar to the activity of paclitaxel (*Taxol*).

"We felt that homeopathy needed to be tested in the same way that we test new chemotherapeutic drugs," said lead author Moshe Frenkel, MD, founder and former medical director of the Integrative Medicine Program at the University of Texas M.D. Anderson Cancer Center in Houston, in a statement. "We were quite impressed to find that homeopathic remedies have similar effects to chemotherapy on breast cancer cells but without affecting normal cells, a very exciting finding."

Bitter Melon Extract

Bitter melon (*Momordica charantia*) has been used as a remedy for diabetes in places such as India, China, and Central America. It is widely cultivated in Asia, Africa, and South America, and

is eaten as a vegetable in India and China, explained lead author Ratna B. Ray, PhD, professor in the Department of Pathology at Saint Louis University in Missouri.

Preparations of bitter melon extract from independent laboratories have been shown to have a beneficial effect on glucose metabolism, plasma, and hepatic lipids. Charantin (a steroid glycoside) and polypeptide-p or plant insulin (a 166-residue insulin mimetic peptide) are believed to contribute to bitter melon's hypoglycemic activity, according to the authors. In addition, bitter melon contains additional glycosides, including mormordin, vitamin C, carotenoids, flavanoids, and polyphenols.

In this experimental study, Dr. Ray and colleagues examined the efficacy of bitter melon extract as an anticancer agent, using human breast cancer cells (MCF-7 and MDA-MB-231) and primary human mammary epithelial cells as an in vitro model. The effect of bitter melon was evaluated in both estrogen-receptor (ER)-positive and ER-negative breast cancer cells.

They found that apoptosis of breast cancer cells was accompanied by increased poly(ADP-ribose) polymerase cleavage and caspase activation. Treatment of cancer cells with bitter melon extract inhibited the expression of survivin and claspin, which are proteins involved in the inhibition of cell growth, the induction of apoptosis, and the regulation of the cell cycle, write the authors. Survivin is also involved in resistance to chemotherapy.

Treatment with bitter melon extract also enhanced p53, p21, and pChk1/2, and inhibited cyclin B1 and cyclin D1 expression, which suggests an additional mechanism of action that involves regulating the cell cycle, they note.

More studies are needed to better understand the molecular targets and the chemopreventive efficacy of bitter melon extract. "We are planning to do a preclinical trial," Dr. Ray told *Medscape Oncology*. "In fact, we are waiting for funding from [the National Institutes of Health]," he added.

Cytotoxic Effect of Homeopathic Remedies

In the second study, researchers from the M.D. Anderson Cancer Center evaluated the anticancer effect of 4 ultradiluted homeopathic remedies (*Carcinosin*, *Phytolacca*, *Conium*, and *Thuja*) against 2 human breast adenocarcinoma cell lines (MCF-7 and MDA-MB-231) and a cell line derived from immortalized normal human mammary epithelial cells.

Dr. Frenkel told *Medscape Oncology* that although his team has not investigated homeopathic remedies in other types of cancer cell lines, another researcher at M.D. Anderson evaluated the effect of homeopathic remedies on glioblastoma with a positive response. The researchers found that the homeopathic remedy *Ruta graveolens* selectively induced death in glioblastoma multiforme cells while promoting the proliferation of normal peripheral blood lymphocytes (*Int J Oncol.* 2003;23:975-982).

Approximately 10 years ago, researchers at the National Cancer Institute (NCI) evaluated a cancer treatment protocol that was developed at the P. Banerji Homeopathic Research Foundation (PBHRF) in Kolkata, India. The NCI researchers reviewed the cases of 10 patients with various cancers who were treated with the Banerji protocol. After rigorous evaluation, they confirmed partial responses in 4 of the patients with lung and esophageal cancers.

The study authors also point out that between 1990 and 2005, 941 patients with breast cancer were treated at the PBHRF with the Banerji protocol. Physicians at the clinic reported that tumors completely regressed in 19% of these patients, whereas in 21% of these patients they showed improvement or stabilized.

In their in vitro study, Dr. Frenkel and his team tried to determine the effectiveness of the Banerji protocol on breast cancer cell lines.

Their findings showed that these homeopathic remedies exerted "preferential cytotoxic effects" against the human breast carcinoma cell lines MCF-7 and MDA-MB-231. These effects appeared to result from an alteration in the expression of cell-cycle regulatory proteins, which caused cell-cycle delay/arrest and the induction of cell death by activation of the apoptotic cascade.

More studies are needed to investigate these remedies as preventive and/or therapeutic treatments for breast cancer. "We can move to animal studies that use those remedies and consider moving into clinical trials with patients who refuse conventional treatment, patients for whom conventional care did not work, or patients who suffer from side effects to the extent that they cannot take any other treatments," said Dr. Frenkel.

In Response - Setting the Record Straight on Chiropractic Care

<http://www.medscape.com/viewarticle/403317>

It is a common defense of chiropractors to counter criticism with statements that medical care and prescription drugs kill or injure millions of Americans each year and that "Virtually all interventions by medical doctors have a complication rate higher than those associated with most commonly used chiropractic interventions." The reason for this difference is obvious. Medical physicians commonly treat severely diseased and injured patients who may die despite use of life-saving treatment methods that may be essential but dangerous. Chiropractors never see such patients. And according to *Chiropractic in the United States: Training Practice and Research* (1997), only about 7% of the population annually uses chiropractors. I have no doubt that if hospitals and emergency rooms were staffed only with chiropractors, the death rate would skyrocket. Human error in medical care is a problem openly discussed in medical literature and the news media, but this certainly does not lend credence to the chiropractic subluxation theory.

When spinal manipulation is used appropriately in the care of mechanical-type back problems, it is relatively safe, since there are no life-and-death situations requiring drastic intervention. In most cases, if spinal manipulation or "wellness care" (often including the use of such questionable treatment methods as homeopathy or acupuncture) does not help, there is little chance that it will hurt. To compare the safety of chiropractic care to that of medical care that often requires drastic intervention is simply ludicrous. And to say that chiropractors are primary care physicians capable of serving as family physicians is nonsensical.

Population-Based Survey of Complementary and Alternative Medicine Usage, Patient Satisfaction, and Physician Involvement

<http://www.medscape.com/viewarticle/410526>

Alternative, complementary, or unconventional health care interventions are difficult to define.^[10,12-15] The classification as "alternative" is defined in relation to a "mainstream." Neither alternative nor mainstream is static in terms of what it encompasses.

Complementary or alternative medicine therapies were grouped according to similarity of the therapies and presented by prevalence of use. In this population, almost 52% reported use of at least one CAM therapy in their life-time, and 44% reported use of at least one of the listed CAM therapies during the past 12 months. The most commonly reported CAM therapy grouping, classified as personal therapies, included home remedies, herbal therapy, vitamins, or homeopathy (27.5% reported use during their lifetime). This grouping was followed closely by relaxation therapies (25.7% reported lifetime use of massage therapy, imagery, or visualization). One in every 5 surveyed had used a chiropractor in their lifetime, while 1 in 12 had used a chiropractor in the past 12 months. A much smaller proportion (4.6% lifetime use) reported using healing therapies (including healers, spiritual healing, Native American healers, or energy healing), commercial weight loss programs (4.5%) or life-style diets (4.3%), self-help or support groups (2.6%), and hypnosis or biofeedback (1.9%). Less than 1% of those interviewed reported any use of other types of CAM therapies (data not shown).

Respondents who reported using a CAM therapy were asked whether they used this treatment primarily to stay healthy or to treat some health problem. Overall, 47% of reported CAM use was to maintain health rather than as treatment for a specific health condition, though as the data in Table 2 indicate, there was significant variation by type of CAM treatment. A large majority of those who used life-style diets (85.1%) and commercial weight loss programs (75.6%) did so primarily to stay healthy, and a majority of the use of healing therapies (59.8%) and relaxation therapies (55.9%) was to maintain health. Slightly less than half of the use of personal therapies was to maintain health, and a relatively high percentage of such use was for treatment of allergies or other respiratory problems (17.7%). Those using chiropractors were disproportionately using this therapy to treat a specific health condition (87.7%), most of which involved a musculoskeletal or neurologic problem. The relatively high percentage of those who used a self-help group to treat "other" health problems represents participants in cancer survivor groups.

Women were significantly more likely than men to use CAM therapies. White respondents were more likely to report at least one CAM use than were black respondents; however, there were not significant differences in recent CAM use by race.

Whatever Happened to Plausibility as the Basis for Clinical Research and Practice After EBM and CAM Rushed in?

<http://www.medscape.com/viewarticle/548128>

We now see accumulation of useless information in journals and information data bases -- hundreds of clinical trials (RCTs) on implausible methods, such as homeopathy, unrefined plant products, prayer, and acupuncture. Initial plausibility retreats before two 20th-century development ideologies of relativism -- a principle that all facts and opinions have equal or similar value, and postmodernism -- that regards facts as social constructions.^[1]

Pharmacy-Based Consulting on Dietary Supplements

<http://www.medscape.com/viewarticle/406715>

Growing public interest in dietary supplements and other types of alternative therapies signals a more proactive attitude among consumers toward wellness and illness prevention, offering pharmacists a timely opportunity to partner with their patients in pursuit of these goals. Facing a confusing array of dietary supplements in the marketplace, patients are increasingly relying on pharmacists and other health care providers to help them use supplements appropriately. Unfortunately, few pharmacists have acquired specific training in this burgeoning area of health care, and well-designed studies assessing the safety and efficacy of most products are lacking. The potential for adverse effects from these products, as well as possible interactions with medications, are among the many reasons that pharmacists should learn more about dietary supplements. For pharmacists, integrating a knowledge of dietary supplements into daily practice can be professionally and financially rewarding.

Surprisingly, perhaps, the majority of individuals who use CAM therapies do so not because they are dissatisfied with conventional treatment, but because they find these alternatives to be more in tune with their values and beliefs about life and health.^[13]

... commonly purchased products, such as St. John's wort, ginkgo biloba, ginseng, garlic, and echinacea..

Complementary and alternative medicine (CAM) is an umbrella term used to describe more than 350 healing therapies, approaches, and philosophies. These varied practices can be grouped into five major categories: alternative medical systems, mind-body interventions, biologically-based treatments, manipulative and body-based methods, and energy therapies.

Alternative Medical Systems

Alternative medical systems involve complete systems of health theory and practice that evolved independently from (and, usually, long before) traditional Western medicine. Culturally-based alternative systems of medicine are found throughout the world, including those developed by Native American, Aboriginal, African, Middle Eastern, Tibetan, and South American cultures. Prominent examples include Ayurveda, which is India's traditional system of

medicine; acupuncture; and massage. Other alternative medical systems include homeopathy, an unconventional Western system based on the principle that "like cures like;" and naturopathy, which emphasizes health restoration rather than disease treatment.

Mind-Body Interventions

Mind-body interventions involve a variety of techniques employed to enhance the mind's capacity to affect bodily function and symptoms. Examples include certain uses of hypnosis, dance, music, meditation, art therapy, prayer, and mental healing.

Biologically-Based Therapies

This category of CAM includes use of herbal products and orthomolecular therapies, which aim to treat disease with varying concentrations of chemicals, such as magnesium, melatonin, and megadoses of vitamins. Biological therapies also include the use of laetrile and shark cartilage to treat cancer and bee pollen to treat autoimmune and inflammatory diseases.

Manipulative and Body-Based Methods

This category includes methods that call for manipulation and/or movement of the body. Chiropractic medicine, for example, focuses on the relationship between structure (primarily the spine) and function, using manipulative therapy as an integral treatment tool. Massage therapists manipulate the soft tissues of the body to normalize those tissues.

Energy Therapies

Energy therapies focus either on energy fields originating within the body (biofields) or those from other sources (electromagnetic fields). Biofield therapies are intended to affect the energy fields (whose existence has not been experimentally proven) that surround and penetrate the human body. Examples include Qi Gong, Reiki, and therapeutic touch. Bioelectromagnetic-based therapies involve the unconventional use of electromagnetic fields to manage pain or treat diseases such as asthma or cancer.

A Rational Approach to Constipation

<http://www.medscape.com/viewarticle/567681>

There are many alternative, nonmedical therapies for constipation. They include but are not limited to herbal supplements, homeopathy, massage therapy, reflexology and yoga. Although potentially helpful, it is important to identify any such treatments and ensure that they do not interact with any medical therapy being offered.

Monthly Summaries of Nursing Research: December 2003

<http://www.medscape.com/viewarticle/466031>

Almost half reported having tried some form of CAT, and 33% were using one currently. The CATs reported as most helpful in alleviating symptoms were massage, nutritional supplements, yoga, herbal treatment, and special diets, while those most often reported to have no effect or to be harmful included acupuncture, bee venom, and homeopathy.

Readers' Responses and Author's Reply to "The Reality of 'Traditional Chinese' Medicines"

<http://www.medscape.com/viewarticle/548353>

Exchange of opinions.

Assessment of Patients' Perceptions and Beliefs Regarding Herbal Therapies

<http://www.medscape.com/viewarticle/409493>

The U.S. Food and Drug Administration provides little to no regulation or guidance concerning herbal therapies. The Federal Food, Drug, and Cosmetic Act of 1938 and the Kefauver-Harris Drug Amendment of 1962 require pharmaceutical manufacturers to demonstrate the safety and efficacy of their products before marketing to the general public. Before enactment of these regulations, herbal products were touted widely as remedies for ailments ranging from anxiety to heart failure. After passage of these laws, many companies complied by either demonstrating safety and efficacy or by removing products from the marketplace. However, as a result of ambiguity in the legislation, manufacturers could reclassify herbal products as nutritional supplements and continue to sell them in the absence of safety and efficacy data as long as no claims of efficacy were printed on product labels.

Because herbal products officially are classified as dietary supplements, they are exempt from legislation requiring postmarketing surveillance of safety. As a result, data regarding the safety profiles of many herbal products are scarce. Furthermore, patients are less likely to report voluntarily adverse reactions resulting from use of an herbal product compared with adverse events resulting from consumption of prescription drugs.^[3] This puts the burden of identifying and reporting herb-related adverse events on health care providers, and with relative lack of published safety data for most of these products, the need for vigilance is evident.

Ma huang, an herbal product also known as ephedra, contains approximately 1% ephedrine. As

Ephedrine-containing products generally are contraindicated in patients with various cardiovascular conditions, diabetes, and thyroid disease, and in those taking monoamine oxidase inhibitors.

Since the law does not require disclosure of contraindications and precautions for herbal compounds, this information typically does not appear on product labels. Therefore, people may consume ephedra (or other herbal products) unaware of potential adverse effects.

Although many drugs and herbals may be safe when taken alone, the risk of significant interactions increases when several agents are ingested in combination. Sequelae of such interactions may include discomfort, exacerbation of an underlying illness, and possibly death.

Highlights of the 2nd European Breast Cancer Conference

<http://www.medscape.com/viewarticle/408459>

Dr. Smyth then reviewed the state of the literature for 2 popular complementary treatments, homeopathy and iscador (mistletoe). For neither treatment did he discern any conclusive trials on these agents, despite many publications, because of the poor methodology and reporting that seem to typify clinical statements on these treatments.

PUB MED – 13 ARTICLES REVIEWED

Homeopath & patient--a dyad of harmony?

<http://www.ncbi.nlm.nih.gov/pubmed/12231009>

There is a significant amount of negotiation and disagreement as well: The arenas are the revelation of the prescribed homeopathic remedy, patients' expectations, the physicians' fees and differing views on the appropriate duration of consultation.

Comparison of effectiveness of frequently and infrequently used homeopathic medicines.

<http://www.ncbi.nlm.nih.gov/pubmed/21784335>

Good cases are scarce for many medicines, random variance is an important source of uncertainty. 50 Medicines are responsible for 72% of all successful prescriptions. There is no difference in effectiveness of frequently and less frequently used medicines. Confirmation bias is found for a few well-known symptom-medicine combinations.

Allopathic versus Homeopathic Strategies and the Recurrence of Prescriptions: Results from a Pharmacoeconomic Study in Italy.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3137870/>

The authors' conclusion was that patients seeking homeopathic treatment had a better outcome (in terms of severity of symptoms) overall compared with patients on conventional treatment, whereas total costs in both groups were similar.

Typically, patients exploits homeopathy as an add-on treatment, in conjunction with conventional medicine.

Our study lacks of data on medical effectiveness, such as benefits experienced by the patients, either self-reported or reported by physicians

Our analysis shows evidence that, while total costs of homeopathic and allopathic pharmacological strategies are similar in a history of cold symptoms, the rate at which prescriptions occur raise when allopathic strategies are preferred to homeopathic alternatives.

Duckweed (*Lemna gibba* L.) as a test organism for homeopathic potencies

<http://www.ncbi.nlm.nih.gov/pubmed/18047439>

Article argues for more testing using its experimental set-up: Yet larger sets of replication experiments with selected test substances and systematic negative controls are necessary to verify the effects found.

A potentized homeopathic drug, Arsenicum Album 200, can ameliorate genotoxicity induced by repeated injections of arsenic trioxide in mice

<http://www.ncbi.nlm.nih.gov/pubmed/17718811>

Compared with controls, the drug fed mice showed reduced toxicity at statistically significant levels in respect of all the parameters studied, thereby indicating protective potentials of the homeopathic drug against chronic arsenic poisoning.

Rat models of acute inflammation: a randomized controlled study on the effects of homeopathic remedies

<http://www.ncbi.nlm.nih.gov/pubmed/17233886>

In the first phase of experiments, some statistically significant effects of homeopathic remedies. In the second phase of experiments, the effects of homeopathic remedies were not confirmed.

The discrepancies between single-blind and double-blind methods in animal pharmacological research are noteworthy and should be better investigated, also in non-homeopathic research.

Effects of homeopathic medications *Eupatorium perfoliatum* and *Arsenicum album* on parasitemia of *Plasmodium berghei*-infected mice

<http://www.ncbi.nlm.nih.gov/pubmed/17015193>

Although the mechanism of action is unknown, these agents would be good candidates as alternative or complementary medications in the treatment of malaria.

Effect of a Homeopathic complex on oestrus induction and hormonal profile in anoestrus cows

<http://www.ncbi.nlm.nih.gov/pubmed/16815515>

The homeopathic complex medicine may be effective and economical in the treatment of true anoestrus condition in cows.

On the effectiveness of the homeopathic remedy Arnica Montana

<http://www.ncbi.nlm.nih.gov/pubmed/16425108>

The hypothesis that homeopathic Arnica is effective could neither be proved nor rejected.

Effects of the homeopathic remedy arnica on attenuating symptoms of exercise-induced muscle soreness

<http://www.ncbi.nlm.nih.gov/pubmed/19674657>

Future investigations on the clinical efficacy of homeopathic interventions should consider incorporating research strategies that emphasize differential therapeutics for each patient rather than treating a specific disease or symptom complex, such as DOMS, with a single homeopathic remedy.

Histopathological and immunophenotyping studies on normal and sarcoma 180-bearing mice treated with a complex homeopathic medication

<http://www.ncbi.nlm.nih.gov/pubmed/15751331>

The results reflect enhanced immune response of the host after treatment with Canova.

Effect of Atropa belladonna and Echinacea angustifolia in homeopathic dilution on experimental peritonitis

<http://www.ncbi.nlm.nih.gov/pubmed/15532698>

Our results suggest that A. belladonna and E. angustifolia, when prepared in 'accord of potencies', modulate peritoneal inflammatory reaction and have a cytoprotective action on leukocytes.

High sensitivity 1H-NMR spectroscopy of homeopathic remedies made in water

<http://www.ncbi.nlm.nih.gov/pubmed/15518588>

The results failed to support a hypothesis that remedies made in water contain long-lived non-dynamic alterations of the H-bonding pattern of the solvent.

AMERICAN PSYCHOLOGICAL ASSOCIATION– 1 **ARTICLE REVIEWED**

Research Roundup

<http://www.apa.org/gradpsych/2008/09/research.aspx>

Scientifically dubious practices such as reflexology, homeopathy and astrology share an interesting feature: They claim a long and venerable history. That history, whether it's fabricated or real, may strengthen these practices' credibility, says University of Maine social psychology student Jennifer Pattershall.

Annex 1 – Online videos

1. Naturopathic Medicine / Médecine naturopathique / Debate part.1

http://www.youtube.com/watch?v=qbwq7ykNe_A (32 minutes)

2. Naturopathic Medicine / Médecine naturopathique / Debate part.3

<http://www.youtube.com/watch?v=UAcrz9iiwHs> (30 minutes)

3. International Homeopathy Debate

<http://www.youtube.com/watch?v=W2rlsMSn21Y&list=PLC4DFD0206BF519DE> (6 minutes)

4. International Homeopathy Debate II

<http://www.youtube.com/watch?v=wYO6nNOGe1M&list=PLC4DFD0206BF519DE>
(9 minutes)

5. Debate about Homeopathy: Mere Placebo or Great Medicine?

<http://www.youtube.com/watch?v=T2uBBU4XT7Y> (106 minutes)